

SAMPLE REPORT TO COAST GUARD

(Fill in areas that are in ALL CAPS and **Bolded**)

COMPANY LETTERHEAD

DATE

Commanding Officer
Marine Sector Office XXXX
ATTN: Senior Investigating Officer
PO BOX XXXXX
CITY, ST 12345-6789

To: Senior Investigating Officer:

Pursuant to provisions of 46 CFR, Parts 4, 5, and 16, **COMPANY NAME**, hereby notifies you that **MARINER's NAME AND SOCIAL SECURITY NUMBER or EMPLOYEE ID** tested (**Give non-negative test result**) for a **REASON FOR TEST** chemical test administered on **DATE OF TEST** and in accordance with the standard set forth in 49 CFR40.

LABORATORY NAME:
LABORATORY ADDRESS:
IDENTIFICATION (CCF) NUMBER:

MEDICAL REVIEW OFFICER (MRO):
MRO ADDRESS:
MRO QUALIFYING ORGANIZATION
MRO REGISTRATION NUMBER:

If there are question about this report, please telephone or contact me at _____.

Sincerely,

SIGNATURE
NAME OF DESIGNATED REPRESENTATIVE or
AUTHORIZED AGENT (C/TPA)
TITLE

Enclosure: (1) USCG Merchant Marine License/Document (COPY) (if available)
(2) Drug testing Custody and control Form
(3) Lab report and/or MRO report

Enclosure 4