

## CHEMICAL TEST REPORTING AGREEMENT

Marine employers should use this form, if they have an individual working for them who is NOT part of their company Drug and Alcohol Testing Program. Remember, it is still the responsibility of the marine employer to ensure that all employees are enrolled in a valid program and that the information contained on this form is accurate and up to date. Each marine employer should keep a copy of this form in their records. If you have any questions, please contact your local Marine Safety Office or your district Drug and Alcohol Program Inspector (DAPI.)

\_\_\_\_\_ is employed by \_\_\_\_\_ .  
(Name of employee) (Name of company where mariner is enrolled in a chemical-testing program.)

He/she was hired on \_\_\_\_\_ and successfully passed a DOT pre employment chemical test on \_\_\_\_\_  
(Date of employment)

\_\_\_\_\_. Since the date of employment he/she has been enrolled in a chemical testing program  
(Date of pre-employment test)

that meets all requirements of 46 CFR 16. \_\_\_\_\_ agrees to notify  
(Name of company where mariner is enrolled in chemical testing program)

\_\_\_\_\_ if \_\_\_\_\_ fails a chemical test  
(Name of company that is going to hire mariner) (Name of mariner)

for dangerous drugs, refuses to submit to a chemical test for dangerous drugs or discontinues employment.

\_\_\_\_\_  
(Signature of Company Representative) (Date)

\_\_\_\_\_  
(Signature of Mariner) (Date)

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\_\_\_\_\_ agrees to notify \_\_\_\_\_ if  
(Name of company that is going to hire mariner) (Name of company that has mariner enrolled in the chemical testing program)

\_\_\_\_\_ fails a chemical test for dangerous drugs or refuses to submit to a  
(Name of mariner)

chemical test for dangerous drugs.

\_\_\_\_\_  
(Signature of Company Representative) (Date)

\_\_\_\_\_  
(Signature of Mariner) (Date)