

# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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October 2009

### **Mandatory Direct Observation Collections for Return-to-Duty and Follow-Up Testing**

On July 30, 2009, the Office of Drug and Alcohol Policy and Compliance (ODAPC) published a Final Rule in the Federal Register, that restores mandatory direct observation collections for all return-to-duty and follow-up testing. This direct observation rule is to be applied to all return-to-duty, safety-sensitive transportation industry employees who have already failed or refused to take a prior drug test.

Mandatory direct observation for return-to-duty and follow-up testing is to begin on August 31, 2009. All employees who undergo return-to-duty and follow-up tests on and after the effective date must have their collections observed by testing personnel. This includes employees currently in follow-up testing programs who will still be in those programs on and after August 31, 2009.

The Final Rule on direct observations may be found on the Federal Register website at:  
<http://edocket.access.gpo.gov/2009/pdf/E9-18156.pdf>

As a result of this latest mandate, the following sections of the Best Practices Manual have been updated to reflect this testing requirement.

- Section 2.8 – Return-to-Duty and Follow-Up Testing
- Section 5.1 – Managing the Referral, Evaluation, and Treatment Process
- Appendix D, Figure D-5. Collection Site Checklist (Sheet 3) Observed Collections

### **Updated Example Policies**

In January 2009, 12 updated drug and alcohol example policies were added to the *Best Practices Manual: FTA Drug and Alcohol Testing Program* binder. These policies were reviewed and determined to be compliant with 49 CFR Parts 40 and 655. These updated policies replace the original example policies that were first published with the Best Practices Manual in March 2002, and are intended for employers who wish to develop their own internal drug and alcohol policies or oversee the work performed by consultants. The updated policies that are provided in Appendix A. Example Policies, are as follows:

- (1) Large Transit System–MARTA**
- (2) Rural Paratransit Contractor–Drug-Free Workplace–Lift, Incorporated**
- (3) Medium Transit System–Knoxville Area Transit**
- (4) Large Transit System–Zero Tolerance–Houston Metro**
- (5) Small Transit System–Clermont County**
- (6) City Government–FTA and FMCSA–City of Charlottesville**
- (7) Small Transit System–Athens–Clarke County**
- (8) Large Transit System–San Diego Transit Corporation**

- (9) State DOT–Statewide Policy–Ohio DOT**
- (10) With Second Chance (template policy)**
- (11) No Second Chance (template policy)**
- (12) FTA and FMCSA (template policy)**

The text of the enclosed removable booklet remains unchanged and it still references the original example polices from the 2002 printing of this manual. Readers should disregard those referenced policies as they are not provided in this revision. Those interested in the original example polices can access them on the FTA Office of Safety and Security, Drug and Alcohol Publications Web site at: <http://transit-safety.volpe.dot.gov/Publications/order/default.asp>. The booklet will be updated at a later time.

For additional information on current U.S. Department of Transportation and Federal Transit Administration drug and alcohol regulations, please refer to the FTA Office of Safety and Security Web site at: <http://transit-safety.volpe.dot.gov> (click Drug & Alcohol). The Office of the Secretary's Office of Drug and Alcohol Policy and Compliance (ODAPC) Web site provides information and interpretations on drug and alcohol polices and regulations, including 49 CFR Part 40. The ODAPC site can be accessed at: <http://www.dot.gov/ost/dapc/index.html>.

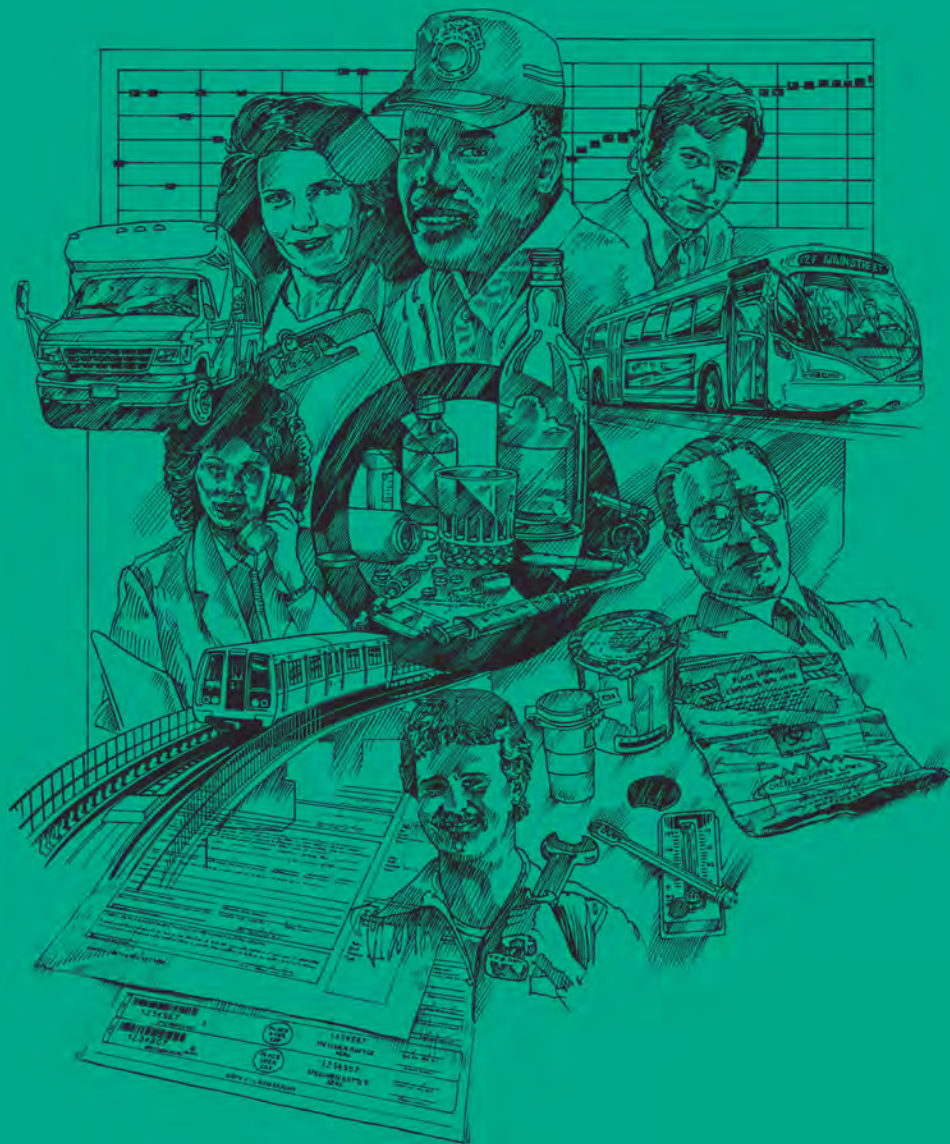


U.S. Department  
of Transportation

Federal Transit  
Administration

# Best Practices Manual: FTA Drug and Alcohol Testing Program

Revised October 2009



Office of Safety and Security

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13. ABSTRACT (Maximum 200 words) This document is part of a two-volume set prepared under the Federal Transit Administration's (FTA) General Technical Assistance Program, to provide guidance to the recipients of FTA funding that are required to test their safety-sensitive employees for drug use and alcohol misuse. This volume discusses "best practices" used by employers to establish and maintain a compliant testing program. The other volume, <i>Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit</i> , explains the regulatory requirements, which were revised in 2001.  The best practices discussed here were identified during 5 years of FTA-sponsored audits of existing programs. They are responses to the requirements that allow for flexibility in how to comply, i.e., areas where employers have to choose between different options and areas where they may want to exceed the minimum FTA requirements. This document identifies the areas where choices are required, the issues involved in making those choices, and "real world" examples of choices made. The discussions are organized according to the four required elements of an FTA anti-drug use and alcohol misuse program: (1) a program policy statement, (2) an education and training program, (3) a testing program, and (4) a procedure for referring policy violators to a substance abuse professional.			
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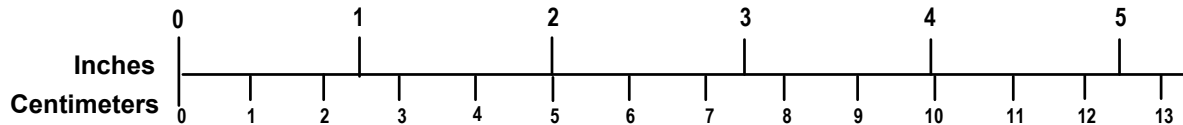
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## ENGLISH TO METRIC

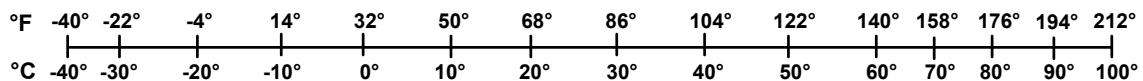
## METRIC TO ENGLISH

<p><b>LENGTH (APPROXIMATE)</b></p> <p>1 inch (in) = 2.5 centimeters (cm)</p> <p>1 foot (ft) = 30 centimeters (cm)</p> <p>1 yard (yd) = 0.9 meter (m)</p> <p>1 mile (mi) = 1.6 kilometers (km)</p>	<p><b>LENGTH (APPROXIMATE)</b></p> <p>1 millimeter (mm) = 0.04 inch (in)</p> <p>1 centimeter (cm) = 0.4 inch (in)</p> <p>1 meter (m) = 3.3 feet (ft)</p> <p>1 meter (m) = 1.1 yards (yd)</p> <p>1 kilometer (km) = 0.6 mile (mi)</p>
<p><b>AREA (APPROXIMATE)</b></p> <p>1 square inch (sq in, in<sup>2</sup>) = 6.5 square centimeters (cm<sup>2</sup>)</p> <p>1 square foot (sq ft, ft<sup>2</sup>) = 0.09 square meter (m<sup>2</sup>)</p> <p>1 square yard (sq yd, yd<sup>2</sup>) = 0.8 square meter (m<sup>2</sup>)</p> <p>1 square mile (sq mi, mi<sup>2</sup>) = 2.6 square kilometers (km<sup>2</sup>)</p> <p>1 acre = 0.4 hectare (he) = 4,000 square meters (m<sup>2</sup>)</p>	<p><b>AREA (APPROXIMATE)</b></p> <p>1 square centimeter (cm<sup>2</sup>) = 0.16 square inch (sq in, in<sup>2</sup>)</p> <p>1 square meter (m<sup>2</sup>) = 1.2 square yards (sq yd, yd<sup>2</sup>)</p> <p>1 square kilometer (km<sup>2</sup>) = 0.4 square mile (sq mi, mi<sup>2</sup>)</p> <p>10,000 square meters (m<sup>2</sup>) = 1 hectare (ha) = 2.5 acres</p>
<p><b>MASS - WEIGHT (APPROXIMATE)</b></p> <p>1 ounce (oz) = 28 grams (gm)</p> <p>1 pound (lb) = 0.45 kilogram (kg)</p> <p>1 short ton = 2,000 pounds (lb) = 0.9 tonne (t)</p>	<p><b>MASS - WEIGHT (APPROXIMATE)</b></p> <p>1 gram (gm) = 0.036 ounce (oz)</p> <p>1 kilogram (kg) = 2.2 pounds (lb)</p> <p>1 tonne (t) = 1,000 kilograms (kg) = 1.1 short tons</p>
<p><b>VOLUME (APPROXIMATE)</b></p> <p>1 teaspoon (tsp) = 5 milliliters (ml)</p> <p>1 tablespoon (tbsp) = 15 milliliters (ml)</p> <p>1 fluid ounce (fl oz) = 30 milliliters (ml)</p> <p>1 cup (c) = 0.24 liter (l)</p> <p>1 pint (pt) = 0.47 liter (l)</p> <p>1 quart (qt) = 0.96 liter (l)</p> <p>1 gallon (gal) = 3.8 liters (l)</p> <p>1 cubic foot (cu ft, ft<sup>3</sup>) = 0.03 cubic meter (m<sup>3</sup>)</p> <p>1 cubic yard (cu yd, yd<sup>3</sup>) = 0.76 cubic meter (m<sup>3</sup>)</p>	<p><b>VOLUME (APPROXIMATE)</b></p> <p>1 milliliter (ml) = 0.03 fluid ounce (fl oz)</p> <p>1 liter (l) = 2.1 pints (pt)</p> <p>1 liter (l) = 1.06 quarts (qt)</p> <p>1 liter (l) = 0.26 gallon (gal)</p> <p>1 cubic meter (m<sup>3</sup>) = 36 cubic feet (cu ft, ft<sup>3</sup>)</p> <p>1 cubic meter (m<sup>3</sup>) = 1.3 cubic yards (cu yd, yd<sup>3</sup>)</p>
<p><b>TEMPERATURE (EXACT)</b></p> <p><math>[(x-32)(5/9)]\text{ }^{\circ}\text{F} = y\text{ }^{\circ}\text{C}</math></p>	<p><b>TEMPERATURE (EXACT)</b></p> <p><math>[(9/5)y + 32]\text{ }^{\circ}\text{C} = x\text{ }^{\circ}\text{F}</math></p>

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SD Catalog No. C13 10286

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# **BEST PRACTICES**

## **FTA Drug and Alcohol Testing Program**

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### **Preface**

In 1995, the Federal Transit Administration (FTA) established an on-site audit program to monitor compliance with the drug and alcohol testing regulations enacted by the U.S. Department of Transportation in 49 CFR Part 40, *Procedures for Transportation Workplace Drug and Alcohol Testing Programs*, and by FTA in 49 CFR Part 653, *Prevention of Prohibited Drug Use in Transit Operations*, and 49 CFR Part 654, *Prevention of Alcohol Misuse in Transit Operations*. The many audits conducted under this program have revealed efficient and effective methods used by recipients of FTA funding to comply with the many areas of flexibility in those regulations. These methods are referred to as “best practices.”

This document discusses the issues that employers should address when deciding how to comply with and whether to exceed the DOT/FTA requirements, and provides best practice examples (identified during the audits) of decisions made by the audited entities. The examples are responses to the various regulatory requirements. Also included are multiple responses to the same requirements to show different approaches used by different types of employers. Because the workforces and operating environments of FTA funding recipients vary widely in some respects, the material in every example will probably not be applicable to every entity, and in some cases none of the examples may be applicable word-for-word.

This *Best Practices* manual assumes that the reader understands the regulatory requirements, which are explained in *Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit*. The *Implementation Guidelines* document updates the document published under the same title in April 1994 (FTA-OH-26-001-94-1). The revised *Implementation Guidelines* summarize and interpret the revised 49 CFR Part 40 issued in December 2000 and the revised FTA regulations, issued in August 2001 in 49 CFR Part 655, *Prevention of Alcohol Misuse and Drug Use in Transit*.

All of the examples in this manual were audited and judged to be compliant with Part 40 before it was recently revised and with Parts 653 and 654. Each of the example policy statements (contained in Appendix A, and discussed and referenced in Chapter 2) have been updated to address the revised Part 40 and Part 655, but no policies have been audited for compliance with the revised Part 40 and Part 655. The other best practice examples have been adjusted by the author to reflect the revisions in Parts 40 and 655.

<p>This manual will be posted on the FTA Office of Safety and Security website: <a href="http://transit-safety.volpe.dot.gov">http://transit-safety.volpe.dot.gov</a>, and will be updated periodically. The web posting will probably be updated more often than the printed document.</p>
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### **Acknowledgements**

The author wishes to thank Mark Snider of the Federal Transit Administration (FTA) Office of Safety and Security for his guidance and direction in preparing this manual. The author also thanks James Harrison of the Volpe National Transportation Systems Center for his direction and coordination of the various resources required for this project. Special appreciation is given to Robbie Sarles and Jeff Halstead of RLS & Associates for their invaluable assistance in providing information and best practice examples, for providing contacts for additional examples, and for reviewing the draft text and appendices. Rodney Sams of ICF Consulting and Leila Procopio-Makuh of LPM and Associates also provided information and best practice examples. John Morrison of Ketron reviewed the technical accuracy of the text and policy examples. Appreciation is given to the many transit agencies and state departments of transportation that contributed examples of their practices. These include:

- Broward County (Florida) Transit
- City of Albuquerque, Transit Department
- Denver Regional Transit District
- Des Moines Metropolitan Transportation Authority
- Government of the Virgin Islands
- Greater Cleveland Regional Transit Authority (GCRTA)
- Hartford (Connecticut) Regional Transit District
- Long Beach (California) Transit
- Los Angeles County Metropolitan Transportation Authority (LACMTA)
- Massachusetts Bay Transportation Authority (MBTA)
- Rhode Island Public Transit Authority (RIPTA)
- San Francisco Bay Area Rapid Transit (BART) District
- Southeastern Pennsylvania Transportation Authority (SEPTA)
- Southwestern Ohio Regional Transit Authority (SORTA)/Cincinnati Metro
- SuTran Transit System, Sioux Falls, South Dakota
- Tri-County Metropolitan Transit District, Oregon/Tri-Met
- Washington Metropolitan Area Transportation Authority (WMATA)
- Western Maine Transportation Services
- Florida Department of Transportation
- Georgia Department of Transportation
- Minnesota Department of Transportation
- Ohio Department of Transportation
- West Virginia Department of Transportation, Division of Public Transit

The author also thanks Nathan Grace of EG&G Technical Services for assisting with the review process and coordinating the production of this manual.



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### **1. Introduction**

This *Best Practices* manual discusses issues in the US Department of Transportation's (US DOT) and Federal Transit Administration's (FTA) drug and alcohol testing regulations where employers have to make decisions on how to comply with the requirements, and provides "real world" examples of choices made. This manual and *Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit* are being issued as a two-volume set under the FTA's General Technical Assistance Program, to provide guidance to the FTA grantees that are required to test their safety-sensitive employees for drug use and alcohol misuse. The *Best Practices* manual assumes that the reader understands the regulatory requirements, which are explained in the *Implementation Guidelines*.

#### **1.1 Background**

In 1991, in response to growing concerns about the risks posed by the use of drugs and misuse of alcohol by transportation industry employees while performing safety-sensitive functions, Congress passed *The Omnibus Transportation Employee Testing Act*, which mandated all agencies of US DOT to implement a drug and alcohol testing program. In 1994, US DOT published the minimum uniform requirements for the programs of all the modal administrations, in 49 CFR Part 40, *Procedures for Transportation Workplace Drug and Alcohol Testing Programs*.

Also in 1994, FTA published requirements for certain recipients of FTA financial assistance, in 49 CFR Part 653, *Prevention of Prohibited Drug Use in Transit Operations*, and 49 CFR Part 654, *Prevention of Alcohol Misuse in Transit Operations*. The FTA regulations were consistent with the provisions of Part 40. They were designed to provide the maximum level of safety to passengers using public transit services across the country, the employees of such providers, and others who may share the roadway with transit vehicles; to protect civil rights; and to minimize liability in all locations.

Shortly after the FTA regulations were implemented, FTA initiated a program to monitor compliance. Monitoring consists of review of annual reports submitted by the grantees, as required by the regulations, and on-site audits of the grantees' drug and alcohol testing programs. The number of transit accidents per passenger mile involving operators, dispatchers, and others who control the movement of vehicles has decreased since the program was initiated.

In 2000, US DOT revised Part 40, to clarify the organization and language, to incorporate guidance and interpretations, and to respond to changes in

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technology and the testing industry. The amended Part 40 was published in the *Federal Register* in December 2000.

Accordingly, the FTA regulations were revised to conform with the amended Part 40. The revised FTA drug and alcohol regulations were combined in a single rule: 49 CFR Part 655, *Prevention of Alcohol Misuse and Drug Use in Transit*. The revised rule also incorporates comments from the FTA grantees and guidance that FTA has issued in the past several years, including technical assistance, letters of interpretation, audit findings, newsletters, training classes, safety seminars, and public speaking engagements.

### **1.2 Scope of Best Practices**

Although some of the FTA testing requirements are rigid and prescriptive with straight forward responses, many of the requirements have no single response that would be correct for all grantees. There are areas of flexibility requiring decisions on how to comply. Part 655 also allows employers to exceed its minimum requirements.

This document discusses the issues that employers should factor into their decisions of how to comply with and whether to exceed the FTA requirements. It also provides the numerous “best practices” identified during the many on-site audits conducted over the past several years. “Best Practices” are efficient and effective methods used by grantees to comply with the requirements.

The practices in this document include policy statements, forms and checklists, and narrative descriptions of approaches actually used by grantees. In some cases, multiple examples for addressing the same issue or requirement are given to show different solutions for different types of transit systems or operating scenarios, or just to offer the grantees choices for achieving the same result. Though the audit teams have found the grantees to be very similar in general, they have found them to be very different in specifics. Therefore, the material in every example will probably not be applicable to every entity, and in some cases none of the examples may be applicable word-for-word.

The companion to this document, *Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit*, updates the document published under the same title in April 1994 (FTA-OH-26-001-94-1). The revised *Implementation Guidelines* summarize and interpret Part 655. The *Implementation Guidelines* and the *Best Practices* are intended to be used together; each document provides numerous cross-references to the other document. The *Implementation Guidelines* tell the reader what the requirements are, and the *Best Practices* tell how to comply with them.

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## FTA Drug and Alcohol Testing Program

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### 1.3 Organization of Best Practices Information

This manual is designed for easy reference for specific issues or requirements, and it refers readers to the *Implementation Guidelines* for explanation of the requirements.

The many best practice examples in this manual appear in six appendices, and are referenced and discussed in the text. The text is bound separately so it can be removed from the binder for ease of use when referring to the examples. The separately bound text can also be readily carried or stored in a pocket or briefcase for use as a portable reference.

Chapters 2 through 5 address the four required elements of a drug and alcohol testing program specified in Part 655.12. Chapter 2 addresses the program policy statement requirements and cites examples from compliant<sup>1</sup> policies; it is subdivided according to the many content areas specified in Part 655.15. Chapter 3 describes the types of education and training programs that have been implemented to satisfy the requirements in Part 655.14, and summarizes lengthy full-text examples that will be provided on the FTA Office of Safety and Security website: <http://transit-safety.volpe.dot.gov>. Chapter 4 provides best practice discussions and cites many examples for implementing and managing a drug and alcohol testing program; it is subdivided by program functions-- internal administration (the employer's own program), external administration (the program of the employer's contractors, subrecipients, and service agents), specimen collection and analysis, medical review, and records management. Chapter 5 addresses referral, treatment, and evaluation of employees who produce positive drug or alcohol test results, including procuring and monitoring substance abuse professionals (SAPs).

Appendix A contains the full-text example policies discussed in Chapter 2. Appendix B contains the example administrative forms and lists discussed in Section 4.1. Appendix C contains the example oversight forms and lists discussed in Section 4.2. Appendix D contains the example specimen collection forms and lists discussed in Section 4.3. Appendix E contains the example medical review forms and lists discussed in Section 4.4. Appendix F contains the example substance abuse referral forms discussed in Chapter 5.

This manual will be posted on the FTA Office of Safety and Security website: <http://transit-safety.volpe.dot.gov>, and will be updated periodically. The web posting will probably be updated more often than the printed document.

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<sup>1</sup> Each of the example policies cited in Chapter 2 (and presented in Appendix A) was audited and judged to be compliant with Part 40 before it was recently revised and with Parts 653 and 654, and each of them has been updated to address the revised Part 40 and Part 655. However, no policies have been audited for compliance with the revised Part 40 and Part 655.





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## FTA Drug and Alcohol Testing Program

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### 2. Program Policy Statement

As mentioned in the *Implementation Guidelines* (in Chapter 4), FTA requires each employer to establish a policy that defines its Drug and Alcohol Testing Program, and requires the entity's governing body to formally adopt the policy. An entity's governing body is the board of directors or highest ranking officials. The person who is primarily responsible for implementing and managing the program usually guides development of the initial draft of the policy, and presents it to the governing body for review and approval. It is generally useful to involve top management officials, union officials (if the employees are represented), and local legal counsel in reviews of the draft policy.

To show proof of governing board adoption, some entities include a header on their entire document that contains the policy number, adoption date, and appropriate signature. Other common methods include a page documenting meeting minutes, or a formal adoption page complete with signatures. Another method is to include it as an appendix.

Although policies must be changed, readopted, and redistributed to reflect significant regulatory revisions, policy readoption is not necessary for minor regulatory changes or minor changes in the policy statement, such as the name of the entity's new Drug and Alcohol Program Manager, Medical Review Officer (MRO), Substance Abuse Professional (SAP), collection site, or testing laboratory. Such changes are often included in an appendix and described in a form distributed to safety-sensitive employees. Moreover, these types of changes can often be avoided by adding the words "or successor" after the names of specific persons and organizations.

Some employers use their own staff to develop the policy. Others contract with an outside expert or company. Both approaches have been successful. Peer systems can share their policies, but they should read the shared language carefully to make sure it meets the specific needs of their system. The key to a successful policy is that it be clear to the employees and clear to the attorneys and auditors. Clearly stated policies that focus on specifics tend to have the fewest legal challenges.

Use of a consultant may be preferable if the entity lacks the appropriate internal resources and if consultants are available who are extremely familiar with the FTA regulations and fully understand the local situation. The experience of prospective consultants should be examined carefully before they are hired. The audit teams have found a broad range in the quality of policies developed by consultants. Even some of the large consulting companies providing transportation safety support do not seem to be fully aware of the

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## FTA Drug and Alcohol Testing Program

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FTA regulations. Some of them assume that Federal Motor Carrier Safety Administration (FMCSA) testing requirements are the same as those for FTA.

Appendix A contains six example policies for entities that wish to develop their policy internally or oversee the work of consultants:

- (1) Southwestern Ohio Regional Transit Authority/Cincinnati Metro
- (2) Long Beach Transit (California)
- (3) Tri-County Metropolitan Transit District/Tri-Met (Portland, Oregon)
- (4) Des Moines Metropolitan Transit Authority (Iowa)
- (5) Ohio Department of Transportation
- (6) Georgia Department of Transportation

***Each of these policies was audited and judged to be compliant with Part 40 before it was recently revised and with Parts 653 and 654, and each of them has been updated to address the revised Part 40 and Part 655. However, no policies have been audited for compliance with the revised Part 40 and Part 655.***

*The Cincinnati Metro and Long Beach Transit Policies in Appendix A have **not** been formally approved by their governing boards since they were revised.*

These six policies were chosen to provide a broad cross section of different types of grantees. Cincinnati Metro and Long Beach Transit are large bus systems. Tri-Met is a large bus and light rail system. The Des Moines Metropolitan Transit Authority (MTA) is a medium-size bus system. The Ohio Department of Transportation (DOT) and Georgia DOT each issue a model policy to all their subrecipients (almost all of which are small transit operators and most of them rural), and strongly encourage its use.

The Cincinnati Metro and Long Beach Transit Policies are zero tolerance for testing positive. The Ohio DOT Policy permits the subrecipient to specify zero tolerance or a second chance. The Des Moines MTA Policy is zero tolerance for testing positive on all tests except random, but it specifies a second chance for a random positive. The Tri-Met and Georgia DOT Policies permit a second chance but do not guarantee it.

The Long Beach Transit Policy is configured differently than the others. It is packaged as a booklet that employers and supervisors can readily carry with them. It begins with a 22-point summary of the policy, divided into three areas: illegal drug policy, FTA drug policy, and alcohol policy. The summary is followed by “guidelines” for administering the policy.

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Point-by-point discussions of the minimum policy-content requirements in Part 655.15 with specific references to the examples in Appendix A are provided in the remainder of this chapter. These discussions are organized in subsections that generally correspond with the requirements, though the order has been changed to reflect the needs and preferences of the grantees and employers:

- (1) FTA Test Requirement** - The requirement that safety-sensitive employees must submit to drug and alcohol testing administered in accordance with Part 655
- (2) Optional Provisions** - Employer-implemented requirements of the drug and alcohol program that exceed the minimum requirements in Parts 40 and 655
- (3) Applicability** - The categories of employees subject to the regulations
- (4) Prohibited Behavior** - Specific information concerning the conduct that is prohibited by Part 655
- (5) Testing Circumstances** - The specific circumstances under which safety-sensitive employees will be tested for alcohol and prohibited drugs
- (6) Drug and Alcohol Testing Methodology and Integrity** - The procedures used to test for the presence of drugs and alcohol, to protect the employee and the integrity of the testing process, to safeguard the validity of the test results, and to ensure that the test results are attributed to the correct employee (A statement that the employer will follow all the requirements in 49 CFR Part 40 will suffice.)
- (7) Refusal Behavior and Consequences** - A description of the behavior that constitutes a refusal to take a drug or alcohol test and a statement that refusal constitutes a violation of the employer's policy
- (8) Consequences of a Drug or Alcohol Positive** - The consequences for an employee who has a verified positive drug test, has a verified alcohol concentration of 0.04 or greater, or refuses to submit to a drug or alcohol test (including mandatory requirements of immediate removal from the safety-sensitive function and evaluation by a SAP), and the consequences (as set forth in Part 655.35) for an employee who has a verified alcohol concentration of 0.02 or greater but less than 0.04
- (9) Designated Contact Person** - The identity of the person designated by the employer to answer employee questions about the drug and alcohol program

Many policies combine these categories and include additional categories. Training and education often appear in policy statements, though not required by Part 655.15. The Tri-Met Policy (in Section L), the Ohio DOT Policy (in Section D), and the Long Beach Transit Guidelines (in Section V) include a section on education and training. The Cincinnati Metro Policy (in Part III Section 9.0) and the Georgia DOT Policy (in Section 9.0) include a section on training.

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### 2.1 FTA Test Requirement

A statement that covered employees must submit to drug and alcohol testing administered in accordance with Part 655 often appears near the beginning of the policy and in conjunction with the list of DOT prohibited substances, as in the Ohio DOT Policy where it appears as a subpoint under prohibited substances (in Section E). Cincinnati Metro covers this requirement under policy (in Part III Section 2.0) immediately before the prohibited substances section. Both the Des Moines MTA and Georgia DOT Policies cover the requirement in the purpose (in Section 2.0) shortly before the prohibited substances section. The statement appears (in Section J) farther from the prohibited substances discussion (Section D) in the Tri-Met Policy. Long Beach Transit covers this requirement in several different areas (in Items 12 through 15 of its policy summary and the introduction to the guidelines).

### 2.2 Optional Provisions

Employers rarely include optional provisions as a separate section of the policy text. Optional provisions are normally mentioned and identified as additional in the sections where they logically belong. This is the method used in all of the example policies in Appendix A. Some employers use underlines, italics, or bold to distinguish between DOT/FTA (i.e., Parts 40 and 655) and non-DOT/FTA testing requirements. The Cincinnati Metro, Long Beach Transit, and Georgia DOT Policies present the DOT/FTA requirements in bold. The Long Beach Transit and Georgia DOT Policies also italicize the requirements of the Drug-Free Workplace Act of 1988 (49 CFR Part 29). The Ohio DOT Policy uses standard typeface for the DOT/FTA requirements and uses underlines for the transit agency's requirements.

Some employers use a testing notification letter that explicitly informs employees of the authority under which they will be tested. In addition to being clearly differentiated from DOT/FTA requirements, optional provisions should be clearly stated to minimize the likelihood that they will be contested.

Additional requirements often include prohibition and testing of additional substances, employee assistance programs, and rehabilitation options. Most policies prohibit all controlled substances. Some refer to substances prohibited by the Drug Free Workplace Act of 1988. Some employers provide for testing of other substances, e.g., ecstasy, barbiturates, non-barbiturate sedatives (methaqualone), benzodiazepines (Valium, Librium, Xanax), non-amphetamine stimulants, and LSD. LSD is the most difficult and expensive drug to identify forensically. Any additional substances must be listed in the policy if an employer intends to test for them. The Tri-Met Policy (in Section J1a) requires applicants for safety-sensitive positions to provide a second urine specimen for

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testing of barbiturates, benzodiazepenes, methadone, and propoxyphene. In the Des Moines MTA Policy (in Section 6.0), the MTA “reserves the right” to test, under its own authority, for any drugs that an employee is reasonably suspected of abusing.

### 2.3 Applicability

Each position title that includes safety-sensitive duties should be listed in the policy regardless of the percentage of the position’s duties that are safety sensitive. The policy should also state that all employees and their duties have been reviewed. Including the names of all employees subject to testing is the clearest method, though possibly not practical in organizations with more than a few employees.

