

DOT-CDL Post-Accident Testing

Summary of Requirements - 49 CFR Part 382.303

When must the employer conduct a post-accident drug test?

The FMCSA requires the employer to test as soon as practicable following an accident involving a commercial motor vehicle (CMV) on a public road in commerce, each of its surviving drivers

- Who was performing safety sensitive functions if the accident involved the loss of human life (**fatality**); or
- Who receives a **citation within 32 hours** of the accident under State or local law for a moving violation arising from an accident, if the accident **involved either**:
 - ❖ **injury of any person requiring medical treatment away from the accident scene,**
or
 - ❖ **a vehicle has to be towed from the accident scene**

The following chart may be used to help determine if a DOT test needs to be done:

Type of accident involved	Citation issued to the CMV driver	Test must be performed by employer
i. Human fatality	YES	YES
	NO	YES
ii. Bodily injury with immediate medical treatment away from the scene	YES	YES
	NO	NO
iii. Disabling damage to any motor vehicle requiring tow away	YES	YES
	NO	NO

IMPORTANT: FMCSA/DOT DOES NOT authorize or allow a post-accident test to be conducted under their authority for any other reason. Any other testing an employer would conduct would have to fall under their company/corporation policy apart from the DOT accident.

REMINDERS:

- ❖ DOT test kits may only be used on DOT accidents.
- ❖ Non-DOT test kits should be used for all other post-accident testing situations.
 - If a required alcohol test could not be completed within 2 hours, prepare and maintain on file a record stating the reason a test was not promptly administered.
 - If a required alcohol test could not be completed within 8 hours, cease attempts to administer the test and prepare and maintain the same record described above.

- If a required drug test could not be completed within 32 hours, prepare and maintain on file a record stating the reason a test was not promptly administered.
- Employers may be required to submit post-accident records **to FMCSA if requested**.
- Drivers **must remain readily available for testing until it is concluded whether testing will be required**. This shall not be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain emergency medical care.
- Employers are required to provide drivers with necessary post-accident information, procedures and instructions, prior to the driver operating a CMV.

What should you do if you are not sure if the accident is a DOT accident?

- Review the rules under 49 CFR Part 382.303.
 - Check UCI policy <http://www.ehs.uci.edu/programs/occhlth/DOT.html>
- Contact Monique Skahan at EH&S 949-824-6200 or occhlth@uci.edu
- Call Central Drug Systems - UCI third party administrator 714-418-0130
- Supervisor must - Complete the Federal Drug/Alcohol Test Authorization form attached.

EMPLOYEE ACKNOWLEDGMENT AND CONSENT FOR POST- ACCIDENT TESTING

FOR University of California, Irvine

Company Name (*printed*)

Department

I, the undersigned, an employee of the above company, acknowledge that I have read and understand the DOT- CDL POST ACCIDENT TESTING. I understand I am required under federal law, as indicated in Title 49 CFR, Parts 40 & 382.303 to be subject to testing for alcohol and prohibited drugs in the event of an accident. As required by law **I must remain readily available for testing until it is concluded whether testing will be required.** *This shall not be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain emergency medical care.*

I also acknowledge that I have received educational materials relating to the drug and alcohol-testing program for Post-Accident Testing.

I understand that if the test results indicate the presence of drugs or alcohol, I may be subject to disciplinary action up to and including termination by my employer.

Employee Name (*printed*)

Driver License ID #

Signature of Employee

Date

Witness/ Supervisor

Date

This form is to be retained by EH&S DER in a secured location separate location from employee's personnel file

(This is applicable only to DOT Positions forward signed forms to EH&S ZOT 2725)

**SUPERVISOR(S) OF DOT POSITIONS
ACKNOWLEDGMENT FOR
POST- ACCIDENT TESTING REQUIREMENTS**

FOR University of California, Irvine _____
Company Name (*printed*) Department

I, the undersigned, an employee of the above company, acknowledge that I have read and understand the DOT- CDL POST ACCIDENT TESTING. I understand that my employees are required under federal law, as indicated in Title 49 CFR, Parts 40 & 382.303 to be subject to testing for alcohol and prohibited drugs in the event of an accident. As required by law **employees must remain readily available for testing until it is concluded whether testing will be required.** *This shall not be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain emergency medical care.*

I also acknowledge that I have received educational materials relating to the drug and alcohol-testing program for Post-Accident Testing.

I understand that if the test results indicate the presence of drugs or alcohol, my employee (s) may be subject to disciplinary action up to and including termination by my employer.

Supervisor -Name (*printed*) Driver License ID#

Signature of Supervisor Date

Witness Date

**This form is to be retained by EH&S DER in a secured location separate
from employee's personnel file**

**(This is applicable only to DOT Positions
Forward Signed forms to EH&S Zot 2725)**