

	FORM	Effective Date	Document ID
	POST INCIDENT A&D TEST CHECKLIST	AUGUST 2013	4-ALL-ALL-0121
	Approved by: HSE Management Team	Page 1 of 1	Revision 1.0

Incident Date:	Incident Number:
Employee Name:	Division/Service Line:
Leader Name:	Site/Location:

Leader to complete the following questions:

- Did the employee involved fail to adhere to any program, code, practice, process or procedure that is reasonable to expect the employee to have known and understood? ☐ Yes ☐ No
- Did the employee involved fail to use when required or use improperly any tools, equipment or personal protective equipment? ☐ Yes ☐ No
- Did the employee involved recognize but fail to address a hazard that is reasonable to expect a competent employee to have recognized and controlled? ☐ Yes ☐ No
- Did the employee involved fail to do everything reasonable and practical to prevent the incident? ☐ Yes ☐ No

IF THE ANSWER IS **YES** TO ANY OF THE ABOVE QUESTIONS, THEN IN ACCORDANCE WITH THE COMPANY ALCOHOL AND DRUG POLICY, THERE ARE GROUNDS FOR POST INCIDENT ALCOHOL AND DRUG TESTING.

The Decision:

- ☐ The employee is required to complete a Post Incident Alcohol and Drug Test.
- ☐ The employee is NOT required to complete a Post Incident Alcohol and Drug Test.

Employee Agreement:

Employee agrees to test: ☐ Yes ☐ No

Employee Signature:	Date:
Leader Signature:	Date:
HSE Representative Signature:	Date:

*The alcohol portion of the test must be administered within eight hours
and the drug portion within 32 hours following an incident.*

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