



Post-Accident or Reasonable Cause/Suspicion Supervisor Written Record

Check Box:

- Commercial Driver – CDL(FMCSA)
- Gas Pipeline (PHMSA)

Employee's Name: _____ Department: _____ Date: _____

Employee SSN: _____ Job Title: _____ Time: _____

1. EBTBreath Alcohol testing not completed within two (2) hours of the Accident ~~the~~ Reasonable Cause/Suspicion situation because: (Examples: received notification too, late Employee removed from the scene for medical treatment, EBT device not available, injuries precluded testing Breath Alcohol Technician not available)

2. EBTBreath Alcohol testing not completed within eight (8) ~~ours~~ hours because: (Examples: received notification too, ~~Employee~~ employee removed from the scene for medical treatment, EBT device not available, injuries precluded testing, Breath Alcohol Technician not available)

3. Urine Drug Testing not completed within 32 hours of the Accident or Reasonable Cause/Suspicion situation because:

Supervisor's Printed Name: _____ Date: _____

Supervisor's Signature: _____

Second Supervisor's Signature: _____

(if applicable)

*** IMPORTANT NOTICE ***

The above report is required in Post-Accident or Reasonable Cause/Suspicion testing when the test(s) times were not met.

The written report of Post-Accident or Reasonable Cause/Suspicion testing must be completed and signed by the supervisor within 48 hours of the incident and subsequently faxed to (925) 415-6827 or scanned and emailed to the Company Designated Employer Representative (DER).