

DOT Alcohol Testing Form - Affidavit of Correction

According to 49 CFR Part 40, the alcohol technician of the alcohol test referenced below must take all practicable action to correct errors on the DOT Alcohol Testing Form.

Date of Test: _____

Alcohol Test #: _____

Donor Name: _____

Technician Name: _____

This affidavit addresses the following errors:

Use of DOT Alcohol Testing Form (§40.227):

_____ Incorrect form used (i.e. Non-DOT testing form used)

Step 1 Requirements (§40.241) Check all that apply:

- _____ A. Missing/Incorrect Employee Name
- _____ B. Missing/Incorrect Donor SSN or Employee ID No.
- _____ C. Missing/Incorrect Employer Name, Address
- _____ C. Missing/Incorrect DER Name, Phone No.
- _____ D. Missing/Incorrect Reason for Test

Step 2 Requirements (§40.241)

_____ Missing Date of Employee's Signature

Step 3 Requirements (§40.243-§40.251):

- _____ Missing Technician's title (BAT or STT)
- _____ Technician failed to indicate the type of device used
- _____ Technician failed to mark the 15-minute waiting period was observed (If confirmation test was performed)
- _____ Technician arbitrarily marked the 15-minute waiting period (no confirmation test was performed)
- _____ Missing Screening Test information (if device is not designed to print)
- _____ Technician wrote test number or other information under SCREENING TEST although result was printed and affixed to the form
- _____ Missing appropriate comment in the Remarks (i.e. any unusual circumstances during the collection)
- _____ Missing/Incorrect Alcohol Technician's Company Name, Address
- _____ Missing/Incorrect Alcohol Technician's Printed Name (First, MI, Last)
- _____ Missing Alcohol Technician's Signature
- _____ Missing/Incorrect Date of Alcohol Technician's Signature

Technician Remarks (Description of error/corrective action): _____

In accordance with 49 CFR Part 40.271, I certify that the information above is true and accurate.

Alcohol Technician Signature

Date