

# Alcohol Testing Form (Non-DOT)

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

## STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Timothy Duffy  
 (Print) (First, M.I., Last)

B: SSN or Employee ID No. 3436040357

C: Employer Name Premier Marine  
 Street 266612 Fallbrook Ave  
 City, State, ZIP Wyoming MN. 55092  
 DER Name and Telephone No. HR (Tudy) 657 462-2880  
 DER Name DER (Area Code & Phone Number)

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

TAMPER

TAMPER

RBT IU# 025977  
 DATE 12-05-18  
 TEST NO. 0897  
 ID#  
 343640357  
 AS IU# 113532  
 SCREENING  
 G/210L TIME  
 000 AUTO 10:47

EVIDENT

EVIDENT

## STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Timothy C. Duffy Date 12/05/18  
 Signature of Employee

## STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not 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, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN:  BAT  SIT 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 # QR Lot # & Exp. Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Concetta  
 Alcohol Technician's Company  
M. JIK  
 (PRINT) Alcohol Technician's Name (First, M.I., Last)

12190 Baltimore St. NE Ste 100  
 Company Street Address  
Blaine MN. 55449  
 Company City, State, Zip  
763-780-8264  
 Phone Number (Area Code & Number)

[Signature] Date 12/05/18  
 Signature of Alcohol Technician

## STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE

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 positive.

\_\_\_\_\_  
 Signature of Employee

\_\_\_\_\_  
 Date Month / Day / Year

▲ Affix With Tamper Evident Tape

▲ Affix Or Print Screening Results Here  
 ▲ Affix With Tamper Evident Tape  
 ▲ Affix Or Print Confirming Results Here  
 ▲ Affix With Tamper Evident Tape  
 ▲ Affix Or Print Additional Test Results Here



Corporate Management Group

### OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

Reasonable suspicion determined for:  Alcohol  Drugs  
 Employee Name: Tim Puffy ID number: \_\_\_\_\_  
 Address of occurrence: 26645 Faltbork Ave  
 City & State: Waconia MN  
 Date of occurrence: 12/5/2018 Time of occurrence: 8:00 AM

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. The employer shall require the employee to submit to a controlled substance or alcohol test if a supervisor or company official determines that reasonable suspicion exists.  
**MARK ALL ITEMS THAT APPLY AND DESCRIBE SPECIFICS AS NEEDED**

**WALKING/BALANCE**  
 Stumbling  Staggering  Falling  Unable to stand  Sagging at knees  
 Swaying  Unsteady  Rigid  Holding on  Feet wide apart

**SPEECH**  
 Shouting  Whispering  Slow  Incoherent  Slobbering  
 Slurred  Rambling

**ACTIONS**  
 Resisting Communications  Insulting  Hostile  Profanity  
 Fighting/insubordinate  Erratic  Crying  Threatening  
 Hyperactive  Drowsy  Indifferent

**EYES**  
 Bloodshot  Dilated pupils  Restricted pupils  Wearing sunglasses  
 Watery  Glassy  Droopy  Nystagmus

**FACE**  
 Flushed  Pale  Sweaty

**APPEARANCE/CLOTHING**  
 Disheveled  Dirty  Messy  Partially dressed  Stains on clothing  
 Having odor

**BREATH**  
 Alcohol odor  Faint alcohol odor  No alcohol odor  Marijuana odor

**MOVEMENTS**  
 Fumbling  Jerky  Slow  Nervous  Hyperactive

**EATING/CHEWING**  
 Gum  Candy  Mints  Tobacco  Other

OTHER OBSERVATIONS: Lead and fellow employees smelled alcohol

Did the employee admit to using drugs or alcohol?  YES  NO  
 When: \_\_\_\_\_ How much: \_\_\_\_\_  
 Substances: \_\_\_\_\_ Where taken: \_\_\_\_\_

Signature: [Signature] WITNESSED BY: Production Manager  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date Report was prepared: 12/5/18 Time report was prepared: 12:00 PM