

DOT NETWORK 24-HOUR CLINICS

The clinics on this list are authorized to perform urine collection for DOT purposes only. They are not authorized to perform medical license exams for city drivers.

<p>U.S. HealthWorks Medical Group - Chatsworth* 9449 DeSoto Avenue Chatsworth, CA 91311</p> <p>(818) 862-8100 (818) 700-8255 fax</p>	<p>U.S. HealthWorks Medical Group Commerce* 3430 S. Garfield Avenue Commerce, CA 90040</p> <p>(213) 722-8481 (213) 721-2236 fax</p>	<p>U.S. HealthWorks Medical Group - Compton 2499 S. Wilmington Avenue Compton, CA 90020</p> <p>(310) 638-1113 (310) 638-8942 fax</p>
<p>U.S. HealthWorks Medical Group - El Segundo* 500 N. Nash Street El Segundo, CA 90245</p> <p>(310) 640-9911 (310) 322-8068 fax</p>	<p>U.S. HealthWorks Medical Group Los Angeles* 437 E. Washington Blvd. Los Angeles, CA 90015</p> <p>(213) 747-0634 (213) 747-5304 fax</p>	<p>U.S. HealthWorks Medical Group - Vernon 1851 Soto Street Vernon, CA 90058</p> <p>(213) 585-7162 (213) 585-0167 fax</p>
<p>U.S. HealthWorks Medical Group - Torrance 19401 S. Vermont Avenue Torrance, CA 90502</p> <p>(310) 324-5777 (310) 324-6245 fax</p>	<p>U.S. HealthWorks Medical Group Van Nuys* 16300 Roscoe Blvd. Van Nuys, CA 91406</p> <p>(818) 893-4426 Ext. 302 (818) 894-7564 fax</p>	<p>LA Airport Urgent Care 1117 W. Manchester Blvd. Inglewood, CA 90301</p> <p>(310) 216-7100 (310) 216-7751 fax</p>
<p>Concentra Medical (formerly Airport Healthcare) 6033 W. Century #200 Los Angeles, CA 90045</p> <p>(310) 215-1600 (310) 215-0783 fax</p>	<p>Boyle Heights Industrial Medicine 943 S. Boyle Avenue Los Angeles, CA 90023</p> <p>(323) 264-1181 (213) 264-5573 fax (323)</p>	<p>Care Station/Peninsula Fam. Hlth Assoc. 1350 W. Sixth Street San Pedro, CA 90731</p> <p>(310) 832-1126 (310) 833-6811 fax</p>
<p>Centinel Medical Clinic Airport Personnel 9601 S. Sepulveda Blvd. Los Angeles, CA 90045</p> <p>(310) 215-6020 (310) 680-3621 fax</p>	<p>Inland Industrial Medical Group 1910 S. Archibald Ave., Unite E-2 Ontario, CA 91701</p> <p>(909) 930-5270 (909) 930-5274 fax</p>	<p>Lancaster Community Hospital 43820 10th Street West Lancaster, CA 93534</p> <p>(661) 948-4781 (661) 945-0768 fax</p>
<p>Stacy Medical Center 1744 N. Main St. Los Angeles, CA 90031</p> <p>(323) 225-2262 (323) 225-2264 fax</p>	<p>Temple Medical Center 124 N. Vignes St. Los Angeles, CA 90012</p> <p>(213) 626-5679 (213) 680-0185 fax</p>	<p>City of Los Angeles OHSD/ Central Clinic ** 1401 W. 6th Street Los Angeles, CA 90017</p> <p>(213) 485-4643 (213) 485-8765 fax</p>

* All part of U.S. HealthWorks network (formerly Advantage Care)

** NOTE: OHSD/Central Clinic is ONLY open from 7:00 a.m. to 2:00 p.m., Monday-Friday, closed weekends and holidays.

REV. 10/02

APPENDIX 2

CITY OF LOS ANGELES - PERSONNEL DEPARTMENT
 OCCUPATIONAL HEALTH SERVICES DIVISION
 1401 WEST 6TH STREET
 (213) 485-4641

REASONABLE SUSPICION OBSERVATION FORM

Supervisors should use this form to document all reasonable suspicion drugs or alcohol testing to be performed by the Personnel Department's Occupational Health Services Division or contract agency.

Employee's name: _____ Department: _____

Supervisor's name: _____ Supervisor's Phone: _____

Date/time of observations: _____ Supervisor's signature: _____

Briefly describe your reasons for bringing this employee for testing. If testing is not conducted within time requirements described in page 7 of Supervisors Guide please state reason below. Attach additional sheets if necessary.

Please check all of the factors that describe the employee's behavior or characteristics.

