

# U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Print Screening Results  
Here or Affix with  
Tamper Evident Tape

## 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 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 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

Print Confirmation  
Results Here or 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 # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result
	AS2-00-5206	AlcoHawk Slim 2			

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Additional  
Results Here or Affix  
With Tamper Evident  
Tape

COMPLETE LAB & DRUG TEST	2700 E. Dublin Granville Rd Ste 7
Alcohol Technician's Company	Company Street Address
(PRINT) Alcohol Technician's Name (First, M.I., Last)	Columbu OH 43231 ( 614 ) 269-7612
	Company City, State, Zip Phone Number
Signature of Alcohol Technician	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 Month Day Year