	LETED BY ALCOHOL TECH	m are on the back of Copy 3) HNICIAN		
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.			_	
D: Reason for Test:		DER (Area Code & Phone Number) ent Return to Duty Follow-up Pre-employmer d consistent with business necessity requirements)		
STEP 2: TO BE COMPL	FTFD BV FMPLOVFF			
		he identifying information provided on the form i	S	
Signature of Employee		Date Month / Day / Year		
STEP 3: TO BE COMPI	LETED BY ALCOHOL TECH	HNICIAN		
confirmation test, each techni on the above named individua are as recorded. TECHNICIAN: BAT	ician must complete their own for al, that I am qualified to operate t] STT DEVICE: 🗌 SALIVA	e same technician who will be conducting th m.) I certify that I have conducted alcohol testing the testing device(s) identified, and that the result . BREATH* 15-Minute Wait: Yes N elow <u>only</u> if the testing device is <u>not</u> designed to <u>print</u> .	g s vo	
Test # Testing Device Name			-	
	esults <u>MUST</u> be affixed to each cop	by of this form or printed directly onto the form.		
REMARKS:			-	
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Alcohol Technician's Company	Сотр	pany Street Address	-	
		pany Street Address pany City, State, Zip	-	
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Alcohol	Testing	Form (No	n- DOT)		
		this form are on the back			S
STEP 1: TO BE COMPL			<i>y copy s)</i>		Affix Or Print Screening Results
A: Employee Name(Print)	(First, M.I., Last)				Or Print ning Res
B: SSN or Employee ID No.					ults F
C: Employer Name					Here
Street					
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City, State, Zip DER Name and					ix Wi
Telephone No.	DER Name	DE	R (Area Code & Phone Number)		th Tan
D: Reason for Test:	_	Post-Accident Return to Duty related and consistent with busines	Follow-up Pre-employment s necessity requirements)		nþer E
STEP 2: TO BE COMPL I certify that I am about to su true and correct.			nation provided on the form is		fix With Tamper Evident Ta
Signature of Employee		Date	Month / Day / Year		ipe
STEP 3: TO BE COMPL			Nonth 7 Day 7 Ical		
(If the technician conductin confirmation test, each technic on the above named individua are as recorded. TECHNICIAN: BAT SCREENING TEST: (For BRE	cian must complete their al, that I am qualified to o STT DEVICE: S	own form.) I certify that I l operate the testing device(s) SALIVA BREATH* 15-	nave conducted alcohol testing identified, and that the results Minute Wait: Yes No		Affix Or Print Confirmation Results E
Test # Testing Device Name CONFIRMATION TEST: Re	Device Serial # <u>OR</u> Lot #		5		ere 🔻 1
REMARKS:	admis <u>recos</u> de ajfaca to	each copy of misjorn of pri			Affix 1
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Alcohol Technician's Company (PRINT) Alcohol Technician's Na	ma (First MI Last)	Company Street Address		1 	
	(± 1155, 1111, 1/451)	Phone Number (Area Code			Affix Or P Additional
Signature of Alcohol Technician		Date	Month / Day / Year		
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Signature of Employee		Date	Month / Day / Year	l 	[ere
Signature of Employee COPY 2 - EMPLOYEE R	ETAINS	Date	Month / Day / Year 6363 (Rev. 2/14)	▲ Affix With Tamper	· Evident Tape

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Alcoho	l Testing Form (Non-DOT)	
	ructions for completing this form are on the back of Copy 3)	Sec
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	LETED BY EMPLOYEE ubmit to alcohol testing and that the identifying information provided on the form is	ffix With Tamper Evident Tap
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STED 2. TO DE COMD	LETED BY ALCOHOL TECHNICIAN	
on the above named individu are as recorded. TECHNICIAN: 🗌 BAT	ician must complete their own form.) I certify that I have conducted alcohol testing tal, that I am qualified to operate the testing device(s) identified, and that the results STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No REATH DEVICE* write in the space below <u>only</u> if the testing device is <u>not</u> designed to <u>print</u> .)	Gonfirmation Results H
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	Phone Number (Area Code & Number)	Additional Tes
Signature of Alcohol Technician	Date Month / Day / Year	nal Test
I certify that I have submit	LETED BY EMPLOYEE IF TEST RESULT IS POSITIVE ted to the alcohol test, the results of which are accurately recorded on this form. I t drive, perform safety-sensitive duties, or operate heavy equipment because the	st Results H
Signature of Employee	Date Month / Day / Year	ere
COPY 3 - ALCOHOL T	v	▲ Affix With Tamper Evident Tape

INSTRUCTIONS FOR COMPLETING THE ALCOHOL TESTING FORM

- **NOTE:** Use a ballpoint pen, press hard, and check <u>all</u> copies for legibility.
- STEP 1 The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to <u>print</u> the employee's name and check the box identifying the reason for the test.

NOTE: If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

- STEP 2 Instruct the employee to read, sign, and date the employee certification statement in STEP 2.
 - **NOTE:** If the employee refuses to sign the certification statement, <u>do not proceed</u> with the alcohol test. Contact the designated employer representative.
- STEP 3 The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the ATF. For a breath testing device capable of printing, the information may be part of the printed record.

NOTE: Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information in the space provided, in a <u>tamper-evident</u> manner (e.g., tape), or the device may print the results directly on the ATF. If the results of the screening test are negative, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are positive, a confirmation test must be administered. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information <u>must</u> be used in conducting this test.

Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Check the box indicating that the waiting period lasted at least 15 minutes.

After conducting the alcohol confirmation test, affix the printed information in the space provided, in a <u>tamper-evident</u> manner (e.g., tape), such that it does not obscure the original information, or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

STEP 4 If the employee has a breath alcohol confirmation test result that is positive, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

NOTE: If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result that is positive.

Forward Copy 1 to the employer. Give Copy 2 to the employee. Retain Copy 3 for BAT/STT records.