TEMPERAMENT:	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Uncooperative/Belligerent <input type="checkbox"/> Boisterous <input type="checkbox"/> Bizarre/Irrational <input type="checkbox"/> Other: _____
SPEECH:	<input type="checkbox"/> Rambling/confused <input type="checkbox"/> Slurred <input type="checkbox"/> Incomplete sentences <input type="checkbox"/> Incoherent <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Other: _____
BALANCE/WALKING:	<input type="checkbox"/> Awkward/Unsteady <input type="checkbox"/> Staggering <input type="checkbox"/> Cannot walk without help
BREATH: SMELLS OF:	<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Other: _____
EYES:	<input type="checkbox"/> Very bloodshot <input type="checkbox"/> Staring blankly <input type="checkbox"/> Enlarged/tiny pupils <input type="checkbox"/> Eyeballs move erratically
OTHER SIGNS:	<input type="checkbox"/> Inappropriate laughter <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Shakes <input type="checkbox"/> Drowsy/sleepy <input type="checkbox"/> Agitation <input type="checkbox"/> Vomiting <input type="checkbox"/> Needle Tracks <input type="checkbox"/> Other unusual activity: _____

Was the employee given an opportunity to call a representative? Yes No

Were there any Witnesses to the employee's behavior? (PRINT NAMES)

1) _____ Dept.: _____ Extension _____

2) _____ Dept.: _____ Extension _____

**CITY OF LOS ANGELES
NOTIFICATION AND REQUEST FOR DOT TESTING**

Employee Name:	SS#:
Department/Bureau/Division:	*Supervisor Telephone Number:
Date:	Current Time:
<p>To: Employee</p> <p>You are required to report today to the clinic named below to complete a DOT required drug and/or alcohol test. You are expected to arrive at the clinic by *(Time) _____.</p> <p>Failure to do so or to complete the test procedure will be considered as a positive test. Please bring your City I.D., or other photo identification to the collection clinic.</p> <p>Your signature below acknowledges your understanding of your responsibility and confirms that you are able to comply with the above conditions.</p>	
Employee Signature:	Supervisor's Signature:

CLINIC INFORMATION

Clinic Name:	
Address:	
City/State/Zip:	Phone:
To: Clinic	Actual Arrival Time: _____
Expected Arrival Time: _____	Employee Departure Time: _____
<p>You are authorized to perform a DOT mandated test on the individual named above in compliance with DOT regulations and City of Los Angeles procedures.</p>	
<p align="center">SERVICE REQUESTED</p> <p>Reasonable Suspicion Test [Drug + ALC] _____</p> <p>Post-accident Test [Drug + ALC] _____</p> <p>Follow-up Test [Drug + ALC] _____</p> <p>Random Alcohol and Drug Test _____</p> <p>Random <u>DRUG</u> Test _____</p> <p>24-Hour <u>ALCOHOL</u> Retest _____</p>	<p align="center">SPECIAL INSTRUCTIONS</p> <ol style="list-style-type: none"> 1. Call supervisor or contact person at above phone number* immediately if: <ol style="list-style-type: none"> a. ** arival time is more than 15 minutes later than the expected arrival time or the arrival time appears to have been altered. b. The employee appears to be impaired. c. The EBT detects alcohol at a level of .02 or more. Instruct the employee to rmain at the facility until the supervisor arrives. d. The employee refuses to cooperate with the test procedure. 2. Call the City's MRO, Dr. Staley (213) 485-4643 during day hours to discuss suspicious circumstances associated with performing a directly observed urine collection. 3. Fax a copy of all BAT forms with results \geq .02 and chain of custody forms for directly observed collections only to (213) 485-8765 on the day of testing.

Original - Department Coordinator - Subject File

APPENDIX 7

CITY OF LOS ANGELES - PERSONNEL DEPARTMENT
OCCUPATIONAL HEALTH SERVICES DIVISION
1401 WEST SIXTH STREET
(213) 485-4641

REFUSAL TO SUBMIT TO TESTING FORM

Supervisors should use this form to document all refusals to submit to alcohol and/or drug testing.

Employee's name: _____ Department: _____

Supervisor's name: _____ Supervisor's phone: _____

Date/time of refusal: _____ Supervisor's signature: _____

An employee who refuses to submit to any required drug/alcohol testing will be treated in the same manner as an employee who tested 0.04 or greater on an alcohol test or tested **POSITIVELY** on a controlled substances test.

A refusal to submit to an alcohol or controlled substances test required by the Federal Department of Transportation includes, but is not limited to:	PLEASE CHECK TYPE OF REFUSAL.
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- a. A refusal to provide a urine sample for a drug test.
- 1. An inability to provide a urine sample within 2 hours without a valid medical explanation.
- 2. A refusal to complete and sign the breath alcohol testing form, or otherwise to cooperate with the testing process in a way that prevents the completion of the test.
- 3. An inability to provide breath or to provide an adequate amount of breath without a valid medical explanation.
- 4. Tampering with or attempting to adulterate the urine specimen or collection procedure.
- 5. Not reporting to the collection site in the time allotted by the supervisor or manager who directs the employee to be tested.
- 6. Leaving the scene of an accident without proper authorization from a supervisor or manager who shall make a determination whether to send the employee for a post-accident drug and/or alcohol testing.
- 7. Consuming alcohol during the eight hours immediately following an accident, unless the employee has been informed that his/her actions have been discounted as a contributing factor, or if the employee has been tested.

PLEASE EXPLAIN IN DETAIL BELOW REGARDING REFUSAL TO TEST OR ANY OTHER SITUATION IN VIOLATION OF DOT REGULATIONS. (Attached additional sheets if necessary).
