**ATF Review Checklist**

**Review of Alcohol Testing Form (ATF) [[1]](#footnote-1)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions**

The Drug and Alcohol Program Manager (DAPM), Designated Employer Representative (DER), or designee will do the following to ensure accuracy of ATFs:

1. Upon receipt of the **ATF-*Employer Copy*** and the completedtesting **Order Form** from the **Collection Site** use the **ATF Review Checklist** (shown on page 2) to review the **ATF-*Employer Copy***.
   1. If no errors are found on the **ATF-*Employer Copy***, maintain the **ATF-*Employer Copy***and testing **Order Form** in the drug and alcohol files.
2. If there is an error on the **ATF-*Employer Copy*** immediately contact the **Collection Site** tocorrect the ATF.
   1. Use an **ATF-Affidavit for Correction** form or equivalent to document the **Collection Site’s** acknowledgement that an error was made.
      1. A sample **ATF-Affidavit for Correction** template is available on the WisDOT Transit Drug and Alcohol Compliance website.
3. Keep the **ATF-*Employer Copy***, testing **Order Form**, and completed **ATF-Affidavit for Correction** documentation in the drug and alcohol testing files.

**Checklist: Alcohol Testing Form (ATF)**

**Instructions**: Use this form to verify accuracy and completeness of the federal ATF. If errors are found, the DER should follow up with the **Collection Site** to resolve the errors.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant/Employee Name:** |  |  |  | **Test ID Number (from Employer's Log):** |  |  |

**Checklist Completed By:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employer/DER Contact Name:** |  |  |  | **Date:** |  |  |

**Questions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Top of Form** | | | **Yes** | **No** | **Notes** |
| Is “US Dept of Transportation (DOT) Drug Testing Form listed? | | |  |  |  |
| **In Step 1:** | | | **Yes** | **No** | **Notes** |
| Is the correct Applicant/Employee’s name listed? | | |  |  |  |
| Is the correct Applicant/Employee’s ID number or SSN listed? | | |  |  |  |
| Is the DER Name, Phone Number, and Address listed? | | |  |  |  |
| Is the ‘Reason for the Test’ marked correctly? | | |  |  |  |
| **In Step 2:** | | | **Yes** | **No** | **Notes** |
| Did the employee sign and date the form? | | |  |  |  |
| **In Step 3:** | | | **Yes** | **No** | **Notes** |
| Did the alcohol technician designate their title (BAT or STT), and indicate the type of device used? | | |  |  |  |
| Is the testing facility information (name, address, phone) listed accurately? | | |  |  |  |
| Did the alcohol technician sign **and** date the ATF? | | |  |  |  |
| If a confirmation test was performed, was the 15-minute waiting period observed (i.e., is the “Yes” box checked)? | | |  |  |  |
|  | | If a confirmation test was not performed, neither the “Yes” or “No” box should be checked. |
| **In Step 4:** | | | **Yes** | **No** | **Notes** |
| If a confirmation test result is 0.02 or greater, did the employee sign **Step 4**? If not, did the BAT make an appropriate comment in the remarks section? | | |  |  |  |
| **EBT Printout** | | | **Yes** | **No** | **Notes** |
| Are the printed results for a screen or confirmation test affixed to the ATF with tamper-evident tape, if not printed directly on the form? | | |  |  |  |
|  | The results of a screening test below 0.02 may be hand-printed on the ATF in **Step 3** if the screening device is not designated to print. | |

1. For more information on compliance requirements related to alcohol testing and collection, see [49 CFR Part 40](https://www.ecfr.gov/current/title-49/subtitle-A/part-40#40.333) and the [US Office of Drug and Alcohol Policy & Compliance (ODAPC)](https://www.transportation.gov/odapc) website. [↑](#footnote-ref-1)