Fall 2011
Issue 46

FTA Drug & Alcohol Regulation Updates

U.S. Department of Transportation Federal Transit Administration Office of Safety and Security

Introduction—The Federal Transit Administration (FTA) published its revised rule on prohibited drug use and the prevention of alcohol misuse (49 CFR Part 655) on August 1, 2001. The FTA published the revised Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit to provide a comprehensive overview of the regulations.

Since the Guidelines were published, there have been numerous amendments, interpretations, and clarifications to the Drug and Alcohol testing procedures and program requirements.

This publication is being provided to update the Guidelines and inform your transit system of these changes. This update is the forty-sixth in a series.

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New CCF Must Be Used

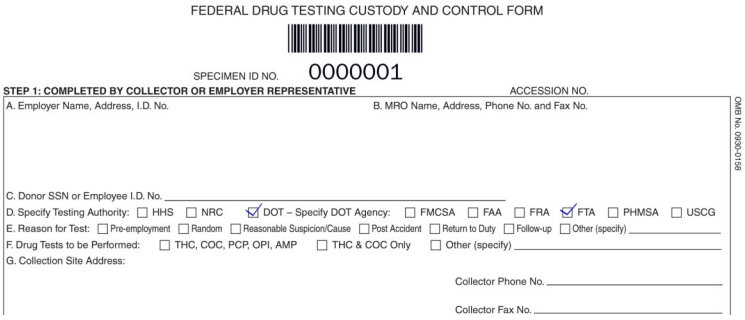
The Department of Health and Human Services (HHS) issued a new Federal Drug Testing Custody and Control Form (CCF) for use in Department of Transportation (DOT) drug testing programs. The form has been available for use since October 1, 2010. Initially, the new form's use was to be mandatory on October 1, 2011. As of September 27, a Final Rule extended the use of the old CCFs until November 30, 2011. You can access the displayed document at http://www.gpo.gov/fdsys/pkg/FR-2011-09-27/pdf/2011-24818.pdf.

Step 1 of the new CCF has been expanded to obtain information on the Federal authority for the test. Collectors should mark the **"DOT"** box for all transportation industry tests and the boxes for HHS and the Nuclear Regulatory Commission (NRC) should be left blank. Collectors must provide further specificity for DOT tests by also marking the box for the DOT mode that is authorizing the test: Federal Transit Administration (FTA), Federal Motor Carrier Safety Administration (FMCSA), Federal Aviation Administration (FAA), Federal Railroad Administration (FRA), Pipeline and Hazardous Materials Safety Administration (PHMSA), and the United States Coast Guard (USCG). The **FTA** box must be marked for all tests conducted under FTA authority and the other boxes must be left blank.

Collectors have been confused by this additional step as they are not familiar with the various acronyms and, in many cases, have been trained to mark the FMCSA box since the majority of collections conducted fall under FMCSA authority. However, **collectors must not mark the FMCSA box for FTA-authorized tests**. Employers are required to inform the collector of the testing authority. The checkmark can be pre-printed in the DOT and FTA boxes of the CCF for FTA-covered employers.

The new form also includes revised instructions for completing the CCF on the back of the Donor's Copy of the CCF. In addition, Step 5A of the form was expanded to allow for the drug analytes to be specified, and Step 6 and 7 were modified to allow the MRO to provide additional information on positive drug test results, test refusals, and split specimen test results.

All old unused CCFs must be discarded to avoid their use. If an old form is used past its expiration date, it will not be considered a fatal flaw, but will need to be corrected using procedures outlined in §40.205(b)(2).


FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 0000001

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE ACCESSION NO.

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No.

OMB No. 0930-0158

C. Donor SSN or Employee I.D. No. _____

D. Specify Testing Authority: ☐ HHS ☐ NRC ☑ DOT – Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☑ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

Collector Phone No. _____

Collector Fax No. _____

Does Rx/OTC medication use play a role in transit accidents?
Go to Page 6 to read how FTA plans to answer this question.

7th Annual FTA Drug and Alcohol Program National Conference

The Federal Transit Administration (FTA) is hosting the 7th Annual Drug and Alcohol Program National Conference in Miami, FL, April 10-12, 2012. This **FREE** conference will provide attendees with increased knowledge of 49 CFR Part 40 (Procedures for Transportation Workplace Drug and Alcohol Testing Programs) and 49 CFR Part 655 (Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operators). This meeting will be highly valuable for those who have been in the industry for a long time, as well as for those that have been in the industry for a shorter period as sessions are tailored for both groups.

