

## **REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER**

EFFECTIVE AUGUST 1, 2001, 49 CFR part 40, U.S. Department of Transportation, Procedures for Transportation Workplace Drug and Alcohol Testing Programs requires employers to do a background check of all new employees hired (or current employees transferred) to perform safety sensitive covered functions. Enclosed with this document is a suggested form for requesting that information. The following is the regulation. From January 6, 2020 through January 5, 2023, employers are required to obtain and provide this information in addition to querying the FMCSA Clearinghouse. Beginning January 6, 2023 a Clearinghouse query only will be required.

**The FMCSA has a three-year requirement for obtaining and providing employee drug and alcohol testing information. FMCSA employers check 3 years, not 2 years.**

**§49 CFR part 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?**

(A) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(B) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations; and
5. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(C) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(D) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive Functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(E) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(F) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(G) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(H) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(I) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(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).

**REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION  
FROM PREVIOUS EMPLOYER - SUGGESTED FORM**

**PLEASE RETURN TO:**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST. ZIP: \_\_\_\_\_

ATTENTION: \_\_\_\_\_ PHONE: \_\_\_\_\_

(Name of individual requesting information)

**APPLICANT NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

<p>Pursuant to Federal Regulation 49 CFR part 40.25, please furnish the requested information.</p> <p>I hereby authorize _____ <i>(previous employer's name)</i></p> <p>to release the alcohol and controlled substances testing information listed below to the above named company.</p> <p>SIGNED: _____ DATE: _____ <i>(Signature of employee)</i></p> <p>WITNESS: _____ DATE: _____</p>	
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Previous employer must supply the following information regarding the above named individual during the past three years while employed to perform FMCSA covered safety sensitive functions:	YES	NO
1. Alcohol tests with a result of 0.04 or higher alcohol concentration?		
2. Verified positive drug tests?		
3. Refusals to be tested (including verified adulterated or substituted drug test results)?		
4. Other violations of DOT agency drug and alcohol testing regulations?		
5. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).		
<p>SIGNED: _____ DATE: _____ <i>(Signature of individual supplying information)</i></p>		

<p>Please identify the Substance Abuse Professional you referred the employee to if he/she had an alcohol test of 0.04 or higher, a verified positive controlled substance test, or refused testing.</p> <p>NAME : _____</p> <p>ADDRESS: _____</p> <p>CITY, ST. ZIP: _____</p> <p>PHONE: _____</p>
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