Alcohol Test Collection Site

**Alcohol Testing Form (ATF) - Affidavit of Correction**

According to 49 CFR Part 40, the alcohol technician for the test referenced below must take all practicable action to correct errors on the DOT (ATF) Alcohol Testing Form so that the test is not cancelled. **This form documents the corrections made by the alcohol technician.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Test:** |  |  | **Alcohol Test Number:** |  |
| **Donor Name:** |  |  | **Technician Name:** |  |

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

|  |  |
| --- | --- |
| **Name of Alcohol Technician:** |  |
| **Signature of Technician:** |  |
| **Date:** |  |

**Return form to:**

|  |  |
| --- | --- |
| **Employer Contact Name:** |  |
| **Email Address:** |  |
| **Phone:** |  |

**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:* | |
|  | Missing/Incorrect **Employee Name** |
|  | Missing/Incorrect **Donor SSN or Employee ID No.** |
|  | Missing/Incorrect **Employer Name, Address** |
|  | Missing/Incorrect **DER Name, Phone No.** |
|  | 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 (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) |
|  | 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):** |
|  |