

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Print Screening Results
Here or Affix with
Tamper Evident Tape

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Joe L Blow
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 123-45-6789

C: Employer Name A & B Trucking Company
 Street 123 Main Street
 City, State, Zip Denver, CO 80123

DER Name and Telephone No. John Moore (303) 222-1234
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee _____ Date / /
Month Day Year

Print Confirmation
Results Here or Affix
with Tamper Evident
Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: <i>Results MUST be affixed to each copy of this form or printed directly onto the form.</i>					

REMARKS:

Print Additional
Results Here or Affix
With Tamper Evident
Tape

Alcohol Technician's Company	Company Street Address
(PRINT) Alcohol Technician's Name (First, M.I., Last)	Company City, State, Zip Phone Number
Signature of Alcohol Technician	Date <u> </u> / <u> </u> / <u> </u> <small>Month Day Year</small>

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date / /
Month Day Year