

**Documentation of Employer Determined Refusal – DOT Drug or Alcohol Test**

**DER Affidavit**

Company Name:			
DOT #:			
DER Name: <i>(Designated employer Representative)</i>			
DER Phone:			
DER e-mail:			
Donor Name			
CDL # with State of Issue			
Date of Test:			
Reason for Test:			
<b>Reason for Refusal</b>			
Fail to appear at a urine collection site when directed to report Fail to remain at the urine collection site Fail to provide a urine specimen Fail to permit a monitored or observed urine collection Fail or decline to take an additional drug test the employer or collector has directed Fail to cooperate with any part of the urine collection process For an observed collection, fail to follow the instructions to raise and lower clothing and turn around		Possess or wear a prosthetic or other device that could be used to interfere with the collection process Admit to the collector to having adulterated or substituted the specimen Fail to appear for an alcohol test when directed to report Fail to remain at the alcohol test site Fail to provide an adequate amount of saliva or breath Fail to undergo a medical examination or evaluation as the employer has directed as part of the insufficient breath procedures	
<b>DER Remarks:</b>			
<b>Additional Documentation Attached</b>		<b>CCF Attached</b>	
<b>DER Signature:</b>			

<b>Donor Signature</b>		
<b>Donor refused t</b>	<b>o sign</b>	<b>Donor not available to sign</b>
<b>Donor provided</b>	<b>this notice</b>	<b>Donor not available to receive notice</b>