

Request for Drug and Alcohol Records | DQF 400

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

Employee Name: _____ Social Security/ID No. _____

Employee Signature: _____ Date: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released 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.

A-1.

New Employer Name _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

A-2.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

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

B-1. In the two years prior to the date of the employee's signature (in Section A), 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? | 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).

B-2.

Name of person providing information in Section B-1: _____

Title: _____

Phone #: _____

Date: _____