



625 N. 5TH STREET
SPEARFISH, SD 57783

City of Spearfish Drug and Alcohol-Free Workplace Plan

Reasonable Suspicion Testing and Release of Information Authorization Form

Submission for breath or blood alcohol testing and urinalysis controlled substances testing and the release of test results and related medical information.

I, _____, agree to submit voluntarily to evidential breath or blood alcohol testing and urinalysis controlled substance testing to identify the presence of alcohol and controlled substances in my body, to be conducted by a DHHS certified testing laboratory, by a licensed medical provider, certified technicians, or other legally certified and qualified personnel.

Furthermore, I authorize the release of the results of these tests and examination to the City of Spearfish or any of its authorized representatives.

I understand that if I refuse to submit to reasonable suspicion alcohol and controlled substances testing, the testing will not be conducted, and the presumption of a positive test result will be made, which could result in disciplinary action up to and including termination.

Name: _____ Date: _____

Date of Birth: _____

Witness: _____ Date: _____

642.1335 | BUILDING & DEVELOPMENT SERVICES
642.1325 | FINANCE OFFICE
642.1313 | FIRE DEPARTMENT
642.1354 | HUMAN RESOURCES

LIBRARY | 642.1330
PARKS & REC | 722.1430
POLICE DEPARTMENT | 642.1305
PUBLIC WORKS | 642.1333

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