

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 DAVID ORR
(Print) (First, M.I., Last)
B: SSN or Employee ID No. MD-10272030185
C: Employer Name Roy Salmon Trucking
Street 9787 Eustice Rd,
Randallstown MD 21133
City, State, ZIP
DER Name and Telephone No. Roy Salmon (443) 629-4648
DER Name DER (Area Code & Phone Number)
D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ Pre-employment

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] X 7-13-22
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:

Alcohol Technician's Company

Company Street Address

Concentra Urgent Care
8101 Pulaski Hwy, Suite H
Baltimore, MD 21237
410-687-6462

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip

Phone Number (Area Code & Number)

Signature of Alcohol Technician

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

TAMPER

Intoximeters ASV XL

Test Number: 6216
Serial Number: 10641
Test Date: 07/13/2022
Test Time: 12:56:44
Test Temperature: 23.8°C

Test Type: Screening
Reason for Test:
Pre-Employment

Type	g/210L	Time
BLNK	0.000	12:56:58
SUBJ	0.000	12:57:27

Test Status: Success

EVIDENT