

**DOCUMENTATION OF EMPLOYER DEEMED  
DRUG/ALCOHOL REFUSAL**

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

Employee Name: \_\_\_\_\_

Employee ID, CDL, or SSN: \_\_\_\_\_ Type of Test:

- Pre-Employment
- Random
- Post-Accident
- Reasonable Cause/Suspicion
- Return-to-Duty
- Follow-Up

Date of Refusal: \_\_\_\_\_ ▶ Testing event:      Drug      Alcohol      Both

- Type of Refusal:
- Admitted to Adulteration/Substitution during collection
  - Possess or wear prosthetic or other device to be used to interfere with collection process
  - Failed to appear or remain at collection site
  - Failed to comply with or follow instructions given during collection process
  - Decline to take additional drug test the employer or collector has directed
  - No Valid Medical Explanation for Shy Lung
  - Other: \_\_\_\_\_

- Supporting Documentation:
- Federal Drug Testing Custody and Control Form (CCF)
  - Federal Alcohol Testing Form (ATF)
  - Additional supporting statements and/or documentation (See Attached)
  - Subpart O procedures initiated
  - Additional supporting documentation of refusal statement (See Below)

Additional Documentation of Refusal Statement:

\_\_\_\_\_  
Designated Employer Representative (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name DER

\_\_\_\_\_  
Telephone Number