CITY OF LAREDO
POST ACCIDENT REPORT
REASONS FOR NOT ADMINISTERING
DRUG AND ALCOHOL TEST

_____(Print Name), _____ (Last 4 Digits of SS#), was not tested under the Post-Accident Section of the Drug and Alcohol Testing Policy for the following reason:

Reasons for not administering test: (Attach sheet if additional space is needed):
_____
_____
_____
_____
_____

Date of Accident: _____ Time of Accident: _____

Date and Time of notification to Supervisor/Director that testing was not administered: _____.

_____	_____	_____
Supervisor's Name (Print)	Supervisor's Signature	Date
_____	_____	_____
Division Head Name (Print)	Division Head Signature	Date
_____	_____	_____
Dept. Director's Name (Print)	Dept. Director's Signature	Date
_____	_____	_____
HR Director (Print)	HR Director's Signature	Date

(For City Manager's use only)

Action Taken Accepted: Yes____ No____

If action taken not accepted, please note the following disciplinary action to be taken:
_____
_____

_____ _____
City Manager's Signature Date

Form DA6