

Post-Accident or Reasonable Cause/Suspicion Supervisor Written Record

(Check one): Pipeline (PHMSA) Driver (FMCSA) Vessel (USCG) Company Policy

Employee's Name _____ Dept. _____ Date _____

Employee Id# _____ Job Title _____ Time _____

Describe Accident/Incident: _____ Is the Accident/Incident DOT Reportable? Yes No Unknown

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 Name: _____ Date: _____

Supervisor Signature: _____

Second Supervisor Signature (if applicable): _____

***** IMPORTANT *****

The above report is required in Post-Accident or Reasonable Cause/Suspicion testing when the **test(s) times were not met** and/or to document the **details of the accident/incident**.

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 the Company Designated Employer Representative (DER).