AICONOL LESUNG (The instructions for completing)	Form (Non-DOT) this form are on the back of Copy 3)	
STEP 1: TO BE COMPLETED BY ALCOHO	L TECHNICIAN	
A: Employee Name		
(Print) (First, M.I., Last) B: SSN or Employee ID No.		
C: Employer Name		
Street		
City, State, Zip		
DER Name and Telephone No. DER Name	DER (Area Code & Phone Number)	
D: Reason for Test:	Post-Accident Return to Duty Follow-up Pre-employment	
STEP 2: TO BE COMPLETED BY EMPLOY	EE	
I certify that I am about to submit to alcohol testing an true and correct.	nd that the identifying information provided on the form is	
Signature of Employee	Date Month / Day / Year	
STEP 3: TO BE COMPLETED BY ALCOHO	L TECHNICIAN	
confirmation test, each technician must complete their on the above named individual, that I am qualified to are as recorded.	s not the same technician who will be conducting the r own form.) I certify that I have conducted alcohol testing operate the testing device(s) identified, and that the results SALIVA BREATH* 15-Minute Wait: Yes No	nfirmation Resu
SCREENING TEST: (For BREATH DEVICE* write in th	e space below <u>only</u> if the testing device is <u>not</u> designed to <u>print</u> .)	
Test # Testing Device Name Device Serial # <u>OR</u> 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:		
Alcohol Technician's Company	Company Street Address	
(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	
	EE IF TEST RESULT IS POSITIVE e results of which are accurately recorded on this form. I ensitive duties, or operate heavy equipment because the	
Signature of Employee	Date Month / Day / Year	
COPY 1 - ORIGINAL - FORWARD TO THE E		

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Alcohol	Testing Form (Non-DOT)	
	tions for completing this form are on the back of Copy 3)	Sc
	TED BY ALCOHOL TECHNICIAN	tix Or
A: Employee Name(Print) (F	First, M.I., Last)	g Res
3: SSN or Employee ID No		Print Results]
C: Employer Name		Here
Street		
_		▼ Aj
City, State, Zip		ffex
DER Name and		With
Telephone No.	ER Name DER (Area Code & Phone Number)	1 Ta
: Reason for Test:	Reasonable Susp. Post-Accident Return to Duty Follow-up Pre-employment	Tamper
TEP 2: TO BE COMPLET	TED BY EMPLOYEE	- Eu
certify that I am about to subn rue and correct.	nit to alcohol testing and that the identifying information provided on the form is	iden
		t Tay
gnature of Employee	Date Month / Day / Year	
	TED BY ALCOHOL TECHNICIAN	
onfirmation test, each technicia n the above named individual, re as recorded. ECHNICIAN: 🗌 BAT 🛛 S	the screening test is not the same technician who will be conducting the an must complete their own form.) I certify that I have conducted alcohol testing that I am qualified to operate the testing device(s) identified, and that the results TT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No TH DEVICE* write in the space below only if the testing device is not designed to print.) Device Serial # OR Lot # & Exp. Date Activation Time Reading Time Result	s Or Frint firmation Results Here
CONFIRMATION TEST: Resu	dts <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.	▼ Affix
REMARKS:		With
		h Ta
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lcohol Technician's Company	Company Street Address	be
PRINT) Alcohol Technician's Name	e (First, M.I., Last) Company City, State, Zip	
	Phone Number (Area Code & Number)	ddition
ignature of Alcohol Technician	Date Month / Day / Year	nal 1
certify that I have submitted	TED BY EMPLOYEE IF TEST RESULT IS POSITIVE to the alcohol test, the results of which are accurately recorded on this form. I ive, perform safety-sensitive duties, or operate heavy equipment because the	rnt Test Results H
Signature of Employee	Date Month / Day / Year	lere
COPY 2 - EMPLOYEE RE		ffix With Tamper Evident Tape

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Alcoho	l Testing Form (Non-DOT)	
	ructions for completing this form are on the back of Copy 3)	Sc
	LETED BY ALCOHOL TECHNICIAN	reenin
A: Employee Name(Print)	(First, M.I., Last)	ig Res
B: SSN or Employee ID No.	·	Results j
C: Employer Name		Here
Street		
City, State, Zip		ffex
DER Name and		Wit
Telephone No.	DER Name DER (Area Code & Phone Number)	
D: Reason for Test:	Reasonable Susp. Post-Accident Return to Duty Follow-up Pre-employment	Tamper
STEP 2: TO BE COMPI	LETED BY EMPLOYEE	r Ez
-	ubmit to alcohol testing and that the identifying information provided on the form is	nider
true and correct.		at T
		ape
Signature of Employee	Date Month / Day / Year	
STEP 3: TO BE COMPI	LETED BY ALCOHOL TECHNICIAN	0 A
confirmation test, each techn on the above named individu are as recorded. TECHNICIAN: 🗌 BAT 🛛	ing the screening test is not the same technician who will be conducting the ician must complete their own form.) I certify that I have conducted alcohol testing al, that I am qualified to operate the testing device(s) identified, and that the results STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No EATH DEVICE* write in the space below only if the testing device is not designed to print.) If the testing device is not designed to print.)	armation Results Here
	Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.	▼ Affa
REMARKS:		W
		1
		Tamper
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		lent
Alcohol Technician's Company	Company Street Address	Tape
(PRINT) Alcohol Technician's N	ame (First, M.I., Last) Company City, State, Zip	
	Phone Number (Area Code & Number)	dditio
Signature of Alcohol Technician	Date Month / Day / Year	nal'
I certify that I have submitt	LETED BY EMPLOYEE IF TEST RESULT IS POSITIVE ed to the alcohol test, the results of which are accurately recorded on this form. I drive, perform safety-sensitive duties, or operate heavy equipment because the	Test Results i
	Date Month / Day / Year	Affix With Tamper Evident Tape
Signature of Employee COPY 3 - ALCOHOL TE		Affix With Tamper Evident Tape

INSTRUCTIONS FOR COMPLETING THE ALCOHOL TESTING FORM

- **NOTE:** Use a ballpoint pen, press hard, and check <u>all</u> copies for legibility.
- STEP 1 The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to <u>print</u> the employee's name and check the box identifying the reason for the test.

NOTE: If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

- STEP 2 Instruct the employee to read, sign, and date the employee certification statement in STEP 2.
 - **NOTE:** If the employee refuses to sign the certification statement, <u>do not proceed</u> with the alcohol test. Contact the designated employer representative.
- STEP 3 The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the ATF. For a breath testing device capable of printing, the information may be part of the printed record.

NOTE: Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information in the space provided, in a <u>tamper-evident</u> manner (e.g., tape), or the device may print the results directly on the ATF. If the results of the screening test are negative, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are positive, a confirmation test must be administered. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information <u>must</u> be used in conducting this test.

Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Check the box indicating that the waiting period lasted at least 15 minutes.

After conducting the alcohol confirmation test, affix the printed information in the space provided, in a <u>tamper-evident</u> manner (e.g., tape), such that it does not obscure the original information, or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

STEP 4 If the employee has a breath alcohol confirmation test result that is positive, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

NOTE: If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result that is positive.

Forward Copy 1 to the employer. Give Copy 2 to the employee. Retain Copy 3 for BAT/STT records.