POST ACCIDENT ALCOHOL AND DRUG TEST DOCUMENTATION FORM

Driver/Employee: _______________________ was involved in a commercial motor vehicle accident on ________________, at _______am/pm, requiring the administration of post-accident alcohol and drug tests pursuant to 49 CFR § 382.303. The company was first notified of the accident at _____ am/pm on______________, by ________________________ . The accident occurred at or near______________________________________________. The following efforts were undertaken to have the employee tested as required by the regulations:

_____________________________________________________________________________
_____________________________________________________________________________.

ALCOHOL TESTING

Time of completed alcohol test ____________am/pm. An alcohol test was administered within two hours of the accident that demonstrated a blood alcohol concentration of _______________. An alcohol test could not be administered to the employee within two hours of the accident because:
_____________________________________________________________________________
_____________________________________________________________________________.

An alcohol test was administered after _____________ hours (but not more than eight), which demonstrated a blood alcohol concentration of ____________. An alcohol test was not administered within eight hours of the accident because:
____________________________________________________________________________
_____________________________________________________________________________.

_____________________________________________________________________________

If an alcohol test was not administered within eight hours, list any facility (name, address, phone #) that could have performed a blood alcohol test:
_____________________________________________________________________________
_____________________________________________________________________________

DRUG TESTING

Time of completed urine collection __________________ am/pm.
A drug test (check one) □ was □ was not administered within 32 hours of the accident.
A drug test was not administered within 32 hours because:
_____________________________________________________________________________
_____________________________________________________________________________.

Designated Employee Representative (DER)            Date

TABLE FOR §382.303(A) and (B)

<table>
<thead>
<tr>
<th>Type of accident involved</th>
<th>Citation issued to the CMV driver</th>
<th>Test must be performed by employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Human fatality</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>ii. Bodily injury with immediate medical treatment away from the scene</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>iii. Disabling damage to any motor vehicle requiring tow away</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td></td>
<td>NO</td>
<td>NO</td>
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</tbody>
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