POST-ACCIDENT TESTING REPORT
NORTHWEST IRONWORKERS HEALTH & SECURITY TRUST
DRUG FREE WORKPLACE PROGRAM
(P) 888-694-9337 Ext. 11 ▪ (F) 503-654-8852

DO NOT LET THE EMPLOYEE DRIVE IF VISIBLY INTOXICATED OR INCAPACITATED OR OTHERWISE UNDER THE INFLUENCE OF SOME SUBSTANCE. TO AVOID POTENTIAL LIABILITY YOU OR YOUR AGENT SHOULD IMMEDIATELY TRANSPORT THE EMPLOYEE TO THE NEAREST AUTHORIZED COLLECTION SITE FOR TESTING.

- **ASK FOR A 10-PANEL / REASONABLE SUSPICION /CAUSE TEST**
- **FAX THIS COMPLETED FORM (2 PAGES) TO THE DFW OFFICE: 503-654-8852**

The purpose of this form is to document the purpose, facts and circumstances behind a decision to request a post-accident drug and alcohol test.

EMPLOYER:		ID NO.	
ADDRESS:		PHONE	
		FAX	
INTERVIEWER NAME:		DATE	
INTERVIEW LOCATION:		TIME:	**AM / PM**
EMPLOYEE NAME:		SSN/ID NO.	
EMPLOYEE ADDRESS:			

NATURE OF THE ACCIDENT:

- ❑ **Accident causing a fatality**
- ❑ **Accident causing an injury requiring off-site medical attention**
- ❑ **Accident causing significant property damage**

Date of Accident: _____

- ❑ **Unsafe activity or near-accident that could have caused:**
- ❑ **Possible death**
- ❑ **Possible injury**
- ❑ **Possible property damage**

1. WHAT ARE THE EVENTS LEADING UP TO THE ACCIDENT, AND THE PEOPLE AND/OR PROPERTY INVOLVED: _____

2. **Did you witness the situation personally, ❑YES ❑NO**
3. **Are the witnesses reliable and have they provided first-hand information? ❑YES ❑NO**

UNUSUAL ACTIONS OR STATEMENTS: _____

VISIBLE SIGNS OF ILLNESS OR INJURY: _____

ARE THE FACTS REGARDING THE OBSERVED IMPAIRMENT CAPABLE OF EXPLANATION?

TEST APPROVED BY:

_____ _____
Supervisor Signature Date

_____
Supervisor Printed Name / Title

POST ACCIDENT TESTING REPORT (Cont)

Employee Name: _____ Date: _____

Crew Members Names	**Social Security No.**	**Crew Members Names**	**Social Security No.**

Collection Site or Mobile Testing Unit Used: _____

WITNESSES (TWO SUPERVISORS REQUIRED):

Date	**Supervisor Signature**	**Supervisor Printed Name**	**Phone Number**
Date	**Supervisor Signature**	**Supervisor Printed Name**	**Phone Number**