

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

*Affix
Or Print
Screening Results
Here*

*Affix
With
Tamper Evident Tape*

*Affix
Or Print
Confirmation Results
Here*

*Affix
With
Tamper Evident Tape*

*Affix Or Print
Additional Results (e.g.
Calibration Check) Here*

*Affix With
Tamper Evident Tape*

• 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 Sups 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

• 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 # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form.

REMARKS:

ON-SITE HEALTH & SAFETY

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 _____ / _____ / _____
Month Day Year

• 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