



**APPENDIX A**

**Post-Accident or Reasonable Cause/Suspicion  
Supervisor Written Record**

(Check one):  Pipeline (PHMSA)  Driver (FMCSA)

Employee's Name \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_  
Employee ID# \_\_\_\_\_ Job Title \_\_\_\_\_ Time \_\_\_\_\_

Describe Accident/Incident:

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

1. Was EBT Breath Alcohol testing completed within two (2) hours of the accident, or the reasonable cause/suspicion situation? Yes\_ No If not, why? (Examples – received notification too late, employee removed from the scene for medical treatment, EBT device not available, injuries precluded testing, breath alcohol technician not available)

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

2. Was EBT Breath Alcohol testing completed within eight (8) hours?\_ Yes\_ No If not, why? (Examples – received notification too late, employee removed from the scene for medical treatment, EBT device not available, injuries precluded testing, breath alcohol technician not available)

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

3. Was urine drug testing completed within thirty-two (32) hours of the accident or reasonable cause/suspicion situation?\_\_Yes  
No If not, why?

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

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Supervisor Signature/Date (if applicable): \_\_\_\_\_

**\*\*\* IMPORTANT \*\*\***

The above report is required in Post-Accident or Reasonable Cause/Suspicion testing when the test(s) times were not met.

The written report of Post-Accident or Reasonable Cause/Suspicion testing must be completed and signed by the supervisor within 48 hours of the incident and subsequently faxed or e-mailed to Atwell's Designated Employer Representative(DER) in the Safety Department.