

# Post-Accident Testing Checklist for DOT Covered Positions

Driver's Name: \_\_\_\_\_ UID #: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

**\*\*Report the accident to Human Resource Services as soon as possible\*\***

**1. Does vehicle meet the definition of a commercial motor vehicle requiring a CDL?**

If no, do NOT conduct a DOT Drug or Alcohol Test.

If yes, check the type of commercial motor vehicle and proceed to #2:

- Vehicle has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross weight rating of more than 10,000 pounds; or
- Vehicle has a gross vehicle weight rating of 26,001 or more pounds; or
- Vehicle is designated to transport 16 or more passengers, including the driver, or
- Vehicle is of any size and is used in the transportation of hazardous materials requiring placards.

**2. Did the accident involve a human fatality?**

If yes, then a DOT Drug and Alcohol Test\* is required.

If no, proceed to #3.

**3. Did the driver receive a citation\*\*?**

If yes, proceed to #4.

If no, do NOT conduct a DOT Drug or Alcohol Test.

**4. Did anyone receive immediate medical attention away from the scene of the accident?**

If yes, then a DOT Drug and Alcohol Test\* is required.

If no, proceed to #5.

**5. Did any vehicle need to be towed after incurring disabling damages?**

If yes, then a DOT Drug and Alcohol Test\* is required.

If no, do NOT conduct a DOT Drug or Alcohol Test

\*Test must be conducted immediately—alcohol test within 8 hours and drug test within 32 hours.

\*\*A DOT Alcohol Test is not authorized if the driver does not receive a citation or fatality does not occur within 8 hours.

\*\*A DOT Drug Test is not authorized if the driver does not receive a citation or fatality does not occur within 32 hours.

Time Driver Instructed to be Tested: \_\_\_\_\_ Time Driver was Tested: \_\_\_\_\_

It was determined that a DOT Drug & Alcohol Test was or was not necessary for the following reasons:

\_\_\_\_\_

If the drug or alcohol test was not completed within the required time frame, provide reason:

\_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed checklist to Human Resource Services.**