

Alcohol Testing Form (Non-DOT)

(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, State, ZIP _____
DER Name and Telephone No. _____
DER Name _____ DER (Area Code & 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 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, 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
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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 (Area Code & Number) _____

Signature of Alcohol Technician _____ Date Month / Day / Year _____

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE.

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 positive.

Signature of Employee _____ Date Month / Day / Year _____

Affix On Print Separating Results Here
Affix With Tamper Evident Tape
Affix On Print Confirming Results Here
Affix With Tamper Evident Tape
Affix On Print Additional Test Results Here

Affix With Tamper Evident Tape