

**REPORT OF DOT/FAA-RELATED PROHIBITED ALCOHOL-RELATED CONDUCT**

I am notifying you of prohibited alcohol-related conduct by the following individual.

Company Name: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Position or Position Applied For: \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date removed from the performance of a safety-sensitive function: \_\_\_\_\_

The employee was removed from the performance of a safety-sensitive function for the following prohibited alcohol-related conduct:

**Alcohol Concentration of 0.04 or greater - Alcohol Test Required**

- Type of DOT/FAA test:
- Pre-Employment
  - Random
  - Reasonable Suspicion
  - Post-Accident
  - Return-to-Duty
  - Follow-Up

Date test was conducted: \_\_\_\_\_

**Alcohol Misuse Violation - Alcohol Test Not Required**

- On-duty use.
- Pre-duty use.
- Use following an accident.

Date of Alcohol Misuse Violation: \_\_\_\_\_

I have enclosed the following documentation:

- Breath Alcohol Testing Form; OR
- Documentation supporting determination of on-duty, pre-duty, or post-accident alcohol use violation.

Signature of Notifying Individual: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Telephone Number: ☎ \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form to the FAA's Drug Abatement Division, Special Investigations Branch:

Email to [aam830@faa.gov](mailto:aam830@faa.gov) OR Fax to (202) 267-5200