



# U.S. Department of Transportation (DOT)

## Alcohol Testing Form

(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 Code: \_\_\_\_\_

DER Name: \_\_\_\_\_

DER Phone No.: (\_\_\_\_\_) \_\_\_\_\_

D: Reason for Test:

- Random  Reasonable Susp  Post-Accident  Return to Duty  Follow-up  Pre-employment

Affix Or Print  
Screening  
Results Here

Affix With  
Tamper Evident  
Tape

### 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

Affix Or Print  
Confirmation  
Results Here

Affix With  
Tamper Evident  
Tape

### 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
<b>CONFIRMATION TEST:</b> Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					
<b>REMARKS:</b> _____					
Alcohol Technician's Company: _____					
(Print) Alcohol Technician's Name (First, M.I., Last): _____					
Company Street Address: _____					
City: _____					
State: _____ Zip Code: _____					
Phone No.: (_____) _____					
Signature of Alcohol Technician: _____					
Date: ____ / ____ / ____ Month Day Year					

Affix Or Print  
Additional  
Results Here

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.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Month Day Year