

U.S. Department of Transportation (DOT)

Alcohol Testing Form

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

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

B: SSN or Employee ID No. 247-49-9264

C: Employer Name Boy Salmon Trucking
Street 9737 Eustice Rd
Randallstown, MD 21133

City, State, ZIP
DER Name and Telephone No. Boy Salmon, 443-629-4644
DER Name DER (Area Code & Phone Number)

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

Intoximeters ASV XL

Test Number: 689
Serial Number: 16708
Test Date: 12/24/2019
Test Time: 20:32:44
Test Temperature: 24.0°C

Test Type: Screening
Reason for Test: Random

Type 9/21OL Time
BLNK 0.000 20:32:59
SUBJ 0.000 20:33:26

Test Status: Success

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

Signature of Employee

Date Month / Day / Year

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 U.S. Department of Transportation regulations, 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
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Company Concentric 1419 Knecht Ave
Alcohol Technician's Company Company Street Address
Catherine Cornish Baltimore, MD 21227
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip
410-247-9595
Phone Number (Area Code & Number)
12-24-19
Date Month / Day / Year

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.

Signature of Employee

Date Month / Day / Year