

# CENTRAL MEDICAL REVIEW

840 S. Fairmont Ave. Ste. 9  
Lodi, CA 95240  
[Memberships@cmrtesting.com](mailto:Memberships@cmrtesting.com)

(209)-333-1751  
FAX 333-2868  
[www.CmrTesting.com](http://www.CmrTesting.com)

## AFFIDAVIT OF UNDERSTANDING – COMPANY CONTACT

**Si usted no puede leer el ingles lo suficiente para comprender esta informacion y no tiene alguien que le pueda traducir, por favor llame a nuestro numero 209.333.1751, para asistencia.**

As the **Company Contact** for \_\_\_\_\_ (COMPANY), I affirm by my signature below that I have read and understood the responsibilities of this position, as described in 49 CFR part 40 and other applicable statutes. By signing, I affirm that I will adhere to the standards specified in these regulations, and guidelines below, in fulfilling this role.

1. When driver(s) are selected for drug and/or alcohol testing, I will receive a notice, by Certified US Mail or similar courier service. Upon receipt of such notice, I will inform the driver of a need to test as soon as he/she is prepared to proceed immediately to the collection/testing site, with collection form and kit. There should be as little delay as possible between receipt of notice and informing the driver, and no delay whatsoever after the driver is notified until s/he proceeds directly to a testing facility.
2. IF I DO NOT KNOW HOW TO CONTACT A DRIVER, OR IF I AM NO LONGER THE CONTACT FOR this COMPANY, I WILL NOTIFY CMR IN WRITING, IMMEDIATELY.
3. I WILL NOT TELL ANY DRIVER WHETHER OR NOT HE/SHE IS TO BE TESTED until I have determined a time that the driver can go to a collection site for testing. At that point I will inform him/her that he/she must GO IMMEDIATELY TO THE COLLECTION SITE FOR TESTING.
4. I WILL DOCUMENT THE TIME AND DATE I INFORMED ANY DRIVER TO GO FOR TESTING. AS THE DRIVER LEAVES FOR THE SITE, I WILL IMMEDIATELY NOTIFY THE COLLECTION SITE **AND CMR** THAT THE DRIVER HAS BEEN SENT FOR TESTING.
5. If I have knowledge that a driver does not IMMEDIATELY go in for testing, I will report this to CMR, promptly.
6. If any driver is no longer available for testing, either temporarily or permanently, or cannot be contacted within a short period of time after any request, I will notify CMR immediately.
7. IF I CHANGE MY ADDRESS OR PHONE NUMBER, I will notify CMR immediately.

I HAVE READ, AND I UNDERSTAND, THE ABOVE RESPONSIBILITIES. I AGREE TO ADHERE TO THESE CONDITIONS AS I FULFILL THE ROLE OF **Company Contact** in a drugs testing program of commercial drivers for this COMPANY.

SIGNED \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

Position with Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PostalCode: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone – Primary: \_\_\_\_\_ Type of phone:  Cellular  Land Line  Business  Home

Phone – Secondary: \_\_\_\_\_ Type of phone:  Cellular  Land Line  Business  Home

**Ben G. Watson, M.D., A.A.M.R.O.**