



Federal Motor Carrier Safety Administration Post-Accident Drug and Alcohol Testing Determination Form

Complete this form for each accident involving safety sensitive employees

The employer's substance abuse policy and the Federal Motor Carrier Safety Administration (FMCSA) regulations (49 CFR Part 382) require that the surviving driver(s) involved in a vehicle accident (as outlined in the policy/regulations) submit to tests for alcohol and prohibited drugs as soon as possible following the accident.

Do not delay necessary medical attention for the injured following an accident or prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to an accident or to obtain necessary emergency medical care.

Attach this form to a copy of the **Drug/Alcohol Testing Request form** – if possible, along with the **DOT Chain of Custody Form** and/or **DOT Breath Alcohol Test Form**. This form is to be kept confidential and should be placed in the employee's drug and alcohol testing file.

Date of accident: _____ Time of accident: _____

Employee name: _____

Employee SSN/Unique ID: _____ Dept/Division: _____

Testing decision questions:

Was there a fatality? _____ Yes _____ No **If "Yes", Post-Accident Test required**

If there was **no** fatality, ask the following questions:

1. Was the driver cited for a moving traffic violation AND was the vehicle towed from the scene? _____ Yes _____ No
2. Was the driver cited for a moving traffic violation AND was someone medically evacuated from the scene? _____ Yes _____ No

(Note: In order to test for alcohol, the driver citation must be received within 8 hours of the accident/occurrence. In order to test for drugs, the driver citation must be received within 32 hours of the accident/occurrence.)

If you checked Yes for questions 1 or 2, a DOT Post Accident test is required. If you answered no to both questions and you still want a test, it must be done as non-DOT testing.

Employee taken to _____ (collection site)

By _____ Title _____ at _____ am/pm

FMCSA regulations also require that alcohol testing must be done as soon as possible following the accident. If alcohol testing is not conducted within 2 hours after the accident, you must document the reason for the delay on the bottom of this form. If the alcohol test is not administered within 8 hours and the drug test within 32 hours, you must cease all efforts to administer the tests and document the reason(s) why the tests were not administered within the FMCSA-prescribed time frames.

1. Was an **alcohol** test preformed within **2 hours**?

Yes _____ Time: _____ am/pm

No _____ Explain: _____

2. If no **alcohol** test was performed within **8 hours** of the accident, please explain:

3. Was a **drug** test performed within **32 hours**?

Yes _____ Time: _____ am/pm

No _____ Explain: _____

4. Did the employee leave the scene of the accident without just cause?

No _____

Yes _____ Explain _____

Supervisor's Name (print) _____

Supervisor's Signature _____ Date _____