

FTA Post Accident

Drug & Alcohol Testing Decision Process

General Information (please print)

Employee Name: _____ Employee#: _____ RVO RVM RVC/D

Manager: _____ Telephone#: _____

Accident Information

Vehicle#: _____ Route#: _____ Date of Accident: _____ Time: _____ am/pm

Location of Accident: _____

Investigating Supervisor: _____ Telephone#: _____

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's performance cannot be completely discounted)

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's performance cannot be completely discounted)

4. Based on the best information available at this time, can the employee's performance be COMPLETELY discounted as a causative or contributing factor to the accident ? yes no
(If yes a DOT drug & alcohol test must be performed if the employee's performance cannot be completely discounted)

5. Based on the best information available at this time, can ANOTHER employee's performance be COMPLETELY discounted as a causative or contributing factor to the accident ? yes no
(If yes a DOT drug & alcohol test must be performed if the employee's performance cannot be completely discounted)

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"

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