Because 85 percent of all court cases related to drug and alcohol testing in the transit industry involve whether the employee testing positive was subject to the testing requirement and why, employers should review all duties and potential duties of each job title and employee. Front-line operations and safety supervisors usually perform safety-sensitive duties. Other managers/supervisors (e.g., general manager, road supervisor, safety officer, and operations manager) are sometimes considered to be safety-sensitive because they may operate a vehicle. These employees are most likely to operate a vehicle (or perform dispatching duties) at small transit operations that have few employees, where it is often necessary for managers/supervisors to have a broad range of duties, perform multiple roles, or be available to substitute for safety-sensitive employees. Positions that people do not usually think of as being safety-sensitive, such as bus washers, must also be reviewed carefully because the employee may be required to move revenue service vehicles.

The most complicated position to identify as safety-sensitive is dispatcher because the functions vary from agency to agency. According to the FTA definition of safety sensitive, a dispatcher controls movement of vehicles, and in most rail operations and large bus operations this is perfectly clear. However, in many paratransit operations, a dispatcher is merely the person who receives and relays transportation requests or makes schedules. Many of these employers (which are often in rural and small areas) have few appropriate candidates for this position who are willing to be tested. The difficulty is these employees may occasionally be asked to instruct the drivers on routes to destinations.

Employers have stated their applicability policy in a number of ways. Large employers with many positions often use an appendix, attachment, or exhibit to list all safety-sensitive position titles, as in the Cincinnati Metro, Long Beach Transit, and Tri-Met Policies. The Ohio DOT and Georgia DOT Policies, though they are intended for small employers, recommend listing the positions in an

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attachment. These positions are listed at the end of the Des Moines MTA Policy, following the section on contact persons, but the list is not labeled as an appendix, attachment, or exhibit. Tri-Met also includes the position codes in its list.

Some policies expand applicability beyond the DOT/FTA requirements. Cincinnati Metro, Long Beach Transit, Tri-Met, and Des Moines MTA require all their employees (and applicants) to be tested under the agency's authority for all categories except random. The requirement that non-safety-sensitive employees are also subject to the policy appears near the beginning of the policies (in Part III Section 1.0 of the Cincinnati Metro Policy, in Section III of the Long Beach Transit Guidelines, in Section B of the Tri-Met Policy, and in Section 3.0 of the Des Moines MTA Policy). The exception for random testing in the Tri-Met Policy appears in Section J1d. The exception for random testing in the Des Moines MTA Policy appears in Section 6.0, which also includes an exception for follow-up and return-to-duty testing.

### 2.4 Prohibited Behavior

The policy should specify behavior prohibited by the employer, including use, manufacture, distribution, dispensing, and possession of controlled substances. Possession and use of alcohol on the premises should also be addressed. Most employers use a separate section for prohibited behavior (or conduct), as in the Tri-Met, Des Moines MTA, Ohio DOT, and Georgia DOT Policies (in Sections E, 5, F, and 5, respectively). Cincinnati Metro, however, addresses this requirement by reprinting the Drug-Free Workplace Act of 1988 in its policy (in Part II). Long Beach Transit cites the prohibited behavior requirements of the Drug-Free Workplace Act for drugs and for alcohol in Items 10 and 21, respectively, of its policy summary.

Another issue to be addressed is use and notification of prescription and over-the-counter drugs. The policy should state that ingestion of controlled substances is prohibited regardless of the source. A procedure for employees to report use of all prescription and over-the-counter drugs and assignment of responsibility for reviewing the reports may be helpful. The Cincinnati Metro Policy addresses use of prescription and over-the-counter drugs under consequences (in Part IV, Section 11.0). Long Beach Transit requires (in Item 9 of its policy summary) employees who take any prescribed medication that could affect their job performance to notify the agency in advance. The Tri-Met Policy requires reporting the use of any legal drugs that may impair performance (in Section H), and mentions use of prescription and over-the-counter drugs under prohibited substances and prohibited behavior (in Sections D and E). The Des Moines MTA, Georgia DOT, and Ohio DOT Policies

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address use of legal drugs under prohibited substances (in Section 4.2, Section 4.2, and Item 2 of Section E, respectively).

### 2.5 Testing Circumstances

This section addresses specific issues related to pre-employment, reasonable suspicion, post-accident, and random testing policies. Since return-to-duty and follow-up tests are linked to the employer's consequences policy, they are discussed in Section 2.8.

Some policies address salary compensation for testing. The Des Moines MTA Policy has a subsection (6.1) on compensation for testing. Most employers pay employees' time (including overtime if the testing extends beyond their shift) for all tests except pre-employment (or pre-promotion or transfer), return-to-duty, and follow-up, but often do not state that in their policies. The Des Moines MTA also pays employees' time for follow-up testing. The Cincinnati Metro Policy (in Part III Section 5.6) provides for compensation at the applicable rate for employees during random tests, but compensation is not mentioned under any of the other test categories. The Tri-Met Policy (in Section J1d) requires the employee to be paid overtime for the time that a random test collection extends beyond the end of the shift.

Many policies address payment for re-tests (i.e., split sample) that are performed at the employee's request. Most of them require employees who test positive on split samples to pay for the split sample, though the specifics vary. The Cincinnati Metro Policy (in Part III Section 4.1.3, the Long Beach Transit Guidelines (in Section IXD), and the Ohio DOT Policy (in Section I) require the transit agency to cover the initial cost, but also require the employee to reimburse the agency if the sample is positive. The Des Moines MTA Policy (in Section 6.2) states that all expenses for the test will be collected from the employee via a one-time payroll deduction unless the result invalidates the result of the original test. The Georgia DOT Policy (in Section 6.1, Note 24) recommends including the statement "the split sample test will occur regardless of up-front payment, but that the transit system reserves the right to seek reimbursement from the employee."

#### ***Pre-Employment Testing***

There are two areas of flexibility in stating the Part 655 requirements for pre-employment testing. First, the employers may, under their own authority, require pre-employment alcohol testing provided their policy states the FTA requirements that pertain to such testing. Second, employers may specify, under their own authority, a shorter time for retesting employees for drugs who

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have not performed a safety-sensitive function for 90 consecutive days and who have been out of the random test pool during that time.

### ***Reasonable Suspicion Testing***

The employer may want to include examples, in the policy, of the legally accepted reasons for ordering reasonable suspicion tests or use wording that the employees are more likely to understand.

Some policies address transportation of employees to the collection site when a reasonable suspicion test is ordered, to ensure they do not drive if unfit (particularly a company vehicle) and that they report immediately and directly to the collection site. The Ohio DOT Policy (in Section L) states “the Transit Department shall be responsible for transporting the employee to the testing site.” The Tri-Met Policy (in Section J1b) prohibits the employee from driving home, though the employee is responsible for transportation home; it states that the Transit District will arrange and pay for transportation home if necessary. The Des Moines MTA Policy only states a requirement for employees to be escorted to the collection site under random testing (in Section 6.7), but this requirement is implied for all testing under paid testing (in Section 6.1): “. . . until such time as they are released by the supervisor escorting the employee.”

### ***Post-Accident Testing***

Some employers provide, in their policy, for testing covered employees for all accidents to remove all decision making of whether to test, which may occur during difficult circumstances. However, they must still decide which authority to test under, and must clearly indicate on the accident report which authority they are testing under. The policy may also use a more stringent definition of an accident, providing it also states the FTA definition. Some employers use a fixed-dollar amount of property damage as the definition. Tri-Met exceeds FTA requirements for post-accident testing. The Tri-Met Policy (in Section J1c) requires a test if an employee receives a citation while on the job for a violation that affects public safety, or violates District rules or procedures and poses a threat to the safety of employees or the public or to property (e.g., a run-away vehicle or allowing a vehicle to strike a fixed object).

Employers may want to address transportation of employees to the collection site when a post-accident test is ordered for the same reasons as addressing it when a reasonable suspicion test is ordered. Transportation is not addressed as frequently for post-accident tests because unfitness for duty is not always suspected as in reasonable suspicion testing. The Tri-Met Policy (in Section J1c) also prohibits the employee from driving home following a post-accident



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test, though the employee is responsible for transportation home; it states that the Transit District will arrange and pay for transportation home if necessary. The Des Moines MTA Policy implies that employees are to be escorted to the collection site when any drug or alcohol test is ordered, under paid testing (in Section 6.1): “. . . until such time as they are released by the supervisor escorting the employee.”

### **Random Testing**

The method used to select safety-sensitive employees for random tests should be stated in the policy. Random-number tables or computer-based random-number generators mapped to safety-sensitive employees' identification numbers are often used.

The FTA testing percentages should also be stated in the policy, and the policy should be modified to reflect FTA adjustments to those percentages.

Employers that choose to test non-DOT/FTA safety-sensitive employees should state in their policy the categories of employees who will be included in their own (non-DOT/FTA) pool, and the rate at which they will be tested. Employers should meet the random test percentages stated in their policies.

Employers may want to require employees selected for random testing to be accompanied by a supervisor to the collection site, to ensure that they report immediately and directly. The Des Moines MTA Policy (in Section 6.7) requires the employee to be escorted immediately to the collection site.

### **2.6 Testing Methodology and Integrity**

The policy need only state that the tests be conducted in accordance with the provisions in 49 CFR Part 40, *Procedures for Federal Workplace Drug and Alcohol Testing Program*. The Tri-Met Policy, in Section J2, states the specimen collection and analysis will be conducted in accordance with U.S. Department of Health and Human Services *Mandatory Guidelines for Federal Workplace Drug Testing Programs, Final Guidelines*, and with Part 40. Many employers, however, repeat portions of the Part 40 Methodology requirements in their policies. This is often done at the request of labor unions. Extensive detail on testing methodology is included, in varying amounts, in the Cincinnati Metro Policy (in Part III Section 4), in the Long Beach Transit Guidelines (in Sections IX, X, XI, and XII), in the Des Moines MTA Policy (in Section 6.0), in the Ohio DOT Policy (in Sections I and J), and in the Georgia DOT Policy (in Section 6.0).

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### 2.7 Refusal Behavior and Consequences

Numerous examples of the behavior that constitutes a refusal to take a drug or alcohol test are listed in Part 40, and in the *Implementation Guidelines*. This information is often incorporated as a separate section (as in the Cincinnati Metro Policy, in Part III Section 7.0) or subsection (as in the Long Beach Transit Guidelines, in Section VIIA3). Long Beach Transit defines refusal under enforcement/ consequences. Another option is to include this information as part of a section on compliance, as in the Tri-Met Policy (in Section I), the Des Moines MTA Policy (in Section 5.4), and the Georgia DOT Policy (in Section 5.4). The Ohio DOT Policy lists numerous examples under its definition of “test refusal” in Section C.

### 2.8 Consequences of Drug Use and Alcohol Misuse

In addition to stating the minimum consequences required by FTA for violations of the regulations (which are summarized in the *Implementation Guidelines*), the policy should also clearly state the disciplinary action that will be taken by the employer related to the various violations. The disciplinary actions stated in policies and the way that they are stated vary widely.

Some employers (such as Cincinnati Metro and Long Beach Transit) have a zero-tolerance policy for testing positive, or refusing to be tested, for drugs and at 0.04 or higher for alcohol. That is, the employee is terminated for the first offense. Des Moines MTA has a zero-tolerance policy for all positive tests except random, but specifies a second chance for a random positive, though employees testing positive are prohibited from bidding on or driving designated contracted school routes. Many employers state the consequences as discipline up to and including termination, allowing discretion on whether to terminate for a first offense, as in the Tri-Met and Georgia DOT Policies. Tri-Met specifies that the decision will depend on the severity of the violation and the employee’s record. The Ohio DOT Policy allows the individual subrecipients to establish their own discipline code. The policy includes all the language and sections needed for a second-chance policy, but has prompts for insertion of “zero tolerance” in the appropriate locations (in Sections A, H, and O).

Experience has shown that consequence/discipline policies that are very specific and allow little discretion tend to receive the fewest legal challenges, particularly in agencies with a strong union presence.

Most employers terminate employees for a first offense of prohibited behavior or for refusing to be tested. Most policies include provisions requiring employees to inform the employer of convictions for drug- and alcohol-related offenses. Most policies also provide lesser consequences for an alcohol test between 0.02

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and 0.039, which is not a positive as defined by Part 40. Cincinnati Metro's zero-tolerance policy (in Part IV Section 3.0) allows a second chance for those who test between 0.02 and 0.039 for alcohol, but it requires a disciplinary suspension of at least 30 days without pay (or sick leave) and signing of a last-chance agreement. The Long Beach Transit Guidelines (in Section VIIA1) state that those who test between 0.02 and 0.039 on more than one occasion may be subject to discipline up to and including discharge, but mentions no discipline for the first offense. Both policies offer a second chance for voluntary self-confessors, but require them to complete a rehabilitation program. Most policies exempt self-confessors from disciplinary action and offer treatment opportunities providing they do not test positive. The Des Moines MTA Policy has a separate section (5.8) on voluntary treatment. It requires referral to the SAP at the MTA's expense, but does not require the employee to follow the SAP's recommended treatment plan, though it encourages the employee to do so.

Provisions for grievance and appeal, beyond the FTA protection of MRO review of test results and split-sample testing should also be addressed in the policy. The Tri-Met Policy addresses this issue under discipline (in Section M).

Some policies have separate sections on consequences or discipline, i.e., Long Beach Transit (in Section VIIA of its guidelines), Tri-Met (in Section M), Des Moines MTA (in Section 7.1), and Ohio DOT (in Section Q). In addition to the section on consequences in the Long Beach Transit Guidelines, many of the items (4, 6, 8, 10, 16, 17, 19, 20, and 21) in the Long Beach Transit Policy summary include consequences. The Tri-Met Policy also discusses consequences under prohibited behavior (in Section E) and under return to work (in Section N). The Des Moines MTA Policy also discusses consequences in various subsections under prohibited conduct (in Section 5), under return-to-duty testing (in Section 6.8), and under re-entry conditions (in Section 8.0). The Ohio DOT Policy includes a note for zero-tolerance employers to remove the provisions that specify discipline other than termination. The Cincinnati Metro Policy has a separate part (IV) on consequences with separate sections on 11 categories of violations. The Georgia DOT Policy covers consequences under treatment requirements (in Section 5.5) and under test procedures (in Section 6.0).

The placement of the requirement that all employees who test positive be referred to a SAP varies from policy to policy. This requirement appears in a separate section on SAP referral in the Cincinnati Metro, Long Beach Transit, and Tri-Met Policies. The SAP referral section is under rehabilitation (in Part V Section 2.0) in the Cincinnati Metro Policy, in Section XII of the Long Beach Transit Guidelines, and under general provisions for drug and alcohol testing (in Section J3) in the Tri-Met Policy. The requirement is included under

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compliance with testing requirements in the Des Moines MTA Policy (in Section 6.0), under result of drug/alcohol test in the Ohio DOT Policy (in Section Q), and under testing procedures in the Georgia DOT Policy (in Section 6.0).

### ***Return-to-Duty and Follow-Up Testing***

All policies that allow a second chance must discuss return-to-duty and follow-up testing. Because “zero-tolerance” policies often have exceptions for self-confessors or for alcohol tests under 0.04 (e.g., the Cincinnati Metro and Long Beach Transit Policies), all employers should address return-to-duty and follow-up testing in their policy. Both the Cincinnati Metro Policy and the Long Beach Transit Guidelines include sections on return-to-duty and follow-up testing (in Part III Sections 5.3 and 5.4 and in Section VIII E, respectively) and on rehabilitation (in Part V Section 3.0 and in Section XIII, respectively). Even an employer that requires termination for all first violations and gives no grace for self-confessors should include these provisions in case it is required to reinstate an employee, by a higher authority such as the Fair Labor Relations Board.

Most employers require the employee, or the employee’s insurance carrier, to pay for rehabilitation and the required return-to-duty and follow-up tests. These requirements should be included in the policy and identified as independent of FTA authority. All of the policies in Appendix A require the employee to be responsible for treatment and rehabilitation cost.

### **2.9 Designated Contact Person**

Although this requirement is listed first in the policy-content requirements, Part 655 does not specify where in the policy to include the identity of the contact person. Most employers include it at the end of the policy, as in the Tri-Met, Des Moines MTA, Ohio DOT, and Georgia DOT examples. (Tri-Met includes its contact persons under program administration, in Section P.) However, some employers include the name on the first page. Long Beach Transit includes the contact person on the first page of its guidelines, in Section II. Still others place it in an appendix along with the names and contact information for other important professionals and vendors (e.g., MROs, SAPs, collection sites, and laboratories), as in the Cincinnati Metro Policy (in Appendix B). Long Beach Transit includes an extended list of contacts in an attachment, in addition to the contact name on the first page of the guidelines. An appendix or attachment provides employees with a “quick reference guide” to this information, and it enables distribution of a revised appendix or attachment with updated contact information, thereby avoiding the need to re-adopt and redistribute the policy.

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The person designated to answer employee questions about the drug and alcohol program is often the person responsible for program administration. For smaller organizations, this may be a human resources manager, an operations manager, or a general manager. The contact person's position title, address, telephone number, and fax number should also be included, as well as the words "and their successor."



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### 3. Education and Training

This chapter discusses methods for meeting the FTA education and training requirements contained in Part 655.14, as discussed in the *Implementation Guidelines* (in Chapter 5). The issues related to meeting those requirements are also discussed.

#### 3.1 Education

Informational materials on prohibited drug use include posters, pamphlets and brochures, fact sheets, and newsletter articles. These materials are often distributed to new employees with orientation materials, and are communicated via postings and displays in common areas of the workplace, anti-drug abuse campaigns, and seminars. A common source of these materials is employee assistance programs (EAPs).

Many transit agencies have contracts with EAP providers to assist employees with various types of personal problems. These contracts often require the EAP to supply and distribute educational materials on substance abuse. EAPs often issue brochures and posters to employers and mail informational materials directly to employees' homes. EAPs also provide employees with evaluation and referral, short-term individual counseling, individual case management, crisis intervention (24-hour crisis line), and employee educational programs.

The Center for Substance Abuse Prevention provides EAP models, as well as telephone information and literature on policy, drug testing, and related topics, at no cost to employers. It also provides referrals to other information sources and lists of consultants by geographic area. This information can be received or ordered through the Center's Drug-Free Workplace Help line, (800) 843-497, between 9:00 a.m. and 8:00 p.m. EST Monday through Friday.

Other national organizations that are frequently used as sources of educational information and materials include:

- Americans for a Drug-Free America--This organization distributes various pamphlets on the effects of illegal drug use. These materials are published by American Crisis Publishing, Inc., 3800 Hudson Bend Road, Austin, TX 78734, (512) 266-2485.
- National Safety Alliance (NSA), P.O. Box 159060, Nashville, TN 37215, (615) 832-0046--Many transit agencies distribute the NSA handbook titled *Substance Abuse Training for the Workplace*.

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- National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852, (800) 729-6686, (301) 468-2600--The Clearinghouse provides fact sheets, films, posters, pamphlets, and brochures at no or low cost. Multilingual materials and a free quarterly catalog are also available.
- Partnership for a Drug Free America, 405 Lexington Avenue, New York, NY 10174-0002, (212) 922-1560—This organization provides posters, audiotapes, and videotapes with high-impact messages. There is no charge for these materials, but donations are requested.

Health insurance carriers, mental health agencies, and state substance abuse clearinghouses also provide informational and educational materials on substance abuse for distribution to employers. Each State has at least one federally funded clearinghouse that provides nationally and locally produced materials.

### **3.2 Training**

Various approaches and combinations of approaches are used to meet both of the training requirements in Part 655.14(b). Some employers use one approach or combination to train their safety-sensitive employees and another one to train their supervisors and other company officials who are responsible for determining reasonable suspicion of drug and alcohol use.

Most of these approaches involve some type of classroom training with an instructor or facilitator leading the session. The most comprehensive approach includes a lecture, presentation of a video, or use of some other interactive technology, a question-and-answer session, discussion of the company policy and issues relevant to the employer's operation, and role playing. A professional on the effects and indications of substance abuse would give the lecture, show the video, and answer questions about substance abuse. A person knowledgeable about the employer's operations (e.g., a human resources official, drug and alcohol program manager (DAPM), or a third-party administrator (TPA))--would answer questions about the employer's operations and lead discussions related to the work environment. In some cases, one person can perform both functions, such as a DAPM who is also a health professional or a TPA who is a substance abuse consultant.

Many large and medium-size employers and consortia contract with consulting firms experienced in delivering workplace training or other substance abuse professionals to prepare a curriculum and present it. Some of these large organizations have a professional on their internal staff or a TPA who prepares or presents the curriculum. Sometimes the internal professional or TPA presents a curriculum prepared by a consulting firm or contracted



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professionals. In some cases, internal professionals work with consultants or contractors to prepare and present the training.

Smaller entities not affiliated with a consortium often have a staff member lead the training using commercial training programs or training manuals and materials acquired from their state department of transportation (DOT), a nearby transit agency, or FTA. Self-paced training programs in booklet and videotape formats are available from standard suppliers of training materials for the transit industry or from companies and individuals that advertise on the Internet. Some state DOTs purchase these materials and distribute them to their transit employers, particularly for small entities with limited budgets. Other state DOTs hire consultants to prepare standard training manuals (or prepare them using internal staff) for their transit agencies.

Discussion and role-playing techniques can be used with any of these approaches at minimal additional expense, and are very effective because they allow the agency's staff to address other issues.

Professionals who may prepare training curricula or provide training include:

- EAP providers
- Nurses and physicians
- Mental health professionals
- Drug and alcohol treatment specialists
- Pharmacists
- Toxicologists
- Law enforcement drug awareness specialists

Organizations that may be sources for identifying or locating training professionals include:

- National organizations and their local affiliates, such as the Employee Assistance Professionals Association and their state chapters and the National Council on Alcoholism and Drug Dependence
- State substance abuse clearinghouses
- State-wide nonprofit organizations, such as Connecticut's "Drugs Don't Work!" or Texas' "War on Drugs"

Though FTA requires that all training records be kept for only 2 years, many employers retain all training records indefinitely. This is particularly important if consulting companies or contracted professionals are used.

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### *Training for Safety-Sensitive Employees*

The required drug abuse training is often incorporated in the employee orientation process. Many employers find it difficult to cover all the required information in 60 minutes, particularly if questions, discussions, and role playing are included. Some trainers also test the participants before they begin to assess their knowledge and enable them to tailor the training to the employees' needs. They may also test them again upon completion to assess their comprehension. Thus, many transit agencies have found 2 hours to be a more appropriate drug training period. It is also helpful to encourage employees to talk to their physicians and supervisors about over-the-counter and prescription medications to determine alternatives to their use while on duty. Some employers also cover alcohol misuse and aspects of drug abuse not required by Part 655.14, such as effects of additional illegal drugs and over-the-counter and prescription medications.

Videos are a useful tool for employee training, providing they support and do not contradict the specifics of the FTA regulations. One example of an effective video is *Effects of Drugs and Alcohol on the Human Body* by Comdata, though FTA does not endorse the product.

The Florida Department of Transportation has a Public Transportation Substance Abuse Program that it distributes to the FTA grantees in Florida. The Employee's Manual and Instructor's Manual will be available on the FTA Office of Safety and Security website: <http://transit-safety.volpe.dot.gov>. The program contains modules on:

- Drugs and public safety
- Alcohol
- Each of the FTA prohibited drugs
- Over-the-counter drugs
- Combining drugs
- Florida DOT policy
- Availability of help
- A test and certification

The Des Moines Metropolitan Transit Authority (MTA) has a *Substance Abuse Training Manual*, which will also be available on the FTA Office of Safety and Security website: <http://transit-safety.volpe.dot.gov>. This manual addresses:

- The Regulatory Requirements
- Jobs considered Safety Sensitive
- Required Types of Testing

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- Signs, Symptoms, and Effects of the Five Prohibited Drugs
- Alcohol Testing
- Sample Collection Procedures
- Role of Outside Professionals and Hotline Telephone Number
- Confidentiality
- Disciplinary Action

The Des Moines MTA Training Manual also includes the outline for the training for safety-sensitive employees:

### **Des Moines MTA Substance Abuse Training Outline**

- Impact of Drug Abuse on Society and Industry
  - National, Regional, and Local Statistics on Prohibited Drug Use
  - Safety, Personal Health, and Work Environment
- Response of the Federal Government and the Transit Industry
  - Drug-Free Workplace Act
  - Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations (49 CFR Part 655)
  - Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40)
  - MTA Policy on Prohibited Drugs and Alcohol
- Safety, Personal Health, and Work Environment Effects of Each of the Five Prohibited Drugs
- Manifestations and Behavioral Cues That May Indicate Use of Each of the Five Prohibited Drugs
- Procedures and Protections of the FTA Drug and Alcohol Testing Program
- Questions and Answers

When hiring professional trainers, employers should be sure that the trainers thoroughly understand the FTA regulations. The same caution should be exercised when acquiring self-paced training materials. Many trainers and training material producers prepare and deliver products used to comply with the Federal Motor Carrier Safety Administration (FMCSA) requirements, and believe that they also apply to FTA. The FMCSA and FTA regulations have significant differences. Applying the FMCSA requirements to a transit program could affect employer liability and employee civil rights.

Important criteria to consider in selecting a trainer are:

- Workplace experience with transit or similar industries
- Concern with safety, cost reduction, productivity, liability, and public image, as well as employee welfare
- Understanding of Parts 40 and 655 and how to respond to employee attitudes and concerns regarding drug and alcohol testing

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- Training style, platform skills, techniques, tools, and methods appropriate to adult learning, including appropriate and high-quality audio/visual material, handouts, role playing, and case studies
- Willingness to learn about the customer's operations, policy, programs, values, and culture
- Flexibility, professionalism, and tact in handling diverse opinions and needs of resistant employees, assertive managers, supervisors, executives, and union representatives

Some professional trainers use commercial off-the-shelf curricula. Such curricula have to be tailored to reflect the employer's procedures, discipline policy, and EAP. The employer may want to have its own human resources, medical, or labor relations professional work with the contracted training professionals in developing and presenting the training sessions.

### ***Training for Determining Reasonable Suspicion of Drug and Alcohol Abuse***

Most employers exceed the scope of the requirements in Part 655(2)(b). Additional topics typically addressed in supervisory training include:

- Role and responsibility of supervisors and other company officials who are responsible for determining reasonable suspicion
- Initiating, substantiating, and documenting a test referral
- Intervention and confrontation with employees

Other elements that can further improve the training effectiveness include introducing the context of the regulation, reviewing the testing program requirements, and reviewing agency disciplinary procedures. Role playing has proved to be especially effective in reasonable suspicion training.

Given their tendency to expand the scope, most employers have found that reasonable suspicion cannot be effectively covered in the required minimum of 60 minutes. A comprehensive program often requires 3 hours of training for drugs and an additional 3 hours for alcohol. Medium-size and large transit agencies often dedicate at least a day or two to reasonable suspicion training. The Massachusetts Bay Transportation Authority (MBTA), for example, has developed a week-long program for determining reasonable suspicion of drug and alcohol use. The MBTA program consists of live presentations and extensive role playing, and is presented by contracted professional trainers, the MBTA Medical Unit, and the EAP provider. Considerable research and effort has been spent on developing the program, based on the environment at the MBTA. In the past, the agency experimented with commercial off-the-shelf presentations and videotaping of MBTA materials, and found both approaches to be far less effective than live presentations.

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Because identification of suspicious behavior is an important part of a substance abuse prevention program and it is difficult and uncomfortable for many supervisors, many employers require refresher training at specified intervals.

A video and a leader's guide on reasonable suspicion have been produced for and are available from FTA at no charge. The video consists of four segments:

- (1) General Requirements on Reasonable Suspicion Referrals
- (2) Alcohol Abuse in the Workplace
- (3) Prohibited Drug Use in the Workplace
- (4) Make the Call: the Reasonable Suspicion Interview

The Leader's Guide —*Reasonable Suspicion Referral for Drug and Alcohol Testing: A Training Program for Transit Supervisors, Leader's Guide*— will be available on the FTA Office of Safety and Security website: <http://transit-safety.volpe.dot.gov>. It contains a trainer packet and a trainee packet on five exercises:

- (1) General Requirements for Making Reasonable Suspicion Referrals
- (2) Alcohol Abuse in the Workplace
- (3) Prohibited Drug Use in the Workplace
- (4) Make the Call: the Reasonable Suspicion Interview
- (5) Wrap-up Discussion

The Hartford (Connecticut) Regional Transit District has documented its supervisor training in a manual (prepared by NSA) titled *Substance Abuse in the Workplace: Supervisor Training*. This manual, which is used by all but one of the approximately 60 transit operators in the state, addresses the following issues: identification of a problem, the supervisor's role in an effective substance abuse program, situations confronting supervisors, reasonable suspicion testing information and step processes, and three parts of an effective confrontation interview. It also contains appendices on drug retention time in the body and suggested demeanor for supervisors, tips on confrontational interviews, documentation forms, and DOT information.

The Des Moines MTA *Substance Abuse Training Manual* (mentioned in the discussion of training for safety-sensitive employees) also includes the outline for the MTA's additional training for supervisors and other officials responsible for determining reasonable suspicion:

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### **Des Moines MTA Reasonable Suspicion Training Outline**

- Impact of Drug Abuse on Society and Industry
  - National, Regional, and Local Statistics on Prohibited Drug Use
  - Safety, Personal Health, and Work Environment
- Response of the Federal Government and the Transit Industry
  - Drug-Free Workplace Act
  - Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations (49 CFR Part 655)
  - Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40)
  - MTA Policy on Prohibited Drugs and Alcohol
- Safety, Personal Health, and Work Environment Effects of Alcohol Use and Prohibited Drug Use
- Procedures and Protections of the MTA Drug and Alcohol Testing Program
- Responsibility of Supervisors, Especially as Related to Drug and Alcohol Programs
  - To Supervise
  - To Deal with Problems in Workplace (e.g., Unacceptable, Deteriorating, and Unsafe Performance)
- Indicators of Probable Alcohol Misuse or Prohibited Drug Misuse (common to all substance abuse and individually to alcohol and to each of the 5 DOT prohibited drugs)
  - Physical
  - Behavioral
  - Speech
  - Performance
  - Body Odors
- Supervisory Responsibilities Related to Reasonable Suspicion
  - Removal from Safety-Sensitive Position
  - Observation and Documentation
  - Confidentiality of the Employee
  - Review Findings
  - Make Reasonable Suspicion Decision
  - Escort to Collection Site
  - Escort Home
  - Special Considerations in Dealing with Alcohol- or Drug-Influenced Employees
- Conflict Resolution
- Resources Available to the Supervisor
  - Drug and Alcohol Program Manager (DAPM) and Designated Employer Representative (DER)
  - Medical Review Officer
  - Substance Abuse Professional
  - Employee Assistance Program
  - Security and Law Enforcement
  - Other
- Questions and Answers

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### 4. Testing Program Implementation and Management

The employer is ultimately responsible for maintaining an FTA mandated Drug and Alcohol Testing Program that complies with 49 CFR Parts 40 and 655. Likewise, the grantee is responsible for ensuring that all of its operations and maintenance contractors and subrecipients maintain a compliant program. The required program consists of three test functions: urine collection and analysis, breath collection and analysis, and medical review.

Each employer must have an employee or employees responsible for ensuring operation of a compliant program. Large employers often have a separate position for administering the program, often referred to as Drug and Alcohol Program Manager (DAPM) and occasionally as Substance Abuse Program Manager (SAPM). The responsibilities of this position are sometimes performed by more than one employee. Small employers do not usually have a separate position of DAPM or SAPM; the program management functions are assigned to an employee or employees to perform in addition to their other duties.

Program managers come from various backgrounds, and there is no particular discipline that seems to provide a more appropriate experience than any other. The most common backgrounds include general manager, operations management, safety, risk management, human resources, and administrative assistant. The primary requirement is that they are very knowledgeable of the regulations; all employees who perform program management functions should attend FTA seminars conducted by the Transportation Safety Institute (TSI).

Some employers use their employees to perform all the program management functions while others hire third party administrators (TPA) to administer part or all of their program. The three test functions are frequently contracted out, though some large employers use internal staff to perform one or two or all three of these functions. Employers must have an effective overarching method for ensuring that the required tests are performed in accordance with the policy and records are kept.

This chapter addresses the issues associated with implementing and maintaining a compliant program and references best practice examples (contained in Appendices B, C, D, and E) for addressing them. These discussions appear in five sections:

- (1) **Internal administration** (managing DAPM functions performed by the employer's staff, examples in Appendix B)
- (2) **External administration** (procuring service agents and monitoring service agents and contractors/subrecipients, examples in Appendix C)

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**(3) Specimen collection and analysis** (both urine and breath, examples in Appendix D)

**(4) Medical review** (examples in Appendix E)

**(5) Records management**

### 4.1 Internal Administration

This section addresses general administrative issues and concerns and the issues related to and methods used for ensuring compliance with the four types of testing required for all employers: pre-employment, reasonable suspicion, post-accident, and random. (Issues related to return-to-duty and follow-up tests are discussed in Chapter 5.) Though this section may be most useful to program managers who either perform the functions themselves or delegate them to internal staff, the discussions here and the examples in Appendix B may also be useful to managers who contract out their administrative functions. They can be used as benchmarks or standards in evaluating performance of TPAs and can be offered as advice or tools to TPAs and contractors/subrecipients.

