FTA Post-Accident Drug & Alcohol Testing Decision Form for Bus Accidents

Date: __________________________ Time: ____________ AM/PM

Name of bus operator involved: _____________________________________________

**Step 1:** Determine if the FTA’s accident thresholds have been met:

1. Was this event associated with the operation of a public transportation vehicle?  
   **[YES] [NO]**  
   *If no, do not proceed.*

2. Was there a fatality at the scene? (If yes, testing is **required**. Go to page 2.)  
   **[YES] [NO]**

3. Did anyone suffer bodily injury and immediately receive medical treatment away from the scene? (The means of transporting is not relevant)  
   **[YES] [NO]**

4. Did any vehicle involved sustain disabling damage which required the vehicle to be towed away from the scene by tow truck or other vehicle?  
   **[YES] [NO]**

**Step 2:** If you answered yes to questions 3 or 4, are you able to discount the operator’s actions as a contributing factor?  
   *If yes, please describe why:*

___________________________________________________________________________

___________________________________________________________________________

**Step 3:** Determine if FTA post-accident testing is **authorized**:

<table>
<thead>
<tr>
<th>This was a non-fatal event and I was able to discount the operator’s actions as a contributing factor.</th>
<th><strong>DO NOT PERFORM FTA TESTING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This was a non-fatal event and I was NOT able to discount the operator’s actions as a contributing factor.</td>
<td><strong>FTA TESTING IS REQUIRED, GO TO PAGE 2</strong></td>
</tr>
</tbody>
</table>

Supervisor Signature: __________________________________________________________
FTA Drug and Alcohol Post Accident Testing Documentation

Time the alcohol test was performed: _________ AM/PM

Time drug test (urine collection) was performed: ____________ AM/PM

IMPORTANT NOTE:

If the ALCOHOL test is not conducted within 2 hours from the time of the accident, you must document the reason for the delay in the space provided below. If you are unable to perform alcohol testing within 8 hours, you must cease all attempts and update the documentation.

If the DRUG test is not conducted within 32 hours after the accident, cease all attempts to perform the urine collection and document the reason why the test was not administered.

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Supervisor Signature: ________________________________________________