REPORT OF VALID POSITIVE RESULT ON ALCOHOL TEST UNDER TRC 644.252

A. ID

NAME OF MOTOR CARRIER			DATE OF ALCOHOL TEST
NAME OF INDIVIDUAL TESTED	SOCIAL SECURITY NUMBER	CDL NUMBER & STATE	BIRTHDATE

B. CERTIFICATION OF BREATH ALCOHOL TECHNICIAN

By signing below, I the Breath Alcohol Technician (BAT) certify the following:

1. I am the BAT for the alcohol testing program or consortium of the motor carrier listed above.
2. I am qualified under 49 CFR 40.213 to act as a BAT.
3. This individual is subject to a report of a valid positive result of a alcohol test under TRC §644.252 because:

☐ The individual tested positive on an alcohol screening test, and tested at a _____ level on an alcohol confirmation test. **NOTE: If the confirmation test results are below 0.04, do not submit this report.**

☐ The individual refused to submit to testing by:
- ☐ Failing to submit a specimen of sufficient amount to test, without medical reason
- ☐ Refusing to submit a specimen
- ☐ Refusing to cooperate with the specimen collection process or submit to follow-up testing or evaluation

4. I followed the alcohol testing procedures required by 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders) applicable to the BAT. I conducted the confirmation alcohol test properly, and ensured that the results of the screening and confirmation tests (and additional results, if any) were affixed to the Alcohol Testing Form. I forwarded the results to the Designated Employer Representative after:
   - ☐ The individual submitting the sample signed the Alcohol Testing Form in Step 4; or
   - ☐ The individual tested refused to sign the Alcohol Testing Form in Step 4, and I noted that refusal in the "REMARKS" section of Step 3 of the Alcohol Testing Form.

I further certify that I have reviewed my records and that the information contained in this certificate is true and correct to the best of my knowledge.

PRINTED NAME	SIGNATURE **X**		
ADDRESS	CITY	STATE	ZIP CODE

C. CERTIFICATE OF MOTOR CARRIER

By signing below, I the authorized representative of the Motor Carrier listed above, certify the following:

1. The Motor Carrier listed above: ☐ Has an in-house drug and alcohol testing program that meets the federal requirements of 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders); **OR**

   ☐ Is a member of a consortium, as defined in 49 CFR 382.107, that provides drug and alcohol testing that meets the federal requirements of 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders).

   NAME OF CONSORTIUM: _____

2. The individual tested is subject to alcohol testing by the Motor Carrier, and was tested for the following reason:

☐ Random ☐ Reasonable Suspicion ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

☐ Other: _____; **AND**

☐ Had a 0.04 or more breath alcohol level under 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders) (**NOTE:** a copy of the federal Alcohol Testing Form must be provided, with the screening and confirmation test results included or affixed to the federal Alcohol Testing Form); **OR**

☐ Refused to submit to an alcohol test (**NOTE:** BAT certification is not required)

I further certify that I have reviewed the motor carrier's records and that the information contained in this certificate is true and correct to the best of my knowledge.

PRINTED NAME OF DESIGNATED MOTOR CARRIER REPRESENTATIVE			TELEPHONE NUMBER
ADDRESS			
SIGNATURE OF DESIGNATED MOTOR CARRIER REPRESENTATIVE **X**	CITY	STATE	ZIP CODE

Deliver or Mail this form and any attachments to the MCCA Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0522, Austin, Texas 78752-4019, or FAX LEGIBLE copy to 512-424-5310.

INSTRUCTIONS FOR THE COMPLETION OF THE REPORT OF POSITIVE ALCOHOL TEST UNDER TRC 644.252:

TO THE BREATH ALCOHOL TECHNICIAN (BAT)

1. You must complete parts A & B of this form, including an original signature in Part B.
2. You must attach a copy of the Alcohol Testing Form with Steps 1-4 completed. If the employee refuses to sign in Step 4, you must note that in the REMARKS section of Step 3. The results of the screening test and the confirmation test must be printed on or affixed to the copy of the Alcohol Testing Form attached to the Report of Positive Alcohol Test Under TRC 644.252.
3. If this report is completed on a self-employed driver, deliver or mail this form, along with the supporting documents, to MCCA Section Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0522, Austin, Texas 78752-4019. **Legible copies only** may be sent by facsimile to 512-424-5310.
4. Retain a copy of this form and the completed Alcohol Testing Form.
5. Please forward your report to the carrier (or to the department if the carrier is an owner-operator) within **five** days of completing the test results.

TO THE MOTOR CARRIER

1. **Obtain documentation from the BAT**
   a. **If the specimen tested positive, or was diluted, adulterated or substituted,** inform the BAT who verified the positive alcohol test result that he/she must complete and sign the "Certification of Breath Alcohol Technician" section, and provide you with either a copy of the Federal Drug Testing Custody and Control Form with Step 6 completed, or a report form on the BAT's letterhead and bearing the BAT's signature showing the result of the test. A report on the BAT's letterhead must contain a statement that the BAT complied with 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders).
   b. **If the donor refused to provide a specimen,** you do not need documentation from the BAT.
2. After receiving the completed "Certification of Breath Alcohol Technician" section and supporting documents, you must complete and sign the "Certificate of Motor Carrier" section.
3. You must attach a legible copy of the completed federal Alcohol Testing Form with the screening and confirmation test results included or affixed.
4. Deliver or mail this form and the supporting documentation to: MCCA Section Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0522, Austin, Texas 78752-4019. **Legible copies only** may be sent by facsimile to 512-424-5310.
5. Retain a copy of this form and the completed Alcohol Testing Form in the Motor Carrier records as required by 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders).
6. You must forward this report to the department within **ten** days of receiving the completed test results.