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WASHINGTON STATE DEPARTMENT OF LICENSING

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

Positive/Refused test

The driver above

☐ Tested positive for: ☐ drug(s) ☐ alcohol (0.04 or above)

☐ Refused test on _____ by: ☐ adulteration ☐ substitution of a sample
Date *(mm/dd/yyyy)* ☐ other

Medical Review Officer

Specimen ID number	Date of test	Laboratory name	
Drug(s) found	Adulterant(s) found		Split sample tested? ☐ Yes ☐ 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) Telephone number
Address *(Address, City, State, ZIP code)*	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? . . . . . ☐ Yes ☐ 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? . . . . . ☐ Yes ☐ No

I certify under penalty of perjury under the laws of the state 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 Title

X **When you have completed this form, please print it out and sign here.**

Medical Review Officer/Breath Alcohol Technician handwritten signature
(stamped signatures are not accepted)

Date and place

DR-500-013 (R/3/11)WA

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.