Many employers use forms and checklists to create consistent routines for performing administrative functions and to document completion of those functions. Appendix B contains examples that have been used successfully.

#### ***General Administrative Duties***

A frequent audit finding is no evidence that employees received the policy statement. Some grantees require that safety-sensitive employees sign forms acknowledging that they have received the drug and alcohol policy statement, and retain the documents as a means of proof of notification. Examples of policy receipt certification forms used by the Massachusetts Bay Transportation Authority (MBTA), the Washington Metropolitan Area Transportation Authority (WMATA), and the Tri-County Metropolitan Transit Authority (Tri-Met), Portland, OR, appear in Figures B-1, B-2, and B-3, respectively.

Lists of employees and supervisors, or other company officials, who attend and complete required training are often maintained to provide documentation that the training requirement was met. Lists used by Cincinnati Metro for this purpose appear in Figures B-4 and B-5, respectively. Some employers also issue certificates to each employee who completes the training, and retain file copies of the certificates issued. Figure B-6 is an example of a form, used by the Government of the Virgin Islands, for certifying that supervisors or other company officials have received the required reasonable suspicion training.



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The City of Albuquerque uses printed lists to document and disseminate the roles and responsibilities of the Program Manager, department program coordinators, departmental divisional contacts, and front-line supervisors, shown in Figures B-7, B-8, B-9, and B-10, respectively.

The City of Albuquerque also uses an Excel spread sheet with tracking facility as a master log to assist with managing each of the four types of FTA tests required for all employers. These are discussed and referenced individually later in this section under their respective testing types. The MBTA uses a single log, shown in Figure B-11, to track all testing.

The City of Albuquerque uses a form (shown in Figure B-12) to document the results of each test through each step of the process, from collection to the disciplinary action. This form includes provision for signatures by the laboratory scientists who identify the result and the medical review officer (MRO) who reviews it.

Broward County (Florida) Transit provides a log (shown in Figure B-13) for each supervisor to fill out whenever a test is ordered. This form provides for a very detailed sequence of events. It allows the employer to monitor the amount of time the employee spends en route to the site, the amount of time spent waiting to be tested after arriving at the site, and the amount of time the employee spends on the return trip to work.

Forms are commonly used to notify employees of ordered tests and to document the order. Notification forms used by the Ohio Department of Transportation (DOT) and MV Transportation (an operations contractor for several transit agencies) appear in Figures B-14 and B-15, respectively. The MV Transportation form includes the time that the employee is sent for testing and the time the employee arrives at the collection site, and it provides for transportation to the site by a supervisor.

Forms are also used to document and notify management of positive test results. Figures B-16 and B-17 are forms used by the Los Angeles County Metropolitan Transportation Authority (LACMTA) to document positive drug test results and positive alcohol test results, respectively. The MBTA uses one form (shown in Figure B-18) to notify an employee of a positive drug or alcohol result. The MBTA also uses a form (shown in Figure B-19) to notify the immediate supervisor of an employee's positive result.

### ***Pre-Employment Testing***

The West Virginia DOT Division of Public Transit documents its pre-employment testing process in a flow chart, shown in Figure B-20.

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The City of Albuquerque uses a summary sheet (shown in Figure B-21) to document the test of each applicant for a safety-sensitive position, including both FTA and City definitions of safety sensitive. Albuquerque's Excel spreadsheet master log for tracking pre-employment testing appears in Figure B-22.

The MBTA uses a form (shown in Figure B-23) to notify an applicant for a safety-sensitive position of a positive drug or alcohol result.

### ***Reasonable Suspicion Testing***

The West Virginia DOT Division of Public Transit documents its reasonable suspicion testing process in a flow chart, shown in Figure B-24. Western Maine Transportation Services, a small rural seasonal fixed-route bus system, documents its reasonable suspicion testing process in a slightly different flow chart and uses a form along with it to document symptoms and referrals, as shown in Figure B-25.

Three variations on documentation forms used by large systems appear in Figures B-26, B-27, and B-28—LACMTA, MBTA, and Albuquerque, respectively. Ohio DOT also distributes the form shown Figure B-28 to its subrecipients, which include many small systems. The LACMTA form is the most compact of the three and calls for the least amount of written explanation.

Both the San Francisco Bay Area Rapid Transit (BART) District and the Denver Regional Transit District (RTD) use a single form to document circumstances for ordering both reasonable suspicion and post-accident tests. BART's "Observation/Incident Report" appears in Figure B-29, and Denver RTD's "Accident/Incident/Reasonable Cause Report" appears in Figure B-30. Both forms distinguish between tests ordered per FTA authority and those ordered under the transit district's rules. The BART form lists the criteria for testing under each set of rules separately, and lists BART's procedures for reasonable suspicion testing on the back of the form, along with a space for comments, incident description, and action taken. The Denver form requires the supervisor to check which rules apply to the test ordered, but does not describe the rules. The Denver form is the only one of the six aforementioned reasonable suspicion documentation forms that does not require the supervisor to check off observed behavioral and appearance symptoms from an extensive list. It requires written comments under several different categories. The groupings of symptoms used in the six different examples vary widely.

Albuquerque also requires its supervisors to fill out and sign a summary report (shown in Figure B-31) for each reasonable suspicion test ordered, in addition to filling out the "Fitness for Duty" form shown in Figure B-28. Albuquerque's

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Excel spreadsheet master log for tracking reasonable suspicion testing is shown in Figure B-32.

Occasionally, a reasonable suspicion test ordered by a supervisor is not administered. It is useful to document these occasions on a standard form. Albuquerque's summary report (shown in Figure B-31) has a block for explaining such an occurrence. Sioux Falls Transit System (SuTran), South Dakota, uses a separate form (shown in Figure B-33) when an ordered reasonable suspicion drug test is not performed.

Many times, employees have tested negative in FTA reasonable suspicion tests even though the criteria for ordering the tests was met. Employers should understand that many of the symptoms that are basis for these tests are also symptoms of other problems (e.g., marital stress, sleep disorders, job dissatisfaction) that may impair performance of safety-sensitive functions. Though it is not required by FTA, some employers require (or strongly recommend) counseling for employees who test negative in properly ordered reasonable suspicion tests, to identify such problems.

#### ***Post-Accident Testing***

Many employers have devised forms to assist supervisors in determining whether to test operators following an accident (and under what authority), in documenting procedures to be followed after the decision is made, in recording all the required information, and in providing explanations of why tests were not conducted at specific times.

The Greater Cleveland Regional Transit Authority (GCRTA) issues a two-sided card (shown in Figure B-34) to its supervisors. The front side contains a decision tree for determining whether to order a post-accident test under FTA authority. The back lists the criteria for ordering a test under GCRTA authority. However, the GCRTA card is merely a decision-making guide; it requires no documentation.

The West Virginia DOT Division of Public Transit documents its post-testing process in a flow chart shown in Figure B-35. It also issues a decision-making form (shown in Figure B-36) for supervisors to fill out to document occurrences and decisions made following each accident. It requires the supervisor to note which authority (FTA or company) the decision to test was made under, and to explain why an alcohol test was not performed within 8 hours of the accident and a drug test was not performed within 32 hours of the accident.

The San Francisco BART "Observation/Incident Report" (shown in Figure B-29) requires supervisors to check off post-accident criteria that are met following

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an accident. There are two lists of three items each—one list with FTA criteria and the other with BART criteria. A test should be ordered if any of the items are checked; it should be an FTA test if any FTA item is checked. This BART report also requires the supervisor to check off symptoms, from the extensive list, observed in the operator following the accident. The presence of these symptoms could be basis for ordering a reasonable suspicion test if none of the post-accident criteria are met. BART also issues procedural instructions (shown in Figure B-37) to be followed when an accident occurs. These include making the decision and what to do after either decision is made.

The Denver RTD “Accident/Incident/Reasonable Cause Report” (shown in Figure B-30) requires written explanations under the three FTA non-fatal-accident test scenarios, completion of the reasonable cause section if the second or third scenario exists, and indication of whether FTA or RTD rules apply. The FTA post-accident test criteria are listed on the back of the form.

LACMTA uses a form (shown in Figure B-38) that summarizes the FTA post-accident testing regulations, and requires the supervisor to document answers to questions leading to a decision of whether to test under FTA authority, requires documentation of reasons why tests are delayed or not performed if FTA criteria are met, and provides a checklist of procedures.

Figures B-39 and B-40 also show forms that require complete documentation of accident information, including whether ordered tests were performed at specific times with explanations if they were not performed. Figure B-39 is used by the Southeastern Pennsylvania Transportation Authority (SEPTA). It provides a checklist of both FTA and SEPTA criteria. Figure B-40 is a summary report that the City of Albuquerque requires its supervisors to complete and submit within 24 hours of an accident. SuTran uses a separate form (shown in Figure B-41) when an FTA criterion for a post-accident test is met but no test is performed within 32 hours.

Figure B-42 is Albuquerque’s Excel spreadsheet master log for tracking post-accident testing.

### ***Random Testing***

Figures B-43 and B-44 are flow charts showing procedures for random testing. The two charts use different approaches. The approach in Figure B-43, which is used by the West Virginia DOT Division of Public Transit, is oriented to the employee’s response to the testing order. There are two separate event sequences following the notification of testing: one for the employees who report to the collection site as ordered and another for those who do not report. There are also two separate sequences for employees who report to the

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collection site: one for those who provide a specimen and another for those who do not. The approach in Figure B-44, which is used by San Francisco BART, is oriented to the supervisor who is notified of an employee's selection. It lists the steps to be followed by the supervisor.

Many employers notify their employees of selection for a random test in writing, and keep copies of the notices in their records. Figures B-45 and B-46, used by BART and the MBTA, respectively, are examples of notices of selection for a random test. Both of these forms call for documentation of all pertinent notification information, contain instructions to the selected employee chosen for a random test and consequences for non-compliance, and require the employee to sign the form to acknowledge receipt.

The City of Albuquerque has a comprehensive set of forms that it uses to disseminate instructions and provide for documentation of its random selection process. The instructions for the selections process are listed in Figure B-47. The roles and responsibilities of the selector are listed in Figure B-48. The form used by the Transit Department to list the names of all the employees selected during a particular draw appears in Figure B-49; this list includes the date and time of the scheduled test, the test notification, and the actual test. A separate form, shown in Figure B-50, is used to list all employees within each department tested during each test period and to record their collection dates and times. The form used to document each individual test order, the result, and the action taken when the result is positive appears in Figure B-51. Figure B-52 is Albuquerque's Excel spreadsheet master log for tracking random testing.

Excel spreadsheets with a tracking facility have proved especially useful in tracking random testing.

Forms can also be used to help employers keep the random pool fully populated with all currently working employees. The Rhode Island Public Transit Authority (RIPTA) requires that an employee status form, shown in Figure B-53, be filled out whenever a safety-sensitive employee begins or terminates work. This form is used to add or delete the employee's name from the random pool.

### 4.2 External Administration

As previously mentioned, many employers contract out some or all of their administrative responsibilities to TPAs. Small transit agencies and operations and maintenance contractors often enter into a TPA consortium (C/TPA) with other small employers, for economic and logistical reasons. Larger agencies and contractors often hire their own TPAs. Administrative functions performed by TPAs vary widely from employer to employer and consortium to consortium. TPAs are sometimes used to procure and monitor other service agents—urine

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collectors and laboratories, screen test technicians (STTs) and breath analysis technicians (BATs), medical review officers (MROs), and substance abuse professionals (SAPs). Some TPAs even employ some or all of these specialists on their staff. Many employers, however, contract with these service agents directly.

Program managers should exercise caution when selecting service agents. Some of the large nationwide companies, particularly TPAs, have the worst compliance records. Program managers also need to closely and proactively monitor all of their contracted service agents, as well as the programs conducted by any subrecipients or operations and maintenance contractors subject to Parts 40 and 655.

### ***Procurement of Service Agents***

Many employers seek service agents that are part of a trade association. Membership is no guarantee of a quality provider, but it is an advantage. The members are informed, some associations have a certification process, and substandard performance and uncooperative behavior by member providers can be reported to the organization. Examples of these organizations include:

- Drug & Alcohol Testing Industry Association: 800-355-1257, [www.datia.org](http://www.datia.org)
- American Association of Medical Review Officers: 919-489-5407
- American Society of Addictive Medicine: 301-656-3920
- American College of Occupational and Environmental Medicine: 847-228-6850
- Substance Abuse Program Administration Association: 800-672-7229

The following general steps have proved helpful in selecting various types of service agents for FTA drug and alcohol testing programs. These steps apply to all providers:

- Contact other employers in the area to identify vendors that have performed their duties well. (Either local or nationwide companies can be suitable.)
- Prepare a written request for proposals (RFP) that clearly states the procedures that must be effectively performed by each type of provider needed, including complete documentation of their professional credentials, a short statement on the FTA procedures for their specialty and how they contrast with other applications they have been involved with, and a summary of the training that their personnel have received and how their performance is monitored.
- Formulate standards for evaluating the proposals, assemble a panel to review the proposals against the standards, select those that score the

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highest on the evaluation, and invite them for a brief presentation of their proposal and a question and answer session.

- Formulate a checklist of questions for the interview that will demonstrate their understanding of the relevant FTA requirements and will reveal the training received by their personnel for all functions to be performed.
- Take detailed notes during the interviews so the data can be used in the final evaluation process by the evaluation panel.
- Select the agency that scores the highest.
- Enter an agreement that, ideally, includes a provision allowing the transit agency to terminate the contract at will and for convenience.

Specific advice for selecting specimen collection and analysis companies, MROs, and SAPs appear in Section 4.3, Section 4.4, and Chapter 5, respectively.

### ***Oversight of Service Agents and Contractors/Subrecipients***

To help ensure that contracted service agents comply with the regulations, many employers develop a relationship with their providers. They talk with them, ask questions, impose performance standards, require documentation, visit their facilities at least once per year to perform informal reviews or formal audits, and impose corrective action for non-compliance. Employers can also report substandard performance and uncooperative behavior by service agents to FTA. If problems persist, FTA can initiate a Public Interest Exclusion (PIE), under Part 40, against the service vendor.

Because grantees (and other employers) are responsible for the compliance of their operations and maintenance contractors and all subrecipients, they often develop similar relationships with those entities as developed with service agents. Many grantees also require quarterly management reports summarizing test reports and annual management information systems (MIS) reports.

The *Implementation Guidelines* contain regulatory checklists for evaluating compliance of service agents and contractors/subrecipients. Appendix C contains examples of forms and lists used by state DOTs and transit agencies for monitoring compliance of subrecipients, operations and maintenance contractors, and contracted service agents.

Minnesota DOT issues comprehensive checklists to its subrecipients for monitoring their TPAs and C/TPAs, shown in Figures C-1 and C-2, respectively. Specific issues and concerns related to monitoring specimen collection and analysis companies, MROs, and SAPs appear in Section 4.3, Section 4.4, and Chapter 5, respectively.

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LACMTA issues written guidelines, shown in Figure C-3, to all of its operations and maintenance contractors. These guidelines are used as a basis for judging compliance when LACMTA staff visit the contractor's facilities. GCRTA uses a single-page form, shown in Figure C-4, for documenting compliance when its staff visit the contractor's facilities. Ohio DOT uses a very detailed multi-page checklist, shown in Figure C-5, for evaluating the programs of contractors.

### 4.3 Specimen Collection and Analysis

Many of the concerns and issues associated with urine collection and breath collection are similar, and both tests are often ordered at the same time and performed at the same facility. Therefore, this section addresses both of these functions. It is organized by the following topics: collection procedures, collection facilities, monitoring of collection and analysis operations, and selection of collection and analysis service agents. Within each topic, issues that are unique to each collection process are discussed separately. The analysis procedures are different and are also discussed separately. Examples of forms and lists used to assist with specimen collection appear in Appendix D.

#### *Collection Procedures*

As mentioned in Chapter 2, some transit agencies require, in their policies, that employees ordered to take reasonable suspicion or post-accident tests be transported or escorted to the collection site to ensure that they travel directly to the site. Transporting or escorting people for all tests is good practice, if feasible, and can be required when the test is ordered even if the requirement is not documented in the policy.

As in all aspects of the testing process, forms can be a useful tool in communicating collection practices and documenting occurrences, such as arrival times and performance of the various steps in the process. San Francisco BART issues collection instructions (shown in Figure D-1) to each employee who is tested, and requires urine collectors to complete and sign a checklist (shown in Figure D-2) for each collection performed.

Forms are also useful in documenting a donor's inability, or unwillingness, to produce a urine or breath specimen. Ohio DOT issues "shy bladder" and "shy lung" forms (shown in Figures D-3 and D-4, respectively) to its subrecipients to document these occurrences. Some delays in producing specimens by donors who ultimately produce a negative specimen have been interpreted as a ploy to collect additional pay or avoid work. A useful device for monitoring the amount of water consumed by "shy bladder" donors is to issue 10-ounce bottles of water one at a time to a maximum of four bottles, record the number of empty bottles, and observe the consumption.



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Another frequent issue in urine collection is hand washing. Many donors do not want to handle their own pen before they wash their hands and do not want to use the collector's pen that was used by others before they washed their hands. One solution is to issue throw-away pens.

### **Collection Facilities**

Some large transit authorities, such as New York City Transit (NYCT), New Jersey Transit (NJT), SEPTA, MBTA, and LACMTA have their own collection facilities and have trained urine collectors, STTs, and BATs on their staff. Most other employers contract out for these services, either directly or through a TPA or C/TPA. Specimens can be collected at a fixed location, at the employees' facilities, or at or near the employees' facilities using a collection vehicle. Either internal or contracted urine collectors, STTs, and BATs can be used at any of these locations.

The ideal environment for ensuring compliance with FTA **urine collection** requirements contains the following features:

- Clean rest rooms that are large enough to conduct an observed collection with sufficient personal space for the donor
- Sinks with electrical switches that allow the hot and cold running water to be turned off from outside of the rest room
- Absence of drop ceilings in the rest room
- A pressurized cold water system in the toilet tank that prevents access without dismantling the system
- Lockable storage containers suitable for securing valuables such as purses and wallets

However, these features cannot always be found in vendor fixed locations. They are found even less often at on-site employee facilities. On-site urine collection is often done in a typical rest room, shown in Figure 4-1, of a transit office building. These rest rooms are typically not secure. They may have places to hide clean urine specimens (e.g., above ceiling tiles) or may contain adulterants (hot and cold running water, soaps, cleaning chemicals).

**Figure 4-1. Typical Rest Room as Collection Site**



One way to safeguard the process in an unsecured rest room is to have the collection technician stand inside the rest room but outside the private toilet stall (as shown in Figure 4-2) while the specimen is being produced. There are also several ways to secure the facilities.

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One way to temporarily secure a water source at a sink is to install winged water faucet controls, drill holes in the holes in the wings, and put a metal bar between the wings. Another method is to place evidence tape over the faucet handles to prevent the donor from turning on the water or at least to enable the collector to detect tampering with the faucets. Evidence tape tears when someone tries to remove it. Masking tape, however, does not serve this purpose because it can be easily removed and reapplied.

Figure 4-2. Collector in Rest Room with Donor



Evidence tape can also be placed across the tiles and frames of drop ceilings and on toilet tops to enable the collector to detect removal of fixtures. Waste baskets and toilet paper, paper towel, and Kleenex dispensers are common places for storing clean specimens and adulterants, and should be removed during the collection process.

Toilets and urinals with sensors, which cause automatic flushing when a person moves away from the fixture, should not be used because flushing washes out the bluing agent. Some collectors place masking tape over sensors with some success, though others have not found this approach useful.

Some collectors place tape over the flush handles to detect flushing of the colored water to get access to clear water. However, since the color of the water in the bowl would be clear, indicating the toilet had been flushed, the tape would only serve to detect replacement of bluing agent.

There are fewer concerns with **breath collection** facilities. Breath samples can be taken and analyzed in any room that is visually private and reasonably soundproofed, provided the equipment meets FTA specifications and is properly calibrated, the technician operating the equipment is properly trained, and precautions are taken to prevent contamination of breath samples.

Alcohol, alcohol swabs, and other contaminants should not be stored anywhere near breath collection and analysis equipment. One issue with the equipment is its height. It should be adjustable to make it easy for everyone to blow into.

### HEIGHT OF BREATH COLLECTION EQUIPMENT

Metro-Dade Transit Agency (MDTA), a unionized system in Miami, Florida, experienced a grievance regarding placement of breath collection and analysis equipment on tables. Donors had difficulty blowing into the equipment when they were sitting down. In response, MDTA attached the collection and analysis equipment on a flat tray and mounted the tray on a jack. This assemblage was then placed on top of a chest of drawers. All of the necessary materials are kept in the drawers. The height of the collection and analysis device can be adjusted up or down to be at the same height as the mouth of the donor. The adjustable-height system is always level at any available height. The donors are now better able to provide a complete sample during the specified available time.

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The bigger concern with breath testing is the cost and availability of the equipment. Evidential breath testing (EBT) devices are expensive and BATs have to be trained to use them. Many small operators are unable to afford EBT devices. EBT service agents are often difficult to find in rural areas. Many rural employers often arrange to use EBTs that are owned by other entities, e.g., trucking companies, school bus companies, railroads, small airstrips, U.S. Coast Guard. Most attempts to use EBTs owned by police departments have not proved successful.

Mobile collection facilities have become popular for both drug and alcohol testing. Many employers contract with mobile collection vendors, and some transit systems with large safety-sensitive work forces acquire vans, equip them with the necessary equipment, and hire full-time employees to staff them. For some operations, use of mobile facilities can reduce testing life-cycle costs. Merely driving the collection vehicles past employee facilities can have a deterrent effect. If properly configured and equipped, vehicles can provide a secure and comfortable environment for both urine and breath collection. Figures 4-3 through 4-8 show the mobile urine collection facility used by SuTran's vendor<sup>2</sup> in Sioux Falls, South Dakota.

The exterior of the collection vehicle, shown in Figures 4-3 and 4-4, looks like any other raised-roof van. It has a pair of side doors to

Figure 4-3. Side View of Collection Van



Figure 4-4. Rear View of Collection Van



provide access to the urine collection area. As shown in Figure 4-5, a substantial step has been added to the rear bumper, to provide primary ingress/egress through the rear doors. The step should be designed so that it can be used safely in wet, icy, and snowy weather.

Figure 4-5. Rear Step of Collection Van



This van includes the required writing surface and benches adjacent to the rear doors, as shown in Figure 4-6. The space below the seats is used to store unopened urine collection kits, breath analysis equipment, and other materials.

<sup>2</sup> Sure Test, Inc., P.O. Box 1840, Sioux Falls, SD 57101. FTA does not recommend or endorse Sure Test or any other company. The photos are included solely for reference purposes.

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**Figure 4-6. Interior of Collection Van**



The two-drawer filing cabinet is used to store chain-of-custody forms, employer contact information, directions, and other printed information necessary to provide collection service. Interior walls are available for posting the collection procedures for the donor. Carpeting or other slip-resistant surface can be provided on the floor to maximize footing safety.

The space is reasonably comfortable for the collector and the donor to sit and complete all of the necessary forms. The gentleman in Figure 4-6 is approximately 6-feet tall and stocky.

Behind the collector is the enclosure that houses a standard recreational vehicle toilet, shown in Figure 4-7. The enclosure is large enough to allow a donor to produce a specimen without any discomfort, either standing or sitting. Between the enclosure and the operator's seat is the reservoir for water to fill the bowl and to eventually flush its contents.

**Figure 4-7. Toilet in Enclosure in Collection Van**



**Figure 4-8. Sink in Collection Van**



A sink for hand washing, shown in Figure 4-8, is located behind the filing cabinet. The sink area

includes a towel rack for drying hands and a wastebasket for used towels and other materials.

### ***Monitoring of Collection and Analysis Operations***

To ensure compliant collection operations, employers should encourage feedback from and listen to employees who return from collection sites, and the program managers should regularly review the performance of all urine collection technicians, STTs, and BATs, whether they are internal staff, contracted service agents, or contractor or subrecipient staff. Program managers should talk to collection staff and ask them about their collection procedures and the type and amount of supervision of their performance.

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Program managers should ensure that new collection technicians receive the initial training required in Part 40, and that all technicians receive the required refresher training. Development of standard forms and certificates can help in tracking and documenting the courses completed by the various technicians and the dates of completion. Program managers should also sample and evaluate data in the collection operation's central files. Reasons should be provided for all collections resulting in cancelled tests, either documented in the records or given during the review.

Common findings during audits of collection and analysis operations include EBT devices that are not calibrated, BATs who are not properly trained, and urine analysis laboratories with no recorded results for documented collections. Questions to ask during a review of a urine collection operation include:

- What precautions are taken to prevent clean samples from being placed in the collection room prior to a donor's arrival?
- How are observed collections handled when the donor and the collector are different genders (particularly when a collection vehicle is used to meet a donor at a remote location)?
- How often do "shy bladders" occur and how are they documented?

Questions to ask during a review of a breath collection and analysis operation include:

- What precautions are taken to prevent contamination of breath samples?
- How often do "shy lungs" occur and how are they documented?
- Has the EBT device been approved by the National Highway Traffic Safety Administration (NHTSA).
- How often does the manufacturer recommend calibrating the EBT device? (Ask to see the manufacturer's Quality Assurance Plan, QAP, for the device.)
- How often is the EBT device actually calibrated? (Ask to see the calibration log and compare it to the QAP.)

Mock collections should also be conducted at least once per year. Non-routine elements (e.g., a bottle of soap in a pocket for a urine collection or refusal to sign the form) should be included. In addition to noting any violations or errors or fatal flaws in the process, the evaluator should note whether the collections staff are aware of any errors or fatal flaws. A form used by Ohio DOT for documenting results of mock collections appears in Figure D-5.

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It is also useful to schedule a few random tests (both drug and alcohol) during the 4 hours immediately after service ends, to ensure there is a facility for post-accident testing during that period.

### ***Selection of Collection and Analysis Service Agents***

The most common method of specimen collection is using a service agent's fixed location facility offering multiple services, such as occupational health practices or clinics, doctors' offices, hospitals, or testing laboratories. There are also specimen collection services that operate independently of any other medically related functions. These providers vary widely in terms of their business focus. There are also companies with specimen collection as their only business that fully understand FTA requirements for urine and/or breath collection. These companies are sometimes staffed with multiple trained technicians and/or medical doctors and can sometimes provide the level of service required. However, such companies are the exception. More often, the independent providers are secondary services provided by non-medical businesses. One audited specimen collection service was a small operation that was part of a computer software development company.

Entering an agreement with an FTA-compliant company with multiple offices in a spatially large service area that is open 24 hours a day and 7 days a week is often cost-effective for large and medium-size companies or consortia. However, such opportunities do not always exist. Alternatives include:

- Use of multiple fixed-location urine collection facilities for different times of the day, and for weekend days and holidays
- A collection service that comes to employees' facilities to collect a sample, using a standard rest room for urine collection and a private room for breath collection
- A collection service that uses a mobile collection facility

Use of a collection service with a mobile facility, for both drug and alcohol collection, is particularly common in rural areas among Section 5311 providers, where other services are not available at the times needed. Many other employers have found that the flexibility provided by collection vehicles significantly reduces system disruption costs. The vehicles can be deployed on any day, at any time, and to any location. Though the cost per collection is usually higher with a mobile collector than with a fixed-location collector, the life-cycle costs are often lower when service delays, supervisor time, additional vehicles, "deadhead" time, and transportation expenses are considered.

In addition to the practices discussed in Section 4.2 for selecting any service agent, evaluators should inquire about the training and supervision the urine

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collection technicians, STTs, and BATs receive and their procedures. The evaluators should also ask the questions suggested in the “Monitoring of Collection and Analysis Operations” discussion earlier in Section 4.3.

Perspective urine collectors should be asked to perform a detailed mock collection at their site for the evaluation panel. Perspective breath collectors should be asked to bring their screening devices and EBT devices to the interview and allow an evaluator to test them.

If emergency rooms propose to provide urine and/or breath collection, the collection staff should be asked how they will handle drug tests if all medical staff are involved with emergency treatment when a specimen donor arrives, and what they will do if a patient arrives with a severe emergency condition while a specimen collection is being performed.

A regularly updated list (once per month) of **urine analysis laboratories** that have been certified by the U.S. Department of Health and Human Services (DHHS) can be obtained from the Division of Workplace Programs, 5600 Fishers Lane, Rockwall II Building, Suite 815, Rockville, MD 20857, telephone: (301) 443-6014, or at <http://www.health.org/workpl.htm>. This list is also published in the Federal Register under the heading “Substance Abuse and Mental Health Services Administration (SAMHSA).”

Criteria for choosing between compliant laboratories are customer service, billing procedures, cost, reliability, and accuracy. Validity testing may influence cost. See FTA Drug and Alcohol Testing newsletters, particularly Bulletin 16.

### 4.4 Medical Review

This section discusses proven practices used by employers to manage the medical review process, to select MROs, and to monitor their performance.

#### ***Managing the Medical Review Process***

Standard forms have proved useful in managing and documenting the various medical review functions. Examples of forms and lists used to assist with managing the medical review process appear in Appendix E.

The City of Albuquerque uses printed lists (shown in Figure E-1) to document and disseminate the roles and responsibilities of MROs. Albuquerque issues checklists to its MROs to guide them through the entire medical review process and to guide them in their interviews with tested employees (shown in Figures E-2 and E-3, respectively).

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Use of standard forms provides records of various medical review occurrences, e.g., employee requests to test the split sample following a confirmed positive test result and an MRO's inability to contact a tested employee following a confirmed positive result. A split sample form issued by Ohio DOT to its subrecipients appears in Figure E-4. A failure to make contact form, prepared by University Services (Philadelphia, PA) for the Monroe County (Pennsylvania) Transportation Authority, appears in Figure E-5.

A flow chart of the verification process performed by an MRO (developed by the FTA drug and alcohol testing program audit team<sup>3</sup>, based on the team's knowledge of the regulations and experience in evaluating grantees' medical review programs) appears in Figure E-6.

### ***Selection of Medical Review Officers***

Some large transit authorities, such as NYCT, NJT, SEPTA, MBTA, and LACMTA, hire MROs as employees. Most other employers contract out for MRO services, sometimes with companies that include support staff as well as several MROs, either directly or through a TPA or C/TPA. Prudent practices for selecting MROs are the same regardless of the administrative mechanism used to procure them.

There is no national registry of MROs. However, the American Association of Medical Review Officers (919-489-5407), the American Society of Addictive Medicine (301-656-3920), and the American College of Occupational and Environmental Medicine (847-228-6850) have many members who have the MRO qualifications required by FTA.

In addition to the practices discussed in Section 4.2 for selecting any service agent, employers should include the Part 40 qualification requirements in the procurement or solicitation device used to obtain medical review services or hire MROs as internal staff. Employers should also carefully examine the credentials of prospective MROs, and should meet with them and discuss their experience and knowledge about substance abuse disorders and their understanding of Parts 40 and 655 and how to interpret them. These discussions should include major medical review issues, such as how they handle prescription medications and over-the-counter (OTC) medications and what experience they have with donors claiming that herbal teas caused their positive test for marijuana.

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<sup>3</sup> The FTA drug and alcohol testing program audits are performed by ICF Consulting and the Ketron Division of the Bionetics Corporation.



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### ***Monitoring Performance of Medical Review Officers***

To ensure compliant collection operations, program managers should regularly review the performance of MROs, whether they are internal staff, contracted service agents, or contractor or subrecipient staff. All correspondence with MROs should be reviewed as it is received, to identify unusual situations that may indicate questionable performance. Data in the MRO office files should be sampled and evaluated regularly. Examples of unusual situations include long delays between test dates and reports of positive results that are later reversed, lack of timely response to communications, and errors on the type of test reported (i.e., pre-employment, reasonable suspicion, post-accident, random, return-to-duty, and follow-up).

One method used to monitor MRO performance is to maintain a matrix of tests by category and dates. Any pre-employment test dates occurring well after the hire date or well after any random tests suggest a categorization error. Multiple postings of the same test results suggest poor record maintenance and may suggest overall poor organizational management.

MRO reversals of positive tests reported by the laboratory should be questioned. There are a variety of legitimate reasons for reversing a positive, but legitimate cause for doing so occurs very infrequently. Reversal of more than a few positives per year for most companies is unusual, though some industries and locations have unusual circumstances. Nevertheless, such occurrences should be examined thoroughly.

