**EMPLOYER NAME/LOGO**

**DOT Alcohol Testing Form - Affidavit of Correction**

*According to 49 CFR Part 40, the alcohol technician of the alcohol test referenced below must take all practicable action to correct errors on the DOT Alcohol Testing Form so that the test is not cancelled.*

Date of Test:

Donor Name:

Alcohol Test #:

Technician Name:

**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:*

A. Missing/Incorrect Employee Name

B. Missing/Incorrect Donor SSN or Employee ID No.

C. Missing/Incorrect Employer Name, Address

C. Missing/Incorrect DER Name, Phone No.

D. 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):

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

Alcohol Technician Signature Date