

FTA POST ACCIDENT TESTING DECISION REPORT

ATTACHMENT A(3)

** A separate sheet must be filled out for each covered employee that contributed to the accident**

System Name _____ Date of Accident _____
Time of Accident _____ Time Employer was notified _____
Location of Accident _____
Safety-Sensitive Employee _____ ID# and Position _____
(Driver, Dispatcher, etc.)

FTA Operators and safety sensitive employees must be drug and alcohol tested whenever they are involved in a fatal accident, or where one or more person is immediately transported to a medical treatment facility, or it is a vehicle-disabling accident unless the operator's or other safety sensitive employee's performance can be completely discounted as a contributing factor.

1. Did the accident involve a revenue service vehicle, whether in our out of revenue service? _____
If yes, continue to 2. If no, no test required; document.
2. Did the accident involve the operation of a revenue service vehicle? ____ If no, no test required; document. If yes, continue to 3.
3. Was there loss of life/fatality as a result of the accident? ____ If no, continue to 4. If yes, continue to 6 and 7.
4. Did an individual suffer a bodily injury and immediately transported to a medical treatment facility or receive medical treatment away from the scene? _____ If no, continue to 5. If yes, continue to 6 and 7.
5. Was there disabling damage to any of the involved vehicles? _____ If no, continue to 8. If yes, continue to 6 and 7.
6. Can the operator be completely discounted as contributing factor? _____ If no, test ASAP. If yes, no test required; document.
7. Could any other safety sensitive employee(s) have contributed to the accident? _____ If yes, test other employee(s) ASAP. If no, no test required; document.
8. Did you perform a drug and/or alcohol test? _____ Under FTA authority? _____ Company authority?

If not, why not? _____
If not, why not? _____
10. If no alcohol test occurred, and more than 8 hours elapsed from the time of the accident, please explain

11. Was a drug test performed within 32 hours? _____
If not, why? _____
12. Did the employee leave the scene of the accident without a reasonable explanation? ____
If yes, please explain _____

Test Determination

Name of supervisor making determination _____
Time employee was informed of determination _____
Signature and Title _____ Date _____

For your files: attach test results summary, order to test, custody and control form (USDOT) and alcohol testing form (USDOT). Attach supporting documentation covering any descriptions/documentation of disabling damage, medical treatment away from the scene, and/or fatalities (e.g. accident investigation form, etc.)