Documentation of Refusal to Test

Mark applicable designation for refusal: _____DOT/CDL _____NONDOT

Employee Name_____ Date:_____

SS or ID# _____ Agency/Location:_____

This individual has refused to test within the guidelines of required DOT testing and/or the State of Indiana's policy as is documented below:

- ☐ Failed to appear for the testing within a reasonable time.
- ☐ Failed to remain at the testing site until the testing process was completed.
- ☐ Failed to provide a urine specimen for the required test.
- ☐ Failed to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.
- ☐ Failed to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process or as directed by the DER as part of the "shy bladder" procedures.
- ☐ Failed to cooperate with any part of the testing process (e.g., refused to empty pockets when so directed by the collector, behaved in a confrontational way that disrupted the collection process).
- ☐ Failed to follow the observer's instruction to raise and/or lower clothing, and to turn around to permit the observer to determine if there was any type of prosthetic or other device that could be used to interfere with the collection process.
- ☐ Possessed or was wearing a prosthetic or other device that could be used to interfere with the collection process.
- ☐ Refused to provide a breath sample for the required test.
- ☐ Failed to provide a sufficient breath sample when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.

This individual was further notified of the discipline and consequences of a refusal to test. This individual has acknowledged this by his/her signature below.

_____ _____ _____ Employee Refused to Sign

Employee Signature **Date**

Explain disciplinary action taken (if employee was suspended or terminated, include dates)

_____

_____

_____ _____

Supervisor Printed Name **Supervisor Signature**

Updated 5/5/10