

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 at the scene ? 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*  
**(If no testing can be performed under COMPANY authority using Non-DOT forms)**
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)**  
**(If no testing can be performed under COMPANY authority using Non-DOT forms)**
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)**  
**(If no testing can be performed under COMPANY authority using Non-DOT forms)**
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 no testing can be performed under COMPANY authority using Non-DOT forms)**

**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**

