**AFFIDAVIT OF CORRECTION**

**ALCOHOL TEST**

According to 49 CFR Part 40, as amended, **the collector of the alcohol test referenced below** must take all practicable action to correct errors on the DOT ALCOHOL TESTING FORM so that the test is not cancelled.

Transit System Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Category:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specimen ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Donor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collector Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Collector Was Notified of Error: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This affidavit addresses the following errors:

**Use of DOT Alcohol Testing Form (§40.227):**

 Incorrect form used (i.e. Non-DOT testing form used)

**Step 1 Requirements (§40.241)** *Check all that apply:*

 A. Missing/Incorrect Employee Name

 B. Missing/Incorrect Donor SSN or Employee ID No.

 C. Missing/Incorrect Employer Name, Address

 C. Missing/Incorrect DER Name, Phone No.

 D. Missing/Incorrect Reason for Test

**Step 2 Requirements (§40.241)**

 Missing Date of Employee’s Signature

**Step 3 Requirements (§40.243-§40.251):**

 Missing Technician’s title (BAT or STT)

 Technician failed to indicate the type of device used

 Technician failed to mark the 15-minute waiting period was observed (confirmation test was performed)

 Technician arbitrarily marked the 15-minute waiting period (no confirmation test was performed)

 Missing Screening Test information (if device is not designed to print)

 Missing appropriate comment in the Remarks (i.e. any unusual circumstances during the collection)

 Missing/Incorrect Alcohol Technician’s Company Name, Address

 Missing/Incorrect Alcohol Technician’s Printed Name (First, MI, Last)

 Missing Alcohol Technician’s Signature

 Missing/Incorrect Date of Alcohol Technician’s Signature

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collector Remarks:**

1. Description of error: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Description of corrective action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Measures taken to ensure the same error(s) do not reoccur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***By signing below, in accordance with 49 CFR Part 40.275, I certify that the aforementioned errors occurred on the referenced alcohol test and that appropriate measures have been taken to ensure the same errors will not reoccur.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collector Signature / Title Date