

Claim Number:

Concentra Medical Centers (MD)

1419 Knecht Avenue Baltimore, MD 21227
Phone: (410) 247-9595 Fax: (410) 247-7553

Service Date: 11/29/2022

Non-Injury Work Status Report

Patient: Williams, Lloyd C.

SSN: XXXXX9803

Address: 5020 54th Ave

HYATTSVILLE, MD 20781

Home: (240) 484-5497

Work:

Ext.:

Employer Location: Roy Salmon Trucking

Address: 9737 Eustice Rd

Randallstown, MD 2113325

Auth. by:

Contact: Roy Salmon

Role: Primary Contact

Phone: (443) 629-4648 **Ext.:**

Fax: (443) 299-6806

This Visit:

Time In: 01:04 pm

Time Out: 01:42 pm

Visit Type: New

Reg UDS & BAT PrePI

Breath Alcohol Test PrePlacement

Regulated UDS PrePlacement 65304

Result Status:

No Status Required

Remarks:

U.S. Department of Transportation (DOT)

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name David Williams
 B: SSN or Employee ID No. 441559803
 C: Employer Name Ray Salmon Trucking
 Street 9737 Custice Rd
 City, State, Zip Rockville, MD 20853
 DER Name and Telephone No. Ray Salmon 44562944
 D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

X Signature of Employee 11/29/22
 Date Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ SPT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS:

Concentra
1419 Knecht Ave
Baltimore MD 21227
Ph# 410-247-9595

Alcohol Technician's Company Concentra
 (PRINT) Alcohol Technician's Name (First, M.I., Last) David Williams
 Company Street Address 1419 Knecht Ave
 Company City, State, Zip Baltimore MD 21227 Phone Number 410-247-9595
 Signature of Alcohol Technician David Williams 11/29/22
 Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee David Williams 11/29/22
 Date Month Day Year

Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

COPY 3 - BREATH ALCOHOL TECHNICIAN RETAINS

TAMPER **Screening Results**

Intoximeters ASV XL

Test Number: 11151
 Serial Number: 11420
 Test Date: 11/29/2022
 Test Time: 13:31:00
 Test Temperature: 23.3°C

Test Type: Screening
 Reason for Test:
 Pre-Employment

Type	g/210L	Time
BLNK	0.000	13:32:07
SUBJ	0.000	13:33:36

Test Status: Success

EVIDENT

Print Confirmation
 Results Here or Affix
 with Tamper Evident
 Tape

Print Additional
 Results Here or Affix
 With Tamper Evident
 Tape