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

Affix

Alcohol Testing Form	Or
(The instructions for completing this form are on the back of Copy 3)	Print Screening Results
Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN	Here
A: Employee Name	-
(Print) (First, M.I., Last) B: SSN or Employee ID No.	-
C: Employer Name	Affix With
Street City, ST ZIP	Tamper Evident Tap
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	t
STEP 2: TO BE COMPLETED BY EMPLOYEE	7
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.	Affix Or
Signature of Employee Date Month Day Year	Print
Signature of Employee Date Month Day Year	Confirmation Result Here
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.	With
TECHNICIAN: □BAT □STT DEVICE: □SALIVA □BREATH* 15-Minute Wait: □Yes □No	Tamper Evident
SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)	Tape
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:	1
	Affix Or
	- Print
	Additional Results
	Here
Alcohol Technician's Company Company Street Address	
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number	Affix
	With
Signature of Alcohol Technician Date Month Day Year	Tamper Evident
STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER	Таре
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	
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