

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)



Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Peter McDonor
(Print) (First, M.I., Last)

B: SSN or Employee ID No. M4532900178 ON DL

C: Employer Name ABC MINING
 Street 234 Quarry Rd.
 City, State, Zip Thunder Bay, ON P0E 3L4

DER Name and Telephone No. John Smith 705, 333-2661
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

Alcovisor—Jupiter
 Serial Number: 854126
 Record No.: 00256
 Date: Nov 10, 2022
 Blank Time: 14:12:23
 Blank: 0.000 %
 Test Mode: Auto
 Test Time: 14:12:56
 Alcohol Content: 0.212 %
 Driver Name

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that identifying information provided on the form is true and correct.

[Signature] 11/10/22
Signature of Employee Date Month Day Year



STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					
REMARKS: <u>Explained 15 wait procedure to donor.</u> <u>Started 15 wait @ 14:13</u> <u>Advised DER of POS</u>					
Alcohol Technician's Company <u>We Test You</u>		Company Street Address <u>364 Test Ave</u>			
(PRINT) Alcohol Technician's Name (First, M.I., Last) <u>Pamela Testington</u>		Company City, State, Zip <u>Thunder Bay ON P0E 3L4</u> Phone Number <u>705, 555-3611</u>			
Signature of Alcohol Technician <u>[Signature]</u>		Date Month Day Year <u>11/10/2022</u>			

Alcovisor—Jupiter
 Serial Number: 854126
 Record No.: 00257
 Date: Nov 10, 2022
 Blank Time: 14:32:37
 Blank: 0.000 %
 Test Mode: Auto
 Test Time: 14:33:12
 Alcohol Content: 0.123 %
 Driver Name



STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

[Signature] 11/10/22
Signature of Employee Date Month Day Year

Alcovisor—Jupiter
 Serial Number: 854126
 Record No.: 00258
 Date: Nov 10, 2022
 Blank Time: 14:34:56
 Blank: 0.000 %
 Test Mode: Manual
 Test Time: 14:35:26
 Alcohol Content: 0.037 %
 Driver Name CS, 038



U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Alcovisor-Jupiter

Serial Number: 851426

Record No.: 00252

Date: Nov 07, 2022

Blank Time: 16:59:04

Blank: 0.000 %

Test Mode: Auto

Test Time: 17:00:17

Alcohol Content:

0.000 %

Driver Name

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Peter McDonor
(Print) (First, M.I., Last)

B: SSN or Employee ID No. M450035678921 ON DL

C: Employer Name ABC MINING
 Street 234 Quarry Rd.
 City, State, Zip Thunder Bay, ON P7E 3L4

DER Name and Telephone No. John Smith 705, 333-266
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employee

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[Signature] 11 07 22
Signature of Employee Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS:

We Test You 364 Test Ave.
Alcohol Technician's Company Company Street Address

Fameka Testington Thunder Bay ON 705, 555-3622
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

[Signature] 11 07 22
Signature of Alcohol Technician Date Month Day Year

Print Additional Results Here or Affix With Tamper Evident Tape

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

[Signature] / /
Signature of Employee Date Month Day Year

COPY 1 – ORIGINAL – FORWARD TO THE EMPLOYER

Negative Screen

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)



Alcovisor: Jupiter
 Serial Number: 854426
 Record No.: 00230
 Date: Jun 08 2022
 Blank Time: 16:47:06
 Blank: 0.000 %
 Test Mode: Auto
 Test Time: 16:47:56
 Alcohol Content:
 0.174 %
 Driver Name

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Peter McDonor
(Print) (First, Middle, Last)

B: SSN or Employee ID No. MA300592178 ON DL

C: Employer Name ABC MINING
 Street 234 Quarry Rd.
 City, State, Zip Thunder Bay, ON P0E 3L4

DER Name and Telephone No. John Smith 705-333-2666
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employee

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[Signature] Date 06 08 22
Signature of Employee Date Month Day Year



Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					
REMARKS: <u>Explained 15 min wait to donor</u> <u>Donor refused to stay for confirmation</u> <u>Advised DER of refusal.</u> <u>We Test You</u>					
Alcohol Technician's Company <u>Fameja Testington</u>		Company Street Address <u>364 Test Ave</u>			
(PRINT) Alcohol Technician's Name (First, M.I., Last) <u>Fameja Testington</u>		Company City, State, Zip <u>Thunder Bay ON P0E 3L4</u>		Phone Number <u>705-555-3622</u>	
<u>[Signature]</u>		<u>06 08 22</u>			
Signature of Alcohol Technician		Date Month Day Year			

Print Additional Results Here or Affix With Tamper Evident Tape

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date 06 08 22
Signature of Employee Date Month Day Year

Refusal to Stay for Confirmation

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Alcovisor-Jupiter

Serial Number: 954426

Record No.: 00253

Date: Nov 08, 2022

Blank Time: 15:27:00

Blank: 0.000 %

Test Mode: Manual

Test Time: 15:27:19

Alcohol Content:

0.000 %

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Peter McDonor
(Print) (First, M.I., Last)

B: SSN or Employee ID No. MS00321784 ON DL

C: Employer Name ABC MINING
 Street 234 Quarry Rd.
 City, State, Zip Thunder Bay, ON P07 3L4

DER Name and Telephone No. John Smith (25) 333-2666
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

Driver Name

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[Signature] Date 11 / 08 / 22
Signature of Employee Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					
REMARKS: <u>Insufficient blow x 2</u> <u>did a manual test</u>					

We Test You
 Alcohol Technician's Company Pamela Testington
(PRINT) Alcohol Technician's Name (First, M.I., Last)

364 Test Ave.
 Company Street Address Thunder Bay, ON P07 3L4
Company City, State, Zip (25) 555-3622
Phone Number

[Signature] Date 11 / 08 / 22
Signature of Alcohol Technician Date Month Day Year

Print Additional Results Here or Affix With Tamper Evident Tape

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date _____ / _____ / _____
Date Month Day Year

Manual Test

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)



Alcoviser—Jupiter

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Peter McDonor

B: SSN or Employee ID No. W432178960092 ON DL

C: Employer Name ABC MINING
Street 234 Quarry Rd.
City, State, Zip Thunder Bay, ON P0E 3L4

DER Name and Telephone No. John Smith 705-533-2661
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

Serial Number: 054426
Record No.: 00200
Date: Nov 29, 2022
Blank Time: 12:39:08
Blank: 0.000 %
Test Mode: Auto
Test Time: 12:36:39
Alcohol Content:
0.194 %

Driver Name

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[Signature] 11 29 2022
Signature of Employee Date Month Day Year



Alcoviser—Jupiter

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

Serial Number: 054426
Record No.: 00261
Date: Nov 29, 2022
Blank Time: 13:05:28
Blank: 0.000 %
Test Mode: Auto
Test Time: 13:05:42
Alcohol Content:
0.000 %

Driver Name

REMARKS: Explained 15 min wait procedure.
Started wait time at 12:37



We Test You 364 Test Ave.
Alcohol Technician's Company Company Street Address
Pamela Testington Thunder Bay, ON 705-555-3662
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number
[Signature] 11 29 2022
Signature of Alcohol Technician Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____
Date Month Day Year

Positive Screen-Negative Confirmation