Additionally, program managers should ensure that all MROs complete the continuing education units required by Part 40 within the required time frame. They should also establish a mechanism for receiving notification of all new hires of MROs, and review their qualifications to ensure compliance with Part 40. Development of standard forms and certificates will help in tracking and documenting the continuing education completed by MROs and in maintaining awareness of newly hired MROs and documenting their qualifications.

### **4.5 Records Management**

As discussed in the *Implementation Guidelines*, drug and alcohol testing programs generate a large number of records that must be stored and maintained per Parts 40 and 655. These records are clearly designed to document that the required activities have been accomplished correctly. It is often useful to exceed FTA's retention requirements. It is particularly useful to maintain a contractor oversight file and to retain negative test result records for longer than the one year required. In fact, it may be in a system's best interest to retain all records indefinitely. This would provide useful data for

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scheduling random tests, and would provide a complete history of the overall testing program.

### ***Record Keeping Methods***

Part 655 does not specify how to organize records. However, a logical system is needed. Simple methods have worked best for many employers. There are two basic record keeping methods: (1) by test category and (2) by individual employee (by name or by identification number). The first method is used by many large authorities, e.g., Oahu Transit and Kauai Transit in Hawaii and the Transit Authority of River City (TARC) in Louisville, Kentucky. Use of a master log for each test category is helpful when using the test category method. The individual employee method can be very cumbersome unless the employer is small and has a stable work force. A third option is to file the information by date and by employee within each date file.

It is also useful to enter data from records into analysis files that can be used to evaluate the performance of the drug and alcohol testing program. For example, organizing the random test records so that the information can be easily collected and inserted into an Excel file to produce graphs will demonstrate whether the random tests were conducted across all hours of operation and across all service days.

### ***Records Security and Access Control***

To ensure compliance with FTA requirements for securing and controlling access to test records, employers should store all required records in locked filing cabinets in a locked room that can be entered only through a locked door. A combination lock should be used on the door to prevent unauthorized duplication of keys.

Records should not be kept in a room with drop ceilings with removable tiles. A person can remove the ceiling tiles in the hall in front of the records room, climb over the wall, and drop through the opening. A truly secure records room has wall partitions that abut and attach to the roof or ceiling of the building, thereby preventing anyone from climbing over the walls.

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### 5. Referral, Evaluation, and Treatment

Employers with policies that call for automatic termination of any employee who violates the DOT/FTA drug and alcohol rules (i.e., a zero-tolerance policy) may want to devise a standard form listing the names, addresses, and telephone numbers of FTA-compliant substance abuse professionals (SAPs) in the local area. The form should also include the name of the violator, the date and nature of the violation, the date of effective termination, the date that the form was issued to the terminated employee, and the signature of the person who issues the form. Maintenance of such information would provide evidence of compliance with the referral requirements in Parts 40 and 655. In compiling the list of SAPs, these employers may also want to refer to the discussion of SAP selection later in this chapter (in Section 5.2).

Employers with second-chance policies, however, have much greater administrative responsibilities for referral, evaluation, and treatment of violators. This chapter discusses proven practices used by employers to manage this process, to select SAPs, and to monitor their performance.

#### 5.1 Managing the Referral, Evaluation, and Treatment Process

Standard forms have proved useful in managing and documenting the various functions in this area. Examples of forms used to assist with managing the referral, evaluation, and treatment process appear in Appendix F.

To help employees better understand this process, employers with a second-chance policy may want to list the Part 40 requirements that pertain to the process and the role and responsibilities of SAPs, and to distribute the lists to all employees who violate the FTA drug and alcohol regulations.

Employers must ensure that all return-to-duty and follow-up tests be conducted under direct observation. This can be stipulated in the drug and alcohol policy, included in a list of requirements given to employees who enter treatment, or communicated to SAPs when they begin work for the employer.

Forms to document referrals provide records of employees referred to SAPs and the names and addresses of the SAPs. The City of Albuquerque uses a referral form (shown in Figure F-1) that informs the employee of the referral, lists the SAP referred to and an alternate SAP, designates the party responsible for payment, and requires a signature to acknowledge receipt of the referral. The Ohio Department of Transportation (DOT) uses the same form. The San Francisco Bay Area Rapid Transit (BART) District uses a form (shown in Figure

# **BEST PRACTICES**

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F-2) that includes documentation of the circumstances surrounding the referral and the SAP's findings and recommendations.

Many employers require employees to sign contracts, or agreements, documenting the conditions of their rehabilitation and continued employment. Ohio DOT issues agreement forms to its subrecipients to use when an employee enters treatment as a condition for continued employment and when the employee is approved for return to duty following successful completion of treatment. These forms appear in Figures F-3 and F-4, respectively.

The City of Albuquerque uses a form (shown in Figure F-5) to document all occurrences during the entire treatment and follow-up period, including the date and results of each rehabilitation test. This type of comprehensive form or a series of more specific forms documenting evaluations performed by SAPs and the treatment programs and tests that they order can be used as a case history summary of the SAP-client relationship. Such a summary can then be augmented with support documentation to complete the file.

The Massachusetts Bay Transportation Authority (MBTA) issues a standard evaluation form containing 28 “yes/no” questions (shown in Figure F-6) to SAPs. The SAPs are required to ask the questions to all new clients, record the answers on the form, apply prescribed point values to each answer (as shown in Figure F-6<sup>4</sup>), and tally the overall score. Another standard form, shown in Figure F-7, is used to document the specific requirements of the treatment plan devised for the client, who is required to sign the form. The form shown in Figure F-8 is used by the MBTA to document the SAP's evaluation of the client's performance during the treatment program, recommendations for further participation after the client returns to work, and the number of follow-up tests required of the client during the five years following return to duty.

San Francisco BART uses a follow-up assessment form (shown in Figure F-9) to document information regarding the treatment plan completed by a returning employee, the results of the evaluation following treatment, the date and results of the return-to-duty test, the SAP's recommendations for follow-up testing and treatment, and existence of a return to work contract.

Flow charts showing procedures used by the West Virginia DOT Division of Public Transit for return-to-duty testing and for follow-up testing appear in Figures F-10 and F-11, respectively.

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<sup>4</sup> The instructions for the answer scoring and the scores appear in this example as sheet 3 of Figure F-6. The MBTA uses two separate forms for the questions and the scoring key, and repeats the questions on the scoring key form. The scoring key has been added to the form containing the questions in this example for convenience of presentation.

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### **5.2 Selection of Substance Abuse Professionals**

Some large transit authorities, such as the MBTA, hire SAPs as employees. Most employers, however, contract out for SAP services, either directly or through a TPA or C/TPA. Prudent practices for selecting SAPs are the same regardless of the administrative mechanism used to procure them.

There is no national registry of SAPs. However, the Substance Abuse Program Administration Association (800-672-7229) has many members who have the SAP qualifications required by FTA. Other employers have proved to be a good source for identifying local SAPs who have performed their duties well. Local SAPs are often most effective, since it is more convenient for them to meet face-to-face with their clients than it is for SAPs who are located a long distance from the employer's facilities. There are very few SAPs in rural areas.

In addition to the practices discussed in Section 4.2 for selecting any service agent, employers should include the FTA qualification requirements in the procurement or solicitation device used to contract with SAPs or hire them as internal staff. Employers should also carefully examine the credentials of prospective SAPs, ask them to submit sample forms they currently use in their practice, and meet with them and discuss their experience and knowledge about substance abuse disorders and their understanding of Parts 40 and 655 and how to interpret them. An important question to ask is whether they or the drug and alcohol program manager generates follow-up test programs. A number of audits have found that the employer devised the test schedule and imposed it on the SAP. A number of audits have also identified SAPs who do not understand their role as protector of public safety. Thus, prospective SAPs should be quizzed about their role. Another question to ask is how many tests are required of a rehabilitated employee during the first year of follow-up testing.

### **5.3 Monitoring Performance of Substance Abuse Professionals**

To ensure compliant collection operations, program managers should regularly review the performance of SAPs, whether they are internal staff, contracted service agents, or contractor or subrecipient staff. All correspondence with SAPs should be reviewed as it is received, and all data in the SAP office files should be sampled and evaluated regularly, to ensure that the SAP monitors the clients throughout their treatment programs and to identify other questionable performance. One example of questionable performance is always prescribing six follow-up tests within a year of the client's return to duty. If this is done consistently for a large number of clients, the SAP may not be tailoring the testing program to the individual's needs. Another example is recommending a return-to-duty test soon after the employee tests positive on a

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random, reasonable suspicion, or post-accident test. The SAP may not have performed the required evaluations before recommending the test.

Additionally, program managers should ensure that all SAPs complete the continuing education units required by Part 40 within the required time frame. They should also establish a mechanism for receiving notification of all new hires of SAPs, and review their qualifications to ensure compliance with Part 40. Newly hired SAPs should also be asked the questioned suggested in Section 5.2. Development of standard forms and certificates will help in tracking and documenting the continuing education completed by SAPs and in maintaining awareness of newly hired SAPs and documenting their qualifications.

# Best Practices

## FTA Drug and Alcohol Testing Program

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December 2007

The enclosed packet of example drug and alcohol policies and procedures is intended to update the original example policies that were first published with the *Best Practices Manual: FTA Drug and Alcohol Testing Program* in March 2002. These example policies have been reviewed and determined to be current and fully-compliant with the revised 49 CFR Parts 40 and 655. Each of the example policies is ordered according to the size and type of employer it pertains to. The last three policies in the packet are template policies that may be adjusted or tailored according to the needs of any employer.

These examples policies are provided for employers that would like to develop their own internal policies and procedures, review the policies and procedures of safety-sensitive contractors or monitor the work performed by consultants. These policies may be used as guides to help employers update or revise their current drug and alcohol testing policies and procedures to be compliant with the amended 49 CFR Parts 40 and 655. Some employers may also wish to use these example policies to expand upon their current drug and alcohol testing policies and procedures for safety-sensitive employees. These policies apply to every safety-sensitive employee as defined in the Federal regulations, and are provided as “best practice” examples only.

For additional information on current U.S. Department of Transportation and Federal Transit Administration drug and alcohol regulations, please refer to the FTA Office of Safety and Security Web site at: <http://transit-safety.volpe.dot.gov> (click Drug & Alcohol). The Office of the Secretary's Office of Drug and Alcohol Policy and Compliance (ODAPC) Web site provides information and interpretations on drug and alcohol policies and regulations, including 49 CFR Part 40. The ODAPC site can be accessed at: <http://www.dot.gov/ost/dapc/index.html>.





## **Appendix A. Example Policies**

*Revised–December 2007*



# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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### **Appendix A. Example Policies**

This appendix contains 12 updated and compliant policies for employers that wish to develop their own drug and alcohol policies internally or oversee the work performed by consultants. Each of these policies was reviewed and determined to be compliant with the revised 49 CFR Parts 40 and 655. Each policy is ordered according to the type and size of the respective employer. The updated example policies are as follows:

- (1) Large Transit System–MARTA**
- (2) Rural Paratransit Contractor–Drug-Free Workplace–Lift, Incorporated**
- (3) Medium Transit System–Knoxville Area Transit**
- (4) Large Transit System–Zero Tolerance–Houston Metro**
- (5) Small Transit System–Clermont County**
- (6) City Government–FTA and FMCSA–City of Charlottesville**
- (7) Small Transit System–Athens–Clarke County**
- (8) Large Transit System–San Diego Transit Corporation**
- (9) State DOT–Statewide Policy–Ohio DOT**
- (10) With Second Chance (template policy)**
- (11) No Second Chance (template policy)**
- (12) FTA and FMCSA (template policy)**

For additional information on U.S. Department of Transportation and Federal Transit Administration drug and alcohol policies and regulations, please visit the Office of Drug & Alcohol Policy & Compliance (ODAPC) Web site at: <http://www.dot.gov/ost/dapc/index.html>. Here, you will find helpful information on 49 CFR Part 40, including frequently asked questions and interpretations on Part 40. You may also refer to the FTA Drug and Alcohol Program Web site for current information on testing rates, legislation, and drug and alcohol testing regulations: <http://transit-safety.volpe.dot.gov/DrugAndAlcohol/default.asp>.



## Large Transit System

Metropolitan Atlanta Rapid Transit Authority (MARTA)  
Drug and Alcohol Policy/Program



## **Metropolitan Atlanta Rapid Transit Authority (MARTA) Drug and Alcohol Policy/Program**

**Summary:** MARTA's policy covers a large transit system and is dedicated to providing safe, dependable, and economical transportation services to transit system passengers. MARTA is also dedicated to protecting its most valuable asset, its employees, by providing a healthy and safe working environment. It is MARTA's policy to ensure that employees are not impaired in their ability to perform assigned duties in a safe, productive and healthy manner, create a workplace environment free from the adverse effects of drug abuse and alcohol misuse, prohibit the unlawful manufacture, distribution, dispensing possession, or use of controlled substances, and encourage employees to seek professional assistance any time personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.





**METROPOLITAN ATLANTA RAPID TRANSIT AUTHORITY  
DRUG AND ALCOHOL POLICY/PROGRAM**

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**1 POLICY STATEMENT**

The Metropolitan Atlanta Rapid Transit Authority (MARTA) is dedicated to providing safe, dependable, and economical transportation services to our transit system passengers. MARTA is also dedicated to protecting its most valuable asset, its employees, by providing a healthy and safe working environment. In meeting these goals it is our policy to:

- Ensure that employees are not impaired in their ability to perform assigned duties in a safe, productive and healthy manner;
- Create a workplace environment free from the adverse effects of drug abuse and alcohol misuse;
- Prohibit the unlawful manufacture, distribution, dispensing possession, or use of controlled substances; and
- To encourage employees to seek professional assistance any time personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.

This Drug and Alcohol Policy strengthens and reaffirms our commitment to the safety of our patrons and employees and our dedication to maintaining a Drug Free Workplace by enforcing a zero tolerance to Drug and Alcohol abuse.

**2 PURPOSE**

The purpose of this policy is to ensure worker fitness for duty and to protect our employees, passengers, and the public from the risks posed by the misuse of alcohol and use of prohibited drugs. This policy is also intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol misuse programs in the transit industry. The Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, that mandates urine drug testing and breath alcohol testing for individuals in safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test result. The U.S. Department of Transportation (DOT) has also published 49 CFR Part 40, as amended, which sets standards for the collection and testing of urine and breath specimens. In addition, the Federal government published 49 CFR Part 29, “The Drug-Free Workplace Act of 1988,” which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA.

*This policy identifies the DOT/FTA requirements applicable to safety-sensitive employees covered under 49 CFR Parts 40 and 655 in italics.*

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### **3 APPLICABILITY**

This policy applies to all employees and contractors when they are on MARTA property or when performing any transit related safety-sensitive or non-safety-sensitive business. This policy applies to off-site lunch periods or breaks when an employee is scheduled to return to work. Visitors, vendors, and contract employees are governed by this policy while on MARTA premises and will not be permitted to conduct MARTA related business if found to violate this policy.

In addition to being subject to all other elements of this policy, *employees who perform “safety-sensitive functions” for MARTA, as that term is defined in (49 CFR 655.4), are subject to random drug and alcohol testing and other special requirements set forth in this policy. Generally, a safety-sensitive function occurs when an employee is performing, ready to perform or immediately available to perform any duty related to the operation of mass transit services. The following are safety-sensitive functions:*

- *Operating a revenue service vehicle, whether or not such vehicle is in revenue service.*
- *Controlling dispatch or movement of a revenue service vehicle.*
- *Maintaining a revenue service vehicle or equipment used in revenue service. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment.*
- *Operating a non-revenue service vehicle when required to be operated by a holder of a Commercial Drivers License (CDL).*
- *Carrying a firearm for security purposes.*
- *Supervising, where the supervisor performs any functions listed in items 1-5 above.*

MARTA has evaluated the actual duties performed by employees in all job classifications and determined which employees perform safety-sensitive functions. A list of identified safety-sensitive positions is included in Section 12 of this policy. Any new job classification will be assessed to determine if the new position is to be considered safety-sensitive.

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## **4 PROHIBITED SUBSTANCES**

Prohibited substances addressed by this policy include the following:

### **4.1 ILLEGALLY USED CONTROLLED SUBSTANCES OR DRUGS**

The use of any illegal drug or any substance identified in Schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legal prescribed drugs, and use of illegally obtained prescription drugs.

*Under 49 CFR 655.21, all safety-sensitive employees will be tested for prohibited drugs and drug metabolites in the following circumstances: pre-employment, post-accident, reasonable suspicion, and random. The following drugs must be tested for in each urine specimen: marijuana, cocaine, amphetamines, opiates, and phencyclidine. Illegal consumption of these products is prohibited at all times.*

### **4.2 LEGAL DRUGS**

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functions, motor skills, or judgment may be adversely affected must be reported to supervisory personnel before performing work related duties. Employees are strongly urged to seek and obtain medical advice prior to using prescription or over-the-counter drugs that may adversely affect his/her ability to perform safety-sensitive duties.

A legally prescribed drug means that an individual has a prescription or other written approval from a physician for the use of a drug in the course of medical treatment. The misuse or abuse of legal drugs while performing MARTA business is prohibited. For DOT drug testing, if the MRO determines that an employee has a legitimate medical reason for the presence of a prohibited drug in their urine specimen, the MRO will report the test result as negative to MARTA. However, the MRO may also medically disqualify an employee from performing safety-sensitive duties because of medication use. For further information, see 49 CFR 40.135(d).

The use of medical marijuana and hemp products that present levels of drugs or drug metabolites above the DOT minimum thresholds is considered a violation of this policy. Additional information regarding legal drug use and the use of hemp products is provided in Section 15, 16, and 17 of this document.

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4.3 ALCOHOL

The consumption/use of beverages containing alcohol or substances including any medication, mouthwash, food, candy, or any other substance such that alcohol is present in the body while performing MARTA business is prohibited.

**5 PROHIBITED CONDUCT**

5.1 MANUFACTURE, TRAFFICKING, POSSESSION, AND USE

Pursuant to the Drug-Free Workplace Act of 1988, all transit system employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances on Authority premises, in Authority vehicles, or while on Authority business. **Employees who violate this provision will be immediately discharged. Law enforcement will be notified, as appropriate, where criminal activity is suspected.**

5.2 INTOXICATION

Any safety-sensitive or non-safety-sensitive employee who is reasonably suspected of being intoxicated, impaired, or not fit for duty shall be suspended without pay from job duties pending an investigation and verification of condition. **Employees who fail to pass a drug and/or alcohol test shall be removed from duty immediately and discharged.** *A drug or alcohol test is considered positive if the individual is found to have a quantifiable presence of a prohibited substance in the body above the minimum thresholds defined in 49 CFR Part 40, as amended.*

5.3 ALCOHOL AND DRUG USE

*Under 49 CFR 655.31, all safety-sensitive employees will be tested for alcohol in the following circumstances: post-accident, reasonable suspicion, and random. All safety-sensitive applicants and transfers into safety-sensitive positions will also be pre-employment tested for alcohol.*

*No safety-sensitive or non-safety-sensitive employee is permitted to report for duty or remain on duty when his/her ability to perform assigned functions is adversely affected by alcohol or when his/her breath alcohol concentration is 0.02 or greater. No safety-sensitive or non-safety-sensitive employee shall consume alcohol while on duty, in uniform, while performing safety-sensitive functions, or just before or just after performing a safety-sensitive function. No safety-sensitive employee shall consume alcohol within four (4) hours of reporting for duty, or during the hours they are on call.*

*All safety-sensitive employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited substance in the body above the minimum thresholds defined in 49 CFR Part 40, as amended. **Employees violating these provisions will be discharged.** Any safety-sensitive or non-safety sensitive*

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*employee with a confirmatory breath alcohol test result of 0.02 or greater will be immediately removed from duty. Under MARTA policy, a safety-sensitive employee with a confirmatory breath alcohol test result with a concentration of .02 or greater, but less than .04 will be immediately removed without pay for the remainder of their shift and will be suspended without pay until their next shift or for a minimum of eight hours which ever is greater. Prior to returning to work, the safety-sensitive employee must submit to and pass a DOT breath alcohol retest (concentration of .02 or less). **The inability to perform a safety-sensitive or non-safety-sensitive duty due to a confirmatory breath alcohol test result of 0.02 or greater but less than 0.04 will be considered an unexcused absence and subject to MARTA's disciplinary procedures** A confirmatory breath alcohol test result of 0.04 or greater will be considered a positive alcohol test result and in violation of this policy and the requirements in 49 CFR Part 655 for safety-sensitive employees.*

#### 5.4 COMPLIANCE WITH TESTING REQUIREMENTS

All safety-sensitive employees will be subject to urine drug testing and breath alcohol testing as a condition of employment. **Any safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty immediately and discharged.** *Observed collections will be conducted as outlined under Section 6.2 of this policy and in compliance with 49 CFR 40.67. **An MRO verified adulterated or substituted drug test result will result in discharge.** The following circumstances constitute a test refusal by an applicant/employee:*

- *All employees are required to depart for drug/alcohol testing immediately upon notification. Any employee, who fails to report to the testing center (except for pre-employment testing) within a reasonable time, as determined by MARTA, will be subject to disciplinary action up to and including discharge. All employees who fail to report for a drug/alcohol test will be discharged;*
- *Fail to remain at the testing site until the testing process is complete (for pre-employment testing, the testing process does not begin until the donor receives the specimen collection cup for the drug test or the mouthpiece is selected for the breath alcohol test);*
- *Fail to provide a urine and/or breath specimen for any DOT required drug and/or alcohol test (for pre-employment testing, the testing process does not begin until the donor receives the specimen collection cup for the drug test or the mouthpiece is selected for the breath alcohol test);*
- *Fail to sign the certification at Step 2 of the Alcohol Test Form;*
- *In the case of a directly observed or monitored collection in a drug test, failing to permit the observation or monitoring of the employees provision of a specimen;*

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- *Fail to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;*
- *Fail or decline to take a second test that MARTA or the collector has directed the employee to take;*
- *Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the “shy bladder” or “shy lung” procedures (this does not apply to pre-employment testing unless the test is conducted following a contingent offer of employment);*
- *Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process);*
- *An MRO verified adulterated or substituted drug test result.*

*Random and reasonable suspicion drug testing can be performed any time a safety-sensitive employee is on duty. Random and reasonable suspicion alcohol testing can only be performed when a safety-sensitive employee is actually performing a safety-sensitive duty, just before, or just after the performance of a safety-sensitive duty. Under MARTA policy, reasonable suspicion testing can only be performed given documented suspicion as described in Section 6.6 of this policy.*

#### 5.5 VOLUNTARY TREATMENT REQUIREMENTS

All employees are encouraged to make use of the available resources for treatment for alcohol misuse and illegal drug use problems. Under MARTA’s policy, any employee who **voluntarily discloses** a substance abuse problem **before a disciplinary matter develops and/or before** notification for a required test, will be subject to return to duty and follow-up testing under MARTA authority (using non-DOT testing paperwork). The purpose of the return to duty testing is to provide a degree of assurance that the employee is drug and alcohol free, i.e., the employee is able to return to work without undue concern of continued drug abuse or alcohol misuse.

The employee **must** be referred to EAP and evaluated by a substance abuse professional and pass a return to duty test. A return to duty test will include both drug and alcohol testing as well as meet other return-to-duty requirements. The employee must have a verified negative drug test result and a breath alcohol test result of less than 0.02 before returning to his/her safety-sensitive functions. Once returned and as a condition of ongoing employment, the employee must follow the recommended frequency and duration of follow-up testing from the EAP/substance abuse professional. **Any employee who refuses or fails to comply with requirements for treatment, after care, or return to duty shall be discharged.** The cost of any treatment or rehabilitation services will be paid for directly by the employee or their insurance provider. Employees will be allowed



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to take accumulated sick leave and vacation leave to participate in the prescribed rehabilitation program.

Any follow up testing will be apart and in addition to participation in the random testing program.

#### 5.6 NOTIFYING MARTA OF CRIMINAL DRUG CONVICTIONS

Under the Drug Free Workplace Act, all employees are required to notify MARTA of any criminal drug statute conviction, for a violation occurring in the workplace, within five days after such conviction. **Failure to comply with this provision shall result in discharge.** MARTA will notify FTA of any employee criminal drug statute conviction within 10 days of notification of the conviction.

#### 5.7 PROPER APPLICATION OF THE POLICY

MARTA is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. **Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action up to and including termination of employment.**

#### 5.8 CONFIDENTIALITY

MARTA affirms the need to protect individual dignity, privacy and confidentiality throughout the testing process. Laboratory reports or test results shall not appear in an employee's general personnel file. Information of this nature will be contained in a separate confidential file that will be kept under the control of the Drug and Alcohol Program Manager and Wellness Coordinator. The reports or test results may only be disclosed without the employee's consent when:

- The information is compelled by law or by judicial or administrative process;
- The information has been placed at issue in a formal dispute between the employee and employer.

In all other cases the employee must sign a separate release every time substance testing information is to be disclosed. The employee must sign releases anytime information is to be released to the employee, union representative, subsequent employers, and to any other third party designated by the employee.

All records will be maintained in accordance with 49 CFR Parts 40 and 655.

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## **6 TESTING PROCEDURES**

### **6.1 OVERVIEW**

*Urine drug testing and breath testing for alcohol may be conducted under MARTA policy or as required by federal regulations. All safety-sensitive employees shall be subject to pre-employment, random, reasonable suspicion and post-accident drug and alcohol testing as defined in other sections of this policy.*

*Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (DHHS). All testing will be conducted consistent with the procedures in 49 CFR Part 40, as amended. Copies of 49 CFR Part 40 are available for review by the employees from **DAPM in the Department of Human Resources**. An electronic version of 49 CFR Part 40 is also available for download at the Office of Drug and Alcohol Policy and Compliance website (<http://www.dot.gov/ost/dapc/index.htm>). The collection procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.*

*DOT regulations only permit urine testing for the following five drugs: marijuana, cocaine, opiates, amphetamines, and phencyclidine. Urine specimens will be collected using the split specimen collection method as described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a Federal Drug Testing Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. An initial drug screen will be conducted on the primary urine specimen. For those specimens with non-negative initial drug screen results, confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts present are above the minimum thresholds established in 49 CFR 40.87. Policy Section 15 lists the minimum thresholds established for each drug and/or its metabolites.*

*All drug testing laboratory results will only be reported to a Medical Review Officer (MRO). An MRO is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test. Before verifying that an employee has a positive test result, the MRO is responsible for contacting any such employee, on a direct and confidential basis, to determine whether the employee wishes to discuss the test or present a legitimate medical explanation for the positive test result. The MRO will subsequently review the employee's medical history/medical records to determine whether there is a legitimate medical explanation for a positive, substituted or adulterated laboratory result. If no legitimate medical explanation exists to explain the test result, the test will be verified positive, substituted, or adulterated and reported to MARTA's Designated Employer Representative (DER). If the MRO determines that an employee has a legitimate explanation for a positive test result, the MRO will report the test result as negative. An MRO staff person may make the initial contact with the employee to set-up an*

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*appointment to speak with the MRO, but only the MRO is permitted to discuss the test result with the employee. If, after reasonable efforts (three (3) times in 24 hours), the MRO/MRO staff is unable to reach the employee directly, the MRO will contact MARTA's DER for assistance in contacting the employee. MARTA's DER will take maximum precautions to preserve the confidentiality to the MRO contact.*

*If after making all diligent and reasonable efforts, neither the MRO nor MARTA's DER are able to contact the employee within ten (10) days of the date the MRO received the positive test result from the laboratory, the MRO will verify the test result as positive.*

*The MRO will also verify a test result as positive if the employee does not contact the MRO within 72 hours of being contacted by MARTA's DER or the employee expressly declines the opportunity to discuss the test result.*

*The MRO may reopen the verification of a positive test result if the employee presents an reason acceptable to the MRO to do so (e.g., documentation of serious injury or illness or other circumstances that unavoidably prevented the employee from being contacted within the designated time period). If the employee then presents a legitimate (in the MRO's opinion) explanation for the positive test, the MRO shall declare the test to be negative.*

Any safety-sensitive applicant/employee with a dilute negative test result (creatinine  $\geq$  5 mg/dL) will be directed by the DER to undergo an immediate second unobserved collection.

## 6.2 OBSERVED COLLECTIONS

*Consistent with the requirements in 49 CFR 40.67, an immediate urine specimen collection under direct observation (by a person of the same gender) with no advance notice will be conducted if any of the following situations occur:*

- *The DHHS-certified laboratory reports to the MRO that a specimen is invalid, and the MRO reports to the DER that there was no adequate medical explanation for the results.*
- *The MRO reports to the DER that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed.*
- *MARTA may direct an employee to provide a specimen a urine specimen under direct observation for return-to-duty and follow-up drug tests.*
- *The collector, must immediately conduct a collection under direct observation if they are directed by the DER to do so; or*
- *The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen; or*
- *The temperature of the original specimen provided was outside the acceptable temperature range of 90-100 °F; or*
- *The original specimen appeared to have been tampered with; or*

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- *The MRO directs MARTA to conduct a second specimen collection under direct observation because the creatinine concentration of an applicant/employee's initial specimen provided was equal to or greater than 2 mg/dL but less than or equal to 5 mg/dL.*

### 6.3 BREATH ALCOHOL TESTING

Breath alcohol testing will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA) approved evidential breath-testing device (EBT) operated by a trained breath alcohol technician (BAT). *All breath alcohol test results will be reported only by an MRO or BAT to the Designated Employer Representative (DER). If the initial test indicates a breath alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. A safety-sensitive or non-safety-sensitive employee who has a confirmatory breath alcohol test result of 0.02 or greater will be immediately removed from duty.* Under MARTA policy, a safety-sensitive employee with a confirmatory breath alcohol test result with a concentration of .02 or greater, but less than .04 will be immediately removed without pay for the remainder of their shift and will be suspended without pay until their next shift or for a minimum of eight hours which ever is greater **The inability to perform a safety-sensitive or non-safety-sensitive duty due to a confirmatory breath alcohol test result from 0.02 to 0.039 will be considered an unexcused absence and subject to MARTA's disciplinary procedures.** *A confirmatory breath alcohol test result of 0.04 or greater will be considered a positive alcohol test result and a violation of this policy and federal requirements in 49 CFR Part 655.*

***Any safety-sensitive or non-safety-sensitive employee with a confirmed positive drug test result, confirmatory breath alcohol test result of 0.04 or greater, or refuses to submit to a drug or alcohol test (see policy Section 5.4) will be immediately removed from their safety-sensitive position, discharged, and referred to a Substance Abuse Professional (SAP) for assessment and referral in accordance with 49 CFR Part 40.***

Non-safety-sensitive employees are exempt from FTA regulations included in this policy, but are governed under MARTA's own policy and testing authority.

### 6.4 EMPLOYEE REQUESTED TESTING

*Any safety-sensitive or non-safety sensitive employee who questions a positive, adulterated or substituted test result of a required drug test identified in this policy may request that the split sample be tested. This test must be conducted at a different DHHS certified laboratory. The test must be conducted on the split sample that was provided by the employee at the same time as the original sample. If an employee requests split sample testing, the split sample test will occur regardless of up-front payment, but MARTA reserves the right to seek reimbursement from the employee unless the result of the split sample testing invalidates the result of the original test. The employee's request for a split sample test must be made to the Medical Review Officer within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be*

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*accepted if the delay was due to documentable facts that were beyond the control of the employee. Non-safety-sensitive employees are exempt under FTA regulations, but MARTA's own policy authority regulates adherence.*

#### 6.5 PRE-EMPLOYMENT TESTING

*All safety-sensitive position applicants or transfers from non-safety sensitive to safety-sensitive positions shall undergo urine drug testing (following procedures set forth in 49 CFR 655.41 and 49 CFR Part 40, Subparts C-I) prior to hire or transfer into a safety-sensitive position. Under MARTA's own policy, all safety sensitive applicants and transfers shall undergo breath alcohol testing following a contingent offer of employment or transfer. Alcohol testing will be conducted using the alcohol testing procedures set forth in 49 CFR Part 40. Receipt by MARTA of a verified negative drug test result and a negative breath alcohol test result (<0.02 BAC) is required prior to employment. **A verified positive pre-employment drug and/or alcohol test will disqualify an applicant for employment.** Any safety-sensitive applicant who undergoes a pre-employment test, but is not actually assigned safety sensitive duties within 90 days from the date of the test, will have to retest with negative test results prior to the applicant's first performance of safety-sensitive duties.*

Under MARTA's policy, a pre-employment/pre-transfer test will also be performed anytime an employee's status changes from an inactive status in a safety-sensitive position to an active status in a safety-sensitive position.

