

**BERGEN COUNTY PROSECUTOR'S OFFICE  
ANNUAL RESULTS OF DRUG TESTING**

Department: \_\_\_\_\_

Year: \_\_\_\_\_

TOTAL NUMBER OF SWORN OFFICERS IN THE ENTIRE DEPARTMENT	_____
DATES OF RANDOM TESTING (must list 2 or more dates in calendar year)	FIRST TEST: _____ SECOND TEST: _____
TOTAL NUMBER OF SWORN OFFICERS RANDOMLY TESTED FOR EACH DATE AND TOTAL	FIRST TEST: _____ SECOND TEST: _____ TOTAL TESTED: _____
TOTAL NUMBER OF SWORN OFFICERS WHO TESTED POSITIVE IN A DRUG TEST IN THE CALENDAR YEAR	FIRST TEST: _____ SECOND TEST: _____ REASONABLE SUSPICION TEST: _____ TOTAL POSITIVE TESTS: _____
TOTAL NUMBER OF SWORN OFFICERS WHO REFUSED A DRUG TEST	REFUSED RANDOM TEST: _____ REFUSED REASONABLE SUSPICION TEST: _____ TOTAL REFUSED TESTS: _____

**PARTY MAKING NOTIFICATION TO COUNTY**

Party making notification: \_\_\_\_\_

Date of Notification: \_\_\_\_\_



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