

WEST VIRGINIA UNIVERSITY

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

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: _____