



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

LOG NO. \_\_\_\_\_

WD NO. \_\_\_\_\_

TO: **Involved Member's Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Star No.** \_\_\_\_\_ **Employee No.** \_\_\_\_\_ **Unit** \_\_\_\_\_

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time

Type of Test: <b>Alcohol</b>	Location: _____	Date and Time: _____
Type of Test: <b>Drug</b>	Location: _____	Date and Time: _____

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time