*All safety sensitive employees who have not performed a safety-sensitive function for 90 or more consecutive calendar days, regardless of the reason, AND HAVE BEEN OUT OF THE RANDOM TESTING POOL DURING THAT TIME PERIOD, must successfully pass a pre-employment drug and alcohol test prior to the performance of ANY safety-sensitive function.*

**Any safety-sensitive employee that has a confirmed positive pre-employment drug and/or alcohol test will be discharged.**

#### 6.6 REASONABLE SUSPICION TESTING

*A reasonable suspicion referral for testing will be made on the basis of specific, contemporaneous, (happening at that moment), articulable observations concerning the appearance, behavior, speech, or body odor of the safety sensitive employee. Examples of reasonable suspicion include, but are not limited to, the following:*

- *Physical signs and symptoms consistent with prohibited substance use or alcohol misuse.*

All safety-sensitive and non-safety-sensitive employees may be subject to a fitness for duty evaluation, and urine and/or breath testing when there are reasons to believe that drug or alcohol use is adversely affecting his/her job performance. Additional examples

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of reasonable suspicion under MARTA's policy include, but are not limited to, the following:

- Evidence of the manufacture, distribution, dispensing, possession, or use of controlled substances, drugs, alcohol, or other prohibited substance.
- Occurrence of a serious or potentially serious accident that may have been caused by prohibited substance abuse or alcohol misuse.
- Fights (to mean physical contact), assaults, and flagrant disregard or violation of established safety, security, or other operating procedures.

*Reasonable suspicion referrals must be made by a supervisor or company official who is trained to detect the physical signs and symptoms, facts, circumstances, physical evidence, or patterns of performance and/or behaviors associated with drug use and/or alcohol misuse. If two supervisors, trained to identify the signs and symptoms of drug and alcohol use, reasonably conclude that objective facts may indicate drug use or alcohol misuse, this will be sufficient justification for testing. One supervisor will complete the "Reasonable Suspicion" form, but at least two trained supervisors may participate in the reasonable suspicion determination. Under MARTA policy, a supervisor or other MARTA authorized official may make reasonable suspicion referrals for non-DOT tests.*

*A reasonable suspicion test for drugs can be conducted anytime a safety sensitive employee is on duty. A reasonable suspicion test for alcohol can only be conducted when the observations are made during, just preceding, or just after the performance of safety-sensitive functions. Apart from FTA regulation, all MARTA employees and contractors as identified in Policy Section 3, "Applicability," may be subject to reasonable suspicion test under MARTA's policy.*

#### 6.7 POST-ACCIDENT TESTING

*All safety-sensitive employees will be required to undergo urine and breath testing if they are involved in an FTA accident with a MARTA Transit vehicle (regardless of whether or not the vehicle is in revenue service). Accident as defined by the FTA is an occurrence associated with the operation of a vehicle, if as a results of:*

- *An individual dies (fatality);*
- *An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident;*
- *Mass transit vehicle involved is a bus, electric bus, van or automobile, one or more vehicles including non-FTA funded vehicles incur disabling damage as the results of the accident and the vehicle or vehicles are towed from the scene by a tow truck or other vehicle; and*
- *Mass transit vehicle involved is a rail car, trolley car, trolley bus, or vessel, the mass transit vehicle is removed from operations.*

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*In the case of a fatality, each surviving safety-sensitive employee operating the vehicle at the time of the accident must be tested as well as any other safety-sensitive employees not on the vehicle, whose performance could have contributed to the accident (based upon the best information available at that time).*

*An accident could be the result of a collision with another vehicle or pedestrian, or it could be associated with an incident that occurs on the vehicle without any contact with another vehicle.*

*In a non-fatal accident, all safety sensitive employees operating the vehicle at the time of the accident will be tested unless it is determined the employee's performance can be completely discounted as a contributing factor to the accident. Any other safety-sensitive employee whose performance could have contributed to the accident will also be tested. The decision regarding being "completely discounted" will be made by the supervisor on the scene based upon the best information available at the time of the incident.*

Accidents involving safety-sensitive management and non-safety sensitive employees during the use of non-revenue vehicles may be subject to post accident testing under MARTA's policy.

*Following a covered accident, the safety-sensitive employee will be tested as soon as possible. If the alcohol test is not administered within two (2) hours of the accident, the supervisor or DER must prepare and maintain on file a "Post Accident" form stating the reason the test was not promptly administered. If an alcohol test was not administered within eight (8) hours following the accident, all attempts to administer the test must cease and the DER must document the "Post Accident" form.*

*All safety-sensitive employees must be tested within 32 hours of the accident for drug testing.*

*Any safety-sensitive employee involved in an accident must refrain from alcohol use for eight hours following the accident or until he/she undergoes a post-accident alcohol test. **Any safety-sensitive employee who does not remain available for testing or leaves the scene of the accident without a justifiable explanation prior to submission to drug and alcohol testing will be considered to have refused the test and the employee will be discharged.** Employees tested under this provision will include not only the operator, but also any other covered employee whose performance could have contributed to the accident.*

*Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a safety-sensitive employee from leaving the scene of an accident for a period necessary to obtain assistance in responding to the accident or to obtain the necessary emergency medical care. However, any employee under the above circumstance who fails to remain readily available for drug or alcohol testing (including notifying MARTA of his/her location) or who otherwise*

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*leave the scene of the accident without appropriate authorization prior to drug and alcohol testing, will be considered to have refused the test.*

*If MARTA is unable to perform a FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), the transit system may use drug and alcohol post-accident test results administered by State and local law enforcement officials (49 CFR Part 40). The State and local law enforcement officials must have independent authority for the test and MARTA must obtain the results in conformance with State and local law.*

## 6.8 RANDOM TESTING

*The FTA regulation (49 CFR 655.45) requires random (unannounced) testing of drugs and alcohol for all safety-sensitive employees. The selection of safety-sensitive employees for random drug and alcohol testing will be made using a scientifically valid method that ensures each covered employee will have an equal chance of being selected each time selections are made. The random tests will be unannounced and spread throughout the year. Based upon MARTA's operations, random testing is conducted on all days and hours during which safety-sensitive functions are performed.*

*All safety-sensitive employees can be tested at any time during an employee's shift (i.e. beginning, middle, and end). Employees are required to proceed immediately and directly to the collection site upon notification of their random selection. **Under MARTA policy, any employee who does not proceed immediately to the testing center when notified, or who fails to report to the testing center within one hour of notification, will be placed on medical hold without pay until the DER investigates the late report. The DER will require a written, signed statement from the employee documenting the circumstances of employee's situation. Failure to proceed immediately for testing or taking greater than one hour to report for testing can result in disciplinary action up to and including discharge. All employees who fail to report for a drug test will be discharged.***

*All safety-sensitive employees with a MRO verified positive on a drug or alcohol test will be immediately removed from their safety-sensitive position discharged and referred to a Substance Abuse Professional (SAP), in accordance with 49 CFR 655.*

## 7 PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

### 7.1 REPORTING OF PRESCRIBED DRUGS

In the interest of protecting employees and the general public, safety-sensitive employees must make sure that any prescribed drug or any combination of drugs being taken will not adversely impact their job performance. The prescribing licensed medical practitioner must approve the medication to ensure that the employee's job duties can be performed safely. This approval must be reported in writing to MARTA. A copy of the Medication Approval Form is provided in Section 17 of this policy or employees can



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obtain a Medication Approval Form from the Wellness Coordinator at x4285 or online via MARTANET.

**7.2 PRESCRIBED DRUGS THAT DO NOT NEED TO BE REPORTED**

Drugs on the Medication Approval Form listed under the section titled “Drugs That Do Not Need To Be Reported” do not need to be reported, whether taken alone or in combination with other drugs that do not need to be reported. This includes antibiotics, birth control pills, vitamins, local dental injections, creams, ointments, and lotions. When using a drug that does not need to be reported, it is the employee’s responsibility to make sure that the drug taken is exactly the same as the drug on the list. (See Section 17 for a list of these drugs.)

**7.3 PRESCRIBED DRUGS THAT MUST BE REPORTED**

Safety-sensitive employees must report prescribed drugs listed under the section of the Medication Approval Form titled “Mandatory Reportable Drugs With Restrictions” or any other drug that is not listed on the form. When reporting prescribed drugs all other prescribed drugs being taken at the same time must also be approved and reported. (See Section 17 for a list of these drugs.)

**7.4 OVER-THE-COUNTER MEDICATIONS**

It is the responsibility of safety-sensitive employee, when selecting an over-the-counter medication, to read all warning labels before selecting it for use while in a working status. Medications whose labels indicate they may affect mental functioning, motor skills or judgement should not be selected. The advice of a pharmacist, if available at the purchase site may be helpful in making a selection appropriate to the employee’s job duties. If no alternate medication is available for the condition, employees should seek professional assistance from their pharmacist or physician. Ultimately, the employee may be the best judge of how a substance is impacting him/her. As such, the employee has the responsibility to refrain from using any over-the-counter medication that causes performance altering side effects, whether or not the label warns of them. Although safety-sensitive employees are not required to provide written notice to the Authority when using over-the-counter medications it is highly recommended that the employee confer with his/her physician regarding the possibility of adverse side effects that may impair job performance.

**7.5 SIDE EFFECTS**

Employees who experience medication side effects or do not feel fit for duty, regardless of medications or previous approvals, must consult their personal physician and immediately refrain from performing hazardous activities, including all safety-sensitive functions.

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7.6 HOW TO REPORT MEDICATION

To report a medication, the employee's licensed medical practitioner must read and sign the Medication Approval Form. Employees should bring a medication approval form with them when they visit their doctor. This form must be returned to MARTA's Wellness Coordinator prior to resuming safety-sensitive functions. Forms may be hand delivered, mailed, or faxed. Contact information for MARTA's Wellness Coordinator is provided in Section 11 of this Policy.

Employees have the responsibility to explain their job duties to their medical practitioner and ensure that the use of prescribed medication will not pose a safety risk to themselves, other employees, or the general public. It is recommended that the employee provide the medical professional with a copy of their current job description. Copies of job descriptions may be obtained by contacting MARTA's compensation Office at 404-848-5518 or 404-848-5801.

**If the employee's use of a prescription or over-the-counter drug endangers the employee, other employees or the public, or has contributed to an accident, the employee will be subject to discipline, including discharge, under MARTA policy.**

7.7 CONFIDENTIALITY OF RECORDS AND VERIFICATION

Medication Approval Forms will be kept in a confidential medical file under the control of the Wellness Coordinator and may be verified by MARTA's medical advisors. If an employee's personal physician and MARTA's medical advisor differ regarding use of a medication, the Wellness Coordinator will work with the employee's medical practitioner and the Authority's medical advisor to resolve the disagreement.

**8 EMPLOYEE ASSISTANCE PROGRAM**

8.1 GENERAL

MARTA's Employee Assistant Program offers help for employees to improve or maintain job performance by solving personal problems. A component of that program is to help employee who have some type of personal problem related to addiction (drugs & alcohol). Refer to section 5.5 for voluntary treatment requirements and MARTA's EAP policy on the MARTAnet, reference # III.L. The EAP contact is also noted in this policy in Section 11.

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## **9 INFORMATION DISCLOSURE**

### **9.1 PRE-EMPLOYMENT**

*To be considered for employment, all applicants will be asked to give consent to MARTA for a background check of their previous DOT covered employer(s) over the past two years as defined by 49 CFR 40.25. Information requested will include:*

- *Alcohol test results 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 DOT agency drug and alcohol testing regulations*
- *Information obtained from previous employers of a drug and alcohol rule violation*
- *With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests)*

### **9.2 RETENTION AND RELEASE**

*All drug and alcohol testing records will be maintained in a secure manner so that disclosure of information to unauthorized persons does not occur. Information will only be released in the following circumstances:*

- *To a third party only as directed by specific, written instruction of the employee;*
- *To the decision-maker in a lawsuit, grievance, or other proceeding initiated by or on the behalf of the employee tested;*
- *To a subsequent employer upon receipt of a written request from the employee;*
- *To the National Transportation Safety Board during an accident investigation;*
- *To the DOT or any DOT agency with regulatory authority over the employer or any of its employees, or to a State oversight agency authorized to oversee rail fixed-guideway systems;*
- *To the employee, upon written request;*
- *Records will be released if requested by a Federal, State or local safety agency with regulatory authority over MARTA or the employee;*
- *If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 necessary legal steps will be taken by the Authority to contest the issuance of the order.*

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**10 EMPLOYEE AND SUPERVISOR TRAINING**

10.1 GENERAL

*All safety sensitive employees will undergo a minimum of one hour of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training must also include manifestations and behavioral cues that may indicate prohibited drug use.*

10.2 SUPERVISORS

*Supervisors will also receive in addition to the above training one hour of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and one hour of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.*

Information on the signs, symptoms, health affects and consequences of alcohol misuse is present in Section 14.

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**11 PROGRAM CONTACTS**

Any questions regarding this policy or any aspect of the drug and alcohol program should be directed to one of the following MARTA representatives:

**PROGRAM MANAGERS**

Name: Deborah Avery, M.Ed.  
Title: Manager of Employee Development & Wellness  
Address: 2424 Piedmont Rd., NE, Atlanta, Georgia 30324  
Telephone Number: 404-848-5941  
FAX Number: 404-848-4222

**Or**

Name: Phyllis W. Lee, MS, CVE, CCM  
Title: Supervisor-Transitional Employment & Wellness  
Address: 2424 Piedmont Rd., NE, Atlanta, Georgia 30324  
Telephone Number: 404-848-4516  
FAX Number: 404-848-5717

**PROGRAM COORDINATOR (DER)**

Name: Kim DeJarnette  
Title: Wellness Coordinator  
Address: 2424 Piedmont Rd., NE, Atlanta, Georgia 30324  
Telephone Number: 404-848-4285  
FAX Number: 404-848-4476

**MEDICAL REVIEW OFFICER (MRO)**

Name: Dr. Alton Greene, M.D.  
Title: Caduceus Occupational Medicine  
Address: 145 North Ave., Atlanta, Georgia 30308  
Telephone Number: 404-607-7677  
FAX Number: 404-607-7858

**EMPLOYEE ASSISTANCE PROGRAM**

Name: Cameron & Associates, Inc.  
Address: 6100 Lake Forest Drive, Suite 550  
Telephone Number: (404) 843-3399; 1-800-334-6014  
[www.caiquality.com](http://www.caiquality.com)

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**12 SAFETY-SENSITIVE POSITIONS**

*EMPLOYEES SUBJECT TO ALL TYPES OF TESTING TO INCLUDE FTA/DOT TESTING PROVISIONS*

OPERATE VEHICLES CRITICAL TO THE SAFETY OF THE TRAVELING PUBLIC

5OPR3588NU	SMALL BUS OPERATOR FT
5OPR3587NU	SMALL BUS OPERATOR PT
5OPR7056NU	BUS OPERATOR
5OPR7065NU	BUS OPERATOR - PART TIME
8CHF3340EN	CHF INSTRUCTOR-BUS TRANS TRNG
6CHF7221EN	CHIEF RAIL TRAINING INSTRUCTOR
5INS7175EN	INSTRUCTOR BUS OPERATIONS
5INS3022EN	INSTRUCTOR RAIL TRANSPORTATION
5INS3063EN	LEAD INSTRUCTOR RAIL TRANSPORT
5OPR7648NU	P.T. PARATRANSIT OPERATOR
5OPR7647NU	PARATRANSIT OPERATOR
5OPR7055NU	RAIL OPERATOR
5OPR7935NU	STUDENT BUS OPERATOR (FT)
5OPR7934NU	STUDENT BUS OPERATOR (NH)
5OPR7936NU	STUDENT BUS OPERATOR (PT)
5OPR3225NU	STUDENT PARATRANSIT OPERATOR
5SUP3613SN	SUPV RAIL YARD TOWER
5SUP7889SN	SUPV BUS TRANSPORTATION
5SUP3010SN	SUPV PARATRANSIT CERTIFIED
6TEC7253NN	TECHNICAL ASSISTANT

DISPATCH OR CONTROL REVENUE SERVICE VEHICLES

4AGM3287EN	AGM BUS OPERATIONS
5BLK7047NU	BUS DISPATCHER (BLOCKOUT)
5INS7925EN	CHIEF INSTRUCTOR CONTROL CTR
5ADM7932NN	COMMUNICATIONS SPECIALIST
1PRO3040EN	CONSTRUCTION SAFETY OFFICER
5DIR7394EN	DIR BUS MAINTENANCE
5DIR1660EN	DIR BUS TRANSPORTATION
5DIR3412EN	DIR PARATRANSIT & SPECIAL SVCS
5DIR2315EN	DIR RAIL TRANSPORTATION
5DSP2320SN	DISPATCHER-RAIL TRANSPORTATION
5DSP7645SN	DISPATCHER PARATRANSIT
5DSP1735SN	DISPATCHER RADIO COMMUNICATIONS
5DSP1740SN	DIVISION DISPATCHER
5ENG1840EN	ENVIRONMENTAL SAFETY OFFICER
1DIR3406EN	EXECUTIVE DIR SAFETY
2ENG0290EN	FIELD INSPECTOR
5MGR7798EN	GEN SUPT BUS TRANS OPERATIONS
5MGR7799EN	GEN SUPT BUS TRANS SVC
5MGR7785EN	GEN SUPT CONTROL CENTER

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5MGR7803EN	GEN SUPT PARATRANSIT
5MGR7544EN	GEN SUPT RAIL LINE
5MGR3325EN	GEN SUPT RAIL SERVICE OPERATNS
5MGR7806EN	GEN SUPT RAIL TRANSPORTATION
5MGR3003EN	ASST SUPT RADIO COMMUNICATION
1PRO3006EN	INDUSTRIAL SAFETY OFFICER
5ADM7628NN	PARATRANSIT SCHEDULER II
5ADM7724NN	PARATRANSIT SCHEDULER I
1PRO3118EN	SAFETY OFFICER
4PRO7903EN	SAFETY OFFICER-OPERATIONS
1DIR3583EN	SR DIR OPERATIONS MAINT
1DIR3582EN	SR DIR OPERATIONS TRANSPORT
5PRO7725EN	SR PARATRANSIT SYS DATA SPEC
5INS7925EN	SR INSTRUCTOR RAIL CONTROL CTR
5MGR7828EN	SUPT BUS COMMUNICATIONS CENTER
5MGR7381EN	SUPT BUS TRANSPORTATION
5MGR7786EN	SUPT CONTROL CENTER
5MGR7815EN	SUPT PARATRANSIT OPERATIONS
5MGR7805EN	SUPT RAIL LINE
5MGR7845EN	SUPT RAIL TRANSPORTATION
5MGR3441EN	SUPT YARD OPERATIONS
5SUP7642SN	SUPV PARATRANSIT OPERATIONS
5SUP7872EN	SUPV PARATRANSIT SCHEDULINT
5SUP7850SN	SUPV RAIL SERVICES

MAINTAIN VEHICLES OR EQUIPMENT CRITICAL TO THE SAFETY OF THE TRAVELLING PUBLIC

5MNT7044NU	AA INSPECTOR
5MNT3198NU	APPRENTICE AUTOMOTIVE TECH
5MNT7050NU	APPRENTICE BODY REPAIR
5MNT3093NU	APPRENTICE ET POWER
5MNT3126NU	APPRENTICE ET-COMPUTERS
5MNT3130NU	APPRENTICE ET-RADIO MAINT
5MNT3129NU	APPRENTICE ET-RAIL CAR MAINT
5MNT3131NU	APPRENTICE ET-TRAIN CONTROL
5MNT7051NU	APPRENTICE MACHINIST
5MNT7027NU	APPRENTICE MECHANIC
5MNT7024NU	APPRENTICE MECHANIC
5ENG3104EN	BUS MECH/ELEC. ENGINEER
4CHF3349EN	CHF OPERATNS PERF. ANALYSIS
8CHF3338EN	SR INSTRUCTOR-BUS MAINT TRNG
8CHF3339EN	SR INSTRUCTOR-RAIL MAINT TRNG
9CON3614SN	CONTRACT EMP/SAFETY SENSITIVE
9CON3615SN	CONTRACT MGMT/SAFETY SENSITIVE
9CON7346NN	CONTRACT EMP/TECHNICIAN
9TMP7792NN	CONTRACT FLAGPERSON
5MNT7048NU	DYNAMOMETER OPERATOR
9ENG3141EN	ELECTRICAL ENG. VI-RAIL CAR
9ENG0410EN	ELECTRICAL ENGINEER IV
9ENG1895EN	ELECTRICAL ENGINEER V

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9ENG0415EN	ELECTRICAL ENGINEER VI
4ENG7891EN	ELECTRICAL MAINTENANCE ENG
6PRO7224SN	ELECTRICAL MAINTENANCE INSPECT
5SUP1935SN	FOREMAN BUILDING/SUPPORT EQUIP
5SUP2135SN	FOREMAN COMMUNICATIONS
5SUP2140SN	FOREMAN COMPUTER MAINTENANCE
5SUP2145SN	FOREMAN FARE GATE MAINTENANCE
5SUP1950EN	GEN FOREMAN TRACK
5MGR7809EN	GEN SUPT BUS MAINT
5MGR7800EN	GEN SUPT HEAVY MAINT
5MGR7787EN	GEN SUPT RAIL CAR MAINTENANCE
5MGR7788EN	GEN SUPT RAIL CAR REHAB
5MNT7052NU	INSPECTOR
5INS2190EN	INSTRUCTOR AUTO TRAIN CONTROL
5INS2190SN	INSTRUCTOR AUTO TRAIN CONTROL
5INS7527EN	INSTRUCTOR BUS TECH/ENVIRON
5INS1760EN	INSTRUCTOR BUS TECHNICAL
5INS3005EN	INSTRUCTOR ELECTRIC POWER
5INS3021EN	INSTRUCTOR CAR MAINT/ELECTRON
5INS3022NN	INSTRUCTOR RAIL OPERATIONS
5INS3015EN	INSTRUCTOR CAR MAINT/MECH
5INS3020EN	INSTRUCTOR CENTRAL MAINTENANCE
5INS7334EN	INSTRUCTOR TRACK
5MNT7374NU	JOURNEYMAN AUTOMOTIVE TECH
5MNT7021NU	JOURNEYMAN BODY REPAIR
6MNT7335NU	JOURNEYMAN ELEC/POWER ELECTRIC
6MNT7336NU	JOURNEYMAN ELEC/POWER TECHNICAL
5MNT7023NU	JOURNEYMAN ELECTRONIC TECH
5MNT3121NU	JOURNEYMAN ET-COMPUTER MAINT
5MNT3120NU	JOURNEYMAN ET-FAREGATE MAINT
5MNT3134NU	JOURNEYMAN ET-LABORATORY
5MNT3124NU	JOURNEYMAN ET-RADIO MAINT
5MNT3123NU	JOURNEYMAN ET-RAIL CAR MAINT
5MNT3122NU	JOURNEYMAN ET-TELEPHONE MAINT
5MNT3125NU	JOURNEYMAN ET-TRAIN CONTROL
5MNT7025NU	JOURNEYMAN MACHINIST
5MNT7029NU	JOURNEYMAN MECHANIC
5MNT7020NU	JOURNEYMAN OVERHAULER
5MNT7388NU	JOURNEYMAN RAIL CAR MECHANIC
5MNT3049NU	JOURNEYMAN TRACK MECHANIC
5MNT7022NU	JOURNEYMAN WELDER
5CHF7533EN	LEAD INSTRUCTOR BUS MAINT
5INS3027EN	LEAD INSTRUCTOR CAR MAINT/ELEC
5MNT7652NU	MECHANIC-PARATRANSIT
1MGR3309EN	MGR SYSTEM SAFETY
5MGR2220EN	MGR TRAIN CONTROL
5SVC7330NU	P/T RAIL CAR CLEANER
4PRO3335EN	QA ENGINEER
9ENG7234EN	QA ENGINEER IV
4PRO3336EN	QA ENGINEER RECEIVING



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9ENG7247EN	QA ENGINEER V
9ENG3193EN	QA ENGINEER V - RECEIVING
9ENG3192EN	QA ENGINEER V - SYSTEMS
2ENG0710EN	QA ENGINEER VI
9ENG7246EN	QA ENGINEER VI
9ENG3271EN	QA ENGINEER VI - TEST
4PRO3334EN	QA SPECIALIST
4PRO3353EN	OPERATIONS BUDGET COORDINATOR
4PRO3354EN	OPERATIONS PROJECT ANALYST
5SVC7498NU	RAIL CAR CLEANER
4PRO3401SN	RAIL SERVICES CONTROLLER
4-PRO3608EN	PROGRAM MANAGER ORG EFFICIENCY
2ENG3211EN	STRUCTURAL ENGINEER III-INSPEC
2ENG7124EN	STRUCTURAL ENGINEER IV
2ENG0500EN	STRUCTURAL ENGINEER V
5MGR7810EN	SUPT BUS MAINTENANCE GARAGE
5MGR7811EN	SUPT HEAVY MAINTENANCE
5MGR3195EN	SUPT PLANT OPERATIONS
5MGR7816EN	SUPT RAIL CAR MAINT
5SUP7846SN	SUPV BUS MAINTENANCE
5SUP7860SN	SUPV CAR REPAIR/INSPECTION
6TRK7273NU	TRACK MAINTAINER
6TRK7274NU	TRACK WALKER
5ENG2270EN	TRAIN CONTROL ENGINEER
2ENG7766EN	TRAIN CONTROL ENGINEER VI

**PROVIDE SECURITY AND CARRY A FIREMAN**

1AGM3293EN	AGM POLICE SYSTEM SECURITY
4POL7851EN	ASSISTANT CHIEF OF POLICE
5AMR2065SN	TRANSIT POLICE LIEUTENANT
5ADR2070EN	TRANSIT POLICE MAJOR
5EXL2080NN	TRANSIT POLICE OFFICER
5POL2080NN	TRANSIT POLICE OFFICER
5POL3205NN	TRANSIT POLICE OFFICER-SENIOR
5POL3018NN	TRANSIT POLICE OFFICER-SPECIAL
5SUP2090SN	TRANSIT POLICE SERGEANT

**OPERATE MARTA VEHICLES REQUIRING A COMMERCIAL DRIVER'S LICENSE (CDL)**

5MNT3127NU	APPRENTICE ET FAREGATE
5MNT3041NU	APPRENTICE ET HVAC
5MNT3128NU	APPRENTICE ET-TELEPHONE MAINT
5MNT7037NU	APPRENTICE PAINTER
5MNT3066NU	APPRENTICE SUPPORT EQUIPMENT
5SUP1930SN	FOREMAN POWER
5SUP1940SN	FOREMAN TRACK & STRCT
5SUP2160SN	FOREMAN TRAIN CONTROL
5MNT7311NU	HOSTLER/JUNIOR APPRENTICE
5EXL7023NU	JOURNEYMAN ELECTRONIC TECH

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5MNT7524NU	JOURNEYMAN ET HVAC
5MNT7030NU	JOURNEYMAN PAINTER
5MNT7032NU	JOURNEYMAN SUPPORT EQUIPMENT
4STO7035NU	MATERIAL CONTROLLER
4STO7036NU	MATERIAL CONTROLLER-LEAD
5MGR1990EN	MGR TRACK & STRCT
5SVC7651NU	SERVICE PERSON-PARATRANSIT
5SVC7039NU	SERVICEPERSON I (A)
5SVC7526NU	SERVICEPERSON I (A) - DRIVER
5SVC7041NU	SERVICEPERSON IV
5SVC7042NU	SERVICEPERSON V
6SVC7503NU	SERVICEPERSON VII-GROUNDSKEEPER
8CHF3350EN	SR INSTRUCTOR BUS TRANSPORTATION
6CHF7221EN	SR INSTRUCTOR RAIL TRANSPORTATION
6TRK7540NU	STRUCTURAL INSPECTOR
6TRK7275NU	TRACK APPRENTICE

**13 NON-SAFETY-SENSITIVE POSITIONS**

SUBJECT TO MARTA TESTING PROVISIONS

Positions tested under MARTA policy (not by FTA definition safety sensitive positions).

All non-safety-sensitive positions are subject to the relevant provisions of this policy.

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## **14 DRUG AND ALCOHOL FACT SHEETS**

### 14.1 ALCOHOL

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for the enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

#### SIGNS AND SYMPTOMS OF USE

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils
- Sleepy or stupor like condition
- Slowed reaction time
- Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

#### HEALTH EFFECTS

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces/serving], whiskey [1 ounce/serving] or wine [6 ounces/serving]) over time may result in the following health hazards:

- Decreased sexual function
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed “alcoholic”)
- Fatal liver disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related)

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SOCIAL ISSUES

- Two-thirds of all homicides are committed by people who drink prior to the crime.
- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.
- Forty percent of family court cases are alcohol problem related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

ANNUAL TOLL

- 24,000 people will die on the highway due to the legally impaired driver.
- 12,000 more will die on the highway due to the alcohol-affected driver.
- 15,800 will die in non-highway accidents.
- 30,000 will die due to alcohol-caused liver disease.
- 10,000 will die due to alcohol-induced brain disease or suicide.
- Up to another 125,000 will die due to alcohol-related conditions or accidents

WORKPLACE ISSUES

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person is.

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## 14.2 AMPHETAMINES

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

### DESCRIPTION

- Amphetamine is sold in counterfeit capsules or as white, flat, doubled-scored "mini-bennies." It is usually taken by mouth.
- Methamphetamine is often sold as a creamy white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected, or snorted into the nose.
- Trade/street names include Biphettamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

### SIGNS AND SYMPTOMS OF USE

- Hyperexcitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior

### HEALTH EFFECTS

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increase impulsive and risk-taking behaviors, including bizarre and violent acts.

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WORKPLACE ISSUES

Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual demands or failure to get rest.

Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

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### 14.3 CANNABINOIDS (MARIJUANA)

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood/perception altering effects it produces.

#### DESCRIPTION

Usually sold in plastic and sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tar like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil. It may also be sold in an oily liquid. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking "bongs" (large bore pipes for inhaling large volume of smoke) can easily be made from soft drink cans and toilet paper rolls. Trade/street names include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Thai Sticks, Hash, and Hash Oil.

#### SIGN AND SYMPTOMS OF USE

- Reddened eyes (often masked by eyedrops)
- Slowed speech
- Distinctive odor on clothing
- Lackadaisical "I don't care" attitude
- Chronic fatigue and lack of motivation
- Irritating cough, chronic sore throat

#### HEALTH EFFECTS

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive immunodeficiency virus (HIV) carriers.

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### PREGNANCY PROBLEMS AND BIRTH DEFECTS

The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes. Chronic smoking of marijuana in males causes a decrease in sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users. Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone. Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life. In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver, and water on the brain and spine. Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects in infant's feet and hands. One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies. Fetal exposure may decrease visual functioning and causes other ophthalmic problems.

### MENTAL FUNCTION

Regular use can cause the following effects:

- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signals detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function as "acute brain syndromes," which is characterized by disorders in memory, cognitive function, sleep patterns, and physical conditions.

### ACUTE EFFECTS

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations



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- Heavy sedation
- Immobility
- Mental dependency
- Panic
- Paranoid reaction
- Unpleasant distortions in body image

**WORKPLACE ISSUES**

The active chemical, THC, stores in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance. A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978. Combine alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

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#### 14.4 COCAINE

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences exhilaration caused by a large release of neurohormones associated with mood elevation.

##### DESCRIPTION

The source of cocaine is the coca bush, grown almost exclusively in the mountainous region of northern South America. Cocaine Hydrochloride "Snorting coke, is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in veins. The effect is felt within minutes and lasts 40 to 50 minutes per "line" (about 60 to 90 milligrams). Common paraphernalia include a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw cap vial or folded paper packet containing the cocaine. Cocaine Base is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within seven seconds. Common paraphernalia includes a "crack pipe" (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating. Trade/street names include coke, rock, crack, free base, flake, snow, smoke, and blow.

##### SIGNS AND SYMPTOMS OF USE

- Financial problems
- Frequent and extended absences from meetings or work assignment
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent non-business visitors, delivered packages, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations, and irregular rhythm
- Hallucinations
- Hyperexcitability and overreaction to stimulus
- Insomnia
- Paranoia and hallucinations
- Profuse sweating and dry mouth

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- Talkativeness
- HEALTH EFFECTS

Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of system illness such as Parkinson's disease could also occur. Cocaine use causes the heart to beat faster and harder and rapidly increased blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks. Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days when using crack or within several month when snorting cocaine. Cocaine causes the strongest mental dependency of any known drug. Treatment success rates are lower than for other chemical dependencies. Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths has tripled since 1996. Cocaine overdose is one of the most common drug emergencies.

