Post-Accident Testing Determination & Decision Form for FTA Authorized Testing

Date ___________________________ Time: _________ AM/PM

Employee(s) involved: _______________________________________________ (please use proper name)

Supervisor’s Description of the Accident:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Testing Determination Process:

1. Was the event the result of the operation of a vehicle? Yes _____ No _____ (If no, FTA drug and alcohol testing is prohibited)

2. Was there a fatality? Yes _____ No _____ (If yes, FTA drug and alcohol testing is required)

3. If there was NO fatality, answer the following two questions:

   A. Did any individual involved in the accident suffer bodily injury and immediately receive medical treatment away from the scene of the accident?
      Yes _____ No _____

   B. Did any other vehicle involved in the accident sustain disabling damage, which required the vehicle to be transported away from the scene by a tow truck or other vehicle?
      Yes _____ No _____

If you answered no to both A & B, testing is prohibited. If you answered yes to either A or B: Can the actions of the operator or any other covered employee on the vehicle be completely discounted as a contributing factor?

   Yes, discounted _____ (If yes, FTA testing is prohibited)

   No, cannot discount _____ (If no, FTA drug and alcohol testing is required)

If you have discounted the covered employee’s actions, you must provide your reason:
_________________________________________________________________
_________________________________________________________________
Testing Documentation (if testing was performed):

DOT Alcohol Testing Location: ___________________________  DOT Alcohol Testing Time __________

DOT Urine Drug Testing Location: _________________________  DOT Urine Drug Testing Time: ________

IMPORTANT NOTE:

If ALCOHOL testing is not conducted **within 2 hours** after the accident, document the reason for the delay. If no alcohol test is administered **within 8 hours**, cease all efforts to have the test administered and update the documentation.

If DRUG test is not conducted **within 32 hours** after the accident, cease all efforts to administer the drug test and document the reason why the test was not administered.

Document in detail, the reason for testing delays or inability to test here:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Supervisor Signature:  ________________________________________________________________