

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.