WORKPLACE ISSUES

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine frequently leads to workplace theft and/or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

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#### 14.5 OPIATES (NARCOTICS)

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and when taken in large doses, cause a strong euphoric feeling.

##### DESCRIPTION

Varieties of opiates include natural and natural derivatives - opium, morphine, codeine, and heroin as well as synthetics such as meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan). Opiates may be taken in pill form, smoked, or injected, depending upon the type of narcotic used. Trade/street names include Smack, Horse, Emma, Big D, Dollies, Juice, Syrup, and China White.

##### SIGNS AND SYMPTOMS OF USE

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting, and constipation
- Impaired respiration

##### HEALTH EFFECTS

IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles. Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity. Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

##### SOCIAL ISSUES

There are over 500,000 heroin users in the U.S., most of who are IV needle users. An even greater number of medical narcotic-dependent persons obtain their narcotics through prescriptions. Because of tolerance, there is an ever-increasing need for more of the narcotic to produce the same effect resulting in strong mental and physical dependency. The combination of tolerance and dependency and the resulting need to acquire greater quantities of the drug creates an increasing financial burden for the users. Costs for heroin can reach hundreds of dollars a day.

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WORKPLACE ISSUES

Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident. Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

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#### 14.6 PHENCYCLIDINE (PCP)

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

##### DESCRIPTION

PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folded paper "packets". It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine. Trade/street names include Angel Dust, Dust, and Hog.

##### SIGN AND SYMPTOMS OF USE

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid heartbeat
- Dizziness

##### HEALTH EFFECTS

The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body. Other depressant drugs potentiate PCP, including alcohol, increasing the likelihood of an overdose reaction. Misdiagnosing the hallucinations as LCD induced, and then treating with Thorazine, can cause a fatal reaction. Use can cause irreversible memory loss, personality changes, and thought disorders. There are four phases of PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape and perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

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WORKPLACE ISSUES

PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs. However, use in the workplace can expose the user and others to extreme safety hazards.

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**15 MINIMUM THRESHOLDS**

INITIAL TEST

Marijuana metabolites  
Cocaine metabolites  
Opiate metabolites  
Phencyclidine (PCP)  
Amphetamines

INITIAL TEST CUTOFF LEVELS

50 ng/ml  
300 ng/ml  
2,000 ng/ml  
25 ng/ml  
1,000 ng/ml

CONFIRMATORY TEST

Marijuana metabolites (1)  
Cocaine metabolites (2)  
Opiates:  
Morphine  
Codeine  
Phencyclidine (PCP)  
Amphetamines:  
Amphetamine  
Methamphetamine (3)

CONFIRMATORY TEST CUTOFF LEVELS

15 ng/ml  
150 ng/ml  
2,000 ng/ml  
2,000 ng/ml  
25 ng/ml  
500 ng/ml  
500 ng/ml

- (1) Delta-9-tetrahydrocannabinol-9-carboxylic acid
- (2) Benzoylcegonine
- (3) Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml

These cutoff levels are subject to change by the Department of Health and Human Services as advances in technology or other considerations warrant identification of these substances at other concentrations.



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**16 HEMP PRODUCTS**

HEMP WARNING

Food products containing Hemp may have sufficient THC to cause impairment and produce positive marijuana drug test results.

The Hemp plant, from which marijuana is derived, also produce edible seeds which can be legally imported into the United States after they are “sterilized”, a process which is intended to render the seed incapable of being sprouted and to remove “all traces of THC”. Virtually all hemp food packaging is labeled that it “CONTAINS NO THC”. This is apparently inaccurate. One major manufacturer advertises that they have the lowest levels of THC at only 33 parts per million. Others say residual THC in their products is under 50 parts per million and claim competitive products may contain as much as 1,300 parts per million.

Because of MARTA’s concern for workplace safety, which could be jeopardized by THC from any source, employees are encouraged to refrain from using hemp-containing food products until the effectiveness of seed sterilization in removing THC can be documented through independent testing.

Job applicants or employees testing positive for marijuana, claiming use of hemp containing food products will be considered positive. **All employees verified with positive drug-test results will be discharged.**

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**17 MEDICATION APPROVAL FORM**

**EMPLOYEE COMPLETES THIS SECTION:**

EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_ JOB TITLE \_\_\_\_\_

OFFICE \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_

The information provided in this Medication Approval Form is true and correct to the best of my knowledge. I understand and will comply with the prescribed use of these medications and their restrictions while working.

\_\_\_\_\_  
Signed Date

**PHYSICIAN COMPLETES THIS SECTION:**

Please complete this form so that your patient can work in his/her Metropolitan Atlanta Rapid Transit Authority safety-sensitive job. By signing below, you are acknowledging that you are aware of this employee's job duty requirements and that the prescribed medication(s) currently being taken will not adversely impair performance or endanger the safety of this individual, coworker, MARTA customer, or the public. Please indicate below what, if any, restrictions should be placed upon the time between when the medication is taken and the time the individual can safely perform his/her job duties.

**Medication Employee is Currently Taking:**

<u>Name of Drug</u>	<u>Date Prescribed</u>	<u>Date Approval Expires</u>	<u>Restrictions/Instructions</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signed Date

Please Print Name, Address and Phone Number Below:

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

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**DRUGS THAT DO NOT NEED TO BE REPORTED**

The following drugs do not need to be reported unless known by the employee to cause problems or if restrictions are imposed by the prescribing physician.

**Antibiotics**

All

**Birth Control Pills**

All

**Dental**

Lidocaine  
Xylocaine

**Immunizations**

All

**Topical Agents**

Lotions, Creams,  
etc.

**Vitamins**

All

**Allergy, Asthma &**

**Decongestants**

Alph-pned  
Brethaire  
Entex  
Guafensin  
Hismanal  
Ipratropium Inhaler

Kenalog  
Nasalide  
Phyenylpropanolamine  
PPA-GG-LA  
Pseudoephedrine  
Seldane  
Sine-Aid  
Sudafed  
Terbutaline Inhaler  
Terbutaline  
Terienadine  
Theo-Dur  
Theopnilline  
Zephrex

**Analgesics**

Acetaminophen  
Advil  
Anacin-3  
Anaprox  
Asprin  
Datril  
Fenoprofen  
Ibuprofen  
Indocin  
Medipren  
Motrin

Nalfon  
Naprosyn  
Nuprin  
Panadol  
Rufin  
Trendar  
Tylenol

**Antihypertensives**

Aldactide  
Aldactone  
Aldomet  
Calan  
Capoten  
Captopril  
Catapres TTS  
Catapres  
Chlorothiazide  
Diuril  
Enalapril  
HCTZ  
Hydrodiuril  
Hydrochlorothiazide  
Lasix  
Lisinopril  
Lopressor  
Methyldopa  
Moduretic

Prinivil  
Procardia  
Vasoretic  
Vasotec

**Miscellaneous**

Ablalon A Opth.  
Drops  
Acyclovir  
Aristocort  
Beconase  
Carafate  
Cimetidine  
Colbenemid  
Cortosone  
Digoxin  
Donnagel  
Ergotec  
Lanoxin  
Meclomen  
Prednisone  
Prilosec  
Synthroid  
Synthroid  
Tagamet  
Vancenase  
Viagra  
Zantac

**MANDATORY REPORTABLE DRUGS**

All prescribed drugs not listed above must be reported with or without restrictions.



Rural Paratransit Contractor–Drug Free Workplace

Lift, Incorporated





**LIFT, INCORPORATED**  
**PUBLIC TRANSIT**  
**DRUG AND ALCOHOL TESTING POLICY**

**Summary:** Lift's drug and alcohol policy was adopted on August 21, 2003 and provides public transit and paratransit services for the residents of Calhoun, Chickasaw, Itawamba, Lafayette, Monroe, and Lee Counties of Mississippi. Their mission is to ensure that this service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of employees and the general public. The purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991.



**LIFT, INCORPORATED**

**PUBLIC TRANSIT  
DRUG AND ALCOHOL TESTING POLICY**



**DRUG AND ALCOHOL TESTING POLICY  
LIFT, INCORPORATED PUBLIC TRANSIT  
Adopted August 21, 2003**

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**DRUG AND ALCOHOL TESTING POLICY**  
**LIFT, INCORPORATED PUBLIC TRANSIT**  
**Adopted August 21, 2003**

Regular text = FTA requirements

Underlined = Lift, Incorporated requirements

#### A. PURPOSE

The Lift, Incorporated Public Transit Program provides public transit and paratransit services for the residents of Calhoun, Chickasaw, Itawamba, Lafayette, Monroe, and Lee Counties of Mississippi. Part of our mission is to ensure that this service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of employees and the general public. In keeping with this mission, Lift, Incorporated declares that the unlawful manufacture, distribution, dispense, possession, or use of controlled substances or misuse of alcohol is prohibited for all employees. With the exception of a single incident of self-referral to management (see L. Reasonable Suspicion Testing), Lift, Incorporated declares a policy of zero tolerance for drug/alcohol abuse as defined in this policy.

Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991. This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions, and prohibits performance of safety-sensitive functions when there is a positive test result. The U.S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.

Any provisions set forth in this policy that are included under the sole authority of Lift, Incorporated and are not provided under the authority of the above named Federal regulations are underlined.

#### B. APPLICABILITY

This Drug and Alcohol Testing Policy applies to all safety-sensitive employees (full- or part-time) when performing any transit-related business. A safety-sensitive function is any duty related to the safe operation of mass transit service including the operation of a revenue service vehicle (whether or not the vehicle is in revenue service), maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, dispatchers or person controlling the movement of revenue service vehicles and any other transit employee who is required to hold a Commercial Drivers License. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment used in revenue service. A list of safety-sensitive positions including one or more of the above

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mentioned duties is provided in Attachment I. Supervisors are safety-sensitive only if they perform one of the above functions.

### C. DEFINITIONS

**Accident** - an occurrence associated with the operation of a revenue service vehicle even when not in revenue service or which requires a Commercial Drivers License to operate, if as a result:

- (1) A person dies
- (2) An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or,
- (3) One or more vehicles incurs disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, *disabling damage* means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

**Administrative leave** – personal, medical, or unpaid leave an employee is required to take following a drug or alcohol test or any other procedure as set forth in this policy.

**Adulterated specimen** – a specimen that 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.

**Alcohol** – the intoxicating agent in beverage alcohol, grain alcohol, ethyl alcohol, or other low molecular weight alcohol contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

**Alcohol Concentration** - a measurement of the quantity of alcohol in a person's body expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath testing device.

**Canceled Test** – a drug test that has been declared invalid by a Medical Review Officer. A cancelled test is neither positive nor negative.

**Covered Employee** – an employee who performs a safety-sensitive function including and applicant or transferee who is being considered for hire into a safety-sensitive function. (See Attachment I for a list of covered employee positions), and other employees, applicants, or transferees who will not perform a safety-sensitive function but falls under the policy of the company's own authority.

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***Department of Transportation (DOT)*** – the department of the federal government which includes the U.S. Coast Guard, Federal Transit Administration, Federal Railroad Administration, Federal Aviation Administration, Federal Highway Administration, Federal Motor Carrier Safety Administration, Research and Special Programs, and the Office of the Secretary of Transportation.

***Drug and Alcohol Program Manager (DAPM)*** – an employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DAPM also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

***Dilute Specimen*** – a specimen with creatinine and specific gravity values that are lower than expected for human urine.

***Disabling Damage*** – damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

***Evidentiary Breath Testing Device (EBT)*** – an instrument approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on the NHTSA conforming products list.

***Medical Review Officer (MRO)*** – a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

***Negative Dilute*** – a drug test result which is negative for the five drug/drug-metabolites but has a specific gravity value lower than expected for human urine.

***Negative Test Result*** – a verified measure below the minimum level of concentration of an identified drug or its metabolite specified in 49 CFR Part 40, as amended. An alcohol concentration of less than 0.02 BAC is a negative test result.

***Non-negative Test Result*** – a test result found to be adulterated, substituted, invalid, or positive for drug/drug-metabolites.



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**Performing** (*a Safety-Sensitive Function*) – any period during which a covered employee is considered to be performing a safety-sensitive function, including being ready to perform, being on-call to perform, actually performing, or directing others to perform such functions.

**Positive Test Result** – a verified presence of an identified drug or its metabolite at or above the minimum levels specified in 49 CFR Part 40, as amended. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC or greater.

**Prohibited Drug** – Marijuana, cocaine, opiates, amphetamines, or phencyclidine at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

**Revenue Service Vehicle** – all transit vehicles used for passenger transportation service or that require a Commercial Drivers License (CDL) to operate, including all ancillary vehicles used in support of the transit system.

**Safety-Sensitive Functions** – (a) the operation of a transit revenue service vehicle even when the vehicle is not in revenue service; (b) the operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a CDL; (c) maintaining a revenue service vehicle or equipment used in revenue service; (d) controlling the movement of a revenue service vehicle; and (e) carrying a firearm for security purposes.

**Substance Abuse Professional (SAP)** – a licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

**Substituted Specimen** – a specimen with creatinine and specific gravity values that are not consistent with normal human urine.

**Test Refusal** – the following are considered a refusal to test if the employee:

- Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer;
- Fails to remain at the testing site until the testing process is complete;
- Fails to provide a urine or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations;
- In the case of a directly observed or monitored collection in a drug test, fails to permit observation or monitoring of the provision of a specimen;
- Fails to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;

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- Fails or declines to take a second test the employer or collector has directed the employee to take;
- Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DAPM as part of the “shy bladder” or “shy lung” procedures;
- Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process.)
- A report by the MRO that there is a verified adulterated or substituted test result;
- Failure or refusal to sign Step 2 of the alcohol testing form.

**Verified Negative Test** – a drug test result reviewed by an MRO and determined to have no evidence of prohibited drug or alcohol use above the minimum levels specified in 49 CFR Part 40, as amended.

**Verified Positive Test** – a drug test reviewed by an MRO and determined to have evidence of prohibited drug or alcohol use above the minimum levels specified in 49 CFR Part 40, as amended.

**Validity Testing** – the evaluation of the collected specimen to determine if it is consistent with normal human urine to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

#### **D. EDUCATION AND TRAINING**

Every covered employee will receive a copy of this policy and will have ready access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.

All supervisory personnel or company officials, who are in a position to determine employee fitness for duty, will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. Information on the signs, symptoms, health effects, and consequences of alcohol misuse is presented in Attachment II of this policy.

#### **E. PROHIBITED SUBSTANCES**

Prohibited substances addressed by this policy include the following:

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- (1) Illegally Used Controlled Substance or Drugs Under the Drug-Free Workplace Act of 1988 – any drug or substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to, marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal substance, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Also the medical use of marijuana or the use of hemp related products which cause drug or drug metabolites to be present in the body above the levels is a violation of this policy.
- (2) Federal Transit Administration drug testing regulations (49 CFR Part 655) require that all covered employees be tested for marijuana, cocaine, amphetamines, opiates, and phencyclidine as described in Section H of this policy. Illegal use of these five drugs is prohibited at all times, and thus covered employees may be tested for these drugs anytime that they are on duty.
- (3) Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected or a warning from a physician or nurse practitioner to that effect must be reported to a supervisor and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her safety-sensitive functions.
- (4) Alcohol: The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances such that alcohol is present in the body while performing safety-sensitive job functions is prohibited. An alcohol test can be performed on a covered employee under 49 CFR Part 655 just before, during, or just after the performance of safety-sensitive job functions. Under Lift, Incorporated authority, an alcohol test can be performed any time a covered employee is on duty. See “PERFORMING” above.

**F. PROHIBITED CONDUCT**

- (1) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 DFR Part 40, as amended.
- (2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline.

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- (3) The Transit Department shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
- (4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater regardless of when the alcohol was consumed.
- (5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- (6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.
- (7) Lift, Incorporated under its own authority also prohibits the consumption of alcohol all times employee is on duty, or anytime the employee is in uniform.
- (8) Consistent with the Drug-Free Workplace Act of 1988, all Lift, Incorporated employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substance in the work place including Transit Department premises, transit vehicles, while in uniform or while on company business.

**G. DRUG STATUTE CONVICTION**

Consistent with the Drug free Workplace Act of 1998, all employees are required to notify Lift management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in Section Q.9 of this policy.

**H. TESTING REQUIREMENTS**

Analytical urine drug testing and breath testing for alcohol will be conducted as required by 49 CFR part 40 as amended. All covered employees shall be subject to testing prior to employment, for reasonable suspicion, following an accident, and random as defined in Section K, L, M. and N of this policy. Lift, Incorporated is a zero-tolerance company. All covered employees who have tested positive for drugs or alcohol on a random, reasonable suspicion, or post-accident will be terminated from employment of Lift, Incorporated.

Covered employees who self-referred to management will be tested prior to returning to duty after completion of the Substance Abuse Professional's recommended treatment program and subsequent release to duty. Follow-up testing will also be conducted following return-to-duty for a period of one to five years, with at least six tests performed during the first year. The duration and frequency of the follow-up testing above the minimum requirements will be at the discretion of the Substance Abuse Professional.

A drug test can be performed any time a covered employee is on duty. An alcohol test can be performed just before, during, or after the performance of a safety-

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sensitive job function. Under Lift, Incorporated authority, an alcohol test can be performed any time a covered employee is on duty.

All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of ongoing employment with Lift, Incorporated. Any safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty and subject to discipline as defined in Section Q.3 of this policy. Any covered employee who is suspected of providing false information in connection with a drug test, or who is suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection. Verification of the above listed actions will be considered a test refusal and will result in the employees removal from duty and disciplined as defined in Section Q.3 of this policy. Refer to Section C for behavior that constitutes a refusal to test.

## I. DRUG TESTING PROCEDURES

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.

The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines, and phencyclidine. After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a DOT Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a HHS certified laboratory. An initial drug screen and validity test will be conducted on the primary urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.

The test results from the HHS certified laboratory will be reported to a Medical Review Officer (MRO). An MRO is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result, and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employee's medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no

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legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to the Lift DAPM. If a legitimate explanation is found, the MRO will report the test result as negative to the Lift DAPM and no further action will be taken. If the test is invalid with out a medical explanation, a retest will be conducted under direct observation.

Any covered employee who questions the results of a required drug test under paragraphs L through P of this policy may request that the split sample be tested. The split sample test must be conducted at a second HHS-certified laboratory with no affiliation with the laboratory that analyzed the primary specimen. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made to the Medical Review Officer within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to verifiable facts that were beyond the control of the employee. The Lift DAPM will ensure that the cost for the split specimen is covered in order for a timely analysis of the sample, however Lift will seek reimbursement for the split sample test from the employee.

If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled and will direct the Lift DAPM and the collection site to retest the employee under direct observation.

The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary is positive, the split will be retained for testing if so requested by the employee through the Medical Review Officer. If the primary specimen is positive, it will be retained in frozen storage for one year and the split specimen will also be retained for one year.

Observed collections:

Consistent with 49 CFR part 40, as amended, collection under direct observation (by a person of the same gender) with no advance notice will occur if:

- (1) The laboratory reports to the MRO that a specimen is invalid, and the MRO reports to the Lift DAPM that there was not an adequate medical explanation for the result; or
- (2) The MRO reports to the Lift DAPM that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed.
- (3) The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen or

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(4) The temperature on the original specimen was out of range.

In addition, the Lift DAPM may direct a collection under direct observation of an employee if the drug test is a return-to-duty test or a follow-up test.

**J. ALCOHOL TESTING PROCEDURE**

Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing device (EBT) operated by a trained Breath Alcohol Technician (BAT). Alcohol screening tests may be performed using a non-evidential testing device which is also approved by NHSTA. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test will be conducted at least fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NHSTA-approved EBT operated by a trained Bat. The EBT will identify each test by a unique sequential identification number. This number, time and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.

An employee who has a confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The consequences of a positive alcohol test are described in Sections Q.4-5 of this policy. Even though an employee who has a confirmed alcohol concentration of 0.02 to 0.039 is not considered positive, the employee shall still be removed from duty for at least eight hours or for the duration of the work day whichever is longer, and will be subject to the consequences described in Section Q.6 of this policy. An alcohol concentration of less than 0.02 will be considered a negative test.

The Transit Department affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be cancelled. Minor inconsistencies or procedural flaws that do not impact the test result will no result in a cancelled test.

The alcohol testing form (ATF) required by 49 CFR Part 40, as amended, shall be used for all FTA required testing. Failure of an employee to sign step 2 of the ATF will be considered a refusal to submit to testing.

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**K. PRE-EMPLOYMENT TESTING**

All applicants for covered transit positions shall undergo urine drug testing and breath alcohol testing prior to performance of a safety-sensitive function.

- (1) All offers of employment for covered positions shall be extended conditional upon the applicant passing a drug and alcohol test. An applicant shall not be hired into a covered position unless the applicant takes a drug test with verified negative results, and an alcohol concentration below 0.02.
- (2) A non-covered employee shall not be placed, transferred or promoted into a covered position until the employee takes a drug test with verified negative results and an alcohol concentration below 0.02.
- (3) If an applicant fails a pre-employment drug or alcohol test, the conditional offer of employment shall be rescinded. Failure of a pre-employment drug and/or alcohol test will disqualify an applicant for employment for a period of at least one year. Evidence of the absence of drug dependency from a Substance Abuse Professional that meets with 49 CFR part 40 as amended and a negative pre-employment drug test and an alcohol concentration below 0.02 will be required prior to further consideration for employment. The cost for the assessment and any subsequent treatment will be the sole responsibility of the applicant.
- (4) When an employee being placed, transferred, or promoted from a non-covered position to a covered position submits a drug test with a verified positive result, and an alcohol concentration below 0.02 the employee shall be subject to disciplinary action in accordance with Sections Q.4-6 and 8-9 herein.
- (5) If a pre-employment/pre-transfer test is canceled, Lift, Incorporated will require the applicant to take and pass another pre-employment drug test.
- (6) In instances where a covered employee is on extended leave for a period of 90 days or more regardless of reason, the employee will be required to take a drug and alcohol test under 49 CFR Part 655 and have negative test results prior to the conduct of safety-sensitive job functions.
- (7) An applicant with a dilute negative test result will be required to retest.
- (8) Applicants are required to report previous DOT covered employer drug and alcohol test results. Failure to do so will result in the employment offer being rescinded.

**L. REASONABLE SUSPICION TESTING**

All Lift, Incorporated covered employees will be subject to a reasonable suspicion drug and/or alcohol test when there are reasons to believe that drug or alcohol use is impacting job performance and safety. Reasonable suspicion shall mean that there is objective evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse. Reasonable suspicion referrals must be made by one supervisor who is trained to detect the signs and



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symptoms of drug and alcohol use, and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or alcohol misuse. A reasonable suspicion alcohol test can only be conducted just before, during, or just after the performance of a safety-sensitive job function. However, under Lift, Incorporated's authority, a reasonable suspicion alcohol test may be performed any time the covered employee is on duty. A reasonable suspicion drug test can be performed any time the covered employee is on duty.

The Lift DAPM, Transportation Director or their designee shall be responsible for transporting the employee to the testing site. Supervisors should avoid placing themselves and/or others into a situation which might endanger the physical safety of those present. The employee shall be placed on administrative leave pending disciplinary action described in Sections Q.4-6 and 8-9 of this policy. An employee who refuses an instruction to submit to a drug/alcohol test shall not be permitted to finish his or her shift and shall immediately be placed on administrative leave pending disciplinary action as specified in Section Q.3 of this policy.

A written record of the observations which led to a drug/alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor making the observation prior to the release of the test results. This written record shall be submitted to the DAPM and shall be attached to the forms reporting the test results.

When there are no specific, contemporaneous, articulable objective facts that indicate current drug or alcohol use, but the employee (who is not already a participant in a treatment program) admits the abuse of alcohol or other substances to a supervisor in his/her chain of command, the employee shall be referred to the SAP for an assessment. The Personnel Director shall place the employee on administrative leave in accordance with the provisions set forth under Section Q.8 of this policy. Testing in this circumstance would be performed under the direct authority of Lift, Incorporated. Since the employee self-referred to management, testing under this circumstance would not be considered a violation of this policy or a positive test result under Federal authority. However, self-referral does not exempt the covered employee from testing under Federal authority as specified in Sections L through N of this policy or the associated consequences as specified in Sections Q.4-6 and 9.

#### M. POST-ACCIDENT TESTING

All covered employees will be required to undergo urine and breath testing if they are involved in an accident with a transit revenue service vehicle that results in a fatality, regardless of whether or not the vehicle is in revenue service. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other whose performance cannot be completely discounted as a contributing factor to the accident.

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In addition, a post-accident test will be conducted if an accident results in injuries requiring immediate transportation to a medical treatment facility; or one or more vehicles incurs disabling damage, unless the operator's performance can be completely discounted as a contributing factor to the accident.

- (1) As soon as practicable following an accident, as defined in this policy, the transit supervisor investigating the accident will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the accident of the need for the test. The supervisor will make the determination using the best information available at the time of the decision.
- (2) The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours of the accident for alcohol, and within 32 hours for drugs. If an alcohol test is not performed within two hours of the accident, the Supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within (8) eight hours, or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test documented.
- (3) Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test.
- (4) An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.
- (5) Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.
- (6) In the rare event that Lift, Incorporated is unable to perform a FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), Lift, Incorporated may use drug and alcohol post-accident test results administered by local law enforcement officials in lieu of the FTA test. The local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with local law.

**N. RANDOM TESTING**

All covered employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees.

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- (1) The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year.
- (2) The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates established by Federal regulations for those safety-sensitive employees subject to random testing by Federal regulations. The current random testing rate for drugs established by FTA equals fifty percent of the number of covered employees in the pool and the random testing rate for alcohol established by FTA equals ten percent of the number of covered employees in the pool.
- (3) Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal chance of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of management in the selection and notification of the individuals who are to be tested.
- (4) Covered transit employees that fall under the Federal Transit Administration regulations will be included in one random pool maintained separately from the testing pool of employees that are included solely under Lift, Incorporated authority.
- (5) Random tests can be conducted at any time during an employee's shift for drug testing. Alcohol random tests can be performed just before, during, or just after the performance of a safety sensitive duty. However, under Lift, Incorporated authority, a random alcohol test may be performed any time the covered employee is on duty. Testing can occur during the beginning, middle, or end of an employee's shift.
- (6) Employees are required to proceed **immediately** to the collection site upon notification of their random selection. Failure to report to the collection site within 2 hours of notification will be deemed a test refusal.

**O. RETURN-TO-DUTY TESTING**

With the exception of a single incident of self-referral to management (see L. Reasonable Suspicion Testing), Lift, Incorporated declares a policy of zero tolerance for drug/alcohol abuse as defined in this policy.

All covered employees who self-referred to management, must test negative for drugs, alcohol (below 0.02 for alcohol), or both and be evaluated and released by the Substance Abuse Professional before returning to work. For an initial positive drug test a Return-to-Duty drug test is required and an alcohol test is allowed. For an initial positive alcohol test a Return-to-Duty alcohol test is required and a drug test is allowed. Following the initial assessment, the SAP will recommend a course of rehabilitation unique to the individual. The SAP will recommend the return-to-duty test only when the employee has successfully completed the treatment requirement and is known to be drug and alcohol-free and there is no undo concerns for public safety.

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**P. FOLLOW-UP TESTING**

Covered employees will be required to undergo frequent, unannounced drug and alcohol testing following their return-to-duty. The follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. The frequency and duration of the follow-up test (beyond the minimums) will be determined by the SAP reflecting the SAP's assessment of the employee's unique situation and recovery progress. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate and in addition to the random, post-accident, reasonable suspicion and return-to-duty testing.

**Q. RESULT OF DRUG/ALCOHOL TEST OR PROHIBITED ACTIVITY**

Any covered employee that has a verified positive drug or alcohol test will be removed from his/her safety-sensitive position, informed of educational and rehabilitation programs available, and referred to a Substance Abuse Professional (SAP) for assessment. No employee will be allowed to return to duty requiring the performance of safety-sensitive job functions without the approval of the SAP.

A positive drug and /or alcohol test or other prohibited acts as described herein will also result in disciplinary action as specified herein.

- (1) As soon as practicable after receiving notice of a verified positive drug test result, a confirmed alcohol test; or a test refusal, the Lift Drug and Alcohol Program Manager will contact the employee's supervisor to have the employee cease performing any safety-sensitive function.
- (2) The employee shall be referred to a Substance Abuse Professional for an assessment. The SAP will evaluate each employee to determine what assistance, if any, the employee needs in resolving problems associated with prohibited drug use or alcohol misuse.
- (3) Refusal to submit to a drug/alcohol test shall be considered a positive test result and a direct act of insubordination and shall result in termination. A test refusal includes the following circumstances.
  - (a) A covered employee who consumes alcohol within eight (8) hours following involvement in an accident without first having submitted to post-accident drug/alcohol tests.
  - (b) A covered employee who leaves the scene of an accident without a legitimate explanation prior to submission to drug/alcohol tests.
  - (c) A covered employee who is suspected of providing false information in connection with a drug test.
  - (d) A covered employee who provides an insufficient volume of urine specimen or breath sample without a valid medical explanation. The medical evaluation shall take place within 5 days of the initial test attempt.
  - (e) A verbal or written declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test within the specified time frame.

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- (f) A covered employee whose urine sample has been verified by the MRO as substitute or adulterated.
  - (g) A covered employee fails to appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer.
  - (h) A covered employee fails to remain at the testing site until the testing process is complete.
  - (i) A covered employee fails to provide a urine specimen for any drug test required by Part 40 or DOT agency regulations;
  - (j) A covered employee fails to permit the observation or monitoring of a specimen collection.
  - (k) A covered employee fails or declines to take a second test the employer or collector has directed you to take;
  - (l) A covered employee fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DAPM as part of the “shy bladder” or “shy lung” procedures.
  - (m) A covered fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process).
  - (n) Failure to sign Step 2 of the Alcohol Testing form.
- (4) For a covered employee who self-referred to management and has successfully completed the treatment requirement recommend by the SAP and has been approved for return-to-duty by the SAP, a periodic unannounced follow-up drug/alcohol test which results in a verified positive shall result in termination from Lift, Incorporated employment.
- (5) A verified positive post-accident, random, or reasonable suspicion drug and/or alcohol test greater than 0.04 BAC shall result in termination from Lift, Incorporated employment.
- (6) An alcohol test result of less than 0.04 (<0.04) BAC shall result in the removal of the employee from duty for eight hours or the remainder or the work day whichever is longer. The employee will not be allowed to return to safety-sensitive duty for his/her next shift until he/she submits to an alcohol test with a result of less than 0.02 BAC. If the employee has an alcohol test result of 0.02 to 0.039 BAC two or more times within a six month period, the employee will be terminated from Lift, Incorporated employment.
- (7) The cost of any treatment or rehabilitation services will be paid directly by the employee or their insurance provider. The employee will be permitted to take accrued sick leave or administrative leave to participate in the SAP prescribed treatment program. If the employee has insufficient accrued leave, the employee shall be placed on leave without pay, until the SAP has determined that the employee has successfully completed the required treatment program and releases him/her to return-to-duty. Any leave taken, either paid or unpaid, shall be considered leave taken under the Family and Medical Leave Act.
- (8) In the instance of a self-referral or a management referral, disciplinary action against the employee shall include:

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- (a) Mandatory referral to a Substance Abuse Professional for assessment, formulation of a treatment plan, and execution of a return to work agreement.
  - (b) Failure to execute, or remain compliant with the return-to-work agreement shall result in termination from Lift, Incorporated employment.
    - Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; in the judgment of the SAP the employee is cooperating with his/her SAP recommended treatment program; and the employee has agreed to periodic unannounced follow-up testing as defined in Section P of this policy;
  - (c) Refusal to submit to a periodic unannounced follow-up drug/alcohol test shall be considered a direct act of insubordination and shall result in termination.
  - (d) A self-referral or management referral to the SAP that was not precipitated by a positive test result does not constitute a violation of the Federal regulations and will not be considered as a positive test result in relation to the progressive discipline defined in Section Q.5 of this policy.
  - (e) Periodic unannounced follow-up drug/alcohol test conducted as a result of a self-referral or management referral which results in a verified positive shall be considered a positive test result in relation to the progressive discipline defined in Section Q.4-6 and 8 of this policy.
  - (f) A Voluntary Referral does not shield an employee from disciplinary action or guarantee employment with Lift, Incorporated.
  - (g) A Voluntary Referral does not shield an employee from the requirement to comply with drug and alcohol testing.
- (9) Failure of an employee to report within five days any criminal drug statute conviction shall result in termination.

