

GUNDERSEN HEALTH SYSTEM®

POST-ACCIDENT DRUG AND ALCOHOL TESTING DECISION MAKER FORM

The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Parts 655) requires that safety-sensitive employees involved in a vehicle accident (as defined below) submit to tests for alcohol misuse and prohibited drug use as soon as possible following the accident. 49 CFR Part 655 also requires the testing of any other safety-sensitive employee whose performance could have contributed to the accident, as determined by the manager or supervisor at the scene using the best information available at the time of the decision.

Accident Information:

Date of Accident _____ Time of Accident: _____ AM/PM

Employee Name: _____ Employee ID #: _____

Decision Questions:

Was it an FTA-defined accident (49 CFR Part 655.4)?

- Was there a human fatality? Yes ____ No ____ (If **Yes**, a DOT/FTA Post-Accident test is required)
- If there was **no** fatality, ask the following questions:
 1. Has any individual suffered a bodily injury and immediately received medical treatment away from the scene of the accident? Yes ____ No ____
 2. Was there a disabling damage to the company vehicle (if bus, electric bus, van, or automobile) or any other vehicle as a result of the occurrence and the vehicle was transported away from the scene by a tow truck or other vehicle? Yes ____ No ____
 3. Was the vehicle (if rail car, trolley car, trolley bus, or vessel) removed from operation? Yes ____ No ____

If you answer **YES** to **any** of these three questions, a DOT/FTA Post-Accident test is required **unless** you also answer **YES** to the following question

- Can you determine, using the best information available at the time of the decision, that the employee's performance can be completely discounted as a contributing factor to the accident? Yes ____ No ____

(Any reason for **NOT** conducting a Post-Accident test after you've answered YES to questions 1,2 or 3 MUST be documented)

Transport/Collection Site Information:

Collection site location: _____

Transported by: _____ Time transported: _____ AM./PM

On scene supervisor: _____