

**FMCSA Post Accident  
Drug & Alcohol Testing Decision Process**

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**General Information** (please print)

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Manager: \_\_\_\_\_ Telephone#: \_\_\_\_\_

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**Accident Information**

Vehicle#: \_\_\_\_\_ Route#: \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location of Accident: \_\_\_\_\_

Investigating Supervisor: \_\_\_\_\_ Telephone#: \_\_\_\_\_

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**Substance Abuse Testing Decision Tree** (check all that apply)

1. Was there a fatality? yes no (If yes a DOT drug & alcohol test must be performed)

2. Did one or more vehicles incur disabling damage and require towing? yes no

**If yes a DOT drug & alcohol test must be performed if the employee was (or will in all likelihood) be issued a citation 8 hours alcohol/32 hours drug; if no citation a NON-DOT (Under COMPANY policy) drug & alcohol test could be performed**  
*Disabling damage- is damage which precludes the departure of any vehicle from the scene by usual manner in daylight after simple repair*

3. Did anyone suffer bodily injury and require immediate medical attention away from the scene of the accident?  
 yes no

**If yes a DOT drug & alcohol test must be performed if the employee was issued a citation 8 hours alcohol/32 hours drug; if no citation a NON-DOT (Under COMPANY policy) drug & alcohol test could be performed**

4. Based on the best information available at this time, **will** the employee's performance be discounted (no chance of a citation being issued) as a causative or contributing factor to the accident? yes no

**A DOT drug test must be performed if the employee is issued a citation within 32 hours of the accident-a DOT alcohol test must be performed if the employee is issued a citation with 8 hours of the accident.**

**If the employee can be discounted and you have determined that testing should not be performed, indicate the reason(s) for your decision below in the "Documentation Comments"**

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**Testing Information**

1. Was the employee informed that drug & alcohol testing will be performed and to remain available?  yes  no

2. Was the alcohol testing performed within 2 hours of the accident?  yes  no

3. If no alcohol test was performed within 2 hours, was it performed within 8 hours?  yes  no

4. Was drug testing performed within 32 hours?  yes  no

If you have answered "no" to any of the above questions, please indicate the reason (s) below in the "Documentation Comments"  
documentation Comments: \_\_\_\_\_

Investigating Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Testing time: \_\_\_\_\_ am/pm

**To arrange testing or obtain assistance please call (410) 458-8276 24 hours a day**