

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 |
|--------|---------------------|--------------------------------------|-----------------|--------------|--------|
|--------|---------------------|--------------------------------------|-----------------|--------------|--------|

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 Printed Separating Results Here

▲ Affix With Tamper Evident Tape

▲ Affix On Printed Confirming Results Here

▲ Affix With Tamper Evident Tape

▲ Affix On Printed Additional Test Results Here

▲ Affix With Tamper Evident Tape