More information and registration for the Conference will be coming out soon! If you subscribe to the FTA's "What's New" emails, you will receive information in November or check our website next month at http://transit-safety.fta.dot.gov/DrugAndAlcohol.

REGULATORY CLARIFICATION

2011 National Drug Control Strategy Released

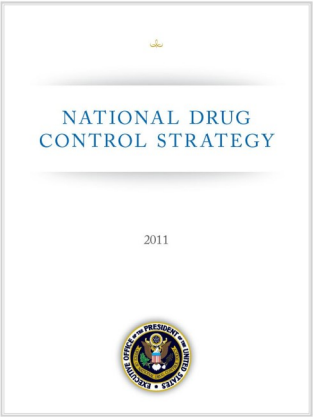
In July, President Obama released the *2011 National Drug Control Strategy* that describes his Administration's comprehensive approach to reduce drug use and its consequences on public health and safety. The *Strategy* takes the form of a five-year plan and aims to reduce drug use in several vulnerable populations, reduce drug-related deaths, and reduce drugged driving. The seven core areas of the *Strategy* include:

1. Strengthen efforts to prevent drug use in our communities;
2. Seek early intervention opportunities in health care;
3. Integrate treatment for substance use disorders into health care and supporting recovery;
4. Break the cycle of drug use, crime delinquency, and incarceration;
5. Disrupt domestic drug trafficking and production;
6. Strengthen international partnerships; and
7. Improve information systems to better analyze, assess, and locally address drug use and its consequences.

In response, the Office of National Drug Control Policy (ONDCP) developed three primary initiatives. The first calls for a renewed emphasis on drug abuse prevention. The *Strategy* cites research that shows that preventing drug use before it begins is a "cost-effective, common-sense approach to promoting safe and healthy communities." Of special relevance to the public transit industry is the renewed emphasis on the creation and maintenance of a drug free workplace program that provides clear policies about drug use, offers prevention and education opportunities for employees and supervisors, conducts drug testing, and supports referral and treatment for those with substance use disorders.

The second initiative addresses the issue of drugged driving. The ONDCP aims to make preventing drugged driving a national priority on par with preventing drunk driving. The *Strategy* focuses on enhancing prevention through education, providing increased training to law enforcement, developing standard screening methodologies for drug testing labs, encouraging states to adopt drug impairment laws, and collecting more data on drugged driving.

The third initiative focuses on reducing prescription drug abuse. The *Strategy* cites recent data that indicated in the last year, more new users initiated drug use with psycho-pharmaceuticals than any other drug including marijuana, and that prescription drug-induced deaths have more than doubled in the past ten years. The administration has labeled the country's prescription drug abuse crisis as an epidemic.



To learn more about the *2011 National Drug Control Strategy,* go to the ONDCP website at http://www.whitehousedrugpolicy.gov/strategy/index.html.

MROs Must Follow Procedures to Report Test Results

Medical Review Officers (MROs) must verify all positive and negative test results and report them to the employer by using one of the methods defined in §40.163. Acceptable methods include:

- Use a signed or stamped and dated **legible** photocopy of Copy 2 of the CCF.
- Provide a written report or letter for each test result with all necessary information included.
- Report negative test results using an electronic data file.

The report must be transmitted to the employer in a confidential manner. All positive, adulterated, and substituted test results, test refusals, or test results that require an immediate direct observation collection must be reported to the employer on the same day, or the next business day after, the MRO verifies the result. Direct telephone contact is the preferred method for immediately reporting the test result to the employer. The MRO's report (see acceptable methods above) must be securely transmitted to the employer within two days of result verification.

MROs may neither report tests results by relaying a chemical lab report with the results to the employer nor use Copy 1 of the CCF to report drug test results. MROs also may not provide quantitative values to the employer for drug or validity test results.

As an employer, if you do not receive reports of test results in an acceptable manner, you should bring this issue to the attention of your MRO and Third Party Administrator (TPA), if appropriate.

Preparing for an Audit

The Federal Transit Administration's (FTA) Office of Safety and Security began auditing grantee drug and alcohol testing programs in March 1997. The purpose of the audits is to give FTA the opportunity to provide extensive technical assistance and to identify areas of non-compliance that require corrective action. The audits are designed to bring systems into compliance moving forward and are not intended to punish systems for past mistakes.

