

## DRUG AND ALCOHOL-FREE WORKPLACE POLICY ON-DUTY MOTOR VEHICLE/ON-THE JOB ACCIDENT DRUG TESTING

Date/Time of Incident: \_\_\_\_\_

**A. Employee Information:**

Employee Name & Badge No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN No. (last 4): XXX-XX- \_\_\_\_\_

Position Title: \_\_\_\_\_ Division/Section: \_\_\_\_\_

Observing Supervisor/Position Title: \_\_\_\_\_

Division Manager: \_\_\_\_\_

**Instructions:** This form is to be completed whenever motor vehicle and/or on-the-job accidents occur. The immediate supervisor shall note any/all pertinent behaviors and physical signs/symptoms that led to the accident. The immediate supervisor shall complete each applicable section of this form and attach any/all pertinent documents as required. This form and supporting documents, including an incident report by a GWA Safety Officer, must be submitted to the Personnel Administrator or designee and Legal Counsel for review and prior to obtaining final approval by the General Manager.

**Important Note:** Alcohol testing must be completed within 2 hours of the accident and Drug testing must be completed within twenty-four (24) hours of the accident.

**B. Questions:**

	Yes	No
1. Has the appearance, behavior, speech or odor of the employee the result of the accident? If yes, specify in Section C.		
2. Did the employee attempt to leave the scene the scene without legal authority or permission to do so? If yes, specify in Section C.		
3. Was the accident caused by the employee's act contrary to a safety rule, established safety practice or otherwise engagement of unsafe behavior for which the is no reasonable explanation? If yes, specify in Section C.		
4. Did the accident cause the employee to be arrested or receive a traffic violation? If yes, specify in Section C.		
5. Has the accident resulted in the requirement of hospitalization of the employee or anyone involved? If yes, specify in Section C.		
6. Was there a positive reaction from a narcotic detection canine to the employee's property? If yes, specify in Section C.		



**F. REQUIRED SIGNATURES:**

---

**Print Supervisor's Name**

---

**Supervisor's Signature and Date**

---

**Print Division Manager's Name**

---

**Division Manager's Signature and Date**

---

**Print Personnel Administrator's Name**

---

**Personnel Administrator's Signature and Date**

---

**Print Legal Counsel's Name**

---

**Legal Counsel's Signature and Date**

---

**Print General Manager's Name**

---

**General Manager's Signature and Date**

---