**R. GRIEVANCE AND APPEAL**

The consequences specified by 49 CFR Part 655 for a positive test or test refusal are not subject to arbitration.

**S. PROPER APPLICATION OF THE POLICY**

Lift, Incorporated is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including termination.

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**T. INFORMATION DISCLOSURE**

Drug/alcohol testing records shall be maintained by the Lift Drug and Alcohol Program Manager and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without express written consent of the tested employee.

- (1) The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. Employees may not have access to SAP referrals and follow-up testing plans.
- (2) Records of a verified positive drug/alcohol test result shall be released to the Drug and Alcohol Program Manager, Department Supervisor and Personnel Manager on a need to know basis.
- (3) Records will be released to a subsequent employer only upon a receipt of a written request from the employee.
- (4) Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test. The records will be released to the decision maker in the proceeding. The information will only be released with binding stipulation from the decision maker will make it available only to parties in the proceeding.
- (5) Records will be released to the National Transportation Safety Board during an accident investigation.
- (6) Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.
- (7) Records will be released if requested by a Federal, state or local safety agency with regulatory authority over Lift, Incorporated or the employee.
- (8) If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 as amended necessary legal steps to contest the issuance of the order will be taken.
- (9) In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

**U. SYSTEM CONTACTS**

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s):

Lift, Incorporated Drug and Alcohol Program Manager:

Name: Paul Thomas

Title: Transportation Director

Address: P.O. Box 28, Tupelo, MS 38802-0028

Telephone Number: 662-842-9511

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Medical Review Officer:

Name: Dr. Jock Sneddon, MD  
Title: Advantage Care  
Address: 7121 Grand National Blvd.  
Orlando, FL 32819  
Telephone Number: 407-345-8875

Substance Abuse Professional:

Name: Region III Chemical Dependency Program  
Address: 920 Boone Street  
Tupelo, MS 38804  
Telephone Number: 662-844-3531

HHS Certified Laboratory Primary Specimen

Name: Quest Diagnostics Incorporated  
Address: 3175 Presidential Drive  
Atlanta, GA 30340  
Telephone Number: 1-800-729-6432

HHS Certified Laboratory Split Specimen

Name: Quest Diagnostics Incorporated  
Address: 4770 Regent Blvd.  
Irving, TX 75063  
Telephone Number: 1-800-824-6152

**This Policy was adopted by the Board of Directors of Lift, Incorporated  
on November 20, 2003.**



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Attachment I  
Safety-Sensitive Positions

**Supervisory and Administration Covered Classifications**

<b>Title</b>	<b>Testing Authority</b>
Transportation Director	FTA/Lift
Transportation Specialist	FTA/Lift
Transportation Clerk	FTA/Lift

**Driver and Maintenance Job Classifications**

<b>Title</b>	<b>Testing Authority</b>
Transit Driver	FTA/Lift
Standby Driver	FTA/Lift
Part-Time Driver	FTA/Lift
SIL Driver	FTA/Lift
SIL Advocate	FTA/Lift

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**Attachment II  
Alcohol Fact Sheet**

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Signs and symptoms of Use:

Dulled Mental Processes  
Lack of coordination  
Odor of alcohol on breath  
Possible constricted pupils

Sleepy or stupor us condition  
Slowed reaction rate  
Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

- Health Effects

The chronic consumption of alcohol (average or three servings per day of beer {12 ounces}, whiskey {1 ounce}, or wine {6 ounce glass} over time may result in the following health hazards:

Decreased sexual functioning  
Dependency (up to 10 percent of all people who drink alcohol become physically And/or mentally dependent on alcohol and can be termed "alcoholic")  
Fatal liver diseases  
Increased cancers of the mouth, tongue, pharynx, esophagus, rectum breast

Malignant melanoma  
Kidney disease  
Pancreatitis  
Spontaneous abortion and neonatal mortality  
Ulcers  
Birth defects (up to 54 percent of all birth defects are alcohol related).

- Social Issues

Two-thirds of all homicides are committed by people who drink prior to the crime.  
Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.  
Two thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.

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The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.

Forty percent of family court cases are alcohol problem related.

Alcoholics are 15 times more likely to commit suicide than are other segments of the population.

More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

- The Annual Toll

24,000 people will die on the highway due to the legally impaired driver.

12,000 more will die on the highway due to the alcohol-affected driver.

15,800 will die in non-highway accidents.

30,000 will die due to alcohol-caused liver disease.

10,000 will die due to alcohol-induced brain disease or suicide.

Up to another 125,000 will die due to alcohol-related conditions or accidents.

- Workplace issues

It takes one hour for the average person (160 pounds) to process one serving of an alcoholic beverage from the body.

Impairment in coordination and judgement can be objectively measured with as little as two drinks in the body.

A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

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**Attachment III  
Minimum Thresholds**

**INITIAL TEST CUT-OFF LEVELS  
(ng/ml)**

Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	2,000
Phencyclidine	25
Amphetamines	1,000

**CONFIRMATORY TEST CUT-OFF  
LEVELS (ng/ml)**

Marijuana metabolites	15
Cocaine metabolites	150
Opiates:	
Morphine	2,000
Codeine	2,000
Phencyclidine	25
Amphetamines:	
Amphetamines	500
Methamphetamine	500

Medium Transit System

Knoxville Area Transit



## **Knoxville Area Transit (KAT) Substance Abuse Policy**

**Summary:** KAT's policy covers a medium-sized transit system. The goal of KAT's substance abuse policy is to (1) assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner; (2) create a workplace environment free from the adverse effects of drug and alcohol substance abuse or misuse; (3) prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances; and (4) encourage employees to seek professional assistance any time personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.





# KAT'S SUBSTANCE ABUSE POLICY



UPDATED JULY 2003



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### **ADDITIONAL MATERIAL:**

**List of Safety-Sensitive Functions at KAT**  
**Substance Abuse Services Referral Listing**  
**Educational Materials**  
**Program Notification Letter**  
**Confirmation of Receipt**



## KAT's Substance Abuse Policy

### 1.0 OVERVIEW

KAT is dedicated to providing safe, dependable, and economical transportation services to our transit system passengers. KAT employees are our most valuable resource and it is our goal to provide a healthy, satisfying working environment which promotes personal opportunities for growth.

In meeting these goals, it is our policy to (1) assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner; (2) create a workplace environment free from the adverse effects of drug and alcohol substance abuse or misuse; (3) prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances; and (4) to encourage employees to seek professional assistance any time personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.

The purpose of this policy is to assure worker fitness for duty and to protect our employees, passengers, and the public from the risks posed by the use of alcohol and prohibited drugs. This policy is also intended to comply with all applicable Federal regulations governing workplace anti-drug programs in the transit industry. The Federal Transit Administration (FTA) of the U. S. Department of Transportation (DOT) has enacted 49 CFR Part 655 that mandate urine drug testing and evidential breath alcohol testing for safety-sensitive positions and prevents performance of safety-sensitive functions when there is a positive test result. The U. S. Department of Transportation (DOT) has also enacted 49 CFR Part 40 that sets standards for the collection and testing of urine and breath specimens. In addition, the DOT has enacted 49 CFR Part 29, "The Drug-Free Workplace Act of 1988", which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA. This policy incorporates those requirements for employees at KAT, which became effective on January 1, 1995 and August 1, 2001. All drug and alcohol testing will be conducted in accordance with 49 CFR Part 40, as amended. Copies of Part 40 are available in the office of the Director of Human Resources or at <http://www.dot.gov/ost/dapc/index.html>.

### 2.0 EMPLOYEE CATEGORIES SUBJECT TO TESTING

Employees who perform safety-sensitive functions must be included in the substance abuse management program (Part 655). The FTA has determined that "safety-sensitive" functions are performed by those who (Part 655):

- Operate revenue service vehicles including when not in revenue service
- Operate non-revenue service vehicles that require drivers to hold CDLs
- Dispatch or control revenue service vehicles
- Maintain revenue service vehicles or equipment used in revenue service

-Provide security and carry a firearm

These categories include supervisors who perform these functions. Supervisors of employees in these categories who do not themselves perform these functions are excluded.

A list of safety-sensitive positions at KAT is attached.

### 3.0 PARTICIPATION AS A REQUIREMENT OF EMPLOYMENT

Participation in KAT's prohibited substance testing program is a requirement of each safety-sensitive employee and, therefore, is a condition of employment. Pursuant to the Drug-Free Workplace Act of 1988, an employee must notify the employer in writing of his or her conviction for a violation of any criminal drug statute no later than five calendar days after such conviction.

### 4.0 REQUIRED HOURS OF COMPLIANCE

Use and ingestion of prohibited drugs are prohibited at all times. KAT employees may be tested for drugs at any time they are on duty.

An employee must not consume alcohol while performing a safety-sensitive function (Part 655, four hours prior to performing a safety-sensitive function (Part 655), and up to eight hours following an accident or until the employee undergoes a post-accident test, whichever occurs first (Part 655).

### 5.0 PROHIBITED BEHAVIOR

Any employee is prohibited from engaging in unlawfully manufacturing, distributing, dispensing, possessing, or using controlled substances in the workplace consistent with the Drug-Free Workplace Act of 1988. Any safety-sensitive employee who is reasonably suspected of being intoxicated, impaired, under the influence of a prohibited substance, or not fit for duty shall be suspended from job duties pending an investigation and verification of condition. Employees found to be under the influence of prohibited substances or who fail to pass a drug or alcohol test shall be removed from duty and subject to disciplinary action. A drug or alcohol test is considered positive if the individual is found to have a quantifiable presence of a prohibited substance in the body above the minimum thresholds defined in 49 CFR Part 40.

No safety-sensitive employee should report for duty or remain on duty when his/her ability to perform assigned functions is adversely affected by alcohol or when his/her blood alcohol concentration is 0.02 or greater. No employee shall use alcohol while on duty or while performing safety-sensitive functions. No employee shall have used alcohol within four hours of reporting for duty or immediately following the performance of such functions. No employee shall use alcohol during the hours that they are on call.

All safety-sensitive employees will be subject to urine drug testing and breath alcohol testing. Any employee who refuses to comply with a request for testing, who provides false information in connection with a test, or who attempts to falsify test results through tampering, contamination, adulteration or substitution shall be removed from duty immediately and will be subject to disciplinary action. Refusal can include an inability to provide a specimen or breath sample without a valid medical explanation, as well as a verbal declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test.

## 6.0 CIRCUMSTANCES FOR TESTING

The FTA requires that drug and alcohol tests be given to safety-sensitive employees in specific circumstances: pre-employment, reasonable suspicion, post-accident, random, return to duty and follow-up.

**-Pre-Employment Testing:** Receipt by KAT of satisfactory test results is required prior to employment in a safety-sensitive position. Any covered employee or applicant who has previously failed or refused a pre-employment drug test administered under Section 655.41(a)(2), the employee must provide proof of successful completion of a treatment plan as outlined in Section 655.62. A negative test is required before an employee performs safety-sensitive duties. A drug test with dilute negative result will be recollected. When a covered employee is on extended leave for a period of ninety days or more regardless of reason, and is not in the random testing pool, the employee will be required to take a drug test and have a negative test result prior to the conduct of safety-sensitive job functions.

**-Reasonable Suspicion Testing:** All safety-sensitive employees may be subject to a fitness for duty evaluation, to include appropriate urine and/or breath testing when there are reasons to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse. Reasonable suspicion will mean that there is objective evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech, or body odor that are consistent with possible drug use and/or alcohol misuse. A reasonable suspicion referral for testing will be made on the basis of documented objective facts and circumstances which are consistent with the long- or short-term effects of substance abuse. Reasonable suspicion determinations will be made by one or more supervisors trained to detect the signs and symptoms of drug and alcohol use and who reasonably conclude that an employee has used a prohibited drug and/or engaged in alcohol misuse. A drug test result of negative dilute will be retested. Alcohol testing will be conducted just before an employee performs safety-sensitive duties, during that performance or just after an employee has performed covered duties.

**-Post-Accident Testing:** All surviving employees will be required to undergo urine and breath testing if they are involved in an accident that results in a fatality. In addition, safety-sensitive employees will be required to undergo urine and breath testing if they are involved in an accident while on duty for KAT unless the KAT official in charge at the time determines, using the best information available at the time of the decision, that the covered employee's performance can be completely discounted as a contributing factor to the accident. This includes all employees that are on-duty in vehicles and any other whose performance could have contributed to the accident. The FTA defines an accident as an occurrence associated with the operation of a vehicle, if as a result:

- 1) An individual dies; or
- 2) An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or
- 3) With respect to an occurrence in which the mass transit vehicle involved is a bus, electric bus, van or automobile, one or more vehicles (including non-FTA funded vehicles) incurs disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle; or
- 4) With respect to an occurrence in which the mass transit vehicle involved is a rail car, trolley car, trolley bus, or vessel, the mass transit vehicle is removed from operations.

Following an accident, the employee will be tested as soon as possible, but not to exceed eight hours for alcohol testing and 32 hours for drug testing. Any employee involved in an accident must refrain from alcohol use for eight hours following the accident and be readily available for testing until he/she undergoes a post-accident alcohol test. Post-accident alcohol testing is stayed while an employee assists in the resolution of the accident or receives medical attention following the accident. In reference to an alcohol test, if the employee is not tested within two hours, documentation must be submitted as to why the test was delayed, including documentation continued attempts to obtain specimen. Attempts to obtain specimen must cease after eight hours. Any employee who leaves the scene of the accident without appropriate authorization prior to submission to drug and alcohol testing will be considered to have refused the test and their employment will be terminated. Employees tested under this provision will include not only the operations personnel, but any other covered employees whose performance could have contributed to the accident. A drug test result of negative dilute may result in retesting.

In the event of a fatality, surviving operators of the mass transit vehicle involved in the accident will be drug and alcohol tested as soon as practicable following the accident. Any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best available information available at the time of the decision, will also be drug and alcohol tested.

**-Random Testing:** Employees in safety-sensitive positions will be subject to random, unannounced testing. Random selections will be made by a scientifically valid method. Random tests will be reasonably spread throughout all days and hours of operation. Random alcohol tests will be conducted just prior to an employee performing a safety-sensitive function, during that performance, or just after an employee has performed these covered duties. Random tests will be unannounced and must be performed immediately upon notification of the employee. A random drug test result of negative dilute may result in retesting.

**-Return-to-Duty:** For those employers who have a re-entry program for employees who test positive on drug and/or alcohol tests, the FTA requires that in addition to remaining in the regular random pool for testing, those employees undergo return-to-duty and follow-up testing as directed by the Substance Abuse Professional (SAP). This section does not apply to KAT; see Section 12.0 11.0 for KAT's company policy on positive tests.



**-Employee Requested Testing:** Any employee who questions the results of a required drug test under this policy may request that an additional test be conducted. This test must be conducted at a different testing DHHS-certified laboratory. The test must be conducted on the split sample that was provided at the same time as the original sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40. The employee's request for a re-test must be made to the Medical Review Officer (MRO) within 72 hours of notice of the initial test result. Requests after 72 hours will only be accepted if the delay was due to documented facts that were beyond the control of the employee.

## 7.0 END OF SHIFT TESTING

Random testing may occur anytime an employee is on duty so long as the employee is notified prior to the end of the shift. Employees who provide advance, verifiable notice of scheduled medical or child care commitments will be random drug tested no later than three hours before the end of their shift and random alcohol tested no later than 30 minutes before the end of their shift. Verifiable documentation of a previously scheduled medical or childcare commitments, for the period immediately following an employee's shift, must be provided at least eight hours before the end of the employee's shift.

## 8.0 BEHAVIOR THAT CONSTITUTES A REFUSAL TO SUBMIT TO A TEST

Any employee who refuses to take a test, is unable to provide sufficient quantities of breath or urine to be tested without a valid medical explanation, fails to undergo a medical exam when required, engages in conduct that obstructs the testing process, does not report to the collection site in the time allotted by employer( excluding pre-employment), provides a substituted or adulterated specimen, leaves the collection facility prior to test completion, fails to permit an observed or monitored collection when required, fails to take a second test when required, leaves the scene of an accident without a valid reason before the tests have been conducted or fails to cooperate with any part of the testing process, will be considered to have a positive test result and will be subject to disciplinary procedures. Failure to sign the certification at Step 2 of the Alcohol Testing Form will also constitute a refusal to submit.

## 9.0 TESTING PROCEDURES

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities that have been approved by the U. S. Department of Health and Human Services (DHHS). All testing will be conducted consistent with the procedures put forth in 49 CFR Part 40.

The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines, and phencyclidine. Employees should know that the assertion of consumption or other use of a hemp or other non-prescription marijuana related product as a defense of a positive marijuana test will not be accepted by the Medical Review Officer in accordance with Part 40-151(f). An initial drug screen will be conducted on each specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be

performed. The test will be considered positive if the amounts present are above the minimum thresholds established in 49 CFR Part 40.

Tests for alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved evidential breath-testing device (EBT) operated by a trained breath alcohol technician (BAT). If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test.

An employee who has a confirmed alcohol concentration of greater than 0.02 but less than 0.04 will be removed from his/her position for eight hours unless a retest results in a concentration measure of less than 0.02, and will be subject to disciplinary action. An alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. An employee that has a confirmed positive drug or alcohol test will be removed from his/her position, and referred to a Substance Abuse Professional (SAP). A positive drug and/or alcohol test will also result in disciplinary action.

Confidentiality of records of substance abuse testing will be maintained in accordance with 49 CFR 655. Test results may be released only under the following circumstances:

- \*Upon written request, an employee may obtain copies of records pertaining to his or her use of prohibited drugs, including any records pertaining to his or her drug tests.

- \*KAT shall disclose data for its substance abuse program when requested by the Secretary of Transportation or any DOT agency with regulatory authority over KAT or any of its employees.

- \*KAT is required to permit access to all facilities utilized in complying with the requirements of its DOT mandated substance abuse program to the Secretary of Transportation or any DOT agency with regulatory authority over KAT or any of its employees.

- \*When requested by the National Transportation Safety Board as part of an accident investigation, KAT shall disclose information related to its administration of a drug test following the accident under investigation.

- \*Records relating to substance abuse testing of an employee shall be made available to a subsequent employer upon receipt of a written request from the employee. Subsequent disclosure by KAT is permitted only as expressly authorized by the terms of the employee's request.

- \*KAT may disclose information required to be maintained as part of its substance abuse policy which pertains to an employee either to the employee or to the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual, and arising from the results of a drug/alcohol test administered under the DOT's required drug and alcohol testing program.

- \*KAT shall release information regarding an employee's record as directed by the specific, written consent of the employee authorizing release of the information to an identified person.

## 10.0 OBSERVED TESTING

Employees will be required to submit to an observed collection under the following conditions:

- \* Specimen temperature is out of range
- \* Collection personnel observe an attempt to adulterate
- \* Specimen is invalid with no medical explanation
- \* Split specimen is unavailable to confirm following a positive, adulterated, or substituted result
- \* Specimen resulted in a dilute negative result as defined in Section 40.197(b)

## 11.0 CONSEQUENCES OF USE OF DRUGS AND MISUSE OF ALCOHOL

FTA rules mandate that a safety-sensitive employee who refuses to submit to a test, has a verified positive drug test result, has an alcohol concentration of 0.04 or greater or has an alcohol concentration of 0.02 or greater but less than 0.04, must be removed immediately from his or her safety-sensitive function. The rules further mandate referral to a SAP for evaluation for any safety-sensitive employee who has a verified positive drug test result, an alcohol concentration of 0.04 or greater, or refuses to submit to a test. Any employee with a confirmed positive drug or alcohol test or any employee refusing drug or alcohol testing will be terminated from employment with KAT.

## 12.0 IDENTITY OF CONTACT PERSON

Questions about KAT's Substance Abuse Program should be addressed to:

Beverly Campbell  
 Director of Human Resources  
 KAT  
 1135 Magnolia Avenue  
 Knoxville, Tennessee 37917  
 Telephone Number: 865-215-7815

## 13.0 EFFECTS OF ALCOHOL MISUSE

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to operate a vehicle safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increases the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of

alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics. (foregoing three paragraphs drawn from information contained in "U.S. Dept. of Labor: What Works: Workplaces without Alcohol and Other Drugs")

Enclosed is a list of options available locally for obtaining assistance for alcohol misuse problems.

#### 14.0 ADDITIONAL PROVISIONS

While not required by FTA rules, KAT recognizes a commitment to any employees who may seek assistance with a substance abuse problem outside the scope of the testing program. Accordingly, any employee who suspects that he or she may have a substance abuse problem is encouraged to use available resources before the problem impacts his/her employment status. It is KAT's policy to allow employees who voluntarily seek assistance outside the scope of the testing program to use any and all earned benefits, including any available health insurance benefits, sick leave, short-term disability (not to exceed the term of available insurance) and unpaid leave of absence if necessary while obtaining help for a substance abuse problem. This provision will not apply to any employee who tests positive through the testing program. Any problems discovered through the testing program will be subject to the disciplinary procedures outlined below, as well as all other provisions of KAT's substance abuse prevention program.

Identification of the Substance Abuse Professional available locally is attached. This list is to be used as a resource and is not to be considered inclusive. Those individuals wishing to obtain services under benefits provided by health insurance should use only those services covered under their health provider benefits.

The consumption of illegal drugs is prohibited at all times. Prohibited substances for the purpose of this policy include the following: marijuana (includes all hemp products) cocaine; amphetamines; opiates; phencyclidine; and alcohol. KAT reserves the right to test for other substances and will drug and alcohol test after all accidents/incidents, including accidents/incidents not covered under the FTA post-accident testing guidelines

KAT's agency disciplinary policy regarding this testing program will be as follows:

- Any safety-sensitive or non-safety-sensitive employee who has an alcohol concentration of 0.02 or greater but less than 0.04 will receive a "miss-out" and be subject to all employee "miss-out" rules;
- Any safety-sensitive or non-safety-sensitive employee who has a verified positive drug test result, an alcohol concentration of 0.04 or greater, or who refuses to submit to a test will be referred to a Substance Abuse Professional for evaluation and his/her employment with KAT will be terminated.

It will be policy at KAT for all safety-sensitive employees to be subject to the following testing categories: Pre-employment, post-accident, random, reasonable suspicion testing as required by FTA rules. It will be policy at KAT for all non-safety-sensitive employees to be subject to the following testing categories: Pre-employment, post-accident, and reasonable suspicion.

#### 15.0 APPROVAL BY GOVERNING BOARD

This policy was adopted by the Knoxville Transportation Authority at its meeting held on October 27, 1994, amended and updated at its meeting held on November 25, 1997, amended and updated at its meeting held on October 25, 2001, and amended and updated at its meeting held on July 24, 2003.

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Chair: Ms. Essie Johnson

## SAFETY-SENSITIVE FUNCTIONS AT KAT

Director of Operations  
Dispatcher  
Road Supervisor  
Bus Operator  
Trolley Operator  
Neighborhood Service Operator  
“T” Operator  
Chief Operating Officer  
LIFT Operator  
Director of Safety and Training  
Director of Maintenance  
Assistant Director of Maintenance  
Maintenance Supervisor  
Mechanic  
Serviceperson  
Training Coordinator

**SUBSTANCE ABUSE PROFESSIONALS REFERRAL**

**WESTSIDE PSYCHOLOGY.....690-0962**

## CONFIRMATION OF RECEIPT

### ACKNOWLEDGEMENT

I hereby 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 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 herein. I will seek and get clarifications for any questions from the employer contact person listed in the policy. I also understand that compliance with all provisions contained in the policy is a condition of my employment.

I further understand that the information contained in the policy approved July 24, 2003, is subject to change, and that any such changes, or addendum, shall be disseminated to me in a manner consistent with the provision of 49 CFR Part 655, as amended.

---

Date

---

Employee's Signature

---

Employee's Name (Printed)



July 24, 2003

Dear KAT Employee:

The Federal Transit Administration (FTA) has issued regulations 49 CFR Part 655 mandating urine drug and breathalyzer alcohol testing for all safety sensitive positions and 49 CFR Part 40 that sets standards for the collection and testing of urine and breath specimens. KAT was required to comply with these regulations effective August 1, 2001. Under these regulations, we have issued a policy prohibiting illegal drug use at all times by our safety-sensitive employees. In addition, alcohol consumption by our safety-sensitive employees is prohibited while performing, and for four (4) hours prior to performing safety-sensitive functions. Alcohol use after an accident is also prohibited. We must also conduct tests to determine in specific situations whether employees have used alcohol or drugs.

The regulations are very specific regarding what KAT must do to comply. We have developed and followed a policy and the procedures that apply to persons who perform safety-sensitive job functions at KAT. All KAT employees have received the company's Substance Abuse Policy which was originally adopted by the Knoxville Transportation Authority on October 27, 1994, updated on November 25, 1997, updated on October 25, 2001, and now again updated on July 24, 2003.

Thank you for your cooperation in implementing these important safety regulations.

Sincerely,

Mark Hairr  
General Manager



Large Transit System—Zero Tolerance

Houston Metro



**Houston Metropolitan Transit Authority**

**ZERO TOLERANCE**

**DRUG AND ALCOHOL POLICY  
FOR EMPLOYEES IN  
SAFETY-SENSITIVE JOB FUNCTIONS**

**Summary:** This is a zero tolerance policy covering a large transit system and is applicable to all METRO employees who are incumbents in safety-sensitive positions, to all applicants or employees who may apply for or who may transfer to a safety-sensitive position and to contractors who perform safety-sensitive job functions.



**ZERO TOLERANCE**

**DRUG AND ALCOHOL POLICY  
FOR EMPLOYEES IN  
SAFETY-SENSITIVE JOB FUNCTIONS**

**Written: 9/1997**

**Revision #1: 7/1/1999**

**Revision #2: 12/18/2004**

**Revision #3: 5/11/2006**





**Metropolitan Transit Authority**

**ZERO TOLERANCE  
DRUG AND ALCOHOL POLICY FOR EMPLOYEES  
IN SAFETY-SENSITIVE JOB FUNCTIONS**

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## **Metropolitan Transit Authority**

### **ZERO TOLERANCE DRUG AND ALCOHOL POLICY FOR EMPLOYEES IN SAFETY-SENSITIVE JOB FUNCTIONS**

#### **I. PURPOSE**

To provide the safest possible transportation for the public and a safe work environment for METRO employees through the requirement of a work place free of prohibited drugs and alcohol.

#### **II. SCOPE**

This policy applies to all METRO employees who are incumbents in safety-sensitive positions, to all applicants or employees who may apply for or who may transfer to a safety-sensitive position and to contractors who perform safety-sensitive job functions.

The job classifications that have been determined to be safety-sensitive are noted in Appendix A and are maintained by the Human Resources Department.

#### **III. POLICY**

This policy establishes procedures and processes for the administration of METRO's Drug and Alcohol Program in accordance with the Department of Transportation (DOT) and the Federal Transit Administration (FTA) requirements. Based on these requirements, METRO requires all employees performing safety-sensitive job functions to submit to testing for the presence of specifically designated drugs and alcohol.

METRO's Board of Directors has adopted a Zero Tolerance policy regarding drug use and alcohol misuse. All employees must be free of the designated drugs and alcohol when performing a safety-sensitive function.

#### **IV. REFERENCES**

This policy is written in conjunction with the following rules and regulations:

- DOT regulations in 49 CFR Part 40; "Procedures for Transportation Workplace Drug and Alcohol Testing Programs"
- FTA regulations in 49 CFR Part 655; "Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations"
- 49 CFR Part 29, Drug-Free Workplace Act of 1988.
- FTA Drug and Alcohol Regulation Updates.
- METRO's Guideline "DWI/DUI & Other Criminal Offenses".

## V. DEFINITIONS

**“Accident”** means an occurrence associated with the operation of a vehicle, if as a result:

- An individual dies; or
- One or more individuals suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or
- An occurrence in which the mass transit vehicle involved is a bus, electric bus, van or automobile, one or more vehicles (including non-FTA funded vehicles) incurs disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle; or
- An occurrence in which the mass transit vehicle involved is a rail car and is removed from service.

**“Adulterated Specimen”** means a specimen that 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.

A **“Cancelled Test”** is a drug or alcohol test that has an identified problem that cannot be or has not been corrected. A cancelled test is neither positive nor negative.

**“Contractor”** means a person or organization that provides a safety-sensitive service for a recipient, sub-recipient, employer, or operator consistent with a specific understanding or arrangement. The understanding can be a written contract or an informal arrangement that reflects an ongoing relationship between the parties.

A **“Covered Employee”** means a person, including an applicant or transferee, who is applying for a position to perform safety-sensitive functions. A volunteer is considered a covered employee if required to hold a commercial driver’s license to operate a vehicle, or performs a safety-sensitive function and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity.

A **“Dilute Specimen”** has creatinine and specific gravity values that are lower than expected for human urine.

**“Disabling Damage”** is defined as “damage, which precludes the departure of any vehicle from the scene of an accident in its usual manner in daylight after simple repair”. This includes damage to vehicles that could be driven but would sustain further damage if driven. This does not include damage readily fixed on the scene, such as tire disablement, headlight/tail light damage or damage to the turn signals, windshield wipers or horn.

An **“Evidential Breath Testing (EBT) device”** is a device approved by NHTSA for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA’s Conforming Products List (CPL) for “Evidential Breath Measurement Devices” and identified on the CPL as conforming with the model specifications available from NHTSA’s Traffic Safety Program.

An **“Invalid Drug Test”** refers to the result of a drug test from a urine specimen that contains an unidentified adulterant or an unidentified interfering substance; has abnormal physical characteristics; or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing or obtaining a valid drug test result.

**“Medical Review Officer”** (MRO) is a licensed physician responsible for receiving laboratory results generated by an employer’s drug testing laboratory and who has knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate an individual’s confirmed positive tests result together with his or her medical history and any other relevant biomedical information. (See Addendum B)

**“On-Call”** duty is defined as being scheduled for specific after duty hours for which the employee must report to duty when called.

A **“Safety-Sensitive Function”** means any of the following duties when performed by employees of recipients, sub-recipients, operators or contractors based on specific job criteria:

- Operating a revenue service vehicle, including when not in revenue service;
- Operating a non-revenue service vehicle, when required to be operated by a holder of a Commercial Drivers License;
- Controlling dispatch or movement of a revenue service vehicle;
- Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service;
- Carrying a firearm for security purposes.

The **“Substance Abuse Professional (SAP)”** is a licensed physician (MD or DO), a licensed or certified psychologist and a licensed or certified employee assistance professional, or certified alcohol and drug abuse 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 of Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC) that has knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders. The role of the SAP is to evaluate whether an employee with a verified positive test or who has refused a test is in need of assistance in resolving problems associated with prohibited drug use or alcohol misuse. The SAP also evaluates if an employee has complied with treatment recommendations, and recommends when the employee is ready for return to duty testing and for follow up testing. The SAP recommends the required number of follow up drug/alcohol tests after the employee returns to duty.

A **“Substituted Specimen”** has a creatinine and specific gravity value that is so diminished or so divergent that it is not consistent with normal human urine.

**“Vehicle”** means a bus, electric bus, van, automobile, rail car, trolley car, trolley bus or vessel. A mass transit vehicle is a vehicle used for mass transport or for ancillary services.

A **“Verified Test”** is a drug test result or a validity testing result from a Department of Health and Human Services (HHS) certified laboratory that has undergone review and final determination by the MRO.

## **VI. CIRCUMSTANCES WHICH WARRANT TESTING**

According to the FTA regulations, all employees performing safety-sensitive functions are required as a condition of employment to submit to drug testing (urine specimen required) and alcohol testing (breath testing required) under the following circumstances:

1. Employment drug testing after the offer of employment; prior to the transfer of any employee from a non-safety sensitive position to a safety-sensitive position; or

- following an absence of 90 days or more where the employee was also removed from the random testing pool;
2. When there is a "reasonable suspicion" of an employee's drug/alcohol use;
  3. When an employee is involved in a fatal or non-fatal accident as defined by FTA criteria;
  4. When an employee is selected for random testing;
  5. Following the successful completion of a SAP determined rehabilitation program for return-to-duty testing;
  6. When an employee is subject to follow-up testing as specified by a SAP.

Pre-duty use of alcohol: All covered employees are prohibited from using alcohol within 4 hours prior to performing safety-sensitive functions. No supervisor having actual knowledge that a covered employee has used alcohol within 4 hours of performing a safety-sensitive function shall permit the employee to perform or continue to perform safety-sensitive functions. A trained supervisor in making reasonable suspicion testing determinations will evaluate the employee to determine if evidence exists to conduct reasonable suspicion alcohol testing. The supervisor(s) will document the reasons for testing, which are outlined in Section VIII of this policy.

