**Designated Employer Representative (DER): Donor Contact Report**

**\*\*Private and Confidential\*\***

**DER Instructions:** Complete this form to document that at the MRO’s request, attempts were made by the DER to request the donor/employee to contact the MRO*.*

**DER Responsibilities[[1]](#footnote-1)**

* Attempt to contact the donor/employee immediately, using procedures that protect, as much as possible, the confidentiality of the MRO’s request that the donor/employee contact the MRO.
* Do not inform anyone working for the Employer that you are seeking to contact the employee on behalf of the MRO.
* Document the dates and times of the efforts to contact the employee.
  + If the DER successfully contacts the employee (i.e., actually talks to the employee), the DER must document the date and time of the contact and inform the MRO that an attempt to speak to the employee was successful.
  + **Inform the employee to contact the MRO immediately!**
    - **Failure of the employee to contact the MRO within the next 72 hours may result in a verified positive test result or refusal to test.**
* If, as the DER, you have made all reasonable efforts to contact the employee but failed to do so, you may place the employee on temporary medically unqualified status or medical leave.
  + **Reasonable efforts include, as a minimum, (3) three attempts, spaced reasonably over a 24-hour period, to reach the employee at the day and evening telephone numbers listed on the CCF.**
* If, as the DER, you are unable to contact the employee within this 24-hour period, you must leave a message for the employee by any practicable means (e.g., voice mail, e-mail, letter) to contact the MRO and inform the MRO of the date and time of this attempted contact.

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| **Donor/Applicant/Employee Information** | | | |
| **Print Full Name:** |  | **ID Number** |  |
| **Donor Contact Phone Number(s) from CCF:** | |  | |

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| --- | --- | --- | --- |
| **DER Contact Attempts to Donor** | | | |
| **Date** | **Time** | **Donor Phone #** | **Outcome/Notes** |
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| **MRO Information** | | |
| **MRO Name:** |  | |
| **Contact Phone Number:** |  | |
| **Date of MRO Notification:** |  | |
| **Time of MRO Notification:** |  | **AM/PM** |
| **Notes:** |  | |

1. [**49 CFR Part 40.131**](https://www.transportation.gov/odapc/part40/40-131) **–** How does the MRO or DER notify an employee of the verification process after receiving laboratory confirmed non-negative drug test results? [↑](#footnote-ref-1)