

# FTA Post-Accident Drug and Alcohol Testing Decision Form

Accident Date: Enter a date. Accident Time: \_\_\_\_\_ AM or PM.

Employee's Full Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

## Decision Questions

1. Was there a **fatality**? No  Yes  (If yes, FTA drug and alcohol testing required-NO EXCEPTIONS)
- If there was **NO fatality**, answer the following questions:
  2. Did any individual involved in the accident suffer **bodily injury** and **immediately receive medical treatment away from the scene of the accident**?  
No  Yes
  3. Did the transit vehicle (bus, electric bus, van, or automobile) or any other vehicle involved in the accident sustain **disabling damage\*** requiring the vehicle(s) to be **transported away from the scene by a tow truck or other vehicle**?  
No  Yes

## Should You Perform FTA Drug or Alcohol Tests?

- If you answered **NO** to **ALL** Questions 1-3:  
 **FTA drug and alcohol tests are PROHIBITED.** Accident DOES NOT MEET FTA Criteria for Post-Accident Testing. Sign and Date form below-No further action required.
- If you answered **NO** to Question 1, but you answered **YES** to either or both Questions 2 and 3:  
Accident MEETS FTA Criteria for Post-Accident Testing. Can the performance of the bus driver of the vehicle or any other covered employee on the vehicle be **COMPLETELY DISCOUNTED** as a contributing factor, using the best information available at the time of the decision?  
No  **FTA drug and alcohol tests are REQUIRED.**  
Yes  If you have decided to **COMPLETELY DISCOUNT** and are NOT conducting FTA drug and alcohol tests, **EXPLAIN:**  

- Could the performance of any other safety-sensitive employee have contributed to the accident, using the best information available at the time of the decision?  
No  Yes  **If YES, immediately contact the Drug and Alcohol Program Manager (DAPM) to conduct a FTA drug and alcohol test and EXPLAIN:**  


# FTA Post-Accident Drug and Alcohol Testing Time Documentation

1. Was the **alcohol** test performed within **2 hours** of the time of the accident?

Yes

No  If **alcohol** testing is not performed within **2 hours** after the accident, document the reason for the delay:


2. Was the **alcohol** test performed within **8 hours** of the time of the accident?

Yes

No  If **alcohol** testing is not performed within **8 hours** after the accident, cease all efforts to test and document the reason why the test was not performed:


3. Was the **drug** test performed within **32 hours** of the time of the accident?

Yes

No  If **drug** testing is not performed within **32 hours** after the accident, cease all efforts to test and document the reason why the test was not performed:


***The above documentation was provided by:***

Signature: \_\_\_\_\_

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

(\***DISABLING DAMAGE** is damage that precludes the departure of any vehicle from the scene of an accident in its usual manner in daylight hours after simple repairs. **Disabling damage includes:** damage to vehicles that could have been operated, but would have caused further damage if so operated. **Disabling damage does not include:** damage that could be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperable.)