

# Post-Accident Testing Determination & Decision Form for FTA Authorized Testing

Date \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Employee(s) involved: \_\_\_\_\_ (please use proper name)

Supervisor's Description of the Accident:

---

---

---

---

## Testing Determination Process:

1. Was the event the result of the operation of a vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, FTA drug and alcohol testing is prohibited)

2. Was there a fatality? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, FTA drug and alcohol testing is required)

3. If there was NO fatality, answer the following two questions:

A. Did any individual involved in the accident suffer bodily injury and immediately receive medical treatment away from the scene of the accident?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. Did any other vehicle involved in the accident sustain disabling damage, which required the vehicle to be transported away from the scene by a tow truck or other vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered no to both A & B, testing is prohibited. If you answered yes to either A or B: Can the actions of the operator or any other covered employee on the vehicle be completely discounted as a contributing factor?

Yes, discounted \_\_\_\_\_ (If yes, FTA testing is prohibited)

No, cannot discount \_\_\_\_\_ (If no, FTA drug and alcohol testing is required)

If you have discounted the covered employee's actions, you must provide your reason:

---

---

---

Testing Documentation (if testing was performed):

DOT Alcohol Testing Location: \_\_\_\_\_ DOT Alcohol Testing Time \_\_\_\_\_

DOT Urine Drug Testing Location: \_\_\_\_\_ DOT Urine Drug Testing Time: \_\_\_\_\_

**IMPORTANT NOTE:**

If ALCOHOL testing is not conducted **within 2 hours** after the accident, document the reason for the delay. If no alcohol test is administered **within 8 hours**, cease all efforts to have the test administered and update the documentation.

If DRUG test is not conducted **within 32 hours** after the accident, cease all efforts to administer the drug test and document the reason why the test was not administered.

Document in detail, the reason for testing delays or inability to test here:

---

---

---

---

---

---

---

---

---

---

---

Supervisor Signature: \_\_\_\_\_