

# DOT Required Supplemental Alcohol Testing Information Sheet

*Note to Supervisor: If you are unable to get a breath alcohol test completed within 2 hours, please complete this form and forward it to:*

**Missouri Department of Transportation  
Central Office – Employee Health & Wellness  
Attention: Fit For Duty  
P.O. Box 270  
Jefferson City, Missouri  
65102**

**Employee Name:** \_\_\_\_\_

**Type of Test:**

Reasonable Suspicion

Post Accident

**Triggering Event:**

Supervisor's Determination of Reasonable Suspicion:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

Accident:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

Location of Accident or Reasonable Suspicion Determination: \_\_\_\_\_

Explanation why breath alcohol test could not be conducted: \_\_\_\_\_

**Testing Site:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

**Supervisor or Company Official:**

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ District/Division: \_\_\_\_\_

Org: \_\_\_\_\_

Revised 03/28/21 by heinta1

