U.S. Department of Transportation (DOT) Alcohol Testing Form

		this form are on the back of	Copy 3)	i 	E C
STEP 1: TO BE COMPLI	ETED BY ALCOHO	OL TECHNICIAN			s Or Print ening thesi
A: Employee Name (Print)	(First, M.I., Last)		***************************************	t t	
B: SSN or Employee ID No.			·	t t	oning Results Here
C: Employer Name				t	E
C. Employer Name	CONTROL OF THE CONTRO				1 1
Street					[]]
				; ; ;	
				1	Affix With Tamper Evident Tape
City, State, ZIP DER Name and		· · · · · · · · · · · · · · · · · · ·	:	5 5 5	11
Telephone No.	DER Name	DVD (1	Area Code & Phone Number)	1 2 3	
D: Reason for Test: □Random		DER (A Post-Accident Return to Duty		1	
			11 onon-up	; ; ;	
STEP 2: TO BE COMPLI I certify that I am about to su			at of Transportation] [14
regulations and that the ident				1	15
					1 =
Signature of Employee		Date N	Month / Day / Year	g on man and one can be can one can fee and man had her	:4
STEP 3: TO BE COMPLE	TED BY ALCOHO	L TECHNICIAN	· · · · · · · · · · · · · · · · · · ·	; ;	Com
(If the technician conducting the screening test is not the same technician who will be conducting the				; ; ;	Affix Or Pahl ('onfirming Results Here
confirmation test, each techni testing on the above named				3 3 1	
Department of Transportation device(s) identified, and that	on regulation, 49 CFR	R Part 40, that I am qualifie			
TECHNICIAN: BAT 5		saliva □breath* 15.m	linute Wait: Ves No	} } }	įĒ
SCREENING TEST: (For BREA	-			1 1 2	15
		mage y marketing a	terret in her terregree to printer,		1 °°
Test # Testing Device Name	Device Serial # OR Lot &	# & Exp. Date Activation Time	Reading Time Result		
CONFIRMATION TEST: Res	sults MUST be affixed to .	each conv of this form or printed d	lirectly outa the form.	† 1 1	
	- And Andrews	aca copy of mayora to primad a			
REMARKS:				; ; ;	
				3 4 4	
				3 3 3	1 11
***************************************		·····		; ; } ;	i f
				1 1 1	
				, , ,	Will Tomper Millen Tal
Alcohol Technician's Company		Company Street Address			1 =
				ger yang ban, yan yang ungan yang saga dan sada dan ban, sada tan sada sada sada sada sada sada sada sa	14
(PRINT) Alcohol Technician's Na	me (First, M.L., Last)	Company, City, State, Zip		1 2 2	
		Phone Number (Area Code	& Number)	; ; ;	
		P3	N	1 1	
Signature of Alcohol Technician		Date	Month / Day / Year		1 0 7
STEP 4: TO BE COMPLE I certify that I have submitted				* * *	1 = 1
I understand that I must not	drive, perform safety			1 3 3	1 7
the results are 0.02 or greater.	•			6 8	1 =
Signature of Employee		Date	Month / Day / Year	& Mar Will Thomas Pridner	5 Dans

OMB No. 2105-0529

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