

**EMPLOYER NAME/LOGO**

**FTA Post-Accident Drug and Alcohol Testing Decision Making Form**

*The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Part 655) requires that safety-sensitive employees involved in a public transportation vehicle accident (as defined at 655.4 & 655.44) submit to tests for alcohol misuse and prohibited drug use as soon as possible following the accident. Part 655 also requires the testing of any other safety-sensitive employee whose performance could have contributed to the accident, as determined by the employer 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/SSN: \_\_\_\_\_

**Decision Questions:**

- Was there a fatality?  
\_\_\_\_\_ YES (FTA drug and alcohol tests are REQUIRED) \_\_\_\_\_ NO
- If there was NO fatality, answer 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 any disabling damage to **any** vehicle involved in the accident, requiring the vehicle to be towed away from the scene? \_\_\_\_\_ YES \_\_\_\_\_ NO
  3. Was the vehicle (if rail car, trolley car, trolley bus, or vessel) removed from operation? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If you answered yes to any of these three questions, can you completely discount the performance of the operator of the public transportation vehicle as a contributing factor to the accident?**

\_\_\_\_\_ NO (FTA drug and alcohol tests are REQUIRED)  
\_\_\_\_\_ YES, Explain: \_\_\_\_\_

(If you answered YES, FTA drug and alcohol tests are PROHIBITED)

- Other than the operator, could the performance of any other safety-sensitive employee have contributed to the accident, using the best information available?  
\_\_\_\_\_ NO  
\_\_\_\_\_ YES, Explain: \_\_\_\_\_

(If YES, make arrangements to immediately post-accident test that employee)

**Did You Decide to Perform a Drug or Alcohol Test?**

\_\_\_\_\_ YES (Complete page 2 of this form) \_\_\_\_\_ NO (No further action required)

**Time of Decision to Conduct a DOT/FTA Post-Accident Test:** \_\_\_\_\_ AM/PM

Sample Post-Accident Drug and Alcohol Testing Decision Making

**Testing Information:**

Collection Site Location: \_\_\_\_\_

Time Arrived: \_\_\_\_\_AM/PM

1. Was the **alcohol** test performed within **2** hours of the time of the accident?

\_\_\_\_\_ YES

\_\_\_\_\_ NO, **Explain:** \_\_\_\_\_

\_\_\_\_\_

2. Was the **alcohol** test performed within **8** hours of the time of the accident?

\_\_\_\_\_ YES

\_\_\_\_\_ NO, **Explain:** \_\_\_\_\_

\_\_\_\_\_

**If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.**

3. Was the **drug** test performed within **32** hours of the time of the accident?

\_\_\_\_\_ YES

\_\_\_\_\_ NO, **Explain:** \_\_\_\_\_

\_\_\_\_\_

**If the drug test is not conducted within 32 hours cease all efforts to administer the test.**

*The above documentation was provided by:*

Supervisor Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_