



SERVICE ORDER

409 South 12th Avenue Yakima WA 98902 Phone 509.575.2949 Fax 509.575.5743
1614 East Edison Suite E Sunnyside WA 98944 Phone 509.836.0075 Fax 509.836.0077

Date _____ Time _____ a.m. _____ p.m. SSN _____

Name _____

Company Yakima Co. Dept. of EMS

Authorized by Diane M. Koch

Arrival @ YWC Date _____ Time _____ a.m. _____ p.m. YWC Initial _____

NON-DOT

DRUG SCREENS

- Pre-Employment Urine
- Pre-Emp Express Urine
- Post-Accident Urine
- Random Urine
- Suspicious Cause Urine
- Hair

DOT

DRUG SCREENS

- Pre-Employment Urine
- Post-Accident Urine
- Random Urine
- Suspicious Cause Urine
- Follow-Up Urine

NON-DOT

BREATH ALCOHOL TESTS

- Pre-Employment
- Post-Accident
- Random
- Suspicious Cause

DOT

BREATH ALCOHOL TESTS

- Pre-Employment
- Post-Accident
- Random
- Suspicious Cause

MEDICAL SERVICES

- Basic Physical Exam
- DOT Physical Exam
- Physical Capacity Exam
- Audiometry
- Spirometry
- Mask-Fit Test
- Other _____
- Other _____
- Other _____

ON-THE-JOB-INJURY

- Self-Insured Claim

- State L&I Claim

- Light Duty Available
 Yes No

PHOTO ID REQUIRED



DIRECTIONS

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