**Negative DOT Random Alcohol or Controlled Substances Test Result, 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: DOT random selection \_\_\_\_\_\_\_ [*Insert: Controlled Substance testing* or *Alcohol testing]*

This notice is to inform you that your DOT random \_\_\_\_\_\_\_ *[alcohol or controlled substance]* 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 controlled substance- and alcohol-free workplace.