U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM Calendar Year Covered by this Report: _____

OMB No. 2105-0529

	nployer : ompany Name:											For	m DO	T F 13	85 (R	ev. 5/2	2008)
	oing Business As (I																
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Na	ame of Certifying C			_ Sigr	ature	:											
Te	elephone: ()_					Date	e Certif	ied: _									
					Telephone: (
F F F U	TPA Name and Te the DOT agency MCSA – Motor Ca AA – Aviation: Ce HMSA – Pipeline: RA – Railroad: To SCG – Maritime: TA – Transit	rrier: DO' ertificate # (Check) (tal Numbe	T #: (if applicables Gas Gatheringer of observe	le): g Gas T	ransmiss	Owner-o	operato Pl Distrib G" Ob	r: (cir lan / R oution serva	cle one Registra Trantions fo	e) YES or ation # (if ap nsport Haza or covered e	NO Explicable) ardous Liquentle Employees	kempt (C : uids	Circle Trans	One) port C			
II. Co	vered Employees:	(A) Ente	er Total Nu	mber Safe	ty-Sensi	tive Emplo	oyees I	n All	Emplo	yee Catego	ries:						
(B) E	Inter Total Numbe	er of Emp	loyee Categ	ories:							l						
(C)	Employee Category				Total Number of Employees in this Category				If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.								
III. D	rug Testing Data:	1	2	3	4	5	6		7	8	9	10		11	12		13
		st al 2,		ы								Refusa	ıl Resu	ılts			
Type of Test		Total Number Of Test Results [Should equal the sum of Columns 2,	3, 9, 10, 11, and 12] Verified Negative Results	Verified Positive Results ~ For One Or More Drugs Positive For Marijuana		Positive For Cocaine	Positive For PCP	; ;	Positive For Opiates	Positive For Amphetamines	Adulterated	Substituted	"Shy Bladder" ~	With No Medical Explanation	Other Refusals To	Testing	Cancelled Results
Pre-E	Employment																
Rand	lom																
Post-	Accident																
Reas	onable Susp./Cause																
Retu	rn-to-Duty																
Follo	w-Up																
TOT	_																
IV. A	lcohol Testing Dat	a.															
. , , , , ,			1	2		3		4		5	6	7		8		9	
			nal S	th		Screening Tests With Results 0.02 Or Greater					Or	Re	efusal	Result	S		
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]		Screening Tests With Results Below 0.02			Number Of Confirmation Tests		Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~	With No Medical Explanation	Other Refusals To Submit To Testing	Testing	Cancelled Results	
	Pre-Employment		2770	9 7 P	,	Screening Tests Results 0.02 Or	-		_				-				
	Random						+					\perp			\dashv		
	Post-Accident														\dashv		
	Reasonable Susp./	Causa										\perp			\dashv		
	_	Cause													\dashv		
	Return-to-Duty														\dashv		
	Follow-Up														\dashv		
	TOTAL						1				1	1					

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A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 90 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

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