



### **Section 3**

The observations, as documented above, were made of the employee identified in Section 1:

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<b>*Trained Management Representative</b>	<b>File Number</b>	<b>Signature</b>	<b>Date</b>
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### **Additional Management Representative**

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<b>Management Representative</b>	<b>File Number</b>	<b>Signature</b>	<b>Date</b>
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**\*Note:** 2 Supervisors (1 DOT trained) are required for requesting drug testing -1 trained Supervisor required to request alcohol testing only.  
Company policy recommends using 2 Supervisors for every case regardless of drug or alcohol testing.

### **Section 4**

#### **Test Determination:**

- |   |  |
|---|--|
| <input type="checkbox"/> Reasonable Suspicion Alcohol Breath Test | <input type="checkbox"/> No Test Conducted:                    |
| <input type="checkbox"/> Reasonable Suspicion Drug Urine Test     | <input type="checkbox"/> No Collector Available                |
| <input type="checkbox"/> No Test Required                         | <input type="checkbox"/> Employee transported for Medical Care |
| <input type="checkbox"/> Employee Refused Test                    | <input type="checkbox"/> Other (Explain)                       |

#### **Documentation:**

If a reasonable suspicion alcohol test is not administered within 2 hours following a determination - the Management Representative must prepare and maintain on file a record stating reasons the alcohol test was not done promptly.

If a reasonable suspicion alcohol test is not administered within 8 hours following a determination - the Management Representative shall cease attempts to administer the test and shall prepare and maintain on file a record why the alcohol test was not completed.

### **Section 5**

Employee escorted to collection site by: \_\_\_\_\_

Time escorted: \_\_\_\_\_ AM/PM Collection site: \_\_\_\_\_

**Routing:** Place/Send a copy of this form in/to:

- Medical section of employee's personnel file
- OPCMD - Jennings
- Your Labor Relations Representative
- Employee's Supervisor