

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 JOE DOE
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 2164

C: Employer Name City Transit
 Street 21 MAIN ST.

City, State, ZIP SOMEWHERE, MA 02111

DER Name and Telephone No. CANDICE SMITH 617 215 3100
DER Name DER (Area Code & Phone Number)

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

EVIDENT

RBT I# 012854
 DATE 11-28-18
 TEST NO. 0345
 ID#
 2164
 AS I# 005066
 SCREENING
 G/210L TIME
 000 AUTO 10/14

TAMPER

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee [Signature] Date 11 / 28 / 18
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 in accordance with the procedures established in the U.S. Department of Transportation regulations, 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 # QR 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: _____

Collect-N-Go 3 Park St.
Alcohol Technician's Company Company Street Address

Jammy JOHNSON SOMEWHERE, MA 02111
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip

[Signature] 617 215 3130
Signature of Alcohol Technician Phone Number (Area Code & Number)

Date _____ Month / Day / Year

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 _____
Signature of Employee Date Month / Day / Year

▲ Affix With Tamper Evident Tape

Affix On Print Screening 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

Alcohol Testing Form (ATF) Review Checklist

- Does the form read “*U.S. Department of Transportation (DOT) Alcohol Testing Form*” at the top?

- **In Step 1:**
 - Is the correct employee’s name and ID number or SSN listed?
 - Is the correct employer name and address listed?
 - Is the DER name and phone number accurate?
 - Is the reason for the test marked correctly?

- **In Step 2:**
 - Did the employee sign and date the form?

- **In Step 3:**
 - Did the alcohol technician designate his/her title (BAT or STT), and indicate the type of device used?
 - Is the testing facility information listed accurately?
 - Did the alcohol technician sign and date the ATF?
 - If a confirmation test was performed, was the 15-minute waiting period observed (i.e. is the “Yes” box checked)?
 - If a confirmation test was not performed, neither the “Yes” nor “No” box should be checked.
 - If a confirmation test result is 0.02 or greater, did the employee sign Step 4? If not, did the BAT make an appropriate comment in the remarks section?

- **EBT Printout:**
 - Are the printed results for a screening or confirmation test affixed to the ATF with tamper-evident tape, if not printed directly on the form?
 - The results of a screening test below 0.02 may be hand-printed on the ATF in Step 3 if the screening device is not designed to print.