U.S. Department of Transportation (DOT)
Alcohol Testing Form
(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name ________________________________ (Print) ________________________________ (First, M.I., Last)

B: SSN or Employee ID No. ________________________________

C: Employer Name
   Street ________________________________
   City, ST ZIP ________________________________

DER Name and Telephone No. ________________________________
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 __/__/____

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 □ BREATHE* 15-Minute Wait: □ Yes □ No
SCREENING TEST: (For BREATHE DEVICE* write in the space below only if the testing device is not designed to print)

Test # Testing Device Name Device Serial # OR Lot # & Exp Date Activation Time Reading Time Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

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 __/__/____

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 __/__/____

COPY 1 – ORIGINAL – FORWARD TO THE EMPLOYER

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