

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

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

TAMPER

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Thomas R. Sample
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 987-65-4321

C: Employer Name Sunshine Trucking Company
 Street 777 Oak Drive
 City, State, Zip Urbanville, TN 37771

DER Name and Telephone No. Marsha Brady 555 123-9876
DER Name DER Phone Number

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

ABC Device #0102998

Date: 05-01-2014

Time: 12:09 p.m.

Test No. 0512

Subj ID#: 987-65-4321

Screening Test

Result: 0.037

EVIDENT

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.

Thomas R. Sample May 10, 2014
Signature of Employee Date Month Day Year

TAMPER

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 or printed directly onto the form.

REMARKS: Gave employee 15-minute wait instructions after screening test.

Certified Testing Service 4321 Main Street
Alcohol Technician's Company Company Street Address

Lisa J. Smith Anytown, TN 33112 (123) 456-0090
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

Lisa J. Smith 05 / 10 / 2014
Signature of Alcohol Technician Date Month Day Year

ABC Device #0102998

Date: 05-01-2014

Time: 12:26 p.m.

Test No. 0513

Subj ID#: 987-65-4321

Confirmation Test

Result: 0.031

EVIDENT

Print Additional Results Here or Affix With Tamper Evident Tape

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.

Thomas R. Sample 05 / 10 / 14
Signature of Employee Date Month Day Year

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER