

West Virginia Department of Transportation  
Division of Public Transit



presents the

**DRUG AND ALCOHOL TESTING RESPONSE HANDBOOK**  
for  
**DRUG AND ALCOHOL PROGRAM MANAGERS (DAPMs) AND  
DESIGNATED EMPLOYER REPRESENTATIVES (DERs)**

**MARCH 2012**



## What Is The Drug and Alcohol Testing Response Handbook?

The Drug and Alcohol Testing Response Handbook is designed to give Drug and Alcohol Program Managers (DAPM) and Designated Employer Representatives (DER) a quick reference guide to assist in the day-to-day administration of a compliant FTA drug and alcohol testing program. The information contained in this Handbook is a summary of the information contained in 49 CFR Part 40, *as amended*, and Part 655 and is intended to be a supplement to FTA publications and the technical assistance tools provided on the FTA website ([www.fta.dot.gov](http://www.fta.dot.gov)).

## Why Was This Handbook Created?

We recognize that transit system personnel have many other duties in addition to managing the Drug and Alcohol Testing Program. This Handbook was created to offer the DAPM/DER with an easy reference, action-oriented guide. With the assistance of this Handbook, DAPMs and DERs will be able to efficiently manage their Drug and Alcohol Testing Programs in compliance with U.S. Department of Transportation (U.S. DOT) - FTA regulations.

Safety is the number 1 priority at the U.S. DOT. A cornerstone of this safety is ensuring that transportation providers employ safety-sensitive employees who are 100 percent drug and alcohol free.

Over time, the transportation industry has worked hard to reduce the number of accidents and crashes directly related to drug and alcohol use. Nevertheless, human risk factors remain. Some transportation workers do use illicit drugs or abuse alcohol, despite serious efforts to deter them. We must never stop trying to improve our safety record where substance abuse is concerned. Employers must have strong drug and alcohol testing programs and must also have the essential knowledge and tools to implement and manage these drug and alcohol testing programs.

Our intent is to provide you with the tools and knowledge to accomplish the goal of always improving the safety of the traveling public.

For any questions concerning the drug and alcohol testing program or any information contained in this Handbook, please contact:

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[www.transportation.wv.gov/publictransit](http://www.transportation.wv.gov/publictransit)



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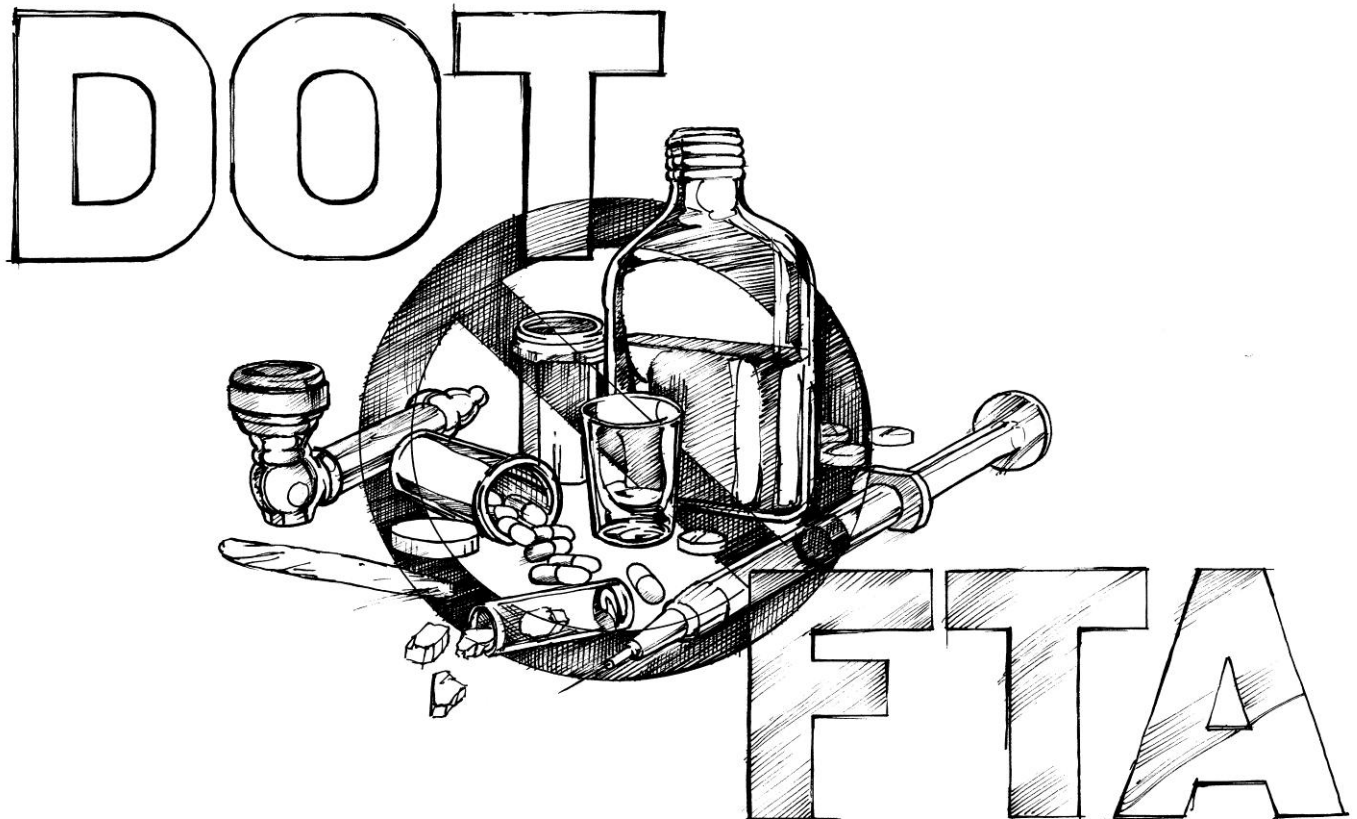
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## How To Use This Handbook

This Handbook is designed to assist both new and seasoned Drug and Alcohol Program Managers (DAPMs) and/or Designated Employer Representatives (DERs). Rather than searching through cumbersome regulatory citations, you can reference this Handbook quickly and easily to access the appropriate guidance.

**This Handbook is a quick reference guide. Ultimately, you still need to verify the exact regulations as stated within 49 CFR Part 655 and 49 CFR Part 40.**

### **Section 1- General Information:**

- General information that will be of use to anyone involved in the Drug and Alcohol Testing Program.

### **Section 2- Alcohol Testing Procedures:**

- Alcohol testing procedures that are common to all alcohol testing categories (e.g., Random, Post-Accident, etc.).
- DERs/DAPMs can use this section as a quick reference when contacted by collection site technicians concerning any issues involving a U.S. DOT alcohol test.

### **Section 3- Drug Testing Procedures:**

- Drug testing procedures that are common to all drug testing categories (e.g., Random, Post-Accident, etc.).
- DERs/DAPMs can use this section as a quick reference when contacted by collection site technicians concerning any issues involving a U.S. DOT drug test.

### **Section 4- Contact from the Medical Review Officer (MRO):**



- Procedures and action steps that address specific situations when the Medical Review Officer would contact the employer.
- DERs/DAPMs can use this section as a quick reference when contacted by the Medical Review Officer concerning issues involving U.S. DOT drug test results, verifications, and /or when employee contact is required.

### **Section 5- Program Administration:**

- Action steps for administering the Drug and Alcohol Testing Program.
- DAPMs can use this section as a quick reference on how to properly administer the different areas of the Drug and Alcohol Testing Program.



### How to Use This Handbook (continued)

In many sections you will see  and  symbols. These thumbs up and thumbs down symbols indicate areas that require certain actions based on that specific scenario. Each topic provides a clear explanation of the steps and actions required for that scenario. Checklists are included to assist you in ensuring that all required steps are addressed.

In addition to addressing the most common testing categories and other situations a DAPM and/or DER encounters, this manual also covers the less common scenarios. When these rare instances arise, just locate the appropriate tab and flip to that section for guidance. For example, if you are notified of an accident involving the operation of a revenue service vehicle, you could grab this handbook, locate the post-accident tab, and flip to that section for guidance on how to proceed.

**For your convenience, copies of all the forms related to the Drug and Alcohol Program are located at the end of this Handbook.**





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## Glossary/Acronyms

**ATF – Alcohol Testing Form**

Department of Transportation approved form used for alcohol testing.

**BAT – Breath Alcohol Technician**

Individual responsible for performing alcohol tests.

**C/TPA – Consortium/Third Party Administrator**

A service agent that provides the provision of a variety of drug and alcohol testing services to employers.

**CCF – Custody and Control Form**

Department of Transportation approved form used for drug testing.

**Contractor**

Any person or organization that provides a safety-sensitive service for a recipient, subrecipient, or employer consistent with a specific understanding.

**DAPM – Drug and Alcohol Program Manager**

The employee responsible for the overall administration of a testing program.

**DER – Designated Employer Representative**

The employee responsible for making decisions and taking immediate action during the testing process.

**DHHS – Department of Health and Human Services**

Agency that certifies drug testing laboratories for participation in U.S. DOT drug testing programs.

**EBT – Evidential Breath Testing Device**

Testing device used to conduct alcohol tests.

**FTA – Federal Transit Administration**

The agency within the U.S. Department of Transportation that provides financial and technical assistance to public transit systems.

**MRO – Medical Review Officer**

A licensed physician responsible for receiving and reviewing laboratory results and evaluating medical explanations for certain test results.

**ODAPC – Office of Drug and Alcohol Policy and Compliance:** Coordinates drug and alcohol testing program and implementation matters within the U.S. DOT.



## Glossary/Acronyms

**QNS – Quantity Not Sufficient**

Donor not able to provide the specified amount of urine during collection.

**SAP – Substance Abuse Professional**

A licensed counselor that evaluates employees who have violated a U.S. DOT drug and alcohol regulation.

**Service Agent**

Any person or entity who provides services specified under FTA regulations to employers in connection with U.S. DOT testing requirements.

**Substance Abuse Policy**

The local governing board of the employer shall adopt a substance abuse policy that is available to each covered employee.

**Substance Abuse Program**

Each employer shall establish a substance abuse program consistent with the requirements of 49 CFR Part 655.

**STT – Saliva Test Technician**

Individual who performs an alcohol test using saliva.

**THC, COC, PCP, OPI, AMP:** On Custody and Control Forms, this series of acronyms represent the type of U.S. DOT drug test that tests for Marijuana (THC), Cocaine (COC), Phencyclidine (PCP), Opiates (OPI), and Amphetamines (AMP).

**UCT – Urine Collection Technician**

The collection facility employee responsible for performing drug tests.



## FAQs-New Supervisors

**Q) As the employer, why am I required to perform U.S. DOT testing?**

A) U.S. DOT testing is required under 49 CFR Part 655, as amended. The regulation requires transit employers who receive federal funds to establish and conduct a multifaceted anti-drug and alcohol misuse testing program.

**Q) Am I required to have a Drug and Alcohol Testing Policy?**

A) Yes. The aforementioned regulation mandates that each employer have a policy statement describing its program policies and procedures. This policy allows employers to communicate to their workforce what is expected of them and the mandating authority. The policy also allows covered employees to understand why they are being tested and how the testing should be conducted.

**Q) Is there a website that provides access to Federal and State Drug and Alcohol Testing Regulations?**

A) The regulations governing Federal Transit Administration (FTA) Drug and Alcohol Testing Programs can be found on the FTA website under the Drug & Alcohol page (<http://transit-safety.fta.dot.gov/DrugAndAlcohol/Regulations/Regulations/Default.aspx>).



## FAQs-Training & Education

### **Q) How do I get training and assistance?**

A) Training and assistance is available from multiple resources. The WVDOT, Division of Public Transit and the Federal Transit Administration (FTA) are two great places to start.

### **Q) What educational information must I provide my employees?**

A) Before performing safety-sensitive functions, all safety-sensitive employees are required to have 60 minutes of training on the effects and consequences of **prohibited drug use** on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use.

All supervisors and/or other company officers authorized by the employer to make reasonable suspicion determinations shall receive at least 60 minutes of training on the physical, behavioral, and performance indicators of **probable drug use** and at least 60 minutes of the same training on **probable alcohol misuse**.



## FAQs-Testing

### Q) What type of DOT tests must I conduct?

A) Drug and alcohol testing must be conducted in accordance with 49 CFR Part 655, as amended, for pre-employment, random, post-accident, and reasonable suspicion. Under specific circumstances, return-to-duty and follow-up testing must also be conducted.

### Q) What is a refusal to test?

A) The Federal Transit Administration (FTA) considers any of the following as a refusal to test:

- Failure to appear for any test (except pre-employment) within a reasonable time as determined by the employer.
- Failure to remain at the testing site until testing is complete.
- Failure to provide a specimen.
- Failure to permit the direct observation of a test.
- Failure to follow the observer's instructions.
- Failure to provide a sufficient amount of specimen without an adequate medical explanation.
- Failure to take an additional test as directed.
- Failure to undergo a medical examination as directed by the Medical Review Officer (MRO).
- Failure to cooperate with any part of the testing process.
- Possessing or wearing a prosthetic or other device that could be used to interfere with testing.
- Admission to the collector or MRO that the specimen was adulterated or substituted.
- Failure to sign step 2 of the Alcohol Testing Form (ATF).

### Q) What do I do if an employee tests positive, refuses to test, or has some other violation?

A) If an employee tests positive, refuses to test, or violates any area of the Federal Transit Administration's (FTA) drug and alcohol testing regulations, **you must take immediate action.** Upon receiving notification of a positive test, refusal, or violation, you must immediately require that **the covered employee cease performing a safety-sensitive function.** After the covered employee has ceased performing safety-sensitive functions, you must ensure that the employee is **referred to a substance abuse professional (SAP)** for evaluation and counseling.





FAQs-Testing (continued)

**Q) After referring an employee to an SAP, can I return him/her to the performance of safety-sensitive duties?**

A) You must refer to your local substance abuse policy. Systems that have a zero-tolerance policy will have terminated the employee after referring them to an SAP.

**Your decision on whether or not to return an employee to duty following a positive test or a test refusal must be based on the procedures outlined within your local substance abuse policy. This IS NOT a case-by-case decision. The decision must always be consistent with your local substance abuse policy and must stay consistent with the past practices of your agency.**

For transit systems that have a **zero-tolerance policy**, there may be extremely rare circumstances when an employee is reinstated with a court order or other action beyond the control of the transit system. **In these extremely rare circumstances, you should contact WVDPT (304-558-0428) for guidance on how to proceed.**

If your system has a **second-chance policy**, you have the decision on whether or not you return the employee to safety-sensitive duties. **This decision must always be consistent with your local substance abuse policy and must stay consistent with the past practices within your agency.** Only after receiving the follow-up drug and/or alcohol testing plan from the SAP **AND a verified negative result from a return-to-duty test** can you allow the covered employee to return to performing safety-sensitive duties.

**Q) What happens if an employee/applicant leaves the testing site before the test is completed?**

A) On a Pre-Employment test, the applicant consents to the test once the applicant takes the specimen cup from the collector. If the applicant leaves the testing site *prior to receiving the specimen cup from the collector*, this is not considered a test-refusal. If the applicant leaves the testing site *after having received the specimen cup*, this is considered a test refusal.

For all other testing categories (random, post-accident, return-to-duty, and follow-ups), if the employee leaves the testing site *at any time before the completion of the test*, this is considered a test refusal.



**FAQs-Records/Reporting**

**Q) Where must I retain drug and alcohol records?**

A) Under the Federal Transit Administration (FTA), **all drug and alcohol testing records must be kept separate from all other employee records.** These records must be maintained in a secure location with controlled access.

**Q) Is there any required reporting that I must do?**

A) You must annually prepare and maintain a summary of the results of your anti-drug and alcohol misuse testing programs performed under 49 CFR Part 655, as amended, during the previous calendar year (this is known as the MIS Report). You must submit this report annually to FTA’s Office of Safety and Security.

**Q) What are the retention requirements for drug and alcohol testing records?**

**Five Years**

A. Verified positive drug tests.  
 B. Alcohol test results of 0.02 or greater.  
 C. Documentation of refusals to test.  
 D. Referrals to a Substance Abuse Professional.  
 E. Management Information System (MIS) Reports.  
 F. Evidential Breath Testing device calibration logs.

**Two Years**

A. Records related to the collection process.  
 B. Employee training.  
 C. Post-Accident documentation records.

**Three Years**

Information obtained from previous U.S. DOT employers concerning drug and alcohol test results of employees.

**One Year**

A. Negative drug test documentation.  
 B. Alcohol test documentation for results of less than 0.02.

**Best Practices**

**A. Pre-Employment:** The best practice is to maintain all negative Pre-Employment test result documents throughout the period of employment.  
**B. Post-Accident:** Regardless of result, the best practice is to maintain all Post-Accident testing documentation as long as the statutes of limitations dictate.  
**C. Training:** The best practice is to maintain all training records throughout the period of employment.  
**D. Oversight of Collection Site(s):** The best practice is to maintain this documentation indefinitely.  
**E. Previous U.S. DOT Employer Record Checks:** The best practice is to keep these records throughout the period of employment.  
**F. Positive Test Result Documentation:** The best practice is to maintain these records indefinitely.



## Employer Responsibilities

Employers are responsible for meeting all requirements and procedures of 49 CFR Part 655 and 40, as amended. The Drug and Alcohol Manager (DAPM) is the primary individual designated by the employer to be responsible for the overall administration of the program.

Each employer must have a current, board-approved, Substance Abuse Policy establishing all requirements of the substance abuse program. The Substance Abuse Program must meet all requirements stated within the policy. **While the employer must update this policy as required when regulatory updates and/or changes are published by the Federal Transit Administration (FTA), the best practice is to review and update your Substance Abuse Policy annually.**

Service agents are required to carry out the requirements of the U.S. DOT agency regulations. A process must be in place to provide oversight of service agents. There is an oversight inspection checklist form available for your use in the WVDPT 03-2012, Drug and Alcohol Testing Program Folders.

Employers are responsible for providing 60 minutes of training to all safety-sensitive employees on the effects and consequences of prohibited **drug use**. Furthermore, 120 additional minutes of training on the performance indicators of **drug use and alcohol misuse** must be provided to all supervisors authorized by the employer to make reasonable suspicion determinations.

As the employer, you are responsible for obtaining information from your service agents; for example, Test Results, Substance Abuse Professional's Report, Laboratory Statistical Reports, and Service Agent's Credentials.



### Employer Responsibilities (continued)

As the employer, you must provide the following information to the collector when conducting a urine specimen collection or breath alcohol test:

- ✓ Full name of the employee being tested.
- ✓ Employee SSN or ID number.
- ✓ Laboratory name and address.
- ✓ Employer name, address, phone number, and fax number.
- ✓ DER name and telephone number.
- ✓ MRO name, address, phone number, and fax number.
- ✓ The U.S. DOT agency which regulates the employee's safety-sensitive duties (e.g., FTA).
- ✓ The reason for the test, as appropriate: Pre-employment; Random; Reasonable Suspicion; Post-Accident; Return-to-Duty; and Follow-up.
- ✓ Whether or not the test is to be observed.

***This information is provided on the Order for Testing Form.***

As the employer, you must request the following information about an employee who has been employed by a U.S. DOT-regulated employer during any period within the previous two years:

- ✓ Obtain the prospective safety-sensitive employee's written consent for release of information.
- ✓ Alcohol tests with a result of 0.04 or higher alcohol concentration.
- ✓ Verified positive drug tests.
- ✓ Refusals to be tested (including verified adulterated or substituted drug test results).
- ✓ Other violations of a U.S. DOT agency drug and alcohol testing regulations.
- ✓ If the employee has previously violated a U.S. DOT drug and alcohol regulation, you must obtain documentation of the employee's successful completion of a U.S. DOT return-to-duty process.
- ✓ You must maintain a confidential written record of the information you obtain or of the good faith efforts you made to obtain the information.
- ✓ You must ask the employee whether he or she has tested positive or refused to test on any pre-employment drug or alcohol test for an employer to which the employee applied for, but did not obtain safety-sensitive work during the previous two years.

***This information is provided on the Safety-Sensitive Employee Application Supplement Form.***

***See sample forms on the following pages.***



**Employer Responsibilities**

**ORDER FOR TESTING**

To be completed by collection site personnel upon arrival at site and returned to employer with Employer's copy of Chain of Custody Form.

Time \_\_\_\_\_ Date \_\_\_\_\_ Collection Site Personnel Initials \_\_\_\_\_

Print Collection Site Personnel Name \_\_\_\_\_

The Federal Transit Administration issued regulations (49 CFR Part 655) that require all safety-sensitive employees/applicants to submit to drug and alcohol testing as a condition of employment in a safety-sensitive position. Refusing to submit to testing; providing false information in connection with said testing; adulterating, substituting, or tampering with the specimen; or failing to cooperate with any part of the collection process is a violation of the regulations and of company policy.

Testing is to be accomplished on the date, time and location indicated below. **You must present this form at the collection site.**

Print Full Name: \_\_\_\_\_ ID # \_\_\_\_\_

Collection Site Location: \_\_\_\_\_

You must report no later than \_\_\_\_\_ am/pm, on \_\_\_\_\_ (date)

*Failure to complete a drug and/or alcohol test will be considered a test refusal.*

\* **Pre-employment tests** = New applicants, transfer from a non-safety-sensitive position, return to active status.

\*\* **Return-to-Duty tests** = Only performed following a positive/refusal to test and successful completion of SAP counseling.

Type of Test:  Drug  Alcohol  Both

Test Authority:  DOT-FTA  Non-DOT  DOT- Other \_\_\_\_\_

Test Category:  Pre-employment\*  Random  
 Post-accident  Reasonable Suspicion  
 Return-to-duty\*\*  Follow-up  
 Retest, Specify: \_\_\_\_\_

Observed Collection:  Yes  No

Transported:  Yes, By Whom: \_\_\_\_\_  No

Picture ID:  Yes  No

Other Special Instructions: \_\_\_\_\_

Supervisor Authorizing Test: \_\_\_\_\_  
 Print Name Date Time Notified

Designated Employer Representative / DAPM: \_\_\_\_\_  
 Print Name Phone Number



*Employer Responsibilities*

**SAFETY-SENSITIVE EMPLOYEE APPLICATION  
SUPPLEMENT**

Previous US Department of Transportation Drug and Alcohol Testing

I, \_\_\_\_\_, \_\_\_\_\_,  
Print First Name, Middle Initial, Last Name Social Security Number

Attest that:

I have participated in DOT-regulated drug and alcohol testing with previous employers.

1. Have you tested positive (0.04 or greater) for alcohol in the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you had a verified positive drug test result in the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you refused a required drug or alcohol test in the last two years (or had a verified adulterated or substituted drug test result)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you violated any other DOT drug or alcohol testing regulation within the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: \_\_\_\_\_

\_\_\_\_\_  
(Use additional pages as necessary)

*"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date





## Employee Responsibilities

An employee must be **determined to have refused a test** if any of the following circumstances have occurred:

- Failure to appear for any test (except pre-employment) within a reasonable time as determined by the employer.
- Failure to remain at the testing site until testing is complete.
- Failure to provide a specimen.
- Failure to permit the direct observation of a test.
- Failure to follow the observer's instructions.
- Failure to provide a sufficient amount of specimen without an adequate medical explanation.
- Failure to take an additional test as directed.
- Failure to undergo a medical examination as directed by the Medical Review Officer (MRO).
- Failure to cooperate with any part of the testing process.
- Possessing or wearing a prosthetic or other device that could be used to interfere with testing.
- Admission to the collector or MRO that the specimen was adulterated or substituted.
- Failure to sign step 2 of the Alcohol Testing Form (ATF).

**If an employee has previously been employed by a U.S. DOT agency within the last two years,** he or she cannot perform safety-sensitive functions until consent for the release of their U.S. DOT Drug and Alcohol testing records from previous U.S. DOT employers has been given. This includes a current non-safety-sensitive employee that is being transferred into a safety-sensitive position.



## Applicant Responsibilities

If an **applicant does not show up to a scheduled U.S. DOT Pre-Employment drug test**, the applicant **shall not** be considered to have refused the test.

An **applicant** can only be considered to have refused a U.S. DOT Pre-Employment drug test **if the applicant has committed to the testing process (i.e., accepted the collection cup)**, and then refuses to complete the test.

If an applicant **is not able to provide a sufficient amount of urine** during the testing process and **HAS received a conditional offer of employment**, the applicant must undergo a medical examination from a licensed physician within 5 days to determine if there is a medical explanation for the inability to provide a specimen. If the applicant does not receive a medical examination within 5 days (the MRO can allow longer, if appropriate), the applicant should be considered to have refused the test and the DAPM shall follow the test refusal procedures on page 10-7.

If an applicant **is not able to provide a sufficient amount of urine** during the testing process and **HAS NOT received a conditional offer of employment**, the applicant does not undergo the medical examination. This should be considered a cancelled test.

**If an applicant has previously been employed by a DOT agency within the last two years**, the employee cannot perform safety-sensitive functions until he/she gives consent for the release of their U.S. DOT Drug and Alcohol testing records from previous U.S. DOT employers.



## Introduction

There are many aspects of U.S. DOT-FTA regulations that apply to both Drug and Alcohol testing. The general procedures covered within this section are relevant to every testing category (pre-employment, random, post-accident, reasonable suspicion, return-to-duty, and follow up tests).

The topics covered include:

- Notification of Testing
- Confidential Information
- Delayed Arrival/No-Show
- No Photo Identification
- Uncooperative Employee
- Test Refusals



### Notification of Testing

**Once notified that an employee has been selected for drug or alcohol testing, the DAPM/DER should perform the following functions:**

- ✓ Give the collection site BAT/UCT advance notice that a test is required.
- ✓ If possible, set an appointment time for the test.
- ✓ If an appointment cannot be set for the test, determine an appropriate testing date and time.  
*(See appropriate testing category for information regarding test scheduling.)*
- ✓ **Immediately preceding the testing time**, notify the employee being tested of the requirement for testing.  
*(See example “Order to Test” form located in the back of this Handbook.)*
- ✓ Inform the employee of the allotted time for arrival to the collection facility.
- ✓ Outline the consequences for not arriving to the collection facility in the time allotted.  
*(Consult your substance abuse policy for the appropriate consequences.)*
- ✓ Confirm that the employee has photo identification to show at the collection facility.
- ✓ Provide DAPM/DER name and contact information to the technician.



## Confidential Information

**The DAPM/DER has been contacted by the urine specimen collector/breath alcohol technician to provide information about the test:**

ANY information regarding the testing process is confidential and requires that the service agent and DAPM/DER use a method (i.e. password) to positively identify one another during telephone conversations BEFORE exchanging any confidential information. Examples of confidential information are:

Positive Test Results	Medical Evaluation Results	Social Security Number
Disruptive Behavior	Insufficient Volume Results	Discovered Flaws

- ✓ Ask the appropriate technician (i.e. BAT, SAP, MRO) for the established password.



If the password provided is valid, document the conversation and respond accordingly.




If the password provided is invalid, end the phone call and contact the appropriate facility manager using the information contained in your records. Once positive identification is established, inquire as needed regarding the current test and inform the appropriate agent that an invalid password was initially provided.




## Delayed Arrival / No-Show

**Technician (BAT/UCT) has phoned to communicate that the employee had a delayed arrival or was a no-show:**

- ✓ Identify technician by exchanging passwords.
- ✓ Document the time the collection site indicated that the employee arrived for testing.
- ✓ Document the time the employee was allotted to arrive at the collection facility.
- ✓ If the arrival time is delayed beyond the allotted time, investigate a potential cause for delay (i.e., traffic congestion, vehicle breakdown, check-in delays).

 If it is determined that the delay was caused by circumstances beyond the employee's control, document the conversation and allow the testing process to continue.

 If it is determined that the delay was undue and cannot be explained, proceed as follows:

- ✓ Document the conversation with the technician and the information used to determine the delay.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the delay is considered a test refusal due to the employee not arriving at the testing facility in the allotted time.
- ✓ Inform the employee of the consequences of a test refusal as outlined in the substance abuse policy for your agency.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs:
  - Refer to resources in your local area
  - National Drug Abuse Helpline: 1-866-874-4553
  - Alcohol & Drug Addiction Resource Center: 1-800-390-4056
  - National Cocaine Hotline: 1-800-262-2463
  - Alcohol Abuse & Crisis Intervention: 1-800-234-0246
  - National Suicide Prevention Lifeline: 1-800-273-8255
- ✓ Inform the employee of the Return-to-Duty policy for your agency (if applicable).
- ✓ Initiate disciplinary procedures outlined in the substance abuse and personnel policies for your agency.





## No Photo Identification

**Technician (BAT/UCT) has contacted the DAPM/DER to communicate that the employee reporting for testing is unable to provide photo identification:**

- ✓ Identify technician via password.
- ✓ If possible, send a manager or supervisor to the collection facility to verify the employee's identity.
- ✓ If an in-person identification of the employee is not possible, describe the employee as thoroughly as possible using such characteristics as:
  - Height
  - Hair/Eye Color
  - Identifying characteristics, such as: scars, visible tattoos, piercing, or clothing



**If the technician confirms that the employee described is the employee reporting for testing**, document the conversation and allow the test to continue.



**If the technician informs that the employee described is not the employee reporting for testing**, proceed as follows:

- ✓ If possible, send a manager or supervisor to the collection facility to verify the employee's identity.



If the manager/supervisor can positively identify the employee, the testing process may proceed.



**If the manager/supervisor verifies that someone other than the employee has reported for testing**, proceed to the next step:

- ✓ Document the conversations with the technician and the manager/supervisor sent to the collection facility.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the test will be documented as a test refusal due to the employee failing to arrive at the collection facility and attempting to substitute a specimen.
- ✓ Inform the employee of the consequences of a test refusal as outlined in your agency's substance abuse policy.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of the Return-to-Duty policy for your agency (if applicable).
- ✓ Initiate disciplinary procedures outlined in your agency's substance abuse and personnel policies.



## Uncooperative Employee

**Technician (BAT/UCT) has contacted the DAPM/DER to communicate that the employee is being uncooperative with the testing process.**

- ✓ Identify technician by exchanging passwords.
- ✓ Discuss the issues under which the employee is being uncooperative and compare them to the following examples:
  - The employee refuses to take a drug or alcohol test.
  - The employee refuses to sign Step 2 of the ATF.
  - The employee becomes verbally or physically menacing or abusive.
  - The employee refuses to follow instructions.
  - The employee refuses to empty his/her pockets during drug testing procedures.
  - The BAT determines that the employee is deliberately providing an insufficient breath.
  - The employee refuses to cooperate with the observed collection procedures.
  - The employee possesses or wears a prosthetic or other device that could be used to interfere with the collection process.
  - The employee leaves the collection site prior to the completion of the test.
- ✓ Document the conversation with the technician indicating the specific actions of the employee.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the test will be documented as a test refusal due to his/her actions at the collection facility and of the consequences of a test refusal outlined in your agency's substance abuse policy.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of the Return-to-Duty policy for your agency (if applicable).
- ✓ Initiate disciplinary procedures outlined in your agency's substance abuse policy.
- ✓ Once a test refusal has been determined, do not allow the employee to continue with the testing process.



## Test Refusals

**Technician has contacted the DAPM/DER to communicate that the test is being documented as a test refusal.**

- ✓ Identify technician by exchanging passwords.
- ✓ Discuss with the technician the reason for documenting a test refusal.
- ✓ Determine if the circumstance meets one of the following test refusals:
  - Failure to arrive at the testing facility on time.
  - Failure to remain at the testing facility until testing is complete.
  - Failure to attempt to provide a breath/urine specimen when directed.
  - Failure to provide a sufficient amount of breath/urine without a valid medical explanation.
  - Failure to undergo a medical examination to verify insufficient volume.
  - Failure to cooperate with any part of the testing process.
  - Failure to permit an observed collection when required.
  - Failure to take a second test as required by the employer or collector.
  - Failure to sign the certification on Step 2 of the ATF (*Alcohol testing only*).
  - Drug test result that is verified by the MRO as adulterated or substituted (*Drug testing only*).
  - Failure to follow the observer's instructions during an observed collection including instructions to the employee to raise his or her clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the employee has any type of prosthetic or other device that could be used to interfere with the collection process.
  - Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
  - Admit to the collector or MRO that the specimen had been adulterated or substituted.

*Continued on the following page*



## Test Refusals (continued)

**Inform the employee that the test has been documented as a test refusal and proceed as follows:**

- ✓ Document the conversation with the technician indicating the specific actions of the employee.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the test will be documented as a test refusal due to his or her actions at the collection facility.
- ✓ Inform the employee of the consequences of a test refusal as outlined in your agency's substance abuse policy.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of your agency's Return-to-Duty policy (if applicable).
- ✓ Initiate disciplinary procedures outlined in your agency's substance abuse policy.



## Introduction

**A Breath Alcohol Technician (BAT) has contacted the DER/DAPM to communicate an issue during the Breath Alcohol Testing process:**

- ✓ The DER/DAPM can review the scenarios within this section as a quick reference on how to proceed with the testing process.

**Covered employees are prohibited from consuming alcohol during the following circumstances:**

- ✓ While on-call (*Consult your substance abuse policy for the definition of 'on-call'*).
- ✓ Four hours prior to the performance of safety-sensitive duties.
- ✓ Eight hours following an accident or until a Post-Accident Alcohol Test is performed, whichever occurs first.

**In all cases except Pre-Employment and Return-to-Duty, U.S. DOT-Alcohol testing is only permissible just before, during, or just after an employee has performed safety-sensitive functions.**

**Pre-Employment Alcohol tests are not required by the FTA.** If you choose to perform Pre-Employment Alcohol testing, the following requirements must be met:

- ✓ You must perform Pre-Employment Alcohol tests for all employees. You cannot pick and choose.
- ✓ You must perform this test prior to the performance of safety-sensitive duties.
- ✓ Covered employees must not be allowed to perform safety-sensitive duties unless the result is a Breath Alcohol Concentration level of less than 0.02.
- ✓ You must make a contingent offer of employment/transfer before conducting Pre-Employment Alcohol tests.
- ✓ All Pre-Employment Alcohol tests must follow U.S. DOT procedures (i.e., the test must be completed on a Federal Alcohol Testing Form and must be conducted according to the U.S. DOT Alcohol Testing procedures within 49 CFR Part 40, as amended).



## Insufficient Breath

**BAT has contacted the DAPM/DER to communicate that the employee was unable to provide a sufficient breath sample for testing:**

- ✓ Identify technician by exchanging passwords.
  - ✓ Inform the employee that he/she must undergo a medical examination from a licensed physician.
    - Instruct the employee that he/she must select a licensed physician with knowledge related to insufficient breath.
    - Instruct the employee that the DAPM/DER must be provided with the name, contact information, and specialization of the selected physician.
    - Instruct the employee that the DAPM/DER must approve the selected physician.
    - Advise that the employee has five (5) days from date of notification to obtain the medical evaluation.
  - ✓ Review the physician information provided by the employee.
    - If necessary, obtain the input of an agency physician or MRO on the suitability of the selected physician. If it is determined that the selected physician is unsuitable or inappropriate, inform the employee that another physician must be selected to perform the evaluation.
- 👍 If a licensed and approved physician determines that the employee suffers from an ascertainable physiological condition or medically documented pre-existing condition which would result in the inability to provide a sufficient volume of breath for testing, the test must be cancelled.

*Continued on the following page.*



## Insufficient Breath (continued)

- 👉 If the evaluating physician cannot identify a qualifying medical condition for the inability to provide a breath specimen, proceed as follows:
  - ✓ Document the conversation with the technician, selected physician, and any physicians used to determine suitability.
  - ✓ Immediately remove the employee from performance of safety-sensitive duties.
  - ✓ Inform the employee that the test will be documented as a test refusal based on the results of the medical evaluation.
  - ✓ Inform the employee of the consequences of a test refusal as outlined in the substance abuse policy for your agency.
  - ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
  - ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
  - ✓ Inform the employee of your agency's Return-to-Duty policy (if applicable).
  - ✓ Initiate disciplinary procedures outlined in your agency's substance abuse policy.

# Alcohol Testing Procedures



## Test Results < 0.02

- 👍 Any screening **test result of less than 0.02** alcohol concentration requires no further contact from the BAT and no action from the DAPM/DER, except to review the ATF for accuracy.

## Test Results $\geq 0.02$ , but < 0.04

- 👎 The BAT has contacted the DAPM/DER to communicate that the employee has a breath alcohol concentration of equal to or greater than .02, but less than .04 on the confirmation test. **This is NOT considered a positive test result; however, it is classified as a non-negative test result.**
- ✓ Identify BAT via password and document the test results and conversation with the BAT.
- ✓ If the employee was not accompanied by a manager or supervisor, instruct the employee to remain at the collection facility to await pick up.
- ✓ Instruct a manager or supervisor to pick up the employee at the collection facility for transport.
- ✓ Remove the employee from safety-sensitive duty for the minimum time outlined in your agency's substance abuse policy (minimum of eight hours).
- ✓ Consult your agency's substance abuse policy to determine if disciplinary action is required.
- ✓ Inform the employee that he or she is removed from duty based on the EBT results.
- ✓ If applicable (as outlined in your agency's substance abuse policy), instruct the employee of a date to return to the performance of safety-sensitive duties.

*Continued on the following page.*





## Test Results > 0.04

- ✋ The BAT has contacted the DAPM/DER to communicate that the employee has a breath **alcohol concentration of greater than 0.04.**
- ✓ Identify BAT by exchanging passwords.
- ✓ If the employee was not accompanied by a manager or supervisor, instruct the employee to remain at the collection facility to await pick up.
- ✓ Instruct a manager or supervisor to pick up the employee at the collection facility and transport.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Document the test results and conversation with the BAT.
- ✓ Inform the employee that the test will be documented as a positive test based on the EBT results.
- ✓ Inform the employee of the consequences of a positive test result as outlined in your agency's substance abuse policy.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of your agency's Return-to-Duty policy (if applicable).
- ✓ Initiate disciplinary procedures outlined in your agency's substance abuse policy.



## EBT Unavailable

### **The BAT has contacted the DAPM/DER because no working EBT is available:**

- ✓ Identify the BAT by exchanging passwords.
- ✓ Document the reason as described by the BAT.
- ✓ Inform the BAT that error correction training will be required.
- ✓ Provide the BAT contact information for providing proof of completed error correction training immediately upon completion. Error correction training must be completed within 30 days of discovery of the error.
- ✓ Inform the appropriate agency personnel that the test was cancelled and that the BAT was informed of the requirement for error correction training.
- ✓ If the alcohol test was being conducted as part of the random testing requirements, inform the random pool administrator that the random testing pool will require adjustment to reflect the cancelled test result.
- ✓ If a valid test result is required for the employee to perform a safety-sensitive function (i.e., pre-employment, return-to-duty, follow-up testing), schedule another test for as soon as possible.
- ✓ If a valid test result is not a requirement of the testing circumstance (i.e., post-accident, random, reasonable suspicion testing), record the test as cancelled.
- ✓ Follow-up with the collection facility to ensure the device is returned to working condition.



## Fatal Flaws

**Fatal Flaws** are errors in the alcohol testing process which always result in a **cancelled** test.

**The BAT has contacted the DAPM/DER to communicate that a “fatal flaw” has occurred in the testing process.**

- ✓ Identify the BAT by exchanging passwords.
- ✓ Document the fatal flaw and compare against the following list:
  - If a **confirmation test** is required and the technician does not observe the mandatory 15 minute wait period between screening and confirmatory tests.
  - If the technician does not perform an **air blank** test prior to performing a confirmatory test.
  - The **air blank** test conducted before the confirmation test has a reading other than 0.00.
  - If the EBT fails to print the results of a confirmation test.
  - If any of the information contained on the **display is different from the printed results**.
  - The external **calibration check** of the EBT produces a result outside the allowed tolerance levels. In this case, every test result of 0.02 or above obtained on the EBT since the last valid external **calibration check** will be cancelled.
- ✓ Record the test as cancelled.
- ✓ Inform the BAT that error correction training will be required.
- ✓ Provide the BAT contact information for providing proof of completed error correction training immediately upon completion. Error correction training must be completed within 30 days of discovery of the error.
- ✓ Inform the appropriate agency personnel that the test was cancelled and that the BAT was informed of the requirement for error correction training.
- ✓ If a valid test result is required for the employee to perform a safety-sensitive function (i.e., pre-employment, return-to-duty, follow-up testing), schedule another test as soon as possible.
- ✓ If a valid test result is not a requirement of the testing circumstance (i.e., post-accident, random, reasonable suspicion testing), record the test as cancelled.
- ✓ If the alcohol test was being conducted as part of the random testing requirements, inform the appropriate personnel that the random testing pool will require adjustment to reflect the cancelled test result.



## Correctable Flaws

**Correctable Flaws** are errors in the alcohol testing process which are discovered during quality reviews. **Correctable flaws *do not* cancel a completed alcohol test.**

**The BAT has contacted the DAPM/DER to communicate that a “correctable flaw” has been discovered:**

- ✓ Identify the BAT by exchanging passwords.
- ✓ Document the correctable flaw discovered. Examples of correctable flaws are:
  - If the technician fails to put in the Remarks section that an employee failed or refused to sign the testing form in Step 4.
  - The **technician fails to sign** the ATF.
  - The BAT uses a **Non-DOT alcohol testing form (ATF)** for a DOT test.
- ✓ Request a copy of a signed affidavit of correction explaining the error, how the error was communicated and corrected, and any process implemented to prevent future occurrences.
- ✓ Retain the affidavit of correction with the employer copy of the Alcohol Testing Form.

**Reminder: Failure of the employee to sign Step 2 of the ATF is a refusal to test.**



## Test Refusals

**The BAT has contacted the DAPM/DER to communicate that the test is being documented as a test refusal.**

- ✓ Identify technician by exchanging passwords.
- ✓ Discuss with the technician the reason for documenting a test refusal.
- ✓ Determine if the circumstance meets one of the following test refusals:
  - Failure to arrive at the testing facility on time.
  - Failure to remain at the testing facility until testing is complete.
  - Failure to attempt to provide a breath specimen when directed.
  - Failure to provide a sufficient amount of breath without a valid medical explanation.
  - Failure to undergo a medical examination to verify insufficient amount of breath.
  - Failure to cooperate with any part of the testing process.
  - Failure to take a second test as required by the employer or collector.
  - Failure to sign the certification on Step 2 of the ATF.

**Inform the employee that the test has been documented as a test refusal and proceed as follows:**

- ✓ Document the conversation with the technician indicating the specific actions of the employee.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the test will be documented as a test refusal due to his or her actions at the collection facility.
- ✓ Inform the employee of the consequences of a test refusal as outlined in your agency's substance abuse policy.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs.
- ✓ Inform the employee of your agency's Return-to-Duty policy (if applicable).
- ✓ Initiate disciplinary procedures outlined in your agency's substance abuse policy.



## Common Problem Areas

**Evidential Breath Testing Devices (EBTs):** 49 CFR Part 40.233 requires that service agents using an EBT must follow the manufacturer's quality assurance plan (QAP), including performance of external calibration checks at the intervals specified. These records should be reviewed by the DAPM as part of the transit agency's oversight process. Many service agents have no or limited knowledge of the QAP and are not able to provide calibration documentation. These practices can significantly impact the quality of the alcohol testing process and will not only result in the system's noncompliance, but can also put the system at risk for litigation.

**Confirmation Test Delay:** Breath Alcohol Technicians (BATs) must wait the required 15 minutes before performing a confirmatory breath alcohol test. If the initial screening test is equal to or greater than 0.02, a confirmation test must be conducted.

- ✓ The BAT shall instruct the employee not to drink, eat, chew gum, or put anything in his/her mouth.
- ✓ The BAT must stay with the employee for the entire 15 minute waiting period.
- ✓ After the minimum 15 minute wait period, the BAT can continue to complete the confirmation breath alcohol test.
- ✓ If the time elapsed from the screening test to the confirmation test is more than 30 minutes, the BAT must indicate why in the remarks section of the ATF.

*The required 15 minute waiting period is to allow any residual mouth alcohol to dissipate.*

**Delay in Alcohol Test:** The alcohol test must be performed as soon as possible after the employee has been instructed to report for the test. Once the employee arrives at the testing facility, the collection site personnel shall ensure minimum delay between when the employee walks in the door for processing and when the alcohol test is actually performed.



## Introduction

**A Urine Collection Technician (UCT) has contacted the DER/DAPM to communicate an issue during the Urine Collection process:**

- ✓ The DER/DAPM can review the scenarios within this section as a quick reference on how to proceed with the testing process.

Consumption of illegal drugs is prohibited **at all times**.

U.S. DOT-FTA drug testing is performed **anytime** the employee is on duty.

The Federal Transit Administration (FTA) currently tests for 5 drugs:

1. Marijuana  
**U.S. Department of Transportation rules and regulations preempt any state medicinal use of marijuana initiatives.**
2. Cocaine
3. Opiates (heroin, morphine, and codeine)
4. Phencyclidine (PCP)
5. Amphetamines (including methamphetamines and ecstasy)



## Insufficient Volume

**Urine Collection Technician has contacted the DAPM/DER to communicate that the employee was unable to provide a sufficient urine sample for testing.**


- ✓ Identify technician by exchanging passwords.
  - ✓ Inform the employee that he/she must undergo a medical examination by a licensed physician.
    - Instruct the employee that he/she must select a licensed physician with knowledge related to insufficient volume.
    - Instruct the employee that the DAPM/DER must be provided with the name, contact information, and specialization of the selected physician. This information will be forwarded to the MRO.
    - Instruct the employee that the MRO must approve the selected physician.
    - Advise that the employee has five (5) days from date of notification to obtain the medical evaluation. The employer can facilitate the appointment with the employee and the physician.
  - ✓ Provide the selected physician information to the MRO.
    - If the MRO determines the selected physician is unsuitable or inappropriate, inform the employee that another physician must be selected to perform the evaluation.
- 👍 If a licensed and approved physician determines that the employee suffers from an ascertainable physiological condition or medically documented pre-existing condition which would result in the inability to provide a sufficient volume of urine for testing, the test must be cancelled.

*Continued on the following page.*





## Insufficient Volume (continued)

-  If the evaluating physician **cannot** identify a qualifying medical condition, proceed as follows:
- ✓ Document the conversation with the technician, selected physician, and any physicians used to determine suitability.
  - ✓ Immediately remove the employee from performance of safety-sensitive duties.
  - ✓ Inform the employee that the test will be documented as a test refusal based on the results of the medical evaluation.
  - ✓ Inform the employee of the consequences of a test refusal as outlined in the substance abuse policy for your agency.
  - ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
  - ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
  - ✓ Inform the employee of the Return-to-Duty policy for your agency (if applicable).
  - ✓ Initiate disciplinary procedures outlined in the substance abuse policy for your agency.



## Temperature Out of Range

**The collector has contacted the DAPM/DER to communicate a specimen temperature is out of range.**

The valid temperature of a urine specimen must be between 90° F and 100° F. A specimen that is documented as temperature out of range will be retested under direct observation.

- ✓ Identify the collector by exchanging passwords.
- ✓ Document the conversation with the collector.
- ✓ Ensure that the collector conducts a retest under direct observation and that both specimens are sent to the laboratory for testing.
- ✓ If the collector contacts the DAPM/DER to communicate that the collection process was completed, proceed as necessary based on the MRO's verified test result.



## Specimen Tampering

**The collector has contacted the DAPM/DER to communicate that evidence of adulteration or tampering exists or was observed during the collection process.**

- ✓ Identify the collector by exchanging passwords.
- ✓ Document the conversation.
- ✓ Ensure that the collector conducts a retest under direct observation and that both specimens are sent to the laboratory for processing.
- ✓ Inform the employee that if the test indicates tampering, the test will be documented as a test refusal.
- ✓ If the collection process was completed, proceed based on the MRO verified test result.



## Observed Collections

- ✓ Must be performed by a same gender observer.
- ✓ Observed collections are required in the following circumstances:
  - All return-to-duty tests.
  - All follow-up tests.
  - Anytime the employee is directed to provide another specimen because the temperature on the original specimen was out of the accepted temperature range of 90F-100F.
  - Anytime the employee is directed to provide another specimen because the original specimen appeared to have been tampered with.
  - Anytime a collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen.
  - Anytime the employee is directed to provide another specimen because the laboratory reported to the MRO that the original specimen was invalid and the MRO determined that there was not an adequate medical explanation for the result.
  - Anytime the employee is directed to provide another specimen because the MRO determined that the original specimen was positive, adulterated, or substituted, but had to be cancelled because the test of the split specimen could not be performed.
- ✓ The DER will be notified by the collector after the test. If the DER is contacted in advance, the DER should confirm that one of the above conditions has been met.
- ✓ If the employee refuses to provide a specimen under directly observed conditions, the DER should inform the employee that they must comply or it will be considered a test refusal according to 49 CFR Part 40, as amended.
- ✓ If the employee does not cooperate, follow test refusal procedures.



## Observed Collections (continued)

In the event that a collector must perform a directly observed collection, the following procedures must be followed:

- ✓ The observer will request the employee to raise his or her shirt, blouse, or dress, skirt, as appropriate, above the waist; lower clothing and underpants to mid-thigh; and turn around to show that they do not have a prosthetic device.
- ✓ After the collector has determined that the employee does not have such a device, the employee may return clothing to the proper position.
- ✓ **The observer must actually witness the flow of urine from the employee's body into the specimen container.**



## Correctable Flaws

**Correctable Flaws** are errors in the drug testing process which are commonly discovered during quality reviews.

**The UCT has contacted the DAPM/DER to communicate that a “correctable flaw” has been discovered:**

- ✓ Identify the UCT by exchanging passwords.
- ✓ Document the correctable flaw discovered.
- ✓ Request a copy of a signed affidavit explaining the error, how the error was communicated and corrected, and any process implemented to prevent future occurrences.
- ✓ Record the affidavit with the employer copy of the Custody and Control Form.

*Continued on the following page.*



## Correctable Flaws (continued)

The following are errors that occur at the **collection site that will result in a cancelled test if not corrected:**

- The employee's signature is omitted from the certification statement *and the collector did not note the error on the 'Remarks' line of the CCF.*
- The collector uses a Non-Federal form or an expired CCF for the test. This flaw can only be corrected if the testing process was still conducted in accordance with the procedures set forth in 49 CFR Part 40, as amended.

The following are errors that occur **at the collection site** that require corrective action, **but do not result in the cancellation of a test:**

- A minor administrative mistake (e.g., omission of the employee's middle initial or omission of the U.S. DOT agency in Step 1 of the CCF, etc.)
- An error that does not affect the employee's protections (e.g., the collector's failure to add bluing agent to the toilet bowl.)
- The collection of a specimen by a collector that has not met the training requirements to complete U.S. DOT testing.
- A delay in the collection process (e.g., the employee is delayed in arriving to the collection site).
- The unauthorized use of direct observation or monitoring for a collection.
- The test was conducted in a facility that does not meet the appropriate security requirements.
- The specific name of the courier on the CCF is omitted.
- Personal identifying information is inadvertently contained on the CCF.
- Claims that the employee was improperly selected for testing.



## Test Refusals

**Urine Collection Technician has contacted the DAPM/DER to communicate that the test is being documented as a test refusal.**

- ✓ Identify technician by exchanging passwords.
- ✓ Discuss with the technician the reason for documenting a test refusal.
- ✓ Determine if the circumstance meets one of the following test refusals:
  - Failure to arrive at the testing facility on time.
  - Failure to remain at the testing facility until testing is complete.
  - Failure to attempt to provide a urine specimen when directed.
  - Failure to provide a sufficient amount of urine without a valid medical explanation.
  - Failure to undergo a medical examination to verify insufficient volume.
  - Failure to cooperate with any part of the testing process.
  - Failure to permit an observed collection when required.
  - Failure to take a second test as required by the employer or collector.
  - Drug test result that is verified by the MRO as adulterated or substituted
  - Failure to follow the observer's instructions during an observed collection including instructions to the employee to raise his or her clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the employee has any type of prosthetic or other device that could be used to interfere with the collection process.
  - Possessing or wearing a prosthetic or other device that could be used to interfere with the collection process.
  - Admit to the collector or MRO that the specimen had been adulterated or substituted.

*Continued on the following page.*





## Test Refusals (continued)

**Inform the employee that the test has been documented as a test refusal and proceed as follows:**

- ✓ Document the conversation with the technician indicating the specific actions of the employee.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the test will be documented as a test refusal due to his or her actions at the collection facility.
- ✓ Inform the employee of the consequences of a test refusal as outlined in your agency's substance abuse policy.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of your agency's Return-to-Duty policy (if applicable).
- ✓ Initiate disciplinary procedures outlined in your agency's substance abuse policy.



## Common Problem Areas

**Procedures for Correcting Flaws:** If a collector, laboratory, Medical Review Officer (MRO), employer, or other person responsible for implementing the drug testing regulations become aware of a problem that can be corrected as defined in 49 CFR Part 40.203, that person must take “all practical action to correct the problem so that the test is not cancelled.” If required information is missing/incorrect:

- ✓ Contact the collector that conducted the test.
- ✓ Inform the collector of the error and that the collector will need to provide a **signed** affidavit of correction.
- ✓ The affidavit must contain the following information:
  - The error that occurred;
  - The corrective action taken to fix the error;
  - The corrective action taken to ensure the same error does not reoccur;
  - A statement that this correction is true and accurate; and
  - This **signed** affidavit of correction must be sent to the requestor on the same business day on which the collector was notified of the problem, transmitting it by fax or courier.
- ✓ This affidavit of correction must be maintained with the CCF.
- ✓ The CCF must be marked in such a way as to make it obvious on the face of the CCF that the flaw was corrected.

**Same gender observers** - In the case of directly observed collections:

- ✓ The observer must be the same gender as the employee.
- ✓ The observer can be a different person from the collector and need not be a qualified collector.
- ✓ If the observer is not the collector, the collector is responsible for verbally instructing that person on how to properly conduct a directly observed collection in accordance with 49 CFR Part 40, as amended.
- ✓ As the employer, you should contact your collection site manager to determine the procedures that are in place to ensure that a same gender observer is available at all times.



## Introduction

**The Medical Review Officer (MRO) has contacted the DER/DAPM to communicate U.S. DOT drug test results, verifications, and/or employee contact is required:**

- ✓ The DER/DAPM can review the scenarios within this section for a quick reference on how to proceed with the testing process.

MROs are licensed physicians (Doctor of Medicine or Osteopathy) that are knowledgeable about the U.S. DOT substance abuse regulations and have clinical experience in controlled substances abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results.

MROs act as independent and impartial advocates for the accuracy and integrity of the drug testing process. They provide a quality assurance review of the drug testing process.



### Drug Test Results: Negative/Positive

The MRO has forwarded documentation of **negative test results**.

- ✓ No action is required for negative test results.
- ✓ Review forms for accuracy and file results in the appropriate file.

The MRO has contacted the DAPM/DER to communicate a **positive drug test result**.

- ✓ Identify the MRO by exchanging passwords and document the conversation with the MRO.
- ✓ Review the CCF for accuracy.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the test results have been returned as positive.
- ✓ Inform the employee of the consequences of a positive test result as outlined in the substance abuse policy for your agency.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of the Return-to-Duty policy for your agency (if applicable).
- ✓ Initiate disciplinary procedures outlined in the substance abuse policy for your agency.



### Test Results: Negative Dilute

The MRO has contacted the DAPM/DER to communicate a **negative dilute** specimen that has a creatinine concentration between 5 mg/dL and 20 mg/dL.

A dilute specimen in this range is a specimen with extremely low creatinine and specific gravity values that are considerably lower than expected for human beings, but which did not contain traces of prohibited substances or known adulterants. A negative dilute test result is **not** a positive test result.

- ✓ Identify the MRO by exchanging passwords and document the conversation with the MRO.
- ✓ Consult your agency's substance abuse policy for direction on retesting for negative dilute results.
- 👍 If the substance abuse policy does not specify that the employee is to be retested or does not cover negative dilute test results, no further action is required. The test should be considered negative.
- 👎 If the substance abuse policy indicates that a retest is required for negative dilute test results, proceed as follows:
  - ✓ Schedule a retest for as soon as possible. The retest is **not** to be directly observed.
  - ✓ DO NOT inform the employee that a second test will be conducted until immediately preceding the testing time.
  - ✓ If the result of the second test is negative dilute, the test should be considered a negative and no additional testing is required unless you are directed to do so by the MRO.
  - ✓ Follow procedures related to the results of the second test (i.e., positive, negative, etc.).



### Test Results: Positive Dilute

The MRO has contacted the DAPM/DER to communicate a **positive dilute** specimen.

A positive dilute specimen is a specimen with creatinine and specific gravity values that are lower than expected for human urine, but which tested positive for the presence of a prohibited substance. **A positive dilute test result is to be treated as a positive test result.**

- ✓ Identify the MRO by exchanging passwords.
- ✓ Document the conversation with the MRO.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the test results have been returned as positive.
- ✓ Inform the employee of the consequences of a positive test result as outlined in your agency's substance abuse policy.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of your agency's Return-to-Duty policy (if applicable).
- ✓ Initiate disciplinary procedures outlined in your agency's substance abuse policy.



### Test Results: Extreme Dilute

The MRO has contacted the DAPM/DER to communicate an **extreme dilute** specimen that has a creatinine concentration greater than or equal to 2.0 mg/dL but less than 5.0 mg/dL.

An extreme dilute specimen is a specimen with extremely low creatinine and specific gravity values that are considerably lower than expected for human beings but which cannot be positively identified as substituted or adulterated.

- ✓ Identify the MRO by exchanging passwords.
- ✓ Document the conversation with the MRO.
- ✓ Schedule a retest for as soon as possible.
- ✓ DO NOT inform the employee that a retest will be conducted until immediately preceding the testing time.
- ✓ If possible, have a manager or supervisor accompany the employee from the agency to the collection facility.
- ✓ The retest is to be conducted under direct observation.
- ✓ The result of the retest becomes the test of record.
- ✓ Follow procedures related to the results of the retest (i.e., positive, negative, adulterated, etc.).



### Test Results: Adulterated

The MRO has contacted the DAPM/DER to communicate an **adulterated** specimen.

An adulterated specimen is a specimen which contains a substance that is not expected to be present in human urine, or contains a substance expected to be present, but is at a concentration so high that it is not consistent with human urine. **Adulterated specimens are considered a test refusal.**

- ✓ Identify the MRO by exchanging passwords.
- ✓ Document the conversation with the MRO.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the test results have been returned as adulterated and will be considered a test refusal.
- ✓ Inform the employee of the consequences of a test refusal as outlined in the substance abuse policy for your agency.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of the Return-to-Duty policy for your agency (if applicable).
- ✓ Initiate disciplinary procedures outlined in the substance abuse policy for your agency.





### Test Results: Substitute

The MRO has contacted the DAPM/DER to communicate a **substitute** specimen.

A substitute specimen is a specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine. Substitute specimens are considered a test refusal.

- ✓ Identify the MRO by exchanging passwords.
- ✓ Document the conversation with the MRO.
- ✓ Immediately remove the employee from performance of safety-sensitive duties.
- ✓ Inform the employee that the test results have been returned as substitute and will be considered a test refusal.
- ✓ Inform the employee of the consequences of a test refusal as outlined in the substance abuse policy for your agency.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of the Return-to-Duty policy for your agency (if applicable).
- ✓ Initiate disciplinary procedures outlined in the substance abuse policy for your agency.



### Test Results: Invalid

The MRO has contacted the DAPM/DER to communicate an **invalid** specimen.

An invalid specimen contains an unidentified adulterant or an unidentified interfering substance, has abnormal physical characteristics, or has a substance at an abnormal concentration that prevents the laboratory from completing or obtaining a valid drug test result.

- ✓ Identify the MRO by exchanging passwords.
- ✓ Document the conversation with the MRO; record the initial test as cancelled.
- ✓ Schedule a retest for as soon as possible.
- ✓ Inform the employee that the test results have been returned as invalid.
- ✓ DO NOT inform the employee that a retest will be conducted until immediately preceding the testing time.
- ✓ If possible, have a manager or supervisor accompany the employee from the agency to the collection facility.
- ✓ The retest is to be conducted under direct observation. If the employee refuses to retest under directly observed conditions, this is considered a test refusal.
- ✓ Follow procedures related to the results of the retest (i.e., positive, negative, etc.).
- ✓ The employee will not have access to a test of his or her split specimen following an invalid result.



## Split Specimen Testing

**The MRO has contacted the DAPM/DER to communicate information regarding split specimen testing.**

- ✓ Identify the MRO by exchanging passwords.
- ✓ Document the conversation.

**Based on the conversation with the MRO, take the following action:**

### **Split Specimen Reconfirmed: Drug(s)/Drug Metabolite(s) Detected Specimen Adulterated or Substituted**

- ✓ Inform the employee that the split specimen test results have been returned as positive.
- ✓ Inform the employee of the consequences of positive test result as outlined in your agency's substance abuse policy.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Inform the employee of the Return-to-Duty policy for your agency (if applicable).
- ✓ Initiate disciplinary procedures outlined in your agency's substance abuse policy.

### **Split Specimen Failed to Reconfirm: Specimen Not Available for Testing**

- ✓ Record the test as cancelled.
- ✓ Instruct the employee to proceed immediately to the collection facility.
- ✓ Inform the collection facility that a collection is required under direct observation.

*Continued on the following page.*



**Split Specimen Testing (continued)**

**Split Specimen Failed to Reconfirm: Drug(s)/Drug Metabolite(s) not detected  
Adulteration or Substitution (as appropriate) Criteria  
Not Met**

- ✓ Record the test as cancelled.
- ✓ If a verified test result is required (i.e., pre-employment, return-to-duty, follow-up), instruct the employee to proceed immediately to the collection facility for another test.
- ✓ If a verified test result is not required (i.e. post-accident, reasonable suspicion, random), inform appropriate personnel of the cancelled test.
- ✓ **Report false positive immediately to the FTA (617-494-2395), the Office of Drug and Alcohol Policy and Compliance (202-366-4000), and WVDPT (304-558-0428).**



### Cancelled Tests - Fatal Flaws

**The MRO has contacted the DAPM/DER to communicate that the drug test has been cancelled due to a fatal flaw.**

- ✓ Identify the MRO by exchanging passwords.
- ✓ Document the reason for the cancelled test as described by the MRO. Fatal Flaws include:
  - The specimen ID numbers on the specimen bottle and the Custody and Control Form do not match.
  - The specimen bottle seal is broken or shows evidence of tampering, unless a split specimen can be redesignated.
  - The collector's printed name **and** signature have been omitted from the Custody and Control Form.
  - The volume of urine in the specimen bottle is not sufficient for testing.
- 👍 If a valid test result is required for the employee to perform a safety-sensitive function (i.e., pre-employment, return-to-duty, follow-up testing), schedule another test for as soon as possible.
- 👎 If a valid test result is not a requirement of the testing circumstance (i.e., post-accident, random testing, reasonable suspicion), record the test as cancelled.
- ✓ If the fatal flaw was due to an error by the urine specimen collector, contact the collector and inform them that error correction training will be required.
- ✓ Provide the collector with contact information for providing proof of completed error correction training immediately upon completion. Error correction training must be completed within 30 days of discovery of the error.
- ✓ Inform the appropriate agency personnel that the test was cancelled and that the collector was informed of the requirement for error correction training.
- ✓ If the drug test was being conducted as part of the random testing requirements, inform the DAPM that the random testing pool will require adjustment to reflect the cancelled test result.




### Employee Contact Required

The MRO or his/her staff **must make at least three attempts to contact the employee**, spaced reasonably over a 24-hour period, including the day and evening using the telephone numbers listed on the CCF.


If an employee is taking prescription medications, the MRO may need to contact the prescribing physician. The MRO **does not need written consent from the employee** to contact the prescribing physician.

**The MRO has contacted the DAPM/DER to communicate that they are unable to contact the employee:**

- ✓ Identify the MRO by exchanging passwords.
- ✓ Document the conversation.
- ✓ Make at least three attempts in a 24-hour period to contact the employees.

 If contact is made, the DAPM/DER must instruct the employee to contact the MRO immediately (no longer than 72 hours) and explain the consequences of failing to do as instructed.

- ✓ Document the conversation with the employee.

 If the employee fails to contact the MRO within 72 hours, or cannot be reached within a 10-day period, the test will be verified as a no contact positive.

- ✓ Document all attempts to make contact with the employee.



## Introduction

**All decisions regarding the administration of the drug and alcohol testing procedures within your agency must be made in accordance with your local substance abuse policy.**

Your local substance abuse policy should:

- ✓ Provide you with direction on how to administer your drug and alcohol testing program.
- ✓ Inform each covered employee of the required procedures, elements, prohibited conduct/behavior, and consequences of the drug and alcohol testing program.

The decisions and actions you take must always be consistent with the requirements of your local substance abuse policy.

The consequences for prohibited conduct and behavior must be implemented in accordance with your local substance abuse policy and must be consistent with the past practices of your agency.

**No actions can be taken that are inconsistent with the procedures of your local substance abuse policy.**

## Program Administration: Substance Abuse Policy



### Substance Abuse Policy Contents

The local governing board of the employer must adopt a substance abuse policy in accordance with 49 CFR Part 655 and 49 CFR Part 40, as amended.

This policy must be made available to each covered employee and must include:

- ✓ The identity of the person, office, and/or position designated by the employer to manage the substance abuse policy.
- ✓ The categories of employees who are subject to the policy.
- ✓ Specific information concerning the behavior and conduct prohibited by the policy.
- ✓ Specific circumstances when a covered employee will be tested for prohibited drugs and/or alcohol misuse.
- ✓ Procedures that will be used to test for the presence of illegal drugs and/or alcohol misuse, protect the employee and the integrity of the testing process, safeguard the validity of the test results, and ensure the test results are attributed to the correct covered employee.
- ✓ The requirement that a covered employee submit to drug and alcohol testing in accordance with 49 CFR Part 655 and 49 CFR Part 40, as amended.
- ✓ A description of the behaviors that constitute a refusal to test, and a statement that such refusals are a violation of the employer's policy.
- ✓ The consequences of verified positive drug tests, confirmed positive alcohol test results, alcohol test results  $\geq 0.02$  but  $< 0.04$ , and test refusals.

If you implement procedures within your policy that are not required by 49 CFR Part 655, you must clearly identify those elements within your policy. These procedures must be clearly distinguished from those that are required by 49 CFR Part 655.

- ✓ You may not impose requirements that are inconsistent or contrary to the procedures required by 49 CFR Part 655.

**Note: From time to time your agency may adopt a new or revised substance abuse policy, you should retain all versions of previous policies indefinitely.**





## Introduction

**Drug Tests** - You are required to:

- ✓ Conduct a pre-employment test.
- ✓ Receive from the Medical Review Officer (MRO) a negative test result on the pre-employment drug test for a person prior to using that person in a safety-sensitive position. This requirement also applies when a current employee is transferring from a non-safety-sensitive position to a safety sensitive position.

**Alcohol Tests:** Pre-employment alcohol testing is not required under the Federal Transit Administration (FTA); however, if you choose to conduct pre-employment alcohol testing, the following conditions must be met:

- ✓ You must test before the first performance of a safety-sensitive function.
- ✓ You must test all covered employees for this type of alcohol testing. You cannot pick and choose.
- ✓ You can only perform this type of test after having made a contingent offer of employment/transfer to the applicant.
- ✓ Testing must follow the procedures described in 49 CFR Part 40, as amended.
- ✓ The covered employee must not be allowed to begin performing safety-sensitive duties unless the result is a Breath Alcohol Concentration of less than 0.02.



## Test Results

**A verified negative drug test is required before an applicant can begin performance of a safety-sensitive function**, including employees transferring into safety-sensitive positions.

The MRO contacts the DAPM/DER to communicate one of the following testing test results. Prior to the communication of the result, the DAPM must:

- ✓ Identify the MRO by exchanging passwords and document the conversation.

**Based on the information being communicated, proceed as follows:**



### **Verified Negative Test Result:**

- ✓ Complete, review, and file documentation.
- ✓ Inform necessary personnel that the applicant is permitted to perform safety-sensitive functions.



### **Verified Positive Test Result:**

- ✓ Complete and review documentation.
- ✓ Inform necessary agency personnel that the applicant is **not** permitted to begin the performance of safety-sensitive functions.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs.



### Pre-Employment Test Refusals

A pre-employment test can only be considered a test refusal if the applicant has committed to the testing process (i.e., accepted the collection cup), then refuses to complete the test.

If the applicant does not arrive at the collection site, leaves the collection site, or fails to cooperate with the testing process before the test has commenced, he/she should not be documented as having refused the test.

### Pre-Employment Insufficient Volume

**An applicant provides and insufficient volume of urine during a pre-employment drug test:**

- ✓ If a **conditional offer of employment *has been given*** and the applicant does not undergo a medical evaluation, **this is considered a test refusal.**
- ✓ If a **conditional offer of employment *has not been given*** and the applicant does not undergo a medical evaluation, **this should be considered a cancelled test.**
- ✓ The procedures on how to handle insufficient volume drug tests can be found on Page 12-1.



## Common Problem Areas

When a covered employee returns to work after an absence of 90 or more consecutive days **and was removed from the random testing pool**, the employer is required to:

- ✓ Conduct a **PRE-EMPLOYMENT test**, **not a Return-to-Duty test**.
- ✓ Receive from the MRO a verified negative test result for the individual prior to using them in a safety-sensitive position.
- ✓ This test is a **PRE-EMPLOYMENT test**, not a Return-to-Duty test. Return-to-duty tests are only performed following a positive/refusal and completion of the Substance Abuse Professional's treatment/education program.

**Pre-Employment Substance Abuse Professional (SAP) Referrals:** According to 49 CFR Part 40.287, the employer must:

- ✓ Provide each employee (**including applicants**) who violates a U.S. DOT drug and alcohol regulation a listing of SAPs readily available. Many transit employers fail to refer applicants to an SAP following a positive pre-employment test.

**Previous DOT Employer Record Requests:** As the employer, you must request the following information about an employee who has been employed by a U.S. DOT-regulated employer during any period within the previous two years (*see Safety-Sensitive Employee Application Supplement form on the following page*).

- ✓ Obtain the prospective safety-sensitive employee's written consent for release of information.
- ✓ Alcohol tests with a result of 0.04 or higher alcohol concentration.
- ✓ Verified positive drug tests and refusals to be tested.
- ✓ Other violations of U.S. DOT agency drug and alcohol testing regulations.
- ✓ If the employee has previously violated a DOT drug and alcohol regulation, you must obtain documentation of the employee's successful completion of a DOT return-to-duty process.
- ✓ You must maintain a confidential written record of the information you obtain or of the good faith efforts you made to obtain the information.
- ✓ You must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test for an employer to which the employee applied for, but did not obtain, safety-sensitive work during the previous two years.

Program Administration:  
Pre-Employment Testing



**SAFETY-SENSITIVE EMPLOYEE APPLICATION  
SUPPLEMENT**

Previous US Department of Transportation Drug and Alcohol Testing

I, \_\_\_\_\_, \_\_\_\_\_,  
Print First Name, Middle Initial, Last Name Social Security Number

Attest that:

I have participated in DOT-regulated drug and alcohol testing with previous employers.

1. Have you tested positive (0.04 or greater) for alcohol in the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you had a verified positive drug test result in the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you refused a required drug or alcohol test in the last two years (or had a verified adulterated or substituted drug test result)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you violated any other DOT drug or alcohol testing regulation within the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: \_\_\_\_\_

\_\_\_\_\_  
(Use additional pages as necessary)

*"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

# Program Administration: Random Testing



## Introduction

In order for random testing to be effective, **every covered employee must be subject to testing anytime they are on duty!**

If covered employees are able to predict when testing is conducted, your random testing program will be ineffective in deterring and detecting prohibited drug use and alcohol misuse.

In order to ensure an effective random testing program, you must:

- ✓ Ensure the integrity of the random testing pool.
- ✓ Effectively communicate with the random testing pool manager.
- ✓ Spread random tests reasonably throughout the year:
  - Months of the year
  - Weeks of the month
  - Days of the week
  - Hours of the day

# Program Administration: Random Testing






## Pool Management

### When managing your random testing pool, you must:

- ✓ Ensure that a scientifically valid random-number selection method is being used for employee selection. DAPMs must know the name of the system used for random selection.
- ✓ Test at a rate that will meet the current U.S. DOT-FTA random testing rates:
  - 25% of covered employees per calendar year for Drugs; and
  - 10% of covered employees per calendar year for Alcohol.
- ✓ Ensure each covered employee has an equal chance of being selected by maintaining an accurate list of employees in the random testing pool each testing period.
- ✓ Make new random selections at least once per quarter.

**Prior to the beginning of the testing period**, the random pool manager contacts the Drug and Alcohol Program Manager (DAPM) with a list of covered employees in the random testing pool:

- ✓ Review the list of covered employees in random testing pool:
  -  The list should include current safety-sensitive employees for the upcoming testing period, **including any new hires**.
  -  If the list contains any employees that are no longer employed with your agency, ensure that they are removed from the list.
  -  If any **non-safety-sensitive** employees are included in this list, remove those employees, and ensure that they are in a separate, NON-DOT, random testing pool.
- ✓ Make any modifications to reflect new hires, terminations, and changes to employee status, etc.
- ✓ Send the revised list of covered employees to be included in the random testing pool back to the TPA or random pool manager.

**If the DAPM has not received the list** of covered employees selected for random testing prior to the beginning of the testing period:

- ✓ Contact the TPA/random pool manager immediately to obtain the list.
- ✓ Determine why the list was not received on time and take corrective action to avoid the same error in the future.

## Program Administration: Random Testing



### Scheduling

**The TPA, or random pool manager, will use the revised list from the DAPM to form the random selection list for the next testing period. They will then provide that list to the DAPM prior to the beginning of the testing period:**

- ✓ Review the list of covered employees selected for random testing.
- ✓ If any of the selected employees are unavailable for the **entire** testing period, request alternates from the TPA / random pool manager.
  - A valid excusal from random testing can result if an employee will not be performing their safety-sensitive duties for the entirety of the testing period (e.g., vacation, long term disability, illness); and
  - If the selected employee is scheduled to return to work before the end of the testing period, **you must test that employee**, not an alternate.

#### **Scheduling and performance of random tests must be spread throughout:**

- ✓ All times of the day (e.g., beginning, middle, and end of an employee's shift) that safety-sensitive functions are performed;
- ✓ All the days of the week (including weekends and holidays) that safety-sensitive functions are performed; and
- ✓ All the weeks of the month; months of the quarter; and months of the year.
- ✓ The current random testing rates established by the FTA (25% for drugs and 10% for alcohol) are the minimum testing rates. If you choose to test over these minimum thresholds, you must ensure that the higher testing rate is included in your local drug and alcohol testing policy.
- ✓ Random testing rates are established annually and are subject to change.
- ✓ If you test at a rate higher than the established FTA rate, you should include the rates within your local testing policy.



## Program Administration: Random Testing



### Notification

Random test dates must be **unannounced and immediate:**

- ✓ Notify the selected employees to report immediately to the collection site.
- ✓ Random alcohol tests can only be performed just before, during, or just after a covered employee has performed their safety-sensitive duties.
- ✓ Once you have notified a covered employee that they have been selected for a random test, you must ensure that the employee **reports immediately** to the collection facility.
- ✓ If the DAPM's working hours do not cover the entire spread of hours that safety-sensitive functions are performed, random tests must still be performed outside of the DAPM's normal working hours.

**This ensures that employees will have a reasonable expectation that they might be called for a test on any day and at any time they are at work.**

# Program Administration: Random Testing



## Common Problem Areas

### Random Selection List:

**Prior to the beginning of the testing period**, the Third Party Administrator (TPA,) or the random pool manager, contacts the Drug and Alcohol Program Manager (DAPM) with a list of covered employees in the random testing pool:

- ✓ Review the list of covered employees in random testing pool.
- ✓ Make any modifications to reflect new hires, terminations, and changes to employee status, etc.
- ✓ Send the revised list of covered employees to be included in the random testing pool back to the TPA or random pool manager.

**If the DAPM has not** received the list of covered employees selected for random testing prior to the beginning of the testing period:

- ✓ Contact the TPA/random pool manager immediately to obtain the list.
- ✓ Determine why the list was not received on time and take corrective action to avoid the same error in the future.

### Substitutions and Alternates:

**The TPA, or random pool manager, will use the revised list** to form the random selection list for the next testing period. They will then provide that list to the DAPM prior to the beginning of the testing period:

- ✓ Review the list of covered employees selected for random testing.
- ✓ If any of the selected employees are unavailable for the **entire** testing period, request alternates from the TPA / random pool manager.
  - A valid excusal from random testing can result if an employee will not be performing their safety-sensitive duties for the entirety of the testing period (e.g., vacation, long term disability, illness); and
  - If the selected employee is scheduled to return to work before the end of the testing period, **you must test that employee**, not an alternate.

# Program Administration: Post-Accident Testing



## Introduction

Transit systems should have a procedure in place to document the decision to test following an accident that meets the minimum Federal Transit Administration (FTA) criteria. The decision of whether or not to test should be based on the best available information at the time of the determination. These determinations should be documented in detail, including the decision-making process used.

An industry best practice is to use a standard form that documents the decision to test or not to test and incorporate the form into the employer's standard accident/incident reporting procedure. A sample post-accident test decision form is provided at the end of this handbook. A sample decision tree to assist in post-accident test determinations is provided on the following page.

# Program Administration: Post-Accident Testing



## Decision Making Steps: "There was an accident... Is U.S. DOT-FTA Testing Required?"

### POST ACCIDENT TESTING DECISION REPORT

*\*\*A separate sheet must be filled out for each covered employee that contributed to the accident\*\**

System Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_ Time Employer was notified: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Safety-Sensitive Employee: \_\_\_\_\_ ID # and Position: \_\_\_\_\_  
i.e. Driver, Dispatcher, etc

- WV Uniform Traffic Crash Report Attached  Yes  No
1. Did the accident involve a revenue service vehicle?  Yes  No
2. Did the accident involve the operation of the vehicle?  Yes  No
3. Was there loss of life as a result of the accident?  Yes  No
4. Did an individual suffer a bodily injury and immediately receive medical treatment away from the scene?  Yes  No
5. Was there disabling damage to any of the involved vehicles?  Yes  No
6. a) Did you perform a drug and/or alcohol test?  
(Use **Decision Tree on back of this form**)  Yes FTA Authority  Yes Company Authority  No

b) If no, why not?  
\_\_\_\_\_

7. a) Was an alcohol test performed within 2 hours?  N/A  Yes  No

b) If no, why:  
\_\_\_\_\_

8. If no alcohol test occurred, and more than 8 hours elapsed from the time of the accident, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

9. a) Was a drug test performed within 32 hours?  N/A  Yes  No

b) If no, why:  
\_\_\_\_\_

10. a) Did the employee leave the scene of the accident without a reasonable explanation?  Yes  No

b) If Yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Test Determination:

Name of supervisor making determination:  
\_\_\_\_\_

Time employee was informed of determination:  
\_\_\_\_\_

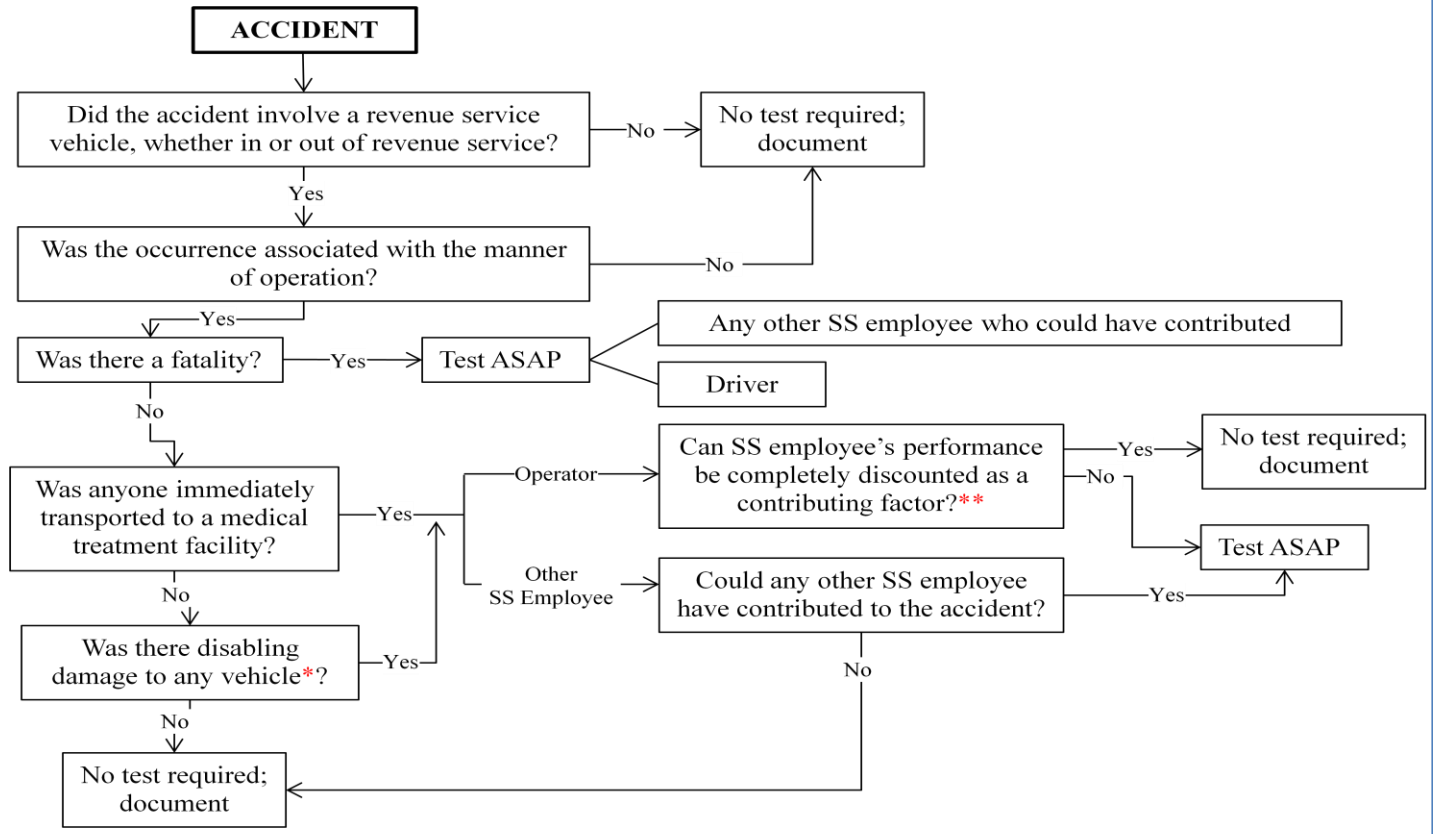
Signature & Title \_\_\_\_\_

Date \_\_\_\_\_

# Program Administration: Post-Accident Testing



## Decision Making Steps: "There was an accident... Is U.S. DOT-FTA Testing Required?"



\* **Disabling Damage:** Damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

(1) **Inclusion:** Damage to a motor vehicle, where the vehicle could have been driven, but would have been further damaged if so driven.

(2) **Exclusions:**

- A. Damage that can be remedied temporarily at the scene of the accident without special tools or parts.
- B. Tire replacement without other damage even if no spare tire is available.
- C. Headlamp or tail light damage.
- D. Damage to turn signals, horn, or windshield wiper, which makes the vehicle inoperable.

\*\* **Contributing Factor:** The determination of whether or not a safety-sensitive employee's performance was a contributing factor should be the decision of the company official investigating the accident; not based on the police officer's accident fault determination. This decision should not be made hastily. The company official's determination must be based on the best available information at the time of the accident.

## Program Administration: Post-Accident Testing



### Procedures

**The DAPM/DER receives a phone call communicating that an employee operating a revenue service vehicle has been involved in an accident.** The appropriate personnel (manager, supervisor) will follow the post-accident decision making process to determine if a post-accident test is required.

- ✓ Do not perform any action that requires the delay of necessary medical attention for the injured or to prohibit a covered employee from leaving the scene of the accident to obtain assistance for the accident or to obtain necessary medical care.
- ✓ Use the Post Accident Testing Decision Report to **determine if testing is required.**
- ✓ Inform the agency personnel reporting to the scene to **immediately send the employee to the collection facility.** If possible, drive the employee.
- ✓ If possible, notify the collection site of the test requirement and need to have the test conducted as soon as possible upon arrival at the collection facility. Remind collection site personnel of the requirement to conduct the alcohol test first.
- ✓ **Record the time the accident occurred** on the Post Accident Testing Decision Report.
- ✓ Complete the report.

## Program Administration: Post-Accident Testing



### Time Requirements

**For accidents which occurred less than two (2) hours before alcohol testing began.**

- ✓ No further action is required.

**For accidents which occurred greater than two (2) hours before alcohol testing began.**

- ✓ Document the time the accident occurred and the reason that testing was delayed longer than two hours.

**For accidents which occurred greater than eight (8) hours before alcohol testing began.**

- ✓ Cease any attempts to conduct an alcohol test.
- ✓ Document the time the accident occurred and the reason that testing was delayed longer than eight hours.

**For accidents which occurred greater than 32 hours before drug testing began.**

- ✓ Cease any attempts to conduct a drug test.
- ✓ Document the time the accident occurred and the reason that testing was delayed longer than 32 hours.

In the rare event that an employee is unable to perform a post-accident test within the required time period due to circumstances beyond the employer's control, the results of a blood, urine, or breath alcohol test conducted by federal, state, or local officials having independent authority for the test, will be considered to meet the requirements for a post-accident test. The test must conform to the applicable federal, state, or local testing requirements and must be obtained by the employer.

## Program Administration: Post-Accident Testing



### Accidents Outside of Service Area

**The DAPM/DER receives a phone call communicating that an employee operating a revenue service vehicle has been involved in an accident outside the service area.** The appropriate personnel (manager, supervisor) will follow the post-accident decision making process to determine if a post-accident test is required.

- ✓ Use the Post Accident Testing Decision Report to determine if testing is required.



For accidents occurring outside of the transit system's immediate service area:

- ✓ Check your master list of available collection sites or mobile collectors in the area. If you are unaware of available collectors, contact the DAPM of the transit system in closest proximity to the accident site and obtain information on the closest known facility.
- ✓ If agency personnel have been dispatched to the scene, inform him/her to immediately send the employee to the collection facility. If possible, drive the employee.
- ✓ If agency personnel cannot access the site in a timely manner, instruct the employee on where to go for the test (if appropriate). If the employee is able to transport him or herself, determine the location where the employee will be tested. Contact the location and request that a U.S. DOT collection be performed.
- ✓ If possible, notify the collection site of the test requirement and need to have the test conducted as soon as possible upon arrival at the collection facility. Remind collection site personnel of the requirement to conduct the alcohol test first.
- ✓ Document the decision to test using the Post Accident Testing Decision Report.



If the employee is unable to transport him or herself:

- ✓ Determine the location where the employee will be transported for medical care.
- ✓ Contact the medical facility and inquire to their ability to perform U.S. DOT tests with qualified collectors, BATs, and correct forms.
- ✓ If the medical facility has all the required personnel and equipment, ask them to perform the required tests.



## Program Administration: Post-Accident Testing






### Common Problem Areas

**Disabling Damage:** Damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

- (1) Inclusion: Damage to a motor vehicle, where the vehicle could have been driven, but would have been further damaged if so driven.
- (2) Exclusions:
  - A. Damage that can be remedied temporarily at the scene of the accident without special tools or parts.
  - B. Tire replacement without other damage even if no spare tire is available.
  - C. Headlamp or tail light damage.
  - D. Damage to turn signals, horn, or windshield wiper, which makes the vehicle inoperable.

**Contributing Factor:** The determination of whether or not a safety-sensitive employee's performance was a contributing factor should be the decision of the company official investigating the accident, and not based on the police officer's accident fault determination. This decision should not be made hastily. The company official's determination must be based on the best available information at the time of the accident.

#### **Blanket Testing & Blanket Non-Testing:**

-  Many systems will either test for all accidents, when not every accident meets FTA thresholds for testing, or the system will not test for any accidents.
-  Each accident needs to be analyzed, and the decision to test needs to be based on the specific circumstances of that accident.
-  Supervisors need to be trained and empowered to make decisions using the aids provided.



# Program Administration: Reasonable Suspicion Testing



## Introduction

Employers are required to conduct a reasonable suspicion test when a supervisor - trained in accordance with 49 CFR Part 655.14(b) - has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse.

This determination that reasonable suspicion exists shall be based on specific, articulable observations concerning the appearance, behavior, speech, or body odor of the covered employee.

-  A supervisor(s), or other company official(s) who is trained in detecting the signs and symptoms of drug use and alcohol misuse must make the required observations.
-  **Third party observations are not acceptable.** Observations made by properly trained supervisor(s) or other company official(s) are required.

## Program Administration: Reasonable Suspicion Testing



### Procedures

**The DAPM/DER is informed that a properly trained manager or supervisor has made a decision to test an employee for prohibited drug use or alcohol misuse based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the safety-sensitive employee.**

Reasonable suspicion testing decisions can only be made by personnel trained to identify the facts, circumstances, physical evidence, physical signs or symptoms, and patterns of behavior associated with drug use or alcohol misuse.

- ✓ Immediately remove the employee from the performance of safety-sensitive duties.
- ✓ Notify the employee that they are required to report immediately for drug and alcohol testing.
- ✓ Instruct appropriate agency personnel (manager or supervisor) to transport the employee to the collection facility. (This is not a U.S. DOT-FTA regulation, but is a best practice.)
- ✓ If possible, inform the collection facility of the need for testing and of the need for the testing to be conducted immediately upon arrival at the collection site.
- ✓ Document the decision to test using the reasonable suspicion determination form.
- ✓ Follow the appropriate drug and alcohol test results instructions located on the following pages:
  - Alcohol Test Results 11-3.
  - Drug Test Results 13-1 through 13-8.

## Program Administration: Reasonable Suspicion Testing



### Time Requirements

Record the time that the decision was made to perform a reasonable suspicion drug and alcohol test.

**For testing which occurred less than two (2) hours after the decision to test.**

- ✓ No further action is required.

**For testing which occurred greater than two (2) hours after the decision to test.**

- ✓ Document the time the decision was made and the reason that alcohol testing was delayed longer than two hours.

**For testing which occurred greater than eight (8) hours after the decision to test.**

- ✓ Cease any attempts to conduct an alcohol test.
- ✓ Document the time the decision was made and the reason that alcohol testing was delayed longer than eight hours.

**For testing which occurred greater than thirty-two (32) hours after the decision to test.**

- ✓ Cease any attempts to conduct a drug test.
- ✓ Document the time the decision was made and the reason that drug testing was delayed longer than thirty-two hours.

## Program Administration: Reasonable Suspicion Testing



### Determination

The following information must be witnessed and documented by an employee properly trained in recognizing the facts, circumstances, physical evidence, physical signs and symptoms, or patterns of performance and/or behavior that are associated with drug use or alcohol misuse.

- ✓ Circumstances
  - What was unusual about the situation? What was immediately noticeable?
- ✓ Behavior
  - What was the employee doing? How was the employee acting?
- ✓ Appearance
  - Did the employee have bloodshot or watery eyes? Did the employee exhibit signs of being excessively cold, hot, clammy, etc.? What was unusual about how the employee appeared?
- ✓ Speech
  - Did the employee slur words? Did the employee use unusual language or speech patterns?
- ✓ Odor
  - Did the employee have an unusual odor? Did the surrounding area have an unusual odor?

*Sample form is included on the following page.*

Program Administration:  
Reasonable Suspicion Testing



**REASONABLE SUSPICION INCIDENT CHECKLIST**

\_\_\_\_\_  
Employee's Full Name

\_\_\_\_\_  
Date / Time of Observation

\_\_\_\_\_  
Supervisor's Full Name & Telephone

\_\_\_\_\_  
Date of Supervisor's Reasonable Suspicion Decision Training

This checklist is to be completed when a supervisor – trained in accordance with 49 CFR Part 655.14(b) – determines that an incident has occurred which provides reasonable suspicion that an employee is exhibiting behaviors consistent with the symptoms of drug use and / or alcohol misuse. Mark each applicable item on this form and add any additional facts or circumstances which you have observed.

**A. Nature of Incident / Cause for Suspicion**

- \_\_\_ 1. Observed/reported possession or use of a prohibited substance (including passenger complaint).
- \_\_\_ 2. Apparent drug or alcohol intoxication.
- \_\_\_ 3. Observed drug or alcohol intoxication.
- \_\_\_ 4. Arrest for drug-related offense
- \_\_\_ 5. Other (e.g. flagrant violation of safety or serious misconduct, accident or 'near miss,' fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) Please specify:

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

**B. Behavioral Indicators**

- \_\_\_ 1. Verbal abusiveness
- \_\_\_ 2. Physical abusiveness
- \_\_\_ 3. Extreme aggressiveness or agitation
- \_\_\_ 4. Withdrawal, depression, tearfulness, or responsiveness
- \_\_\_ 5. Inappropriate verbal responses to questioning or instruction
- \_\_\_ 6. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, confused) Please specify:

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

*Continued on the following page.*

# Program Administration: Reasonable Suspicion Testing



## C. Physical Signs and Symptoms

- \_\_\_1. Possession, dispensing, or using prohibited substance
  - \_\_\_2. Slurred or incoherent speech
  - \_\_\_3. Unsteady gait or other loss of physical control, poor conditioning
  - \_\_\_4. Dilated or constricted pupils or unusual eye movement
  - \_\_\_5. Bloodshot or watery eyes
  - \_\_\_6. Extreme aggressiveness or agitation
  - \_\_\_7. Excessive sweating or clamminess of skin
  - \_\_\_8. Flushed or very pale face
  - \_\_\_9. Highly excited or nervous
  - \_\_\_10. Nausea or vomiting
  - \_\_\_11. Disheveled appearance or out of uniform
  - \_\_\_12. Odor of alcohol
  - \_\_\_13. Odor of marijuana
  - \_\_\_14. Dry mouth (frequent swallowing/lip wetting)
  - \_\_\_15. Shaking hands or body tremors/twitching
  - \_\_\_16. Dizziness or fainting
  - \_\_\_17. Breathing irregularity or difficulty breathing
  - \_\_\_18. Runny nose or sores around nostrils
  - \_\_\_19. Inappropriate wearing of sunglasses
  - \_\_\_20. Puncture marks or "tracks"
  - \_\_\_21. Other (Specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## D. Written Summary

Please summarize the facts and circumstances surrounding the incident. The observations must be specific, contemporaneous, and articulable regarding the appearance, behavior, speech, or body odors of the safety-sensitive employee. Attach additional sheets as needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above document of physical, behavioral, and performance indicators of the named employee were observed by:

\_\_\_\_\_  
Supervisor's Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Program Administration: Reasonable Suspicion Testing



### Confrontation

Below are some key considerations when confronting an employee with the decision to conduct a reasonable suspicion test:

- ✓ Once a trained supervisor directly observes the facts, circumstances, physical evidence, physical signs or symptoms, and patterns of behavior of the employee, **make the determination for reasonable suspicion testing.**
- ✓ Discuss face-to-face and in private, away from other employees.
- ✓ Maintain a firm, yet respectful tone when directing an employee into a private meeting.
- ✓ Do not allow the employee to postpone the meeting for any reason.
- ✓ Proceed directly to a private office or area where the meeting can take place.
- ✓ Walk either in step or a small distance behind the employee, keeping them in sight to observe their actions and behavior.
- ✓ Allow the employee to enter the meeting space ahead of you.
- ✓ Maintain an appropriate physical distance from the employee, while maintaining quick access to the door.
- ✓ Inform the employee of the responsibility of management to observe all employees to ensure fitness for duty.
- ✓ Express concern for the health and safety of the employee.
- ✓ Express concern for public safety.
- ✓ Inform the employee of the appearance, behavior, speech, or body odor observed that is consistent with the possible drug use or alcohol misuse and that the decision has been made to send the employee for a drug and alcohol test.
- ✓ Focus on performance.

*Continued on the following page.*



## Program Administration: Reasonable Suspicion Testing



### Confrontation (continued)

- ✓ Cite the substance abuse policy and regulations regarding reasonable suspicion.
- ✓ Inform the employee that a manager or supervisor will accompany them to the collection facility.
- ✓ Do not allow the employee to postpone the test for any reason.
- ✓ If the employee offers an explanation for the observed behavior or symptoms, document this statement and maintain that the drug and alcohol test is still going to be conducted as a means to ensure that the employee is fit for duty.
- ✓ Inform the employee that if the test is negative, further investigation methods will be used to determine the cause for the observed appearance, behavior, speech or body odor.
- ✓ If the employee overtly refuses to be tested, either verbally or through their actions, inform them of the consequences for refusing a required drug and alcohol test.
- ✓ Exit the meeting area, gesturing for the employee to follow; proceed to vehicle for transport.
- ✓ Once out of the meeting area, walk either in step with or a small distance behind the employee, continuing to observe their actions and behavior.
- ✓ Proceed immediately to the collection facility with the employee; do not allow the employee to use the restroom, make any stops, or delay travel to the collection site. If possible, have another management employee accompany you and the employee to the collection site.
- ✓ Use the reasonable suspicion determination form to document the observations and conversations.
- ✓ *Be respectful.* Employees are much more likely to respond positively if presented with a positive, respectful tone.
- ✓ *Be observant.* Always be observant of the employee's actions, behavior, and physical symptoms.
- ✓ *Do not argue.* The test is not negotiable once the decision has been made by a trained employee.

*Continued on the following page.*

## Program Administration: Reasonable Suspicion Testing



### Confrontation (continued)

- ✓ *Do not debate.* Once the employee is notified that a test is required, they may attempt to dissuade you from proceeding. Do not allow any circumstance to postpone the test.
- ✓ *Keep a safe distance.* Respect personal space and never use physical force with any employee. Be conscious of your own safety. Be prepared to leave and seek help if you perceive that you are in danger.
- ✓ *Only one trained supervisor's observations are required.* Any supervisor trained in making a reasonable suspicion determination has the authority to require a drug and alcohol test.
- ✓ *Be brief.* Do not prolong the conversation with the employee.
- ✓ *Document everything.* Use the reasonable suspicion determination form to document your observations and conversations with the employee.
- ✓ ***Don't diagnose or accuse.*** Do not make any attempt to identify a cause for the observed behavior. Do not identify a drug by name; focus on the requirement for testing.

## Program Administration: Reasonable Suspicion Testing



### Common Problem Areas

**Trained Supervisor's Observation:** Many transit systems will conduct reasonable suspicion testing based on a report from an individual that did not make the actual observation. This is wrong. Reasonable suspicion testing can only be conducted when a trained supervisor - or other company officer - has observed the suspicious behavior, incident, etc.

**Diagnosing the cause for the observed behavior:** Many supervisors will attempt to diagnose why the individual in question is acting the way they are. It is not the supervisor's responsibility to diagnose the behavior, or identify a drug by name. The supervisor's focus should be on documenting the employee's current appearance, behavior, speech, and body odor.

**Making Excuses:** Many supervisors will often speculate their own explanation about why a person is acting the way they are rather than dealing solely with the facts that are presented.

**Supervisor's Inaction:** Many supervisors will not take action when reasonable suspicion exists for fear of being wrong, anticipated legal ramifications, loss of productivity, etc. This is wrong. Supervisors are empowered and **obligated to take action** if they have reasonable suspicion.

# Program Administration: Return-to-Duty Testing



## Introduction

It is up to each individual transit system's discretion as to whether or not they will adopt a zero-tolerance or second-chance drug and alcohol testing policy. The policy should be clear on whether an employee who refuses or fails a test may be permitted to return to safety-sensitive duties.

You must refer to your local substance abuse policy. Systems that have a zero-tolerance policy will have terminated the employee after referring them to an SAP.

**Your decision on whether or not to return an employee to duty following a positive test or a test refusal must be based on the procedures outlined within your local substance abuse policy. This IS NOT a case-by-case decision. The decision must always be consistent with your local substance abuse policy and must stay consistent with the past practices of your agency.**

For transit systems that have a **zero-tolerance policy**, there may be extremely rare circumstances when an employee is reinstated with a court order or other action beyond the control of the transit system. **In these extremely rare circumstances, you should contact WVDPT (304-558-0428) for guidance on how to proceed.**

If your system has a **second-chance policy**, you have the decision on whether or not you return the employee to safety-sensitive duties. **This decision must always be consistent with your local substance abuse policy, and must stay consistent with the past practices within your agency.** Only after receiving the follow-up drug and/or alcohol testing plan from the SAP **AND a verified negative result from a return-to-duty test**, can you allow the covered employee to return to performing safety-sensitive duties.

**Remember: When a covered employee returns to work after an absence of 90 or more consecutive days and was removed from the random testing pool, the employer is required to:**

- ✓ **Conduct a PRE-EMPLOYMENT test, not a Return-to-Duty test.**
- ✓ Receive from the MRO a verified negative test result for the individual prior to using them in a safety-sensitive position.
- ✓ This test is a **PRE-EMPLOYMENT** test; this is **not a Return-to-Duty test**. Return-to-Duty tests are only performed following a positive/refusal and completion of the Substance Abuse Professional's treatment/education program.



## Communication with the Substance Abuse Professional

**The Substance Abuse Professional (SAP) has contacted the DAPM/DER to communicate that an employee who had a verified positive drug test result, an alcohol test result of .04 or greater, or documented drug or alcohol test refusal has completed an evaluation and/or recommended treatment program.**

- ✓ Identify the SAP by exchanging passwords.
- ✓ Document the conversation.
- ✓ Consult the substance abuse policy for your agency regarding return-to-duty testing.
- ✓ Notify the employee using the procedures located on page 10-1.
- ✓ All return-to-duty tests will be performed under direct observation (See page 12-5).

### **Verified Negative Test Result**

- ✓ Complete, review, and file documentation.
- ✓ Inform appropriate agency personnel that the applicant is permitted to begin performance of safety-sensitive functions.

### **Verified Positive Test Result**

- ✓ Complete, review, and file documentation.
- ✓ Inform appropriate agency personnel that the applicant is **not** permitted to begin performance of safety-sensitive functions.
- ✓ Inform the employee that the test will be documented as a positive test.
- ✓ Inform the employee of the consequences of a **second** positive test result as outlined in the substance abuse policy for your agency.
- ✓ Provide the employee with the names, addresses, and telephone numbers of qualified SAPs.
- ✓ Provide the employee with resource material regarding counseling and treatment programs (see page 10-3).
- ✓ Initiate disciplinary procedures for a **second** positive test result outlined in the substance abuse policy for your agency.

## Program Administration: Return-to-Duty Testing



### Common Problem Areas

**Return-to-Duty test vs. Pre-Employment:** When an employee returns to active status after not performing safety-sensitive duties for 90 days or more, and was removed from the random testing pool:



The DAPM shall conduct a **Pre-Employment** test.



Many DAPMs confuse this scenario and send the employee for a return-to-duty test. This is wrong. Return-to-duty tests are only performed when an employee is returning to work after having a positive test result or test refusal, and has completed the SAP's education/treatment program.

## Program Administration: Follow-Up Testing



### Introduction

It is up to each individual transit system's discretion as to whether or not they will enforce a zero-tolerance or second-chance drug and alcohol testing policy. The policy should be clear on whether an employee who refuses or fails a test may be permitted to return to safety-sensitive duties.

You must refer to your local substance abuse policy. Systems that have a zero-tolerance policy will have terminated the employee after referring them to an SAP.

**Your decision on whether or not to return an employee to duty following a positive test or a test refusal must be based on the procedures outlined within your local substance abuse policy. This IS NOT a case-by-case decision. The decision must always be consistent with your local substance abuse policy and must stay consistent with the past practices of your agency.**

For transit systems that have a **zero-tolerance policy**, there may be extremely rare circumstances when an employee is reinstated with a court order or other action beyond the control of the transit system. **In these extremely rare circumstances, you should contact WVDPT (304-558-0428) for guidance on how to proceed.**

If your system has a **second-chance policy**, you have the decision on whether or not you return the employee to safety-sensitive duties. **This decision must always be consistent with your local substance abuse policy and must stay consistent with the past practices within your agency.** Only after receiving the follow-up drug and/or alcohol testing plan from the SAP **AND a verified negative result from a return-to-duty test**, can you allow the covered employee to return to performing safety-sensitive duties.

Follow-up testing is separate from and in addition to the regular random testing program. Employees subject to follow-up testing must also remain in the standard random pool and must be tested whenever their names come up for random testing, even if this means being tested twice in the same day, week, or month.

Follow-up testing both motivates the employee to remain free of any prohibited substances and provides you with assurance that the person has not resumed drug use or alcohol misuse.

# Program Administration: Follow-Up Testing



## Testing Plan

### Reminder:

**It is up to each individual transit system's discretion as to whether or not they will enforce a zero-tolerance or second-chance drug and alcohol testing policy.**

**If your transit system has a second-chance policy**, you must ensure that these tests are conducted as specified in 49 CFR Part 40.

**Even if you have a zero-tolerance policy**, it is a best practice to incorporate return-to-duty and follow-up policies in the rare event an employee is reinstated with a court order or other action beyond the control of the transit system.

The Substance Abuse Professional (SAP) has contacted the DAPM/DER to communicate that an employee who had a verified positive drug test result, an alcohol test result of .04 or greater, or documented drug or alcohol test refusal has completed an evaluation and/or recommended treatment program and has submitted a verified negative return-to-duty drug and/or alcohol test. The SAP will provide the employer with a written follow-up testing plan. **Random test results cannot be used for follow-up testing.**

- ✓ Document and file the written follow-up testing plan.
- ✓ Document the testing schedule as per the instructions of the SAP.
  - Follow-up testing schedules will vary based on the results of the evaluation performed by the SAP and can range from one year (12 months) to five years (60 months).
  - The number of tests to be performed will also vary based on the recommendations of the evaluating SAP and will be **no less** than six (6) follow-up tests in the first year.
- ✓ Schedule follow-up tests according to the provided plan.
- ✓ Document the dates and times for each test.
- ✓ Document any deviation from the written plan with an explanation.
- ✓ Schedule follow-up tests in addition to random tests.
- ✓ Make sure all follow-up tests are conducted under direct observation (see page 12-5).



## Program Administration: Follow-Up Testing



### Common Problem Areas

**Pressure to Shorten Follow-Up Testing Time Frame:** Many employers feel pressure to shorten the Follow-Up testing time frame for many reasons including productivity, manpower, etc. Follow-Up testing must be conducted a minimum of six times during the first twelve months following the employee's return to safety-sensitive functions. The intent is that testing will be spread throughout the time frame and not be grouped into a shorter interval. Because most relapses occur during the first 12 months following treatment, the Follow-Up testing time frame must be at least 12 months.

**Substituting Random Tests for Follow-Up Testing:** Follow-Up testing is directly related to a rule violation and subsequent return to safety-sensitive duty. Random tests are independent of rule violations; therefore, the two test types are to be separated. One cannot be substituted for the other. An employee subject to Follow-Up testing will continue to be subject to an employer's random testing program.

## Program Administration: Alcohol Testing Forms



### Alcohol Testing Form (ATF) Review

**The Alcohol Testing Form (ATF) must be reviewed for accuracy following all completed tests for:**

- ✓ **Correct Form** - Verify that the correct form has been used. The form will read “*U.S. Department of Transportation (DOT) Alcohol Testing Form*” at the top.
- ✓ **Employee Information** - Verify that the employee name and identification number are correct.
- ✓ **Agency Information** - Verify that the agency name and address are correct.
- ✓ **Reason for Test** - Verify that the correct testing reason is indicated (i.e., random testing, reasonable suspicion, post-accident, etc.).
- ✓ **Technician Information** - Verify that the technician’s name, title (BAT or STT), type of device (Saliva or Breath), and collection facility information are located in Step 3.
- ✓ **If a confirmation test was performed**, ensure that the 15-minute wait period was met and that the “Yes” box has been checked indicating the 15-minute wait period was observed. If a confirmation test was not performed, this box should not be checked.
- ✓ **Signatures** - Ensure that the employee’s signature is located in Step 2 and the BAT’s signature is located in Step 3. If a confirmation test result is  $\geq 0.02$ , check to see if employee’s signature is in Step 4. If it is not in step 4, see if BAT made appropriate comment in the remarks section.
- ✓ **EBT Printout** - The printed results for a screening or confirmation test must be affixed to the ATF with tamper evident tape, if not printed directly on the form.
  - The results of a screening test below .02 may be hand printed on the ATF in Step 3 if the model EBT used for screening is not capable of printing results.
  - For **all** confirmation tests, the printed results are required to be affixed to the ATF with tamper evident tape, if not printed directly on the form.

# Program Administration: Alcohol Testing Forms



**U.S. Department of Transportation (DOT)**  
**Alcohol Testing Form**  
(The instructions for completing this form are on the back of Copy 3)

Print Screening Results  

**TAMPER**

 ICUP Services  
 Springfield, OH  
 CMI, Inc.  
 Intoxilyzer 500  
 Serial Number: 52476521  
  
 Type of Test:  
 DOT Combination  
 Reason for Test:  
 Random  
 Screening Test#: 001  
 Date: 8/14/2011  
  

Sequence	Result	Time
Diagnostics	PASS	0735
Test# 001	.000	0737

 Test Is Negative

**Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN**  
 A: Employee Name Dale A. Gribble  
(Print) (First, M.I., Last)  
 B: SSN or Employee ID No. 123-45-6789  
 C: Employer Name Axon County Transit Authority  
 Street 742 Evergreen Ter.,  
 City, State, Zip Springfield, OH 45400  
  
 DER Name and Telephone No. Clancy Wiggum (937) 845-6428  
DER Name DER Phone Number  
 D: Reason for Test:  Random  Reasonable Susp  Post-Accident  Return to Duty  Follow-up  Pre-employment

**STEP 2: TO BE COMPLETED BY EMPLOYEE**  
 I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.  
Dale A. Gribble 8 / 14 / 2011  
Signature of Employee Date Month Day Year

**STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN**  
(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.  
  
 TECHNICIAN:  BAT  STT    DEVICE:  SALIVA  BREATH\*    15-Minute Wait:  Yes  No  
 SCREENING TEST: (For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)  

<u>001</u>	<u>Intoxilyzer 500</u>	<u>52476521, 20150CT31</u>	<u>735 am</u>	<u>737 am</u>	<u>0.00</u>
<small>Test #</small>	<small>Testing Device Name</small>	<small>Device Serial # OR Lot # &amp; Exp Date</small>	<small>Activation Time</small>	<small>Reading Time</small>	<small>Result</small>

 CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.  
  
 REMARKS:  


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<u>I.C.U.P Services</u>	<u>125 Troy St.</u>
<small>Alcohol Technician's Company</small>	<small>Company Street Address</small>
<u>Edith V. Shain</u>	<u>Shelbyville, OH 45401</u> <u>(937) 853 - 3937</u>
<small>(PRINT) Alcohol Technician's Name (First, M.I., Last)</small>	<small>Company City, State, Zip Phone Number</small>
<u>Edith V. Shain</u>	<u>8 / 14 / 2011</u>
<small>Signature of Alcohol Technician</small>	<small>Date Month Day Year</small>

**STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER**  
 I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.  
  
 \_\_\_\_\_  
Signature of Employee Date Month Day Year

Results Here or Affix with Tamper Evident Tape  

**EVIDENT**

 Print Confirmation Results Here or Affix with Tamper Evident Tape  
  
 Print Additional Results Here or Affix With Tamper Evident Tape

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529  
**COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER**

# Program Administration: Custody and Control Forms



## Custody and Control Form Review

**After a drug test has been completed, an employer copy of the Custody and Control Form (CCF) will be forwarded to the agency.** Review the CCF for accuracy:

- ✓ Verify that the correct form has been used. The form will read “*Federal Drug Testing Custody and Control Form*” at the top.
- ✓ Verify that the Employer’s copy of the CCF is legible.
- ✓ If Employer’s copy of the CCF is illegible and received in a timely manner, the DER should contact the collector to send another copy.
- ✓ If the CCF was not received within 24 hours (or next business day) of the test, the DER should contact the collection site to obtain a legible copy and address why the CCF was not received in a timely manner.
- ✓ Verify each of the following steps have complete and accurate information:

### Step 1

- ✓ Employer Information
- ✓ MRO Information
- ✓ Employee SSN
- ✓ Reason for Test
- ✓ Drug Tests Performed
- ✓ Collection Site Information

### Step 2

- ✓ Temperature Range box is checked
- ✓ *Split Specimen Collection* box is checked
- ✓ If an observed collection was performed, ensure that the Observed box is checked, then proceed to Step 6 for Remarks (This box should **not** be checked if an observed collection was not performed)

### Step 3

- ✓ Collector affixes bottle seals to bottles
- ✓ Collector Dates Seals
- ✓ Donor Initials Seals

### Step 4

- ✓ Signature of Collector
- ✓ Printed name of Collector
- ✓ Time of collection
- ✓ Date of collection
- ✓ Name of delivery service

### Step 5

- ✓ Signature of Employee
- ✓ Printed name of Employee
- ✓ Date
- ✓ Telephone # for employee
- ✓ Date of birth

### Step 6

- ✓ Test Result
- ✓ Remarks Section (if applicable)
- ✓ MRO Signature
- ✓ Printed name of MRO
- ✓ Date

## Program Administration: Custody and Control Forms



### Custody and Control Form Review (continued)

#### Common Missing information

- ✓ The appropriate boxes are not checked in Steps 1 and 2.
- ✓ Collections site phone numbers.
- ✓ Name of the delivery service.
- ✓ If applicable, sufficient descriptions within the 'Remarks' section.

#### Employer Information

Agencies that use a Consortium/Third Party Administrator (C/TPA) to maintain a random selection pool often have CCFs provided by the C/TPA. The C/TPA often places its own contact information in the employer information section of the CCF. The agency may use the C/TPA address as its own, but the name, telephone number and fax number must be for the employer.

#### Carbon Shadows in Step 6 or Step 7

During the collection process, the specimen bottles are to be closed and sealed with a tamper resistant strip located at the bottom of the first copy of the CCF. Once the seals are affixed to the bottles, the collector is to write the date on the seals. If the collector dates the seals *before* they are affixed to the specimen bottles, a faint impression of the dates may be seen in Step 6 or Step 7 of the employer's copy. This is a common flaw in the testing process.

- ✓ If *carbon shadows (see next page)* are discovered, contact the collector to communicate the error.



# Program Administration: Custody and Control Forms



## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **0000001**

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

ACCESSION NO.

<p>A. Employer Name, Address, I.D. No.  <b>Axon County Transit Authority</b>  <b>742 Evergreen Ter., Springfield, OH 45400</b></p>	<p>B. MRO Name, Address, Phone No. and Fax No.  <b>Dr. Julius M. Hibbert, M.D.</b>  <b>1709 Broderick St., San Francisco, CA 94115</b>  <b>Office.520.867.5309   Fax.520.606.0842</b></p>
<p>C. Donor SSN or Employee I.D. No. <u>123-45-6789</u></p>	
<p>D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input checked="" type="checkbox"/> DOT – Specify DOT Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input checked="" type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG</p>	
<p>E. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____</p>	
<p>F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC &amp; COC Only <input type="checkbox"/> Other (specify) _____</p>	
<p>G. Collection Site Address:  <b>I.C.U.P Services</b>  <b>125 Troy St., Shelbyville, OH 45401</b></p>	
<p>Collector Phone No. <u>937.853.3937</u>                  Collector Fax No. <u>937.853.3089</u></p>	

OMB No. 0930-0188

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.**

Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark _____	<input type="checkbox"/> Observed, Enter Remark _____
REMARKS		

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**  
**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**

<p>I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.</p> <p>X <u>Edith Shain</u>                  Signature of Collector  <b>Edith V. Shain</b>  <small>(PRINT) Collector's Name (First, MI, Last)</small></p>	<p style="text-align: center;">SPECIMEN BOTTLE(S) RELEASED TO:</p> <p style="text-align: center;"><b>PickUps Courier Service</b></p>
<p><u>8/14/2011</u>      <u>7:45</u> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">AM</span>  <small>Date (Mo/Day/Yr)      Time of Collection</small></p>	<p><u>8/14/2011</u>  <small>Date (Mo/Day/Yr)</small></p>

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

<p>X <u>Dale A. Gribble</u>                  Signature of Donor</p>	<p><u>Dale A. Gribble</u>  <small>(PRINT) Donor's Name (First, MI, Last)</small></p>	<p><u>8/14/2011</u>  <small>Date (Mo/Day/Yr)</small></p>
Daytime Phone No. <u>(937) 777 9311</u>	Evening Phone No. <u>Same</u>	Date of Birth <u>12/25/1953</u> <small>(Mo/Day/Yr)</small>

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable Federal requirements, my verification is:

NEGATIVE       POSITIVE for: \_\_\_\_\_  
 DILUTE

REFUSAL TO TEST because – check reason(s) below: \_\_\_\_\_       TEST CANCELLED

ADULTERATED (adulterant/reason): \_\_\_\_\_

SUBSTITUTED

OTHER: \_\_\_\_\_

REMARKS: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Medical Review Officer      (PRINT) Medical Review Officer's Name (First, MI, Last)      Date (Mo/Day/Yr)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

RECONFIRMED for: \_\_\_\_\_

FAILED TO RECONFIRM for: \_\_\_\_\_

REMARKS: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Medical Review Officer      (PRINT) Medical Review Officer's Name (First, MI, Last)      Date (Mo/Day/Yr)

**CHECK THIS AREA FOR  
THE CARBON SHADOWS  
REFERENCED ON THE  
PREVIOUS PAGE**

COPY 4 - EMPLOYER COPY

# Program Administration: Collection Sites



## Introduction

The urine (UCT) and breath (BAT) technicians that provide FTA drug and alcohol testing collections are at the core of your program's success. Each employer is responsible for providing oversight to the collection site(s) that they utilize to conduct any and all FTA Drug and Alcohol testing.

Employers are responsible for the actions of the collection site personnel. Employers shall provide oversight to ensure that the collection site personnel are carrying out the requirements of the DOT agency regulations.

## Program Administration: Collection Sites



### Oversight

**The Drug and Alcohol Program Manager (DAPM) should visit the collection site on an annual basis and have the technicians perform a mock collection.**

- ✓ Arrive at the collection site and instruct the personnel to perform the entire collection process, from start to finish, as if the DAPM was an employee reporting for a test.
- ✓ Choose which type of test(s) you want the collection site to perform (e.g., Pre-employment, Random, Post-Accident, Reasonable Suspicion).
- ✓ Go through the entire process as if he or she was a transit employee.
- ✓ Observe the actions taken by the collection site personnel to ensure they are complete, accurate, and in compliance with the applicable U.S. DOT regulations.
- ✓ Following the mock collection, meet with the collection site personnel that performed the tests to discuss any deficiencies and/or areas of improvement.

*Continued on the following page.*



## Program Administration: Collection Sites



### Oversight (continued)

**Collection site personnel** that conduct urine and/or breath alcohol collections are required to have the appropriate **training and credentials** to perform U.S. DOT drug and/or alcohol testing.

#### **Breath Alcohol Technicians (BAT) must:**

- ✓ Maintain documentation showing all current training requirements have been satisfied, according to 49 CFR Part 40, as amended.
- ✓ Provide this documentation upon request to U.S. DOT agency representatives and to employers.
- ✓ Be trained to proficiency on the specific Evidential Breath Testing Device (EBT) that is used at the collection site facility.
- ✓ Demonstrate proficiency in alcohol testing by completing seven consecutive error-free mock tests.
- ✓ Complete refresher training every 5 years.

#### **Urine Specimen Collectors (UCT) must:**

- ✓ Maintain documentation showing all current training requirements have been satisfied, according to 49 CFR Part 40, as amended.
- ✓ Provide this documentation upon request to DOT agency representatives and to employers.
- ✓ Be trained to proficiency in all steps necessary to complete a collection correctly and the proper completion and transmission of the CCF.
- ✓ Demonstrate proficiency in collections by completing five consecutive error-free mock collections:
  - 2 uneventful collections;
  - 1 insufficient quantity of urine;
  - 1 temperature out of range; and
  - 1 scenario which the employee refuses to sign the CCF and initial the bottle seals.
- ✓ Complete refresher training every 5 years.

## Program Administration: Collection Sites



### Affidavit of Correction

Collectors have the responsibility of trying to successfully complete a collection procedure for each employee. If, during or shortly after the collection process, the collector becomes aware of any event that prevents the completion of a valid test or collection, the collector must try to correct the problem promptly. If a correctable error is detected after the testing process is complete, the collector who made the error must provide an affidavit of correction on the same business day that the collector is made aware of the error.

**An example of an affidavit of correction form is shown on the following page.**

# Program Administration: Collection Sites



## **AFFIDAVIT OF CORRECTION**

According to 49 CFR Part 40, as amended, **the collector of the drug test referenced below** must take all practicable action to correct errors on the Federal Drug Testing Custody and Control 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 that were not performed in accordance with 49 CFR Part 40, as amended:

**Step 1 Requirements (§40.63)** (check all that apply)

- A. Missing/Incorrect Employer Name, Address
- B. Missing/Incorrect MRO Name, Address, Phone and Fax No.
- C. Missing Donor SSN or Employee I.D. No.
- D. Missing/Incorrect Testing Authority
- E. Missing/Incorrect Reason for Test
- F. Missing/Incorrect Drug Tests to be Performed
- G. Missing/Incorrect Collection Site Name, Address, Phone and Fax No.

**Step 2 Requirements (§40.65-70)** (check all that apply)

- Collector failed to indicate if the specimen was within the acceptable temperature range
- Collector failed to mark 'Split'
- Collector arbitrarily marked 'Observed'
- Collector failed to mark 'Observed'
- Missing explanation within 'Remarks' section. (i.e. any unusual circumstances that occur during collection)

**Step 3 Requirements (§40.71)** (check all that apply)

- Bottle seals were filled out while still affixed to the CCF

**Step 4 Requirements (§40.73)** (check all that apply)

- Missing collector's signature
- Missing collector's printed name (First, MI, Last)
- Missing/Incorrect Date of Collection
- Missing/Incorrect Time of Collection
- Missing Courier Name

**Step 5 Requirements (§40.73)** (check all that apply)

- Missing donor's signature
- Missing donor's printed name (First, MI, Last)
- Missing/Incorrect Date of Collection
- Missing donor's Daytime and/or Evening Phone No.
- Missing/Incorrect donor's Date of Birth

**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 40.209, I certify that the aforementioned errors occurred on the referenced drug test and that appropriate measures have been taken to ensure the same errors will not reoccur.*

Collector Signature / Title

Date

## Program Administration: Substance Abuse Professional



### Introduction

Employers are required to have a Substance Abuse Professional (SAP) in order to refer any safety-sensitive employee who has used prohibited drugs or misused alcohol regardless of the consequences specified in the agency's policy. Employers must also inform the employee of resources available to resolve problems associated with substance abuse.

Employers are not required to pay for rehabilitation and treatment programs, unless a provision is included in the employer's policy, union agreement, etc.

If SAP referrals are sent to covered employees through the postal service, it is a best practice to send the referral letter as certified-mail. Sending the referral letter via certified-mail assures the employer that the covered employee received the letter and provides the employer with a source of documentation.

# Program Administration: Substance Abuse Professional



## Credentials

To be permitted to act as a SAP in the U.S. DOT drug and alcohol testing program, SAPs must meet each of the following credentialing requirements:

**SAPs must have one (or more) of the following licenses/certifications:**

- ✓ Licensed physician (Doctor of Medicine or Osteopathy).
- ✓ Licensed or certified social worker.
- ✓ Licensed or certified psychologist.
- ✓ Licensed or certified employee assistance professional.
- ✓ State-Licensed or certified marriage and family therapist.
- ✓ Drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC); or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC); or by the National Board for Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC).

**SAPs must be knowledgeable about the following areas:**

- ✓ Clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.
- ✓ SAP functions as it relates to employer interests in safety-sensitive duties.
- ✓ U.S. DOT agency regulations applicable to the employers for whom the SAP evaluates employees.
- ✓ U.S. DOT SAP Guidelines.

# Program Administration: Substance Abuse Professional



## Qualifications

To be permitted to act as a SAP in the U.S. DOT drug and alcohol testing program, SAPs must meet each of the following qualification requirements:

### **SAPs must receive qualification training meeting the following requirements:**

- ✓ Background, rationale, and coverage of the U.S. DOT's drug and alcohol testing program.
- ✓ 49 CFR Part 40, as amended and U.S. DOT agency specific drug and alcohol testing rules.
- ✓ Key U.S. DOT drug testing requirements, including collections, laboratory testing, MRO review, and problems in drug and alcohol tests, respectively.
- ✓ SAP qualifications and prohibitions.
- ✓ The role of the SAP in the return-to-duty process, including the initial employee evaluation, referrals for education and/or treatment, the follow-up evaluation, continuing treatment, and the follow-up testing plan.
- ✓ SAP consultation and communication with employers, MROs, and treatment providers.
- ✓ Reporting and record keeping requirements.
- ✓ Issues that SAPs confront in carrying out their duties under the program.
- ✓ Satisfactory completion of an exam administered by a nationally-recognized professional or training organization that comprehensively covers all the elements of the training.

### **SAP continuing education requirements:**

- ✓ 12 professional development hours relevant to performing SAP functions must be completed during each three year period.

### **SAP credentialing, qualification, and training documentation requirements:**

- ✓ Maintain, and make available, documentation showing all credentialing, qualification, and training requirements have been satisfied.

## Program Administration: Substance Abuse Professional



### How to Find a Substance Abuse Professional

When attempting to identify a U.S. DOT qualified SAP, the best method to use is to contact a nearby transit system and see which SAP they are utilizing.

Another method is [www.saplist.com](http://www.saplist.com). SAPs can list their own information on this website. Every SAP on this website **IS NOT** a U.S. DOT qualified Substance Abuse Professional. This is a good place to start, but you will need to check credentials/training to verify that the individual is U.S. DOT qualified in accordance with 49 CFR Part 40.281.

# Program Administration: Record Retention



## Introduction

Employers must maintain certain records concerning their testing programs for specific periods of time.

Employers must maintain program administration and the test results of individuals for whom they have testing responsibility.

Employers must maintain their records in a secure location with controlled access.




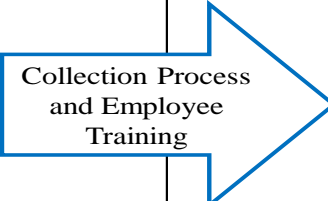
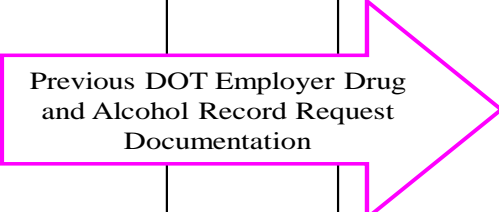
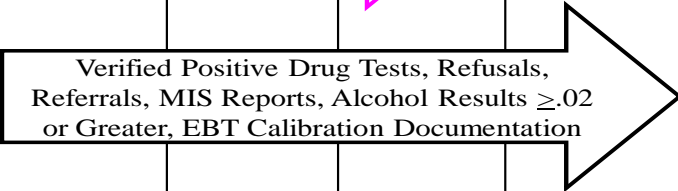
# Program Administration: Record Retention



## Periods of Retention

When determining compliance with the required retention period(s), each record should be maintained for the specified minimum period of time **as measured from the date of the creation of the record.**

**AT A MINIMUM,** the records shown below should be maintained with the following schedule:

				BEST PRACTICES
 Negative results				<p><b>Pre-Employment:</b> The best practice is to maintain all negative Pre-Employment test result documents throughout the period of employment.</p> <p><b>Post-Accident:</b> Regardless of the result, the best practice is to maintain all Post-Accident testing records as long as the statute of limitations dictate.</p> <p><b>Training:</b> The best practice is to maintain all training records throughout period of employment.</p> <p><b>Oversight of Collection Site(s):</b> The best practice is to maintain these records indefinitely.</p> <p>The best practice is to keep these records throughout the period of employment.</p> <p>The best practice is to maintain all positive test result documents indefinitely.</p>
 Collection Process and Employee Training				
 Previous DOT Employer Drug and Alcohol Record Request Documentation				
 Verified Positive Drug Tests, Refusals, Referrals, MIS Reports, Alcohol Results $\geq .02$ or Greater, EBT Calibration Documentation				
<b>1 Year</b>	<b>2 Years</b>	<b>3 Years</b>	<b>5 Years</b>	



## Recent Regulatory Changes

From time to time, the governing regulations (49 CFR Part 655 & 49 CFR Part 40) for the U.S. DOT-FTA Alcohol Testing Program will be updated.

In order to ensure that you have the most recent versions of the regulations and/or updates, be sure to check the following sites regularly:

[www.fta.dot.gov](http://www.fta.dot.gov)

[www.transportation.wv.gov/publictransit](http://www.transportation.wv.gov/publictransit)

[www.dot.gov/odapc](http://www.dot.gov/odapc)



## References

### **Federal Transit Administration**

East Building  
1200 New Jersey Avenue, S.E.  
Washington, DC 20590  
(202) 366-4000  
[www.fta.dot.gov](http://www.fta.dot.gov)

### **Office of Drug & Alcohol Policy & Compliance**

US Department of Transportation  
1200 New Jersey Ave, S.E.  
Washington, DC 20590  
(202) 366-3784  
[www.dot.gov/odapc](http://www.dot.gov/odapc)

### **West Virginia Department of Transportation Division of Public Transit**

Building 5, Room 906  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0432  
(304) 558-0428  
[www.transportation.wv.gov/publictransit](http://www.transportation.wv.gov/publictransit)

### **RLS & Associates, Inc.**

3131 S. Dixie Hwy.  
Suite 545  
Dayton, OH 45439  
(937) 299-5007  
[www.rlsandassoc.com](http://www.rlsandassoc.com)

**ACKNOWLEDGEMENT  
OF  
EMPLOYER'S DRUG AND ALCOHOL TESTING POLICY**

I, \_\_\_\_\_, the undersigned, hereby  
*Print Full Name*

acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the U.S. Department of Transportation, Federal Transit Administration for all covered employees who perform a safety-sensitive function. I understand this policy is required by 49 CFR Part 655, as amended, and has been duly adopted by the governing board of the employer. Any provisions contained herein which are not required by 49 CFR Part 655, as amended, that have been imposed solely on the authority of the employer are designated as such in the policy document.

I further understand that receipt of this policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained therein. I will seek and get clarification for any compliance with all provisions contained in the policy. I also understand that compliance with all provisions contained in the policy is a condition of employment.

I further understand that the information contained in the approved policy dated \_\_\_\_\_, is subject to change, and that any such changes, or addendum, shall be disseminated in a manner consistent with the provision of 49 CFR Part 655, as amended.

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

## **AFFIDAVIT OF CORRECTION**

According to 49 CFR Part 40, as amended, **the collector of the drug test referenced below** must take all practicable action to correct errors on the Federal Drug Testing Custody and Control 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 that were not performed in accordance with 49 CFR Part 40, as amended:

**Step 1 Requirements (§40.63)** (check all that apply)

- A. Missing/Incorrect Employer Name, Address
- B. Missing/Incorrect MRO Name, Address, Phone and Fax No.
- C. Missing Donor SSN or Employee I.D. No.
- D. Missing/Incorrect Testing Authority
- E. Missing/Incorrect Reason for Test
- F. Missing/Incorrect Drug Tests to be Performed
- G. Missing/Incorrect Collection Site Name, Address, Phone and Fax No.

**Step 2 Requirements (§40.65-70)** (check all that apply)

- Collector failed to indicate if the specimen was within the acceptable temperature range
- Collector failed to mark 'Split'
- Collector arbitrarily marked 'Observed'
- Collector failed to mark 'Observed'
- Missing explanation within 'Remarks' section. (i.e. any unusual circumstances that occur during collection)

**Step 3 Requirements (§40.71)** (check all that apply)

- Bottle seals were filled out while still affixed to the CCF

**Step 4 Requirements (§40.73)** (check all that apply)

- Missing collector's signature
- Missing collector's printed name (First, MI, Last)
- Missing/Incorrect Date of Collection
- Missing/Incorrect Time of Collection
- Missing Courier Name

**Step 5 Requirements (§40.73)** (check all that apply)

- Missing donor's signature
- Missing donor's printed name (First, MI, Last)
- Missing/Incorrect Date of Collection
- Missing donor's Daytime and/or Evening Phone No.
- Missing/Incorrect donor's Date of Birth

**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 40.209, I certify that the aforementioned errors occurred on the referenced drug test and that appropriate measures have been taken to ensure the same errors will not reoccur.*

Collector Signature / Title

Date

# CONFIDENTIAL

## AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A **separate form** must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, \_\_\_\_\_, authorize that:  
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax: \_\_\_\_\_

may release the information requested below concerning my US DOT drug and alcohol testing records to:

Contact Person: \_\_\_\_\_

Prospective Employer: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the \_\_\_\_\_. This authorization for release of information is valid for one year from the date of signature.

### COMPLETED BY PREVIOUS EMPLOYER

Check here  if this employee did **not** participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;

**OR**, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years? Y \_\_\_ N \_\_\_
2. Has this employee had a verified positive drug test result in the last two years? Y \_\_\_ N \_\_\_
3. Has this employee refused a required drug or alcohol test in the last two years? Y \_\_\_ N \_\_\_
4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? Y \_\_\_ N \_\_\_
5. Has a previous employer reported a drug and alcohol rule violation to you? Y \_\_\_ N \_\_\_
6. If you answered yes to any of the above items, did the employee complete the return to duty process? Y \_\_\_ N \_\_\_

*Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).*

\_\_\_\_\_  
Previous Employer's Signature

\_\_\_\_\_  
Date

**Please return this form to the prospective employer at the address listed above.**

White Previous Employer  
Yellow Agency  
Pink Applicant  
WVDPT 03-2012

## **'GOOD FAITH EFFORT' DOCUMENTATION**

### Release of Information from Previous Employer on DOT Drug and Alcohol Testing

1. \_\_\_\_\_ 's first attempt at acquiring information from previous  
*Agency Name*  
employer on DOT drug and alcohol testing, for \_\_\_\_\_,  
*Employee's Full Name*

was performed on \_\_\_\_\_.  
*Date* \_\_\_\_\_ *Agency Name* sent an

'authorization for release' form, through certified mail, to the following DOT Employer:

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

\_\_\_\_\_  
*Previous Employer's Address (add additional sheets for additional employers)*

2. \_\_\_\_\_ 's second attempt at acquiring information from previous employer  
*Agency Name*  
on DOT drug and alcohol testing, for the aforementioned employee, was performed on \_\_\_\_\_.  
*Date*

\_\_\_\_\_ attempted to call the previous employer at the following  
*Agency Name*  
telephone numbers:

\_\_\_\_\_  
*Employer's Name and Telephone Number (add additional sheets for additional employers)*

Left Voice-Mail Message     Successfully Reached Company Representative  
(Check appropriate box)

3. \_\_\_\_\_ 's third attempt at acquiring information from previous employer  
*Agency Name*  
on DOT drug and alcohol testing, for the aforementioned employee, was performed on \_\_\_\_\_.  
*Date*

\_\_\_\_\_ attempted to call the previous employer at the following  
*Agency Name*  
telephone numbers:

\_\_\_\_\_  
*Employer's Name and Telephone Number (add additional sheets for additional employers)*

Left Voice-Mail Message     Successfully reached Company Representative  
(Check appropriate box)

# ORDER FOR TESTING

To be completed by collection site personnel upon arrival at site and returned to employer with Employer's copy of Chain of Custody Form.

Time       Date       Collection Site Personnel Initials

Print Collection Site Personnel Name

The Federal Transit Administration issued regulations (49 CFR Part 655) that require all safety-sensitive employees/applicants to submit to drug and alcohol testing as a condition of employment in a safety-sensitive position. Refusing to submit to testing; providing false information in connection with said testing; adulterating, substituting, or tampering with the specimen; or failing to cooperate with any part of the collection process is a violation of the regulations and of company policy.

Testing is to be accomplished on the date, time and location indicated below. **You must present this form at the collection site.**

Print Full Name: \_\_\_\_\_ ID # \_\_\_\_\_

Collection Site Location: \_\_\_\_\_

You must report no later than \_\_\_\_\_ am/pm, on \_\_\_\_\_ (date)  
*Failure to complete a drug and/or alcohol test will be considered a test refusal.*

\* **Pre-employment tests** = New applicants, transfer from a non-safety-sensitive position, return to active status.

\*\* **Return-to-Duty tests** = Only performed following a positive/refusal to test and successful completion of SAP counseling.

Type of Test:     Drug       Alcohol       Both

Test Authority:     DOT-FTA     Non-DOT       DOT- Other \_\_\_\_\_

Test Category:     Pre-employment\*       Random

Post-accident       Reasonable Suspicion

Return-to-duty\*\*       Follow-up

Retest, Specify: \_\_\_\_\_

Observed Collection:     Yes       No

Transported:     Yes, By Whom: \_\_\_\_\_  No

Picture ID:     Yes       No

Other Special Instructions: \_\_\_\_\_

Supervisor Authorizing Test: \_\_\_\_\_  
Print Name      Date      Time Notified

Designated Employer Representative / DAPM: \_\_\_\_\_  
Print Name      Phone Number



# POSITIVE DRUG AND ALCOHOL TESTING LOG

Employee	Date/Time of Positive Result	Type of Violation	SAP Referral	Outcome	Transferred all documentation to this folder?	
		<input type="checkbox"/> Positive <input type="checkbox"/> Refusal <input type="checkbox"/> Other:		<input type="checkbox"/> Termination <input type="checkbox"/> Counseling <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Initial
		<input type="checkbox"/> Positive <input type="checkbox"/> Refusal <input type="checkbox"/> Other:		<input type="checkbox"/> Termination <input type="checkbox"/> Counseling <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Initial
		<input type="checkbox"/> Positive <input type="checkbox"/> Refusal <input type="checkbox"/> Other:		<input type="checkbox"/> Termination <input type="checkbox"/> Counseling <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Initial
		<input type="checkbox"/> Positive <input type="checkbox"/> Refusal <input type="checkbox"/> Other:		<input type="checkbox"/> Termination <input type="checkbox"/> Counseling <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Initial



# POST ACCIDENT TESTING DECISION REPORT

*\*\*A separate sheet must be filled out for each covered employee that contributed to the accident\*\**

System Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_ Time Employer was notified: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Safety-Sensitive Employee: \_\_\_\_\_ ID # and Position: \_\_\_\_\_

i.e. Driver, Dispatcher, etc

WV Uniform Traffic Crash Report Attached

Yes

No

1. Did the accident involve a revenue service vehicle?

Yes

No

2. Did the accident involve the operation of the vehicle?

Yes

No

3. Was there loss of life as a result of the accident?

Yes

No

4. Did an individual suffer a bodily injury and immediately receive medical treatment away from the scene?

Yes

No

5. Was there disabling damage to any of the involved vehicles?

Yes

No

6. a) Did you perform a drug and/or alcohol test?  
(Use **Decision Tree on back of this form**)

Yes  
 FTA Authority

Yes  
 Company Authority

No

b) If no, why not? \_\_\_\_\_

7. a) Was an alcohol test performed within 2 hours?

N/A

Yes

No

b) If no, why: \_\_\_\_\_

8. If no alcohol test occurred, and more than 8 hours elapsed from the time of the accident, please explain: \_\_\_\_\_

9. a) Was a drug test performed within 32 hours?

N/A

Yes

No

b) If no, why: \_\_\_\_\_

10. a) Did the employee leave the scene of the accident without a reasonable explanation?  Yes  No

b) If Yes, please explain: \_\_\_\_\_

Test Determination:

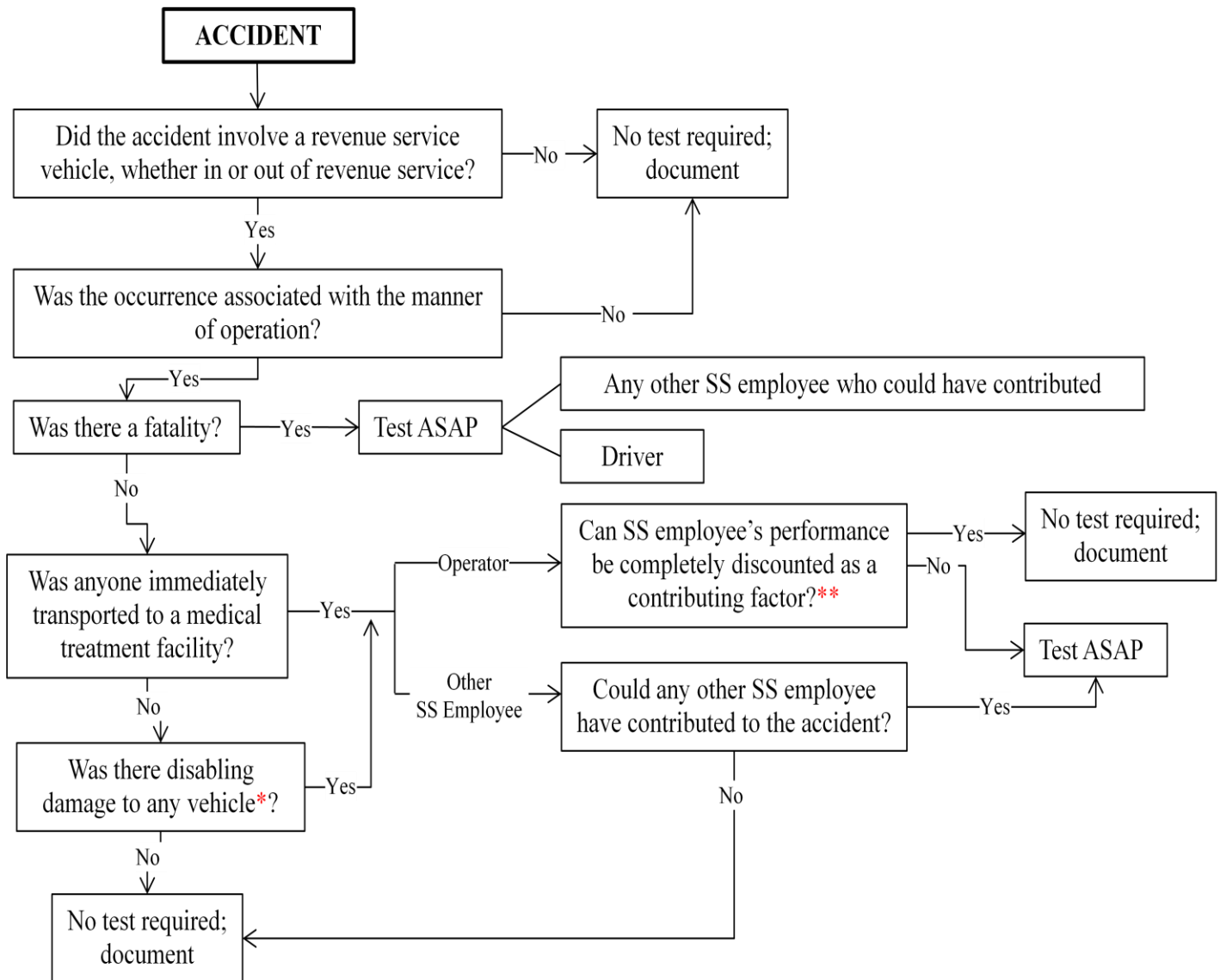
Name of supervisor making determination: \_\_\_\_\_

Time employee was informed of determination: \_\_\_\_\_

Signature & Title \_\_\_\_\_

Date \_\_\_\_\_

## Post Accident Decision Tree



**\* Disabling Damage:** Damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

(1) **Inclusion:** Damage to a motor vehicle, where the vehicle could have been driven, but would have been further damaged if so driven.

(2) **Exclusions:**

A. Damage that can be remedied temporarily at the scene of the accident without special tools or parts.

B. Tire replacement without other damage even if no spare tire is available.

C. Headlamp or tail light damage.

D. Damage to turn signals, horn, or windshield wiper, which makes the vehicle inoperable.

**\*\* Contributing Factor:** The determination of whether or not a safety-sensitive employee's performance was a contributing factor should be the decision of the company official investigating the accident; not based on the police officer's accident fault determination. This decision should not be made hastily. The company official's determination must be based on the best available information at the time of the accident.

# POST-ACCIDENT TESTING LOG

Employee	Date/Time of Accident	Accident Result	Date/Time of Test	Date/Time of Test Result	Transferred all documentation to folder?	
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Initial
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Initial
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Initial
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Initial
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Initial



## PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgment is completed and signed.)*

# PRE-EMPLOYMENT TESTING LOG

Employee	Testing Acknowledgement	Safety-Sensitive Application Supplement	Previous Employer Record Check	Policy Acknowledgement	Order for Test	Date/ Time of Test	Date/ Time of Result	Hire Date	Date Began Safety-Sensitive Functions
	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:		
	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:		
	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:		
	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending:		



# RANDOM TESTING LOG

Employee	Random Selection Sheet	Order For Test	Date/Time of Test	Test Day	Date/Time of Result	Transferred all documentation to folder?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:			<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:  <div style="text-align: right; border: 1px solid black; padding: 2px;">Initial</div>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:			<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:  <div style="text-align: right; border: 1px solid black; padding: 2px;">Initial</div>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:			<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:  <div style="text-align: right; border: 1px solid black; padding: 2px;">Initial</div>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:			<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:  <div style="text-align: right; border: 1px solid black; padding: 2px;">Initial</div>



# REASONABLE SUSPICION INCIDENT CHECKLIST

\_\_\_\_\_  
Employee's Full Name

\_\_\_\_\_  
Date / Time of Observation

\_\_\_\_\_  
Supervisor's Full Name & Telephone

\_\_\_\_\_  
Date of Supervisor's Reasonable Suspicion Decision Training

This checklist is to be completed when a supervisor – trained in accordance with 49 CFR Part 655.14(b) – determines that an incident has occurred which provides reasonable suspicion that an employee is exhibiting behaviors consistent with the symptoms of drug use and / or alcohol misuse. Mark each applicable item on this form and add any additional facts or circumstances which you have observed.

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### A. Nature of Incident / Cause for Suspicion

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- 1. Observed/reported possession or use of a prohibited substance (including passenger complaint).
- 2. Apparent drug or alcohol intoxication.
- 3. Observed drug or alcohol intoxication.
- 4. Arrest for drug-related offense
- 5. Other (e.g. flagrant violation of safety or serious misconduct, accident or 'near miss,' fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) Please specify:

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

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### B. Behavioral Indicators

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- 1. Verbal abusiveness
- 2. Physical abusiveness
- 3. Extreme aggressiveness or agitation
- 4. Withdrawal, depression, tearfulness, or responsiveness
- 5. Inappropriate verbal responses to questioning or instruction
- 6. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, confused) Please specify:

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



**C. Physical Signs and Symptoms**

- 1. Possession, dispensing, or using prohibited substance
- 2. Slurred or incoherent speech
- 3. Unsteady gait or other loss of physical control, poor conditioning
- 4. Dilated or constricted pupils or unusual eye movement
- 5. Bloodshot or watery eyes
- 6. Extreme aggressiveness or agitation
- 7. Excessive sweating or clamminess of skin
- 8. Flushed or very pale face
- 9. Highly excited or nervous
- 10. Nausea or vomiting
- 11. Disheveled appearance or out of uniform
- 12. Odor of alcohol
- 13. Odor of Marijuana
- 14. Dry mouth (frequent swallowing/lip wetting)
- 15. Shaking hands or body tremors/twitching
- 16. Dizziness or fainting
- 17. Breathing irregularity or difficulty breathing
- 18. Runny nose or sores around nostrils
- 19. Inappropriate wearing of sunglasses
- 20. Puncture marks or "tracks"
- 21. Other (Specify) \_\_\_\_\_

**D. Written Summary**

Please summarize the facts and circumstances surrounding the incident. The observations must be specific, contemporaneous, and articulable regarding the appearance, behavior, speech, or body odors of the safety-sensitive employee. Attach additional sheets as needed.

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The above document of physical, behavioral, and performance indicators of the named employee were observed by:

\_\_\_\_\_  
Supervisor's Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# REASONABLE SUSPICION TESTING LOG

Employee	Date/Time of Suspicion	Date/Time of Test	Date/Time of Test Result	Reasonable Suspicion Incident Check List?	Transferred all documentation to this folder?
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:  <div style="text-align: right;">Initial</div>
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:  <div style="text-align: right;">Initial</div>
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:  <div style="text-align: right;">Initial</div>
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:  <div style="text-align: right;">Initial</div>
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:  <div style="text-align: right;">Initial</div>



# RETURN-TO-DUTY / FOLLOW-UP TESTING LOG

Employee Name	Order For Test	Return to Duty Release	Follow-up Test Plan	Date/Time of Test	Consistent with SAP's Follow Up Plan?	Test Result & Date	Notes
<b>Return to Duty Test</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Follow-up Test*</b>		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Follow-up Test*</b>		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Follow-up Test*</b>		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Follow-up Test*</b>		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Follow-up Test*</b>		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Follow-up Test*</b>		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		

\* The SAP determines the number of Follow-up tests (minimum of 6 tests in the first 12 months). This information will be included in the Follow-up testing plan.



**CONFIDENTIAL**

**SAFETY-SENSITIVE EMPLOYEE APPLICATION  
SUPPLEMENT**

Previous US Department of Transportation Drug and Alcohol Testing

I, \_\_\_\_\_, \_\_\_\_\_,  
Print First Name, Middle Initial, Last Name Social Security Number

Attest that:

I have participated in DOT-regulated drug and alcohol testing with previous employers.

1. Have you tested positive (0.04 or greater) for alcohol in the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you had a verified positive drug test result in the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you refused a required drug or alcohol test in the last two years (or had a verified adulterated or substituted drug test result)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you violated any other DOT drug or alcohol testing regulation within the last two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: \_\_\_\_\_

\_\_\_\_\_  
(Use additional pages as necessary)

*"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**CONFIDENTIAL**

**SUBSTANCE ABUSE PROFESSIONAL REFERRAL  
EMPLOYEE NOT PRESENT**

*If the employee **is not present** to sign the Substance Abuse Professional Referral letter, send this form to the employee utilizing **certified mail**.*

Employee/Applicant Full Name: \_\_\_\_\_

Employee/Applicant Identification Number: \_\_\_\_\_

This letter serves to notify that the aforementioned individual was in violation of DOT drug and alcohol regulations (49 CFR Part 655 and/or 40) on \_\_\_\_\_.

Date

with 49 CFR Part 655.62, this agency is required to advise the individual of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse.

The following Substance Abuse Professional(s) is available for the individual:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Substance Abuse Professional Referral:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Agency Representative Full Name, Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL**

**SUBSTANCE ABUSE PROFESSIONAL REFERRAL**

I acknowledge that I have received a referral to a Substance Abuse Professional in accordance with 49 CFR Part 655.62.

The cost of this service will be paid by: \_\_\_\_\_.

Substance Abuse Professional Referral:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Substance Abuse Professional Referral:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_, have received a copy of this referral.  
Employee/Applicant Full Name

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Full Name, Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

White Copy – Employer  
Yellow Copy – Employee

*If the employee refuses to sign this form, please document why*

# VENDOR OVERSIGHT INSPECTION MASTER LOG

Site Name	Date of Interview	Compliant?	Follow up for non-compliant area(s)	Date of error(s) correction	Comments	Initials
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			



## COLLECTION SITE CHECKLIST

Name of Collection Site: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Name of Collector: \_\_\_\_\_ Name of Reviewer: \_\_\_\_\_

### UNEVENTFUL BREATH ALCOHOL TEST (result less than 0.02) - Did the Breath Alcohol Technician (BAT)...

- Require employee to provide positive photo identification (Part 40.241(c)).
- Perform the Alcohol test before the drug test, if applicable
- Explain testing procedures on back of Alcohol Testing Form (ATF) (40.241(e))
- Complete Step 1 of ATF (40.241(f))
  - Employee Name, ID Number
  - Employer Name and Contact information
  - DER Name and Telephone Number
  - Reason for Test
- Have the employee complete Step 2 of the ATF (40.241(g))
- Open individually sealed mouthpiece and attach to EBT (40.243(b))
- Instruct employee to blow forcefully until EBT indicates that an adequate amount of breath has been obtained (40.243(c))
- Show employee the result displayed on EBT (40.243(d))
- If EBT prints result on paper strip: Did the BAT affix the strip to the ATF using tamper evident tape (40.243(f))
- If EBT does not print results on paper strip: Did the BAT complete the following information on Step 3 of the ATF (40.243(g)):
  - Identification of the machine
  - Time
  - Sequential Test Number
  - Test Outcome
- Complete Step 3 of the ATF by dating and signing the certification (40.247(a))
- Distribute the ATF copies to appropriate individuals (40.247(a)):
  - Copy 1 to Employer
  - Copy 2 to Employee
  - Retain Copy 3

### **After the Breath Alcohol Test is completed, review the following items:**

- Was consent - giving the collection site or its personnel indemnification - required for testing? (40.355(a))
  - Collection sites cannot require an employee to sign a consent, release, waiver of liability, or indemnification agreement with respect to any part of the alcohol or drug testing process covered by 49 CFR Part 40. No one may do so on behalf of a service agent
- Is the EBT on the National Highway Traffic Safety Administration (NHTSA) conforming products list?
- Was the correct ATF used? (40.225(a))
  - The DOT ATF must be used for every DOT alcohol test. The ATF must be a three-part carbonless manifold form. The ATF is found in Appendix G of 49 CFR Part 40. You may view this form on the ODAPC website ([www.dot.gov/ost/dapc](http://www.dot.gov/ost/dapc))
- Were all necessary equipment, personnel, and materials for breath testing provided at the location where testing occurred? (40.221(d))
- Did the breath alcohol testing location afford visual and aural privacy to prevent unauthorized persons from seeing or hearing test results? (40.221(c))
- Did the BAT remain with the employee for the entire duration of the alcohol testing procedure? (40.223(e)(3))
- Does the BAT have a copy of the quality assurance plan (QAP) for the EBT? (40.233(c))
- Ask to see the external calibration checks for the EBT (40.233(c))
- Have the BATs completed the required training and acquired the proper credentials? (40.213(g))
- Ask to see the credentials of the BAT
- Does the BAT have a current copy of 49 CFR Part 40? (40.213)



## **UNEVENTFUL URINE COLLECTION - Did the Collector...**

- Require employee to provide positive identification (Part 40.61(c)).
- Direct the employee to remove outer clothing (jacket, hat) and to leave these garments and other personal items (briefcase, purse, etc.) in a mutually agreeable location (Part 40.61(f)).
  - Advises employee that failure to comply constitutes a refusal to test.
  - Allows employee to keep wallet (40.61(f)(2)).
- Direct employee to empty pockets and display items in them (Part 40.61(f)(4)).
  - If no potential adulterants are found, allow employee to return items to pockets.
- Complete Step 1 of CCF (Part 40.63(a)).
  - Ensures that the name and address of the drug testing laboratory appears at the top of the CCF.
  - Ensures that the Specimen ID at the top of the CCF matches the Specimen ID on labels/seals.
  - Checks the Reason for Test box (Pre-Employment, Random, Post-Accident, etc.).
  - Checks the DOT and the FTA box (Testing Authority)
  - Checks the Drug Tests to Be Performed box (THC, COC, PCP, OPI, AMP for DOT).
- Instruct employee to wash/dry hands and not to wash hands again until delivering specimen to collector (Part 40.63(b)).
- Ensure collection container is selected and unwrapped in presence of employee (Part 40.63(c)).
- Secure urination facility before the collection (If single-toilet room with a full-length privacy door) (Parts 40.41 & 43).
  - Secures any water sources or make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets).
  - Ensures that the water in the toilet tank contains bluing agent.
  - Ensures that soap, disinfectants, cleaning agents, or other possible adulterants are not present.
  - Inspects the site to ensure that no foreign or unauthorized substances are present.
  - Tapes or otherwise securely shuts any movable toilet tank or puts bluing agent in the tank.
  - Ensures that undetected access (e.g., through a door not in your view) is not possible.
  - Secures areas and items (e.g., ledges, trash receptacles, paper-towel holders, under-sink areas, drop-down ceiling panels) that appear suitable for concealing contaminants.
- Direct employee to go into room used for urination and instruct employee to:
  - Provide at least 45 ml of urine.
  - Not flush the toilet.
  - Return specimen to the collector as soon as the void is complete.
  - Set a reasonable time limit for voiding (Part 40.63(d)(2)).
  - Allow only the employee into the room used for urination (40.41(d)(1)).
- Check that the specimen:
  - Contains at least 45 ml of urine. If not, follow shy bladder procedure (Part 40.65(a)).
  - Reads temperature strip within 4 minutes (Part 40.65(b)).
- Mark appropriate box in Step 2 of CCF (Yes = between 90 and 100 degrees).
- Check specimen for signs of tampering (Part 40.65).
- Check specimen for unusual color, foreign objects/material, or other signs of tampering (odor).
- Mark box in Step 2 of the CCF indicating a split specimen collection (Part 40.71(b)(1)).
- Pour at least 30 ml of urine into the primary specimen bottle (Part 40.71(b)(2)).
- Pour at least 15 ml of urine into the secondary specimen bottle (Part 40.71(b)(2)).
- Secure the lids or caps on the specimen bottles (Part 40.71(b)(4)).
- Place the tamper-evident seals on the specimen bottles (Part 40.71(b)(5)).
  - Dates the specimen bottle seals (Part 40.71(b)(6)).
  - Ensures that the employee initials specimen bottle seals (Part 40.71(b)(7)).
- Direct employee to read and sign certification statement on Copy 2, Step 5 of CCF and to provide date of birth, printed name, day and evening contact telephone numbers (Part 40.71(a)(1)).
- Print collector name in Copy 1, Step 4 of CCF; record the date and time of collection; sign statement; enter actual name of delivery service transferring the specimen to laboratory (Part 40.73(a)(2)).
- Ensure that all copies of the CCF are legible and complete (Part 40.73(a)(3)).
- Remove Copy 5 of the CCF and give it to the employee (Part 40.73(a)(4)).
- Place specimen bottles and Copy 1 of CCF in plastic bag and secure both pouches of plastic bag (Part 40.73(a)(5)-(a)(6)).
- Advise employee that he/she may leave the site (Part 40.73(a)(7)).
- Recheck the urination facility, performing all steps as was done prior to the collection to ensure the site's continued integrity