An unscheduled and an on-call employee who is called to report back to duty may acknowledge the use of alcohol and the inability to perform safety-sensitive functions without disciplinary repercussion.

If the employee acknowledges the use of alcohol, but claims ability to perform a safety-sensitive function, an alcohol test must be performed with a breath alcohol test result of less than 0.02 before the employee is permitted to begin work.

On-call employees: The consumption of alcohol is prohibited for covered employees during his or her specified on-call hours. See definition for "on-call" in this policy.

On-duty use of alcohol: All covered employees are prohibited from consuming alcohol, including medications with alcoholic content, while performing safety-sensitive functions. No supervisor with actual knowledge that a covered employee is using alcohol will permit the employee to perform or continue to perform safety sensitive functions.

Covered employees with an alcohol concentration 0.02 or greater are prohibited from reporting for duty to perform a safety-sensitive function or remaining on duty while performing a safety-sensitive function.

Drug Consumption: The consumption of marijuana, cocaine, amphetamines, opiates and phencyclidine is prohibited at all times and employees may be tested for these substances any time during the performance of their duty.

## **VII. SPECIFIC TESTING REQUIREMENTS**

Each employee tested under Federal requirements will be notified of the purpose for the testing and under whose authority the test is being conducted.

Federal drug and alcohol testing must be conducted completely separately from non-federal testing. Further, Federal testing will take priority over the non-federal collection process.

DOT Federal Drug Testing Custody and Control forms and DOT Alcohol Testing forms will be used for FTA mandated testing as described in this policy. Any testing conducted solely under METRO's authority will be conducted using non-DOT drug and alcohol testing forms.

No other tests conducted under the FTA drug and alcohol testing requirements in 49 CFR Part 655 will be performed on urine or breath specimens except those specified by DOT regulations in 49 CFR Part 40.

A verified positive DOT drug test result cannot be negated by an employee presenting negative results collected under other circumstances.

## **VIII. TYPES OF TESTING REQUIRED**

**Employment or Pre-Placement Testing:** The purpose of employment and pre-placement testing is to identify current drug use problems of applicants or employees who may seek to apply and/or transfer from a non-safety sensitive position to a safety sensitive position. As part of the employment process, Human Resources will follow the investigative process as outlined in 49 CFR 40.25.

Human Resources will investigate drug and alcohol testing records of all applicants for safety sensitive positions and employees intending to transfer to safety sensitive positions from an applicant's previous DOT employers over the past two years per departmental procedures in accordance with 49 CFR Part 40.25.

When a transferee or applicant has previously failed or refused a DOT drug and/or alcohol test, the individual must present to METRO proof of having successfully completed a referral, evaluation and treatment plan under a substance abuse professional in accordance with the requirements in 49 CFR Part 40, Subpart O.

Each applicant/transferee must undergo drug testing after a contingent offer of employment or transfer. Transferees and applicants may not perform safety sensitive functions until employment drug testing is administered with verified negative results. An employee may not transfer to a safety sensitive position from a non-safety sensitive position until employment drug testing is administered with verified negative results.

In the event a drug test is considered a "cancelled test" or results are "invalid", the transferee or applicant must retake the drug test with verified negative results before being permitted to start a safety sensitive position.

Applicants who have not been placed in a safety sensitive position within 90 consecutive calendar days of their initial employment drug test will be required to re-take the drug test and have verified negative results before starting a safety sensitive position.

Employment testing will also be performed whenever a covered employee has not performed a safety-sensitive function for 90 consecutive calendar days, regardless of the reason, and has not been in the random selection pool during that time period. The employee may resume safety-sensitive duties after METRO receives verified negative drug test results.

**Random Testing:** The purpose of random testing is to serve as a strong deterrent to prevent employees from beginning or continuing drug use or alcohol misuse and to assist in protecting the safety of the public, co-workers and the employee.

All covered employees are required to participate in the random testing program for drugs and alcohol. METRO will test employees performing safety sensitive functions in accordance with FTA required minimum testing percentages. (See Addendum C of this Policy.)

Random testing is required by FTA to be conducted during all time periods when safety-sensitive functions are performed and shall be unannounced and unpredictable. Since METRO operates 24 hours a day, seven (7) days a week, 365 days a year, random testing will be conducted around the clock, including weekends and holidays.

A covered employee shall only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use any time while on duty.

METRO utilizes a drug and alcohol software program from Compliance Information Systems called "eVeriTest". This software programs maintains all drug and alcohol test records and performs the weekly random selection.

Random selection is performed weekly. Prior to the selection process, employees who are classified as "active" (working with pay) are imported into the eVeriTest program from the Banner HRIS software program. All employees who are on Workers' Compensation, Short & Long Term Disability, Leave of Absence or extended time off of more than 30 days are removed from the selection process. The eVeriTest program performs an automated selection from the "active" pool for the selection period of seven (7) days starting Sunday at 12:01 a.m. through Saturday at 11:59 p.m. The process used for the random selection is the Simple Random Sampling method which means that each individual in the pool has an equal chance of being selected each selection period.

Supervisor notification of employees selected for random testing during the selection period is automatically transferred to the website on a daily basis after 2:00 p.m. Only the next day's selection is available. Employees selected for random testing are identified by employee name, company identification number and responsibility center code.

To assure that the random program is protected from unofficial entry, only identified key supervisor personnel at each facility have access to the eVeriTest program to view only selected employees for that specific facility. The integrity and confidentiality of the program is maintained through double password protection and limited program access. All passwords for the drug and alcohol program are assigned and maintained solely by the Wellness Program staff. Access to any drug and alcohol record can only be viewed by the Wellness Program staff.

As required by FTA regulation, the random testing process occurs throughout the workday and throughout the selection period. Authorized supervisory personnel (i.e., not the selected employee) will be notified no later than 2:00 p.m. of the preceding day of the employee(s) that have been selected for random testing for the next day.

If the employee is available for testing during their work shift, the safety sensitive employee will be informed that s/he has been selected for random testing with minimal notice given prior to testing. The employee will be informed of what type of testing is to be performed, will immediately cease performing the safety-sensitive function and will be immediately transported for testing. It is METRO's policy for a supervisor to transport and accompany the employee to the collection site.

Every effort will be made to test all individuals that have been selected within each random selection period. Logistical difficulties, operational requirements, or complicating personnel issues that make the testing process more difficult are not acceptable reasons to prevent testing. When an employee is not available for random testing during the selection period, the

supervisor will provide written documentation to the Wellness Program staff with the reason testing was not performed.

**Reasonable Suspicion Testing:** The purpose of reasonable suspicion testing is to provide a method to identify drug and/or alcohol affected employees who may pose a danger to themselves and others in their performance of safety sensitive functions.

Reasonable suspicion testing will be performed when a supervisor(s), or other company official(s), who has been trained in detecting the signs and symptoms of drug use or alcohol misuse, believes that the covered employee has used a prohibited drug and/or engaged in alcohol misuse. FTA regulations require that all supervisors undergo a minimum of 60 minutes of training on the signs and symptoms of drug use and an additional 60 minutes of training on the signs and symptoms of alcohol misuse before being qualified to make reasonable suspicion determinations.

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

The covered employee will be informed of the reason for testing and transported for testing immediately after the supervisor completes valid documentation.

Alcohol testing must be based on observations and documented as noted above and testing shall be performed only if the observations were made while the covered employee was performing safety sensitive functions, just before the employee was to perform safety sensitive functions or just after the employee had ceased performing such functions.

If **alcohol testing** is not performed within 2 hours following the determination to test, a written statement will be made on the reasonable suspicion document explaining why the testing could not be performed. This documentation will be sent to and maintained by the Wellness Program staff. If a test is not administered within 8 hours following the determination to test, the supervisor will cease attempts to administer the test. A statement will be added to the reasonable suspicion document explaining why testing could not be conducted within 8 hours.

**Post Accident Testing:** The FTA regulations require drug and alcohol testing in the case of certain mass transit accidents. Post accident testing is mandatory where there is a loss of life and for some non-fatal accidents. In the event of a non-fatal accident, according to the FTA, the burden rests with METRO to prove that an employee did not contribute to the accident and therefore can be dismissed from testing.

In the event of a fatality, all surviving covered employees operating or on duty in the mass transit vehicle at the time of the incident will be subject to FTA drug and alcohol testing.

In addition, all other covered employees whose performance may have contributed to the accident, as determined by METRO using the best information available at the time of the decision, are subject to FTA drug and alcohol testing.

In the event of a non-fatal accident, FTA drug and alcohol testing is required when:

- one or more individuals suffer bodily injury and immediately receives medical treatment away from the scene of the accident;
- when a bus, paratransit vehicle or any vehicle involved receives “disabling damage”; or
- a rail car is removed from service due to a collision, derailment or major damage.



All covered employees operating or on-duty in the mass transit vehicle will be subject to FTA drug and alcohol testing unless their performance can be completely discounted by METRO as a contributing factor based on the best information available at the time of the decision. In addition, all other covered employees whose performance may have contributed to the accident, as determined by METRO using the best information available at the time of the decision, are subject to FTA drug and alcohol testing.

The decision to not administer a post-accident drug and alcohol test under FTA requirements shall be based on the investigating person's determination, using the best available information at the time of the determination that the employee's performance could not have contributed to the accident. Such a decision must be documented in detail, including the decision-making process used to reach the decision not to test.

The FTA specifically requires that post accident testing be administered as soon as practicable following an accident. Every attempt should be made to complete **alcohol testing** within two (2) hours of the accident. When it is not possible to perform testing within the two (2) hour limit, the supervisor is required to document the reasons. Every effort should be made to continue to attempt to perform alcohol testing. When it is not possible to obtain a breath specimen within eight (8) hours, the supervisor will cease attempting and update the two (2) hour report. Alcohol use is prohibited by any covered employee required to take a post accident alcohol test for 8 hours or until alcohol testing is performed, whichever occurs first after the accident.

The **drug testing** time limit is a maximum of 32 hours post accident. The supervisor will provide written documentation whenever testing cannot be performed within the specified time limit and cease further attempts at testing.

A covered employee who is subject to post accident testing shall remain readily available for testing. If he or she leaves the scene of the accident without notifying the investigator in charge or is not readily available for testing, it will be considered that the employee has refused to submit to testing.

The requirements to perform drug and alcohol testing should in no way require the delay of necessary medical attention or interfere with a law enforcement investigation.

METRO may use the post accident test results of a blood, urine, or breath test for the use of prohibited drugs or alcohol misuse, conducted by Federal, State, or local officials having independent authority for the test, provided that the test conforms to the applicable Federal, State, or local testing requirements, and that the test results are obtained by METRO. Such test results may be used only when METRO is unable to perform a post-accident test within the required period noted in 49 CFR Part 655.44(a) and (b).

**Return to Duty and Follow up Testing:** METRO has a zero tolerance policy resulting in the termination of employment for any employee who has had a verified positive drug test result, has had a breath alcohol concentration (BAC) of 0.04 or greater or has been involved in any other activity that violates DOT/FTA regulations including refusal to submit to testing.

#### A. Voluntary Rehabilitation

However, METRO will allow an employee one voluntary rehabilitation opportunity without being subject to disciplinary action under the following circumstances:

- The employee has not been selected for or notified of mandatory drug and/or alcohol testing and has voluntarily admitted current drug and/or alcohol use.
- The employee has not failed or refused to take a drug or alcohol test.

- The employee will utilize the current Substance Abuse Professional (SAP) through METRO's Employee Assistance Program for evaluation and referral.
- The employee is compliant with the treatment recommendations.
- The employee agrees to the conditions as required in the Labor Agreement between METRO and the Transport Workers Union of America Local 260.
- The employee agrees to submit to follow-up testing as required by the SAP.

Prior to the employee's return to work after voluntary rehabilitation, a drug and/or alcohol test will be required by METRO. All testing for voluntary treatment will be done under METRO's auspices and only non-DOT drug/alcohol testing forms will be utilized.

#### B. New Hire "Following the Employee" Testing

According to 49 CFR Part 40 Subpart O, new hires that have had positive drug and/or alcohol tests at a previous DOT regulated employer and have successfully completed the return-to-work process as required will continue the follow-up testing plan as prescribed by the Substance Abuse Professional. This will assure that the requirements of the SAP's follow-up plan "follows the employee" to subsequent employers or through breaks in service as noted in §40.307(e).

The previous employer's SAP must present METRO's Wellness Program staff with any pertinent information regarding the employee's rehabilitation compliance and release to return to duty, including a follow-up testing plan outlining the number and frequency of unannounced testing. Federal regulations mandate at least six (6) follow-up tests in the first twelve (12) months following the employee's return to safety sensitive duties. However, more testing may be required based on the SAP's assessment. Follow-up testing can be continued for up to 60 months after return to work. The SAP, following the employee's successful completion of the mandatory testing requirements the first year, may terminate follow-up testing. Follow-up testing is in addition to the other required drug and alcohol testing as described in this policy.

#### C. Follow-up Testing Requirements

Follow-up testing must be performed as recommended in the SAP's testing plan. If testing is not performed as outlined, the subjected employee will not be permitted to perform safety-sensitive functions.

A follow-up test that has been determined by the Medical Review Officer as "cancelled" is not considered a completed follow-up test and must be recollected. Under METRO's Zero Tolerance policy, any employee in the follow-up testing program who subsequently tests positive for either drug or alcohol will be subject to immediate discharge.

### **IX. TESTING PROTOCOLS**

**Alcohol Testing:** Breath alcohol testing will be conducted on safety sensitive employees per the procedure outlined in 49 CFR Part 40. In order to protect the integrity of the breath testing process, METRO will utilize collection sites that have Evidential Breath Testing Devices (EBT's) that meet National Highway Traffic Safety Administration (NHTSA) approval. The testing equipment must provide triplicate printed results, assign unique and sequential test numbers, and print the manufacturer's name for the device, the device's serial number and the time of the test.

METRO will only utilize certified Breath Alcohol Technicians (BAT) to perform alcohol testing. The BAT will be trained to proficiency in the operation of the EBT and in the alcohol testing procedures in 49 CFR Part 40, Subpart J. To protect the security of the testing site and process, the breath alcohol testing location must afford privacy, not permit unauthorized persons access, and EBT must be stored in a secure location. The BAT will protect the testing

process by testing only one employee at a time, complete the entire alcohol test procedure before starting another process on another employee and not leave the testing site until the procedure is completed as described in 49 CFR Part 40, Subpart K.

FTA requirements provide authorization for testing for alcohol and taking action on the findings, regardless of whether the alcohol ingested was from beverage alcohol or in a medicinal or other preparation.

The alcohol testing procedure is outlined in Addendum F.

**Drug Testing:** Following FTA regulations, urine drug testing will consist of testing for marijuana, cocaine, opiates, phencyclidine and amphetamines. Testing procedures will consist of specimen collection, laboratory testing, Medical Review Officer review and SAP referral, if needed.

METRO is committed to insuring both the accuracy of testing procedures and the confidentiality of test results. Accordingly, METRO will employ only laboratories certified by the Department of Health and Human Services (DHHS) that utilize state-of-the-art technology, follow accepted chain of custody procedures, and strictly preserve confidentiality of all test results. METRO has contracted with a certified laboratory to perform drug testing and a secondary laboratory to perform split sample testing. (See Addendum B) The contracted laboratory testing service will meet all the requirements as noted in 49 CFR Part 40, Subpart F.

Under separate contract, specific collection sites are available throughout the Greater Houston area that meet DOT 49 CFR Part 40 specimen collection requirements, are convenient for use and the results are automatically sent to METRO's Medical Review Officer. Collection site personnel will meet the training and qualification standards for drug specimen collection as specified in 49 CFR Part 40 Subpart C.

Collections will be performed in accordance with 49 CFR Part 40 Subpart D and E. (See Addendum E.) In order to protect the security and integrity of the urine collection, each site will provide a privacy enclosure for urination, a toilet, a suitable clean writing surface and a water source outside the private enclosure for hand washing. Access to each collection area will be restricted during specimen collection and either secured or visually inspected before specimen collection. A blue dye will be used in each toilet and all other water sources will be inoperable or secured. These procedures will be monitored by Wellness Program personnel on a routine basis to assure integrity of the testing process.

The drug collection process is outlined in Addendum E. Laboratory cutoff values are noted in Addendum D.

**Medical Review Officer:** In accordance with FTA regulations, when a drug test results in a confirmed positive, adulterated, substituted, or invalid drug test, the employee will be contacted by the Medical Review Officer (MRO). The Medical Review Officer will interpret the employee's confirmed positive test by the following method:

- Review the individual's medical history;
- Afford the employee an opportunity to discuss the test result;
- Decide whether there is legitimate medical explanation for the result;
- Inform the employee that s/he has 72 hours in which to request a test of the split sample; (This time period is inclusive of all weekends and holidays.)
- Inform the employee how to contact the MRO by providing telephone numbers or other information that will allow this request;

- Inform the employee that if the request is made within this 72 hour timeframe METRO will ensure that the testing will occur;
- Inform the employee that the cost of the testing is not required to be paid by the employee but METRO may request and expect reimbursement;
- Inform the employee that additional testing of the specimen (e.g. DNA testing) is not authorized;
- If split sample testing has been requested, inform the employee to contact Wellness Program staff at (713) 739-4058 to complete the necessary paperwork for split sample testing to be performed.

Medical Review Officer services are provided by contract with a certified physician who meets the qualifications and follows the protocols as defined by 49 CFR Part 40 Subpart G, and H. (See Addendum B.)

Observed Collection Procedure: Direct observed collection will be performed immediately with no advanced warning under DOT requirements when:

1. The collector identifies a donor's attempt to alter or tamper with their specimen;
2. A specimen test result is reported as invalid because there is no adequate medical explanation for the result;
3. When a positive, adulterated or substituted test result is reported as a cancelled test because testing on the split specimen could not be performed;
4. The temperature of the specimen falls out of the range of 90 - 100° F.

The collection site will immediately notify METRO of the occurrence and perform a second collection by direct observation. Every observed collection will be conducted by a collector of the same sex as the donor. An observed collection will be performed immediately upon detection, and all specimens collected will be sent for analysis. The reason to perform direct observation collection will be provided to the employee by either the collector or Wellness Program personnel.

Dilute Specimen Procedure: The following procedure will be followed regarding specimens that are reported as "dilute":

- When METRO is notified by the MRO that a positive drug test is dilute, the test will be treated as a verified positive test. The employee will not be directed to provide another test.
- If a METRO employee receives a negative, dilute test result with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, the MRO will direct METRO to do a second collection immediately by OBSERVED collection. The employee will be directed to report for re-testing immediately. The result of the second collection will be the test result of record. If the second collection is also negative and dilute, unless directed by the MRO to perform another observed collection, the test result will stand as negative, dilute.
- If a METRO employee receives a negative, dilute test result with a creatinine concentration greater than 5 mg/ml, and the MRO has not directed METRO to perform an observed collection, the result will be treated as a verified negative test. The employee will not be directed to provide another test.
- If a METRO employee declines to take a second test as requested, the employee has refused testing.

## X. DISCIPLINARY CONSEQUENCES OF PROHIBITED DRUG USE AND MISUSE OF ALCOHOL

Under FTA regulations, unless otherwise stated, discipline for policy violations shall be determined by the employer.

METRO requires all employees to be free of prohibited drugs and alcohol when performing a safety sensitive function. FTA requires that any safety-sensitive employee that receives a verified positive drug test; has a breath alcohol concentration of 0.02 or greater; or refuses to submit to testing must be immediately removed from performing all safety sensitive functions. Any safety-sensitive employee that receives a verified positive drug test result; has a breath alcohol concentration of 0.04 or greater; or refuses to submit to testing must be provided a listing of a locally available Substance Abuse Professional (SAP) trained and qualified in accordance with the requirements in 49 CFR Part 40.

**Disciplinary Consequences For Positive Alcohol Test Results:** When an employee receives confirmatory alcohol test results within the prohibited time frames, the following disciplinary action will occur:

A confirmed Breath Alcohol Content (BAC) of 0.04 or greater:

Immediate Termination

A confirmed Breath Alcohol Content (BAC) of 0.02 or greater but less than 0.04

The employee will be immediately removed from his/her safety-sensitive duties. The employee will remain off duty until their next scheduled duty period, but not less than 8 hours following the administration of the test. Under METRO authority, prior to returning to duty, the employee will be retested for alcohol. The breath alcohol concentration must be less than 0.02 before the employee may return to duty.

Should the employee test 0.02 or more on the return to work test, the employee will be terminated.

**Any** second offense by an employee will result in immediate removal from safety-sensitive duties and immediate termination of employment.

**Disciplinary Consequences for a Positive Test for Prohibited Drugs:** Prohibited drugs are marijuana, cocaine, opiates, phencyclidine and amphetamines. Based on METRO's Zero Tolerance Policy, the following disciplinary action applies:

Job Applicants

Not Hired

Employee:

Immediate Termination.

**Disciplinary Consequences For Prescription Drugs:** Per FTA regulation, **amphetamines and opiates** are prohibited at all times. A valid prescription for these medications will not

exempt the employee from the disciplinary consequences as noted below. Employees are reminded that if medications with opiates or amphetamines are prescribed by their physician, they should not perform safety sensitive duties until the medication is no longer detectable in their systems. Therefore, when an employee tests positive for these specific drugs, the following disciplinary action applies:

Job Applicants:	Not hired
Employees:	Immediate Termination

Although FTA regulations do not mandate employees that perform safety-sensitive functions to report prescription medication use, it is imperative that employees recognize that prescription medications and certain over-the-counter medications may affect their ability to perform their job duties. It is the responsibility of each covered employee to inform their physician about the type of job duties that they perform and to be aware of the effect drugs may have on the performance of their job.

**Disciplinary Consequences For A Commercial Driver's Licenses Suspension Due To A DUI Conviction:** Per METRO's DWI/DUI and other Criminal Offenses Guideline, any safety-sensitive employee who has been arrested for DWI/DUI will be suspended or re-assigned to a non-safety sensitive position for a maximum period of 90 days and will not be permitted to operate any METRO vehicle, under any circumstances, until there is a disposition by the courts. If the employee has not settled the charge by the end of 90 days, he/she will be suspended without pay until a final disposition is made by the courts.

In the event an employee is convicted of a DWI/DUI, whether such a conviction stems from the operation of a METRO vehicle or a privately owned vehicle, the consequence will be termination of employment.

**Other Disciplinary Consequences:** The Drug Free Workplace Act, Federal Regulation 49 CFR Part 29 requires that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on the Metropolitan Transit Authority property. Furthermore, it is a violation of company rules as well as State and local laws. Any employee violating provisions of the Drug Free Workplace Act will be subject to immediate discharge and criminal prosecution.

Pursuant to the Drug Free Workplace Act, any employee convicted of a drug violation occurring in the METRO workplace is required to report the conviction in writing to his/her supervisor no later than five (5) calendar days following his/her conviction. METRO will notify the FTA within ten days of receiving notification from the employee. Failure by the employee to report any such conviction will result in termination of employment with METRO. Compliance to the Drug Free Workplace Act of 1988 is required of all recipients of Federal funding and is a condition of employment for all METRO employees to abide by its terms.

**Behaviors that constitute a test refusal:** As noted in 49 CFR Part 40 Subpart I, any of the following behaviors constitute a refusal to submit to drug and/or alcohol testing:

- Verbal or written refusal by any employee to submit to urine and/or breath test
- Refusal to sign the certification in Step 2 of the DOT Alcohol Testing Form (ATF);
- Refuses to submit to a directly observed collection;
- Refusal by an employee to submit to a second test when requested by METRO, the MRO, or the collector;
- Failure of the employee to remain at the testing site until collection is complete;

- Any employee who has an MRO-verified adulterated or substituted drug test result;
- Failure to undergo a medical examination or evaluation for either shy bladder and/or shy lung, as directed by the MRO or METRO;
- Any employee who fails to provide sufficient quantities of breath or urine without valid medical explanation by an Authority designated physician acceptable to the MRO;
- Refusal to provide urine specimen by an employee who normally voids by utilization of self-catheterization, but declines to do so;
- Any employee whose conduct prevents the completion of required drug and/or alcohol test;
- Failure of any employee to comply with the directions of the collector (e.g., refusing to empty pockets, refusing to leave outer garments, purses, briefcases in a secured location prior to obtaining a specimen);
- Any employee who does not report to the collection site in the allotted time;
- Any employee subject to post-accident testing who fails to remain readily available for such testing, including notifying the employer or the employer representative of his or her location if he or she leaves the scene of the accident prior to submission to such test.

All of these actions constitutes a refusal and have the same consequences as a positive test. The employee will be immediately terminated under METRO's policy.

It is METRO's policy that any employee who attempts to tamper with or alter a specimen or obstruct the collection procedure will be immediately terminated.

#### **XI. ACTION TO BE TAKEN UPON RECEIPT OF POSITIVE TEST RESULTS OR REFUSAL TO TEST**

Specific action will be required when a covered employee has a verified positive drug test and/or a confirmed alcohol test result of 0.02 or greater.

When positive drug results are received from the MRO, Wellness Program personnel will immediately notify the appropriate authorized supervisor. The covered employee will be immediately removed from the safety sensitive position. The appropriate disciplinary action will be implemented as outlined by this policy.

When a positive alcohol result of 0.02 or greater has been confirmed using an EBT, the covered employee will not be permitted to return to service. The appropriate disciplinary action will be implemented as outlined in policy Section X. The covered employee will not be permitted to drive their own vehicle and an alternate means of transportation will be utilized.

If a covered employee refuses to submit to drug or alcohol testing, the employee will be immediately removed from their safety sensitive position and appropriate disciplinary action will be implemented as outlined in policy Section X.

#### **XII. CONFIDENTIALITY AND RELEASE OF INFORMATION**

According to §40.321, §40.323 and §655.73, the release of individual test results or medical information is to be limited to those persons who are on a need-to-know basis.

Wellness Program personnel are prohibited from releasing test results or medical information about an employee to third parties without the employee's specific written consent.

A “third party” is any person or organization to whom other subparts of this regulation do not explicitly authorize or require the transmission of information in the course of the drug or alcohol testing process.

“Specific written consent” means a statement signed by the employee that he/she agrees to the release of information to a particular, explicitly identified person or organization at a particular time. “Blanket releases” in which an employee agrees to release a category of information (e.g., all test results to all news media) are prohibited under this part.

All positive results will be reported to the Wellness Program staff. The Wellness staff, upon notification of positive results for drug and/or alcohol or refusals to test, will notify the authorized facility supervisor only. The authorized supervisor will proceed with the necessary disciplinary action as described in this policy according to current practices.

Drug and alcohol test information will be released without the employee’s consent in certain legal proceedings as follows:

- A lawsuit such as a wrongful discharge, grievance or arbitration concerning disciplinary action taken by the employer or an administrative proceeding such as an unemployment compensation hearing brought by, or on behalf of, an employee and resulting from a positive DOT drug or alcohol test or a refusal to test.
- Criminal or civil action resulting from an employee’s performance of safety-sensitive duties when a court determines that drug and/or alcohol test information is relevant to the case. The employee will be notified immediately by METRO of the information released.

Drug and alcohol information will be released to the employee only by written consent. The employee will send all written requests to the any Wellness Program staff member as noted in Addendum B.

Drug and alcohol information will be released without written request from the employee when information is requested by any DOT agency representatives, the National Transportation Safety Board and any Federal, state or local safety agency with regulatory authority over METRO.

### **XIII. RECORDS MANAGEMENT**

According to §40.333 and §655.71 the following minimum record retention schedule shall be maintained by METRO’s Wellness Program staff.

All records associated with the Drug and Alcohol Program will be secured in a locked cabinet within a locked file room in the Human Resources Department. Access to these documents will be limited to the Wellness Program staff. Information will be provided to specific persons within METRO, such as Internal Audit personnel, Legal personnel, Labor Relations personnel and Worker’s Compensation personnel, for proceedings requiring release of record information. Request for records from an outside source such as news media or outside legal counsel will require adherence to the confidentiality of records portion of this policy.



## RECORDS RETENTION SCHEDULE

RECORD	RETENTION PERIOD
<ul style="list-style-type: none"> <li>• Alcohol test results of 0.02 or greater</li> <li>• Verified Positive drug test results</li> <li>• Documentation of refusals to take drug or alcohol test</li> <li>• SAP reports of employee evaluation &amp; referrals</li> <li>• Follow-up tests &amp; schedules</li> <li>• Documentation of employee disputes</li> <li>• Evidential Breath Device Calibration documentation</li> <li>• Annual MIS reports</li> </ul>	5 year retention
RECORD	RETENTION PERIOD
<ul style="list-style-type: none"> <li>• Information obtained from previous employers under §40.25 concerning drug and alcohol test results of employees</li> </ul>	3 year retention
<ul style="list-style-type: none"> <li>• Collection log books</li> <li>• Random selection records</li> <li>• Documentation supporting reasonable suspicion testing</li> <li>• Documentation generated for decisions on post accident testing</li> <li>• MRO documents verifying a medical explanation for shy lung or shy bladder</li> <li>• Employee training materials on drug &amp; alcohol including a copy of the policy</li> <li>• Training logs with names, dates &amp; times</li> <li>• Supervisor training for reasonable suspicion</li> <li>• Credentialing documentation from service agents</li> </ul>	2 year retention
<ul style="list-style-type: none"> <li>• Records of negative drug &amp; alcohol tests</li> </ul>	One year retention

## ATTACHMENTS

Addendum A	Safety Sensitive job classifications
Addendum B	MRO, SAP, Laboratory, Collection sites and Program staff
Addendum C	Annual Random Testing Rates
Addendum D	Laboratory Testing Limits
Addendum E	Drug Testing Procedure
Addendum F	Alcohol Testing Procedure

## ADDENDUM A

### SAFETY SENSITIVE JOB CLASSIFICATIONS

The following job classifications have been reviewed by Compensation and Wellness personnel within the Human Resources Department. Personnel performing the job functions within these identified job classifications have been determined to meet the FTA criteria and are classified as safety-sensitive.

The numeric code for each type of safety-sensitive function has been assigned as follows:

- Operates a revenue service vehicle whether in or out of service 001
- Maintains a revenue service vehicle or maintains equipment used in revenue service 002
- Controls dispatch or movement of a revenue service vehicle 003
- Operates a non-revenue vehicle requiring a CDL 004
- Carries a firearm for security purposes 005

Position	Title	SS code
714065	AC & Heat A	004
715008	Apprentice Transit Mechanic	002
714001	Body Repair & Refinisher A	002
714002	Body Repair & Refinisher B	002
714093	Bus Electrical Repair A	002
816008	Bus Operator	001
816001	Bus Operator Trainee	001
714018	Bus Repair A	002
714019	Bus Repair B	002
714033	Bus Repair Brake Repair A	002
714026	Bus Repair C	002
205032	Captain Professional Standards	005
205033	Captain Transtar	005
714141	Certified Structural Welder Fabricator	002
101161	Chief Field Supervisor	001
101162	Chief Rail Operations Controller	003
101157	Chief Signals Communications	002
101158	Chief Track Maintenance	002
101159	Chief Traction Power	002
817007	Cleaner	002
308032	Digital Bench Specialist	002
100142	Dir Maintenance of Way	002
100143	Dir Operations Control Center	003
100144	Dir Rail Transportation	001
100140	Dir Rail Vehicle Maintenance	002
613002	Dispatcher	003
308086	Elec Communications Spec BB	002
308087	Elec Communications Spec EM	002
308085	Elec Communications Spec F	002
308088	Elec Communications Spec FSC	002
308084	Elec Communications Spec HC	002

308081	Elec Communications Spec K	002
308082	Elec Communications Spec P	002
308133	Elec Communications Spec Rail	002
308083	Elec Communications Spec W	002
308026	Emissions Systems Tech	002
714064	Engine Dynamometer Diag Lab Tech	002
102042	Facility Foreman	004
204108	Field Safety Supervisor	004
102048	Foreman Vault Attendants	004
817017	General Maintenance Mech A Crane Opr	004
714109	General Maintenance Journey	004
817008	General Maintenance Mechanic A	004
816033	HOVL Operator	004
101097	HOVL Superintendent	004
102010	HOVL Supervisor	004
714140	Journey Mechanic Paint Body Repair	002
714104	Journey Mechanic	002
714143	Journey Technician Rail Automotive	002
714108	Journey Technician	004
613003	Lead Dispatcher	003
102150	Lead Maintenance of Way	002
818008	Lead Storeