



**DOT EMPLOYER QUESTIONNAIRE**

(Please complete the following form to assist us in implementing your program)

Please check the regulation that applies to your company:

- FMCSA  PHMSA  FTA  FAA  USCG

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Secure Fax :(\_\_\_\_) \_\_\_\_\_

Primary Designated Employer Rep: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Designated Employer Rep: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please answer the following questions Regarding your DOT Random:**

How would you like your random notice sent:  Secure Fax  Email

What frequency would you like your random list?  Monthly  Quarterly

What Random pool, would your company like to be part of :  Consortium random pool **or**  Company's own random pool?

What are the consequences if an employee tests positive for drugs? \_\_\_\_\_

What are the consequences if an employee's alcohol BAC test result is .04% and above? \_\_\_\_\_

What are the consequences if an employee self identifies? \_\_\_\_\_

What are the consequences for Negative-Dilute? \_\_\_\_\_

Do you accept Medical Marijuana prescriptions? \_\_\_\_\_, if yes Please provide copy of your company policy.

Do you implement preemployment alcohol test? \_\_\_\_\_

Have you completed the DOT required background Substance Abuse Check for your employees?  Yes  NO



American Substance Abuse Professional Drug Solutions, Inc.

455 E. Carson Plaza Dr., Carson, CA 90746

Phone # (562) 624-2720 Fax # (562) 624-2724

**Who is responsible for the following charges?**

Split Specimen Test: \_\_\_\_\_ SAP Program: \_\_\_\_\_

Return to Duty Test: \_\_\_\_\_ Follow Up Test: \_\_\_\_\_

Do you have a company EAP or SAP provider? \_\_\_\_\_ if yes,

Please write the name, address, telephone number, fax number and contact person

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

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Billing Information:**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Designated Employer Representative (DER) Print

\_\_\_\_\_  
Designated Employer Representative (DER) Signature

\_\_\_\_\_  
Date

***For ASAP Staff Use Only:***

DOT Acct. #: \_\_\_\_\_

Non-DOT Acct #: \_\_\_\_\_

LACC Acct.: \_\_\_\_\_

Pool Grp. #: \_\_\_\_\_

Staff Initial: \_\_\_\_\_





American Substance Abuse Professional Drug Solutions, Inc.  
455 Carson Plaza Dr. Carson, CA 90746  
Tel.: (562) 624-2720 Background Check Fax: (562) 628-9397

## **REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER – THE REGULATION**

**EFFECTIVE AUGUST 1, 2001**, 49 CFR part 40, U.S. Department of Transportation, Procedures for Transportation Workplace Drug and Alcohol Testing Programs requires employers to do a background check of all new employees hired (or current employees transferred) to perform safety sensitive covered functions. Enclosed with this document is a suggested form for requesting that information. The following is the regulation.

### **§49 CFR part 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?**

- (a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.
- (b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:
- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
  - (2) Verified positive drug tests;
  - (3) Refusals to be tested (including verified adulterated or substituted drug test results);
  - (4) Other violations of DOT agency drug and alcohol testing regulations; and
  - (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.
- (c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.
- (d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.
- (e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.
- (f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.
- (g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.
- (h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.
- (i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.
- (j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).



**REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION  
 FROM PREVIOUS EMPLOYER – SUGGESTED FORM**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- |   |                        |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ___ NO ___         |
| 2. Did the employee have verified positive drug tests?  | YES ___ NO ___         |
| 3. Did the employee refuse to be tested?  | YES ___ NO ___         |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES ___ NO ___         |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES ___ NO ___         |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

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