

Claim Number:

Concentra Medical Centers (MD)

Service Date: 09/20/2022

100 S Charles St Ste 150 BALTIMORE, MD 21201
Phone: (410) 752-3010 Fax: (410) 539-7023

Non-Injury Work Status Report

Employer Location: Roy Salmon Trucking
9737 Eustice Rd
Randallstown, MD 21133
Auth. by:
Address:
Role: Primary Contact
Contact: Roy Salmon
Phone: (443) 629-4648
Ext.:
Fax: (443) 299-6806

Patient: Rhodes, Erick
SSN: XXXXXX3484
Address: 3920 Fairview Ave
BALTIMORE, MD 21216
Home: (252) 370-3557
Work:
Ext.:

This Visit:

Time In: 04:35 pm
Time Out: 05:10 pm
Visit Type: New
Reg UDS & BAT PreP
Breath Alcohol Test Preplacement
Regulated UDS Preplacement 65304

Result Status:

No Status Required

Remarks:

Status - Non-Injury

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 <u>Eric Rhodes</u> B: SSN or Employee ID No. _____ C: Employer Name <u>Ray Salmon</u> Street <u>9737 E US Ste Rd</u> City, State, Zip <u>Randallstown MD 21133</u> Telephone No. <u>410 629-4418</u> D: Reason for Test: <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Susp <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-employment DER Name <u>Ray Salmon</u> DER Phone Number <u>410 629-4418</u>	
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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. Signature of Employee <u>Eric Rhodes</u> Date Month Day Year <u>9/20/22</u>

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: <input checked="" type="checkbox"/> BAT <input type="checkbox"/> STT <input type="checkbox"/> DEVICE: <input type="checkbox"/> SALIVA <input type="checkbox"/> BREATH* 15-Minute Wait: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.) Test # <u>6286</u> Testing Device Name <u>Inverness</u> Device Serial # <u>16708</u> Lot # & Exp Date <u>5/13</u> Activation Time <u>5:13</u> Reading Time <u>5:13</u> Result <u>0.000</u> CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form. REMARKS:	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 _____
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Print Additional
Results Here or Affix
Tape
With Tamper Evident

Print Confirmation
Results Here or Affix
Tape
With Tamper Evident

Intoximeter ASV XL
 Test Number: 6286
 Serial Number: 16708
 Test Date: 09/20/2022
 Test Time: 17:13:24
 Test Temperature: 24.5°C
 Test Type: Screening
 Reason for Test: Pre-Employment
 Type: BLNK
 SUB: 0.000
 Time: 17:13:59
 Test Status: Success