The audit questions were updated in August 2011 and are available on FTA's website at http://transit-safety.fta.dot.gov/DrugAndAlcohol/TechnicalAssistance/AuditQuestions. A separate questionnaire is provided for the Drug and Alcohol Program Manager (DAPM) interview, policy review, records management review, Urine Specimen Collector, Screen Test Technician (STT), Breath Alcohol Technician (BAT), Medical Review Officer (MRO), Substance Abuse Professional (SAP), and Consortium/Third Party Administrators (TPAs).

The audit process is comprehensive in nature, including a review of each recipient's/subrecipient's policies, procedures, and recordkeeping. Each agency's service agents including collection site, MRO, SAP, and TPA, if appropriate, are interviewed and a mock collection is performed. Complete audits are also performed on a select number of safety-sensitive contractors, if appropriate.

The audit process begins with a telephone notification followed by a formal letter of notification. The notification letter outlines the schedule of the audit, an agenda, and a request for information that must be submitted to the audit team prior to the site visit. Information that must be submitted to the audit team leader in advance of the on-site visit includes the following:

- Current drug and alcohol policy, procedures manual, and Notice of Availability to employees;
- DAPM contact information;
- Organizational chart;
- Two most recent semi-annual laboratory statistical summary reports;
- Number of employees by safety-sensitive function;
- Days and hours safety-sensitive functions are performed;
- List of all new hires within the previous year with date of hire or assignment of safety-sensitive duties;
- List of employees randomly selected for the previous year;
- List of all accidents meeting FTA accident criteria that occurred during the previous year;
- List of all reasonable suspicion tests conducted during the previous year;
- List of any positive, refused, or canceled tests that occurred during the previous year;
- Description of method used for drug and alcohol records management;
- Records storage location;
- List of supervisors trained to initiate reasonable suspicion testing;
- Description of arbitration/litigation decisions adversely impacting implementation of program;
- List of safety-sensitive contractors;
- Contact information for service agents; and
- Address and travel time to collection site.

All other drug and alcohol testing records must be on site at the transit system's facility/administrative office to facilitate auditor review. The transit system's DAPM is also required to set up appointments with the agency's service agents to be interviewed by an auditor. The dates and times for the interviews will be requested in the notification letter. If a service agent is not available during the requested day and time, the DAPM must make every effort possible to arrange for an alternative date and time that is mutually agreeable between the service agent and the auditor. A service agent's unavailability or unwillingness to comply with the audit process is unacceptable and may result in a finding of non-compliance.

3rd Quarter Ending—Are you on track to meet your random minimum drug and alcohol testing rates?

FOR YOUR INFORMATION

Remember to Meet Record Retention Requirements

FTA-covered employers must maintain records documenting their testing program. The requirements are provided in Subpart P of 49CFR Part 40 and §655.71 and specify the type of records that must be kept and the corresponding length of time they must be maintained. Employers must be diligent in obtaining all necessary documentation and in maintaining it in a secure, organized manner where it can be easily accessed.

The retention and organization of records is equally important for hard copy and electronic versions of drug and alcohol testing program documentation. As agencies transition to paperless recordkeeping systems, records are sometimes spread between hard copy files, electronic files, and e-mail files with no one repository designated to maintain the records. This has resulted in some agencies misplacing, losing, or misfiling records and possible compromise of confidential information. Of special concern are emailed test results, random number selections, and other important correspondence that remain in Drug and Alcohol Program Managers' (DAPMs') inboxes or email archives and do not get moved to the agency's drug and alcohol files. Searching for records can be cumbersome and in the event the DAPM leaves the agency, the records may be difficult or impossible to retrieve.

Similarly, the electronic submission of the agency's annual Management Information System (MIS) report has proven problematic for some who do not keep hard copies or save it to an electronic file. MIS reports must be retained for at least five years, but on-line reports can only be retrieved for one year. Thus, DAPMs must download these reports and save them for five years to meet the record retention requirements.

DAPMs must also have access to **all** drug and alcohol records and must ensure that all records are maintained according to the regulation. This is true regardless of where the records are housed or how the responsibilities for collection and maintenance of the records are dispersed throughout the organization of the recipient/subrecipient. In some cases, the responsibility for records is spread across several departments within an agency or governmental unit resulting in a possible disconnect and perceived diversion of responsibility away from the DAPM. This also happens sometimes with Third Party Administrators (TPAs) that maintain records for employers.

Even though it is a best practice to house all records in one location under the auspices of the DAPM, in instances where this does not occur, the DAPM must be diligent in the oversight of the recordkeeping process and must ensure that all records are kept consistent with the regulatory requirements and must be accessible to the DAPM upon request. The fact that someone else maintains an agency's records is not a defense for missing, incomplete, or inaccurate records.

RECORD RETENTION REQUIREMENTS

Five Years – Records of verified positive drug test results; alcohol test results with BAC of 0.02 or greater; documentation of test refusals; SAP reports; follow-up test schedule and follow-up test results; and annual MIS reports.

Three Years – Previous employer drug and alcohol test results.

Two Years – Inspection, maintenance, and calibration of EBTs; records related to the collection process, including documents relating to the random selection process, reasonable suspicion decisions, post-accident determinations, and MRO documentation of donor insufficient volume results; and employee training, including policy, rosters, agendas with dates and times of employee training on substance abuse and supervisory training on reasonable suspicion.

One Year – Negative drug results and alcohol results <0.02.

QUESTIONS & ANSWERS

Q Where can I order copies of the new Federal Custody and Control Forms and the new Federal Alcohol Testing Form?

A The Department of Transportation (DOT), Office of Drug and Alcohol Policy and Compliance (ODAPC) provides on its website a list of potential sources for purchasing Federal Drug Testing Custody and Control Forms and/or U.S. Department of Transportation Breath Alcohol Testing Forms. The DOT does not endorse any of the companies listed and provides the list as a courtesy to covered employers. The list can be found at http://www.dot.gov/odapc/documents/atfccfsuppliers.pdf.

Q What should I do if I can't read the scanned copies of the CCF that my TPA sends me?

A Employers should receive "Copy 4—Employer Copy" of the Federal Custody and Control Form directly from the collector. The collector must mail, fax, or otherwise send Copy 4 to the employer within 24 hours or during the next business day. If you agree to receive scanned copies of Copy 4, you must ensure that the records are legible and can be easily read. If not, you should direct the collector to use another means of transmission that can be read.

Q I can't find any documentation for the tests completed by my predecessor. What should I do?

A If you are unable to find copies of records including Federal Custody and Control Forms (CCFs) for any or all test categories, random number selection documentation, test results, etc., document to the best of your ability what occurred. Contact your collection site, Medical Review Officer (MRO), breath alcohol technician (BAT), and/or third party administrator (TPA), if applicable, and ask for copies of their records. Collection sites are required to keep copies of CCFs for a minimum of 30 days, and MROs are required to keep reports and records of negative tests for one year and positives/refusals for five years. Often, service agents keep records for much longer periods of time and can assist in replacing missing records.

COMMON AUDIT FINDINGS

EBT Calibration Logs. Confirmatory alcohol tests must be conducted using an Evidential Breath Testing device (EBT) that is approved by the National Highway Traffic Safety Administration (NHTSA) and appears on their Conforming Products List. To be placed on this list, the specific make and model of the EBT must meet very stringent requirements for accuracy, including the capabilities to distinguish alcohol from acetone at the 0.02 alcohol concentration, conduct an air blank test, and conduct external calibration checks. The EBT must also be capable of printing test results in triplicate, assigning a unique number to each test, and printing the number of the test, manufacturer's name, device's serial number, and time of test on the printout. To ensure that the EBT continues to meet these accuracy standards, the device's manufacturer-developed quality assurance plan must be followed.

The Quality Assurance Plan designates the method that must be followed to perform external calibration checks; the intervals for performing these checks that account for different frequencies of use, environmental conditions, and contexts of operation; specific tolerances to be regarded in calibration; and specified inspection, maintenance, and calibration requirements for the device.

Since EBTs are usually owned by the collection site where the alcohol tests are conducted, employers often trust that the Breath Alcohol Technician (BAT) and/or collection site management is ensuring that the equipment used meets the regulatory requirements. This is not always the case. Auditors routinely find the collection sites do not have copies of the EBT Quality Assurance Plan and that external calibration checks are not always adequately documented. Additionally, auditors find that **employers** are unaware that they are required (§40.333) to keep inspection, maintenance, and calibration records for the EBTs used to conduct the employer's alcohol tests for two years. This is seldom done and, therefore, is a common audit finding of employers.

& Rx OTC MEDICATIONS

Epidemic: Responding to America's Prescription Drug Abuse Crisis

In April of this year, the White House released a plan to address the Nation's fastest growing drug problem—prescription drug abuse. The rate of increase and sheer numbers of prescription drug abuse has resulted in the problem being labeled as an "epidemic." The 2009 National Survey on Drug Use and Health (NSDUH) showed a marked decrease in the use of some illegal drugs like cocaine, but found that nearly one-third of people aged 12 and over who used drugs for the first time, began by using a prescription drug non-medically. Similarly, the 2009 Monitoring the Future study conducted by the University of Michigan showed that prescription drugs are the second most-abused category of drugs after marijuana.

The plan recognizes that many of the prescription medications that are prone to abuse, are among the most powerful weapons the medical community has in its arsenal to effectively and humanely treat a number of acute medical conditions. As such, the plan attempts to strike a balance between the desire to minimize the abuse of prescription drugs with the need to ensure access for their legitimate use. The plan outlines a national framework for reducing prescription drug abuse and diversion of prescription drugs for recreational use. Key elements of the plan include:

Education: Public and healthcare providers will be encouraged to increase awareness about the dangers of prescription drug abuse, and about ways to appropriately dispense, store, and dispose of controlled substance medications.

Tracking and Monitoring: States will be encouraged to expand and enhance their prescription monitoring programs to help identify "doctor-shoppers" and detect therapeutic duplication and drug-drug interactions.

Proper Medical Disposal: The Drug Enforcement Agency (DEA) will develop a consumer-friendly and environmentally-responsible prescription drug disposal program to reduce the amount of prescription drugs that are readily available from the medicine cabinets of family and friends. The DEA will also host take-back events and undertake a major public education initiative.

Enforcement: Additional tools and support will be provided to law enforcement agencies to allow for expansion of their efforts to shut down "pill mills" that contribute to prescription drug trafficking.

FTA to Conduct Second Post Accident Survey Regarding Rx/OTC Medication Use

A survey is being developed to determine the frequency of Prescription and Over-the-Counter (Rx/OTC) medication presence in transit accidents. A previous telephone survey conducted in 2009 focused on randomly selected 2008 National Transit Database (NTD) accident data and yielded significant insight into Rx/OTC medication use and transit system safety. However, it supported the need for further analysis of an expanded sample. The current survey will study 2010 NTD accident data.

The previous data collection effort was actually one of three surveys conducted as part of FTA's Prescription and Over-the-Counter (Rx/OTC) Medication Study and an update of the Rx/OTC Toolkit, which was issued in April 2011 and is now available on the FTA's website, http://transit-safety.fta.dot.gov/DrugAndAlcohol/.

As in the past, the current survey will be conducted confidentially, with no correlation drawn to the transit system employees involved in the accidents, nor to any medical condition of those employees. The purpose of the survey is **not** to test the effectiveness or appropriateness of a system's Rx/OTC policies and procedures, but rather to ascertain to the extent feasible the degree to which public transit systems, in general, are inquiring about the use of Rx/OTC medication and applying (or not) a correlation between the accident and the use of medication. All questions will be directed to the identification of medications that were known to be present during the accident situations and to identify those medications with the most frequent incidence and that may pose the greatest risk. The data will also be used to determine the frequency of Rx/OTC presence in accident situations.

Transit systems which reported accidents that have been identified as part of the random selection will be notified via e-mail. Participation in this survey is strongly encouraged and greatly appreciated. If you have any questions or concerns about the process or the application of the information that is being requested, please contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail to fta.damis@dot.gov.

Upcoming Training

FTA is providing **free**, one-day Substance Abuse Training Sessions in several locations across the country. The Sessions are an adjunct to the FTA Drug and Alcohol National Conference and are designed to provide essential facts and information to employers to facilitate their compliance with the FTA drug and alcohol testing regulations (49 CFR Parts 40 and 655). Sessions are currently scheduled for Rhode Island on October 19-20, 2011, Howell, Michigan on November 3, 2011, and Dothan, AL on November 18, 2011. To register, learn more about the training, or how to host a session, go to FTA's website, http://transit-safety.fta.dot.gov/Training/new.

The Transportation Safety Institute (TSI) also holds the following courses at a nominal cost. For more information see: https://www.tsi.dot.gov for the full course schedule.

Substance Abuse Management and Program Compliance—$50	
San Juan, PR	November 7-9, 2011
Harrisburg, PA	December 19-21, 2011
Tampa, FL	February 13-15, 2012
Everett, WA	March 5-7, 2012
Jackson, MS	June 4-6, 2012

Reasonable Suspicion Determination for Supervisors Seminar—$30	
San Juan, PR	November 10, 2011
Landover, MD	December 2, 2011
San Antonio, TX	March 9, 2012
Jackson, MS	June 7, 2012
Birmingham, AL	June 22, 2012

ODAPC's Website Gets New Look

The Office of Drug and Alcohol Policy and Compliance (ODAPC) updated its website consistent with the new design of the Department of Transportation (DOT) website. The re-design makes the page easier to use and provides information on regulations and program guidance, news, important links, videos, posters, and brochures about the office, key persons, and how to contact staff. The website also now has a new, easier to remember address: http://www.dot.gov/odapc.

RESOURCES

FTA Drug and Alcohol MIS Project Office: Phone: (617) 494-6336 Email: fta.damis@dot.gov
FTA home page: http://www.fta.dot.gov
- Center for Substance Abuse Prevention: http://prevention.samhsa.gov
- DHHS-Certified Laboratories: http://www.workplace.samhsa.gov/DrugTesting/Level_1_Pages/CertifiedLabs.html
- FTA Office of Safety & Security: http://transit-safety.fta.dot.gov

FTA, Office of Safety and Security Clearinghouse
- Best Practices Manual: FTA Drug & Alcohol Testing Program, Revised 2008
- DOT's 10 Steps to Collection Site Security and Integrity
- DOT's Direct Observation Procedures Poster, revised August 31, 2009
- Drug and Alcohol Consortia Manual
- Drug and Alcohol Testing Results: 1996 through 2008 Annual Reports
- FTA Drug and Alcohol Program Assessment
- Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit, Revised 2009
- Prescription and Over-The-Counter Medications Toolkit, Revised 2011
- Reasonable Suspicion Referral for Drug and Alcohol Testing (Leader's Guide & Video)
- Substance Abuse Professional Guidelines, revised August 31, 2009
- Urine Specimen Collection Procedures Guidelines, revised October 1, 2010
- What Employees Need to Know About DOT Drug and Alcohol Testing, revised October 1, 2010
- What Employers Need to Know About DOT Drug and Alcohol Testing, revised October 1, 2010

USDOT Drug and Alcohol Documents FAX on Demand: (800) 225-3784
USDOT, Office of Drug and Alcohol Policy and Compliance: (202) 366-3784 or http://www.dot.gov/odapc
- Collection Site Security and Integrity Poster
- DOT Direct Observation Instructions Sheet
- DOT's Ten Steps Video
- MIS Data Collection Form and Instructions

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FTA Drug & Alcohol Regulation Updates

FTA Drug & Alcohol Regulation Updates
U.S. Department of Transportation Federal Transit Administration Office of Safety and Security

Where to find…?

49 CFR Part 655, Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations

August 9, 2001 Federal Register Vol. 66, Pages 41996—42036

December 31, 2003 Federal Register Vol. 68, Pages 75455-75466 Primary Topic: One Page MIS Form

November 30, 2006 Federal Register Vol. 71, Pages 69195-69198 Primary Topic: Applicability of FTA and USCG Regulations to Ferryboats

January 9, 2007 Federal Register Vol. 72, Pages 1057-1058 Primary Topic: Revised Testing Rates

49 CFR Part 40, Procedures for Transportation Workplace Drug Testing Programs

Revised: December 19, 2000 Federal Register Vol. 65, Pages 79462-79579

August 1, 2001 Federal Register Vol. 66, Pages 41943-41955 Clarifications and Corrections to Part 40; Common Preamble to Modal Rules

Final Rule Changes
August 23, 2006 Federal Register Vol. 71, Pages 49382—49384; Expanded List of SAP Qualifications

June 25, 2008 Federal Register Vol. 73, Pages 35961-35975; Specimen Validity Testing

November 20, 2008 Federal Register Vol. 73, Pages 70283-70284; Direct Observation Collections

February 25, 2010 Federal Register Vol. 75, No. 37, Pages 8524-8526; Release of Results to State CDL Authorities; Pages 8526-8528: Permits New ASD; Pages 8528-8529; New ATF and MIS Forms

August 16, 2010 Federal Register Vol. 75, No. 37, Pages 49850-49864; Addition of Ecstasy, Lowering Cutoff Levels, MRO Qualifications.

September 27, 2010 Federal Register Vol. 75, No. 186, Pages 59105-59108; Interim Final Rule—Instructions for use of new CCF

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Who Should Be Receiving This Update?
In an attempt to keep each transit system well-informed, we need to reach the correct person within each organization. If you are not responsible for your system's Drug and Alcohol Program, please forward this update to the person(s) who is and notify us of the correct listing. If you know of others who would benefit from this publication, please contact us at the address on the right to include them on the mailing list. This publication is free.

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