



Building & Construction Resource Center, Inc. • 6050 Southport Rd. Ste. B • Portage, IN 46368  
Office: 219.764.9500 info@bcrcnet.com www.bcrcnet.com



# ACCIDENT/INCIDENT TESTING NOTIFICATION FORM

The following form **MUST** be utilized when sending a donor/employee for a post-accident/incident drug and alcohol test or probable cause drug and alcohol test. The DER/Supervisor **MUST** physically accompany the donor/employee and always stay with the donor from the time of the incident to completion of testing. Post-accident and probable cause testing must be performed within 2 hours at an on-site location or within 4 hours at an off-site location. Please inform the collector/collection site that the test **MUST** be a BCRC Urine Drug Screen and a Breath Alcohol Test.

Company: \_\_\_\_\_

DER/Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor/Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor/Employee SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BCRC #: \_\_\_\_\_

Location Incident Occurred: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time of Incident: \_\_\_\_\_  AM  PM

Date of Test: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time of Test: \_\_\_\_\_  AM  PM

Collection Site Location: \_\_\_\_\_

Collection Site Phone: \_\_\_\_\_

Post-Accident/Incident Testing  Probable Cause Testing

After both tests are completed, please immediately email this form to [info@bcrcnet.com](mailto:info@bcrcnet.com), or fax to 219-764-9510. If you have any questions, please contact BCRC at 219-764-9500.

Thank you for your continued cooperation!

\*\*\*CONFIDENTIAL\*\*\*





**EMERGENCY DRUG & ALCOHOL TESTING SERVICE INSTRUCTIONS**  
**Post-Accident / Reasonable Suspicion**

**WE WILL COME TO YOU ON-SITE FOR TESTING**

**Step 1: Contact Us Immediately**

**Phone:** Kat Armstrong: 708-829-7327 [Backup: 1) 708-257-2381 2) 708-527-2747 ]

**Step 2: Provide the Following Information**

To ensure rapid response, please have the following details ready when you call:

1. **Company Name**
2. **Location of Incident** (exact address or closest landmark)
3. **Contact Person's Name and Cell Phone Number**  
(This number will be used to provide updates and ETA via text)
4. **Type of Test Needed**  
(Post-Accident, Reasonable Suspicion, etc.)
5. **Brief Description of the Incident**  
(To help the collector prepare and ensure compliance with testing protocol)

**Step 3: Prepare BCRC Forms**

Ensure that the following forms are completed and sent to BCRC:

- **BCRC Accident/Incident Testing Notification Form**
- **BCRC Reasonable Suspicion Reporting Form** (*if applicable*)

These forms can be found at <https://www.bcrcnet.com/forms.asp> .

**Step 4: Instructions for the Employee**

Please inform the employee of the following:

- **Stay on-site:** Do **not** allow the employee to leave the location until the collector arrives.
- **Remain Calm:** Reassure the employee that the process is routine and being handled professionally.
- **Do Not Eat, Drink, or Use the Restroom** unless instructed by the collector.

**Kim's Trucker Services LLC**

7301 109th Place | Worth IL 60482 | 708-889-5467

**POST ACCIDENT/INCIDENT OR REASONABLE SUSPICION  
AFTER-HOURS DRUG & ALCOHOL TESTING**

**\*SUPERVISOR OR DER IS REQUIRED TO BE PRESENT WITH MEMBER\***



**Occupational Health**

St. Mary Medical Center  
1500 S. Lake Park Avenue  
Hobart, IN 46342  
Monday – Friday: 4:00pm – 7:00am  
Saturday – Sunday: 24 hours  
☎ (219) 942-0551

St. Mary Medical Center Emergency  
Dept.  
3800 St. Mary Drive  
Valparaiso, IN 46383  
Monday – Friday: 4:00pm – 7:00am  
Saturday – Sunday: 24 hours  
☎ (219) 286-3700

**BCRC RANDOM & PRE-EMPLOYMENT TESTING IS OFFERED  
AT THIS CLINIC ONLY DURING THE HOURS LISTED ABOVE**

**Enter through the Emergency Room doors and let registration know you are there for a  
BCRC Post-Accident or BCRC Reasonable Suspicion Testing.**

**THESE BCRC TESTS REQUIRE BOTH A URINE DRUG SCREEN AND A BREATH ALCOHOL TEST**



## **AFTER HOURS SERVICE REQUEST INSTRUCTIONS**

DRUG & ALCOHOL TESTING: POST-ACCIDENT / REASONABLE SUSPICION

### **Step 1)**

Call ReliaLab Test's after hours hotline @ **615-332-8838**

### **Step 2)**

Initiate service request by stating the following details:

- a) Notify the operator this request is for "Powers Health + (hospital name)"  
(Community Hospital or St. Catherine Hospital)
- b) State your company's name

### **Step 3)**

Provide a cell phone # so ReliaLab Test can communicate collector's ETA via text.

### **Step 4)**

Send employee to hospital ER entrance.

*\*Employee will be escorted by security to the Lab to complete testing\**

Community Hospital Emergency Dept.  
901 MacArthur Blvd.  
Munster, IN 46321

St. Catherine Hospital Emergency Dept.  
4321 Fir Street  
East Chicago, IN 46312