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| **DOT RANDOM TESTING ROSTER:** |

***Once notified, all employees must stay on-site & be observed until the collection process is complete***

***All present & absent employees are to be noted to this form.***

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| **COMPLETED BY MODOT** | | **Completed by Collector** | | |
| **Employee Name:** | **Employee Status\*:** | **Specimen ID** | D | A |
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| **\*Employee Status Codes:**  REGLR: Present/Tested  AL: Annual Leave  SLS: Sick Leave Self  AWOL: Absent W/O Leave  FLEX: Flex time  RDO: Regular Day Off  OTHER: (Please Specify) |

***\*Note to supervisors - Mechanics, on duty emergency workers, or additional employees assisting/assigned to your org on the day of testing are to be listed to this form with their traditional org code listed.*** ***Maintenance Superintendents must be tested with the org code of their assigned work location unless otherwise noted to the Employee Health & Wellness DOT Org Book. If employees have performed work or are at the facility preparing to perform work, then they must be tested. If an employee has not performed work, and there is any question as to whether they should be tested this must be elevated to the Designated Employer Representative (DER) for fact gathering/review. Do not allow an employee to leave the premises, or require them to provide a specimen, until a decision is made by the DER about the employee's testing status if there is any uncertainty about their situation.***

**Supervisor/Designee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

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**Supervisor/Designee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**