



Positive/Refused Drug/Alcohol Test Report

Medical review officers and breath alcohol technicians can use this form to report positive or refused drug and alcohol tests. Send the completed form to: **Suspensions, Department of Licensing, PO Box 9030, Olympia, WA 98507-9030** or fax to (360) 570-7826.

Driver name <i>(Last, First, Middle Initial)</i>		
Driver license number	Date of birth	Social Security number
Employer/Motor carrier/Consortium name		
Employer/Motor carrier/Consortium mailing address <i>(Address, City, State, ZIP code)</i>		Email
Reason for selection <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Post accident <input type="checkbox"/> Return to duty <input type="checkbox"/> Follow-up		

Positive/Refused test

The driver above <input type="checkbox"/> Tested positive for: <input type="checkbox"/> drug(s) <input type="checkbox"/> alcohol (0.04 or above) <input type="checkbox"/> Refused test on _____ by: <input type="checkbox"/> adulteration <input type="checkbox"/> substitution of a sample <div style="display: flex; justify-content: space-between;"> Date <i>(mm/dd/yyyy)</i> <input type="checkbox"/> other _____ </div>		
--	--	--

Medical Review Officer

Specimen ID number	Date of test	Laboratory name
Drug(s) found	Adulterant(s) found	Split sample tested? <input type="checkbox"/> Yes <input type="checkbox"/> No

Breath Alcohol Technician

Test number	Date of test	Time of test
Instrument name	Instrument serial number	

Medical Review Officer/Breath Alcohol Technician

Name of Medical Review Officer/Breath Alcohol Technician	Title	(Area code) Phone number
Address <i>(Address, City, State, ZIP code)</i>		Email
Answer the following On the date of this test, did the motor carrier, employer, or consortium listed above have a program subject to federal requirements under 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you accurately follow the protocols for testing in accordance with 49 CFR Part 40 in verifying or confirming the results of this test? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify under penalty of perjury under the law of Washington that on the date of this test the foregoing and any attachments and information contained herein is true and correct.

	TYPE or PRINT name X	Title
Date and place	Medical Review Officer/Breath Alcohol Technician handwritten signature <i>(stamped signatures are not accepted)</i>	