Alcohol Testing Form (ATF) Review Checklist

- Does the form read "*U.S. Department of Transportation (DOT) Alcohol Testing Form*" at the top?

- **In Step 1:**
  - ❑ Is the correct employee's name and ID number or SSN listed?
  - ❑ Is the correct employer name and address listed?
  - ❑ Is the DER name and phone number accurate?
  - ❑ Is the reason for the test marked correctly?

- **In Step 2:**
  - ❑ Did the employee sign and date the form?

- **In Step 3:**
  - ❑ Did the alcohol technician designate his/her title (BAT or STT), and indicate the type of device used?
  - ❑ Is the testing facility information listed accurately?
  - ❑ Did the alcohol technician sign and date the ATF?
  - ❑ If a confirmation test was performed, was the 15-minute waiting period observed (i.e. is the "Yes" box checked)?
    - If a confirmation test was not performed, neither the "Yes" nor "No" box should be checked.
  - ❑ If a confirmation test result is 0.02 or greater, did the employee sign Step 4? If not, did the BAT make an appropriate comment in the remarks section?

- **EBT Printout:**
  - ❑ Are the printed results for a screening or confirmation test affixed to the ATF with tamper-evident tape, if not printed directly on the form?
    - The results of a <u>screening test</u> below 0.02 may be hand-printed on the ATF in Step 3 if the screening device is not designed to print.

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

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

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name JOE DOE
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 2164

C: Employer Name City Transit

Street 21 MAIN ST.

City, State, ZIP SOMEWHERE, MA 02111

DER Name and Telephone No. CANDICE SMITH 617 2153100
DER Name DER (Area Code & Phone Number)

D: Reason for Test: ☒ Random ☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

EVIDENT
RBT IV# 012854
DATE 11-28-18
TEST NO. 0345
ID#
2164
AS IV# 005866
SCREENING
G/210L TIME
.000 AUTO 10:14
TAMPER

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee JJ

Date 11 / 28 / 18
Month / Day / Year

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 U.S. Department of Transportation regulations, 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 # OR Lot # & Exp. Date	Activation Time	Reading Time	Result

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

REMARKS:

Collect-N-Go
Alcohol Technician's Company

3 Park St.
Company Street Address

Tommy Johnson
(PRINT) Alcohol Technician's Name (First, M.I., Last)

SOMEWHERE, MA 0211
Company City, State, Zip

617 215 3430
Phone Number (Area Code & 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

▲ Affix With Tamper Evident Tape

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER