

U.S. Department of Transportation (DOT)

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Print Screening Results
Here or Affix with
Tamper Evident Tape

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Michael C. Smith
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 247499764

C: Employer Name Roy Salmon Trucking
Street 9737 Eustice Rd.
City, State, Zip Randallstown MD 21133

DER Name and Telephone No. Roy Salmon 410-362-9464
DER Name Roy Salmon DER Phone Number 410-362-9464

D: Reason for Test: ☒ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

Intoximeters ASV XL

Test Number: 1991
Serial Number: 16708
Test Date: 09/23/2020
Test Time: 19:18:03
Test Temperature: 22.8°C

Test Type: Screening
Reason for Test: Random

Type g/21OL Time
BLNK 0.000 19:18:13
SUBJ:m 0.000 19:18:31

Test Status: Success

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Michael C. Smith 21 12 20
Signature of Employee Date Month Day Year

Results Here or Affix
with Tamper Evident
Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☒ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS:

Concentra Medical Centers
1419 Knecht Avenue
Baltimore, MD 21227
410-247-9595
410-247-7553

Alcohol Technician's Company Concentra Medical Centers Company Street Address ()
(PRINT) Alcohol Technician's Name (First, M.I., Last) Michael C. Smith Company City, State, Zip 9 23 20 Phone Number ()
Signature of Alcohol Technician Michael C. Smith Date Month Day Year 9 23 20

Print Additional
Results Here or Affix
With Tamper Evident
Tape

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Michael C. Smith 9 23 20
Signature of Employee Date Month Day Year