



EXAMPLE OF A RELEASE OF INFORMATION FORM

Section I. To be completed by the new employer, signed by the employee and transmitted to the previous employer.

Employee Printed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in *Section 1-A* to the employer listed in *Section 1-B*. this release is in accordance with DOT Regulation 40 CFR Part 40 Section 40.25. I understand that information to be released in *Section II-A* by my previous employer is limited to the following items for the past two years:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol regulations
5. Documentation, if any, of completion of the return-to-duty process following a rule violation
6. Information obtained from previous employers of a drug and alcohol rule violation

Employee Signature: _____ Date: _____

A.
Previous Employer Name: _____

Address: _____

Phone # _____ Fax # _____

B.
New Employer Name: _____

Address: _____

Phone # _____ Fax # _____

Designated Employer Representative: _____

Section II. To be completed by the previous employer and transmitted to the new employer.

- A.** In the previous two years, for DOT-regulated testing:
- | | | |
|--|------------------------------|-----------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did the employee have verified positive drug tests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did the employee refuse to be tested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. If you answered, "yes" to any of the above items, did the employee complete the return-to-duty process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did a previous employer report a drug and alcohol rule violation to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

[NOTE: Previous employer, if you answered "yes" to any item in Section II-A, you must also transmit a copy/copies of the appropriate documentation (i.e., CCFs, MRO results reports, BATFs, SAP reports, follow up testing records) to the new employer.]

B. Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____





Company	
Address:	Phone:
City, State, Zip	Fax:

Prior employer Check 49 CFR 382.413/40.25. Good Faith Effort

1. Call the employer and record who was contacted. Fax the required release. Got to Step 2.
 2. Call the prior employer and record who was contacted. Ask if they received the fax. If they say YES the fax was received, as for the information that is required.
- If the employer refuses to release the information, record it below and file with the drivers original release of information.

Prior Employer:	
Address:	Phone:
City, State, Zip	Fax:

Driver Name:	Social Security Number:

Date of Contact	By Phone or Fax?	Name of contact at prior employer
NOTE:		

Date of Contact	By Phone or Fax?	Name of contact at prior employer
NOTE:		

Conducted by:





EXAMPLE OF A RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICATION/DRIVER BY PART 40.25(j)

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by and Employer which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

NAME: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

Applicant/Driver to answer items listed below.

During the past two (2) years have you **tested positive** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

During the past two (2) years have you **refused to test** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

If you answered **YES** to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Date _____ Name (printed): _____

Signature of Applicant/Driver: _____

Witness: _____

Record keeping requirements: If **YES** to either question – 5 year retention
If **NO** to either question – discard after employment terminates





EXAMPLE OF A CONTROLLED SUBSTANCES TEST RESULTS NOTIFICATION FORM

Purpose of Form

The alcohol and controlled substances testing regulations require the employer to notify a driver of a verified positive controlled substance test result following a random, reasonable suspicion, post-accident, return-to-duty, or follow-up test. In the case of a pre-employment controlled substance test, a driver-applicant requesting results within 60 days of notification of the disposition of his or her employment applicant must be notified of the results by the employer (49 CFR 382.411a).

Employer – Complete the following:

Name of Driver (Print)		Month	/	Day	/	Year
Type of Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Random						
<input type="checkbox"/> Post-Accident <input type="checkbox"/> Return-to-Duty <input type="checkbox"/> Follow-up						
Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive						
If the driver is an employee who has tested positive, indicate the drug identified:						
<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Opiates						
<input type="checkbox"/> Amphetamines <input type="checkbox"/> Phencyclidine (PCP)						

I have received the above results.						
Driver Signature		Month	/	Day	/	Year
Witnessed by:						
		Month	/	Day	/	Year
Signature of Employer Representative						
		Month	/	Day	/	Year
Title						





EXAMPLE OF A PRE-EMPLOYMENT URINALYSIS AND BREATH ANALYSIS CONSENT FORM

I understand that as required by the Federal Highway Administration Regulations, Title 49 Code of Federal Regulations, Section 382.301, all driver-applicants of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances, and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or an alcohol concentration of 0.04 or higher will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified.

Alcohol test results will be maintained by the employer.

The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Applicant's Name (Printed)

_____/_____/_____
Month Day Year

Applicant's Signature





EXAMPLE OF A PRE-EMPLOYMENT VERIFICATION 382.301(c)(1)

Company: _____ Phone: _____

Address: _____ Fax: _____

City, State: _____

I hereby authorize release of information from the testing program listed above to release information listed in 382.301 (c)(1).

Driver Name: _____

Social Security Number: _____

Driver Signature: _____

EXAMPLE OF A CONTROLLED SUBSTANCES TESTING PROGRAM

Company: _____ Phone: _____

Address: _____ Fax: _____

City, State: _____

This is to verify that the above driver has participated in our controlled substances testing program for the past _____ months.

The testing program conformed to 40 CFR Part 40 and Part 382. The driver was properly qualified under part 382 and did not refuse to take a test.

The last date the driver was tested for controlled substances was: _____

The MRO verified results: _____

Signed Date

This form was developed to assist the employer's controlled substances deterrence program administration.





EXAMPLE OF AN ALCOHOL AND CONTROLLED SUBSTANCES ACCIDENT TESTING REPORT

Company	
Address:	Phone:
City, State, Zip	Fax:

Driver Name:

Type of Accident: Fatal Injury Towed Vehicle Non-DOT

Citation Issued? Yes No (Injury & Towed Vehicle)

Is Controlled substances and alcohol testing required? Yes No

Name of Collector:	
Address:	Phone:
City, State, Zip	

Reason Alcohol Test No Completed within? 2 Hours 8 Hours

Reason Alcohol Test No Completed within 32 Hours:

