

SUSPENSE:

URINALYSIS TESTING PLAN - FY

Random testing will be conducted no less than 4 times per year during each quarter. All testing packets will be transmitted electronically to each unit two weeks prior to testing dates provided below. Remember, drug testing is the commander's responsibility.

PART I – COMMANDER'S DATA **ENTER COMMANDER'S CONTACT INFORMATION BELOW**

Please Note: The Substance Abuse Program (SAP) must be notified of changes in ADDRESS or COMMANDER immediately to avoid packets being mailed to incorrect locations. Failure to notify SAP will not alleviate the requirement of the testing quota. To notify SAP of changes simply annotate changes on this form and click the red NOTIFY SAP OF CHANGES button to email your changes.

RANK	LAST	FIRST
HOME ADDRESS		
CITY	STATE	ZIP
DAYTIME PHONE	ALT PHONE	
EMAIL ADDRESS	.MIL@MAIL.MIL (NO PERSONAL EMAIL ADDRESSES)	

PART II – ADMIN DATA **COMPLETE ONE FORM PER UIC - DO NOT COMBINE ON ONE FORM**

MACOM		
UNIT	UIC	# PERSONNEL ASSIGNED
WORK PHONE	4-DIGIT	DSN
UNIT ADDRESS		
CITY	STATE	ZIP

FULL-TIME UPL	PHONE	DATE TRAINED
EMAIL ADDRESS	.MIL@MAIL.MIL (NO PERSONAL EMAIL ADDRESSES)	

ALTERNATE UPL	PHONE	DATE TRAINED
EMAIL ADDRESS	.MIL@MAIL.MIL (NO PERSONAL EMAIL ADDRESSES)	

PART III – DEVELOP PLAN **SELECT THE DRILL MONTH & DATES FOR TESTING IN EACH QUARTER BELOW**

IAW TAG Policy, commanders must conduct a minimum of one random test per quarter. Commanders have the option of conducting a 100% test in lieu of a random test. However, conducting a 100% test WILL NOT eliminate the quarterly testing requirement. There is NO testing in September.

1 st QUARTER	TYPE:	2 nd QUARTER	TYPE:
3 rd QUARTER	TYPE:	4 th QUARTER	TYPE:

PART IV – SUBMIT PLAN **NOTE: PLEASE ENSURE ALL BLOCKS ARE COMPLETED PRIOR TO SUBMISSION**

Submit the COMPLETED Urinalysis Testing Plan through your Chain of Command to SAP. DO NOT submit this form directly to SAP. Point of Contact for this form is SAP at 334-274-6301.

SAP USE ONLY:

SUSPENSE: