**Negative Non-DOT Alcohol or Controlled Substances Test Result Notice,**

**LMC Model Form**

Helpful background information on this model may be found in the Information Memo *[Drug and Alcohol Testing Toolkit for the City Workplace.](https://www.lmc.org/resources/drug-and-alcohol-testing-toolkit-for-the-city-workplace/)*

**City of** **\_\_\_\_\_\_\_**

**Negative Test Results Notification Form**

To: \_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_ *[City Representative]*

 \_\_\_\_\_\_\_ *[Title]*

 City of \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_

RE: Non-DOT\_\_\_\_\_\_\_ [*List test type here: i.e., job applicant, routine physical examination, random selection, reasonable suspicion, or treatment program]* \_\_\_\_\_\_\_ [*Insert: Drug testing or Alcohol testing]*

This notice is to inform you that your Non-DOT \_\_\_\_\_\_\_ [*list test type: i.e., alcohol or drug*] test taken on \_\_\_\_\_\_\_ *[date],* was negative for all tested substances.

Under City policy, you have the right to request and receive from the City a copy of the test result report with respect to the above test. If you wish to receive a copy, please notify me in writing.

Thank you for your assistance and cooperation in our efforts to maintain a drug- and alcohol-free workplace.