

FORM: FAILURE TO CONDUCT DRUG AND/OR ALCOHOL SCREEN

DEFINITION OF ACCIDENT REQUIRING TESTING: Any accident involving a fatality requires testing. Testing following a non-fatal accident is discretionary: If the employer can show the employee's performance could not have contributed to the accident, no test is needed. Non-fatal accidents that may require testing must have disabling damage to any vehicle or immediate medical attention away from the scene to meet the testing threshold.

REASONABLE-SUSPICION DETERMINATION: One trained supervisor or company official can make the decision based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. If an employee refuses a test, or tests positive, they are immediately removed from the safety sensitive position and referred to a substance abuse professional.

SOURCE: DEPARTMENT OF TRANSPORTATION

REASON FOR FAILURE TO COMPLETE TEST: _____

YOUR PRINTED NAME: _____ **SIGNATURE:** _____

E-MAIL ADDRESS: _____ **PHONE:** _____

SUPERVISOR NAME REQUESTING TEST : _____ **PHONE:** _____

TYPE OF REQUIRED TEST(S): CHECK APPLICABLE

- POST ACCIDENT** **ALCOHOL**
 REASONABLE SUSPICION **DRUG**

MISSED DOT TEST(S): CHECK APPLICABLE

- DRUG SCREEN (WITHIN 32 HOURS)**
 ALCOHOL TEST (WITHIN 8 HOURS)
 ALCOHOL TEST (WITHIN 2 HOURS)

SUSPICION DETERMINATION/ACCIDENT

DATE: _____ **TIME:** _____

LOCATION: _____

