

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

49 CFR Part 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b) (5) and (e) of this section).

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Prospective Employee Name: _____

ID number: _____

The Prospective employee is required by Part 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug and/or alcohol test administered by an employer to which you applied for. But did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

_____ Yes _____ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

_____ Yes _____ No

Prospective Employee Signature: _____

Date: _____

Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. Did the employee have verified positive drug tests? | YES ___ NO ___ |
| 3. Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

Sample Positive Test Result Reporting Form

Information for Involved Parties

Donor's Name: _____ SSN: _____
Employer's Name: _____
DER's Name: _____ Phone: _____
Fax: _____
Laboratory: _____
MRO: _____ Phone: _____
Collection Site: _____ Phone: _____

Test Result Reporting

Result Received from MRO: Positive for: _____
Date of MRO report: _____ Time: _____
DER Notified: Date: _____ Time: _____
Written Result sent to DER: Date: _____
(Must be received by DER within 2 days) Via: Fax Electronic/Scanned Image
 Courier _____
 Other _____

Employee Disposition

Employer notified to remove employee from safety sensitive duties? Yes No
Disposition of the Employee: Removed from safety sensitive duties
 Terminated Re-assigned Suspended Other _____
Employee removed from DOT Random Pool: Date _____ By: _____

Print Name of Person Responsible for Reporting Positive Result: _____
Signature of Person Responsible for Reporting Positive Result: _____

SUPERVISOR'S OBSERVATIONS AND REPORT FORM FOR REASONABLE SUSPICION DETERMINATIONS

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DATE AND TIME OF OCCURRENCE/OBSERVATION: _____	
PLACE/LOCATION OF INCIDENT/EVENT/OBSERVATIONS: _____	
EMPLOYEE'S NAME: _____	EMPLOYEE#: _____

CHECK ALL APPROPRIATE ITEMS

A. PHYSICAL SIGNS (Change in Employee's NORMAL Behavior and/or Appearance)

Slurred Speech _____	Excessive Sweating _____	Staggering Walk _____	Odor of Alcohol _____
Drowsiness _____	Odor of Marijuana _____	Red Eyes _____	Enlarged Pupils _____
Irritability _____	Nervousness _____	Shaky-Hands _____	
Ability to Walk:	Unable _____ On Hands & Knees _____	Falling _____ Grasping for Support _____	Swaying _____ Sagging _____
Ability to Stand:	Swaying _____ Feet Wide Apart for Balance _____	Rigid _____ Continual Leaning for Support _____	Unable _____ Other _____
Speech:	Shouting _____ Slurred _____ Other _____	Rambling _____ Slow _____	Incoherent _____ Sobbing _____ Boisterous _____ Whispering _____
Demeanor:	Angry _____ Hysterical _____ Cooperative _____	Indifferent _____ Polite _____	Excited _____ Sleepy _____ Calm _____ Crying _____
Actions:	Fighting _____ Profanity _____	Punching _____ Threatening _____	Kicking _____ Thumbing Nose _____ Resisting _____ Difficult to Awaken _____
Eyes:	Bloodshot _____ Wearing Contacts _____	Watery _____	Droopy Lids _____ Wearing Glasses _____
Clothing:	Mussed _____ Urinated in _____	Dirty _____ Partly Dressed _____	Vomited on _____ Defecated in _____
Face:	Flushed _____	Pale _____	
Hand Movements:	Fumbling _____	Wringing _____	Slow _____ Excessive _____

B. JOB PERFORMANCE

Employee's job/position title? _____ Was he/she performing the job at the time? _____

Does the employee claim illness? Yes _____ No _____ If "Yes" What are the employee's complaints? _____

Did you see employee operating a motor vehicle? Yes _____ No _____ or in a vehicle? Yes _____ No _____

Was the motor vehicle : Zig-Zagging _____ On Wrong Side of Road _____ Too Slow _____ Excessive Speed _____
Lights Not on in Dark _____ Operated in Violation of Motor Vehicle Laws _____

Is employee able to perform job? Yes _____ No _____ If not, why? _____

Other Observations: _____

SUPERVISOR AND/OR WITNESS
