|  |  |
| --- | --- |
|  | **POST- ACCIDENT SUPERVISOR WRITTEN RECORD** |

CDL (FMCSA)

Pipeline (PHMSA)

Non-DOT (NDOT) / Company Policy

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee’s Name: | |  |  | Department: |  | | | |
| Job Title: |  | |  | Date: |  |  | Time: |  |

**Note: An employee should be tested immediately following an accident or incident.**

1. If the EBT Breath Alcohol test is not provided within two (2) hours of the Accident, the reason should be noted below. (Examples – received notification too late, injuries precluded testing)

|  |
| --- |
|  |

1. If the EBT Breath Alcohol test is not provided within eight (8) hours of the Accident, the reason should be noted below. (Examples – received notification too late, injuries precluded testing)

|  |
| --- |
|  |

1. If the drug test is not provided within thirty-two (32) hours of the Accident, the reason should be noted below.

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | |
| SUPERVISOR #1 (print name) | | |  | SUPERVISOR #2 (print name, if applicable) | | |
|  |  |  |  |  |  |  |
| SUPERVISOR #1 (Signature) |  | DATE |  | SUPERVISOR #2 (Signature) |  | DATE |

**\*\*\* IMPORTANT \*\*\***

The above report is required when Post-Accident testing is not conducted timely**.**

The written report of Post-Accident testing must be completed and signed by the supervisor no later than the next business day after the incident and subsequently uploaded into the SC Incident system. For Contractors, send this document to Reynaldo Linares via email at [Reynaldo\_Linares@kindermorgan.com](mailto:Reynaldo_Linares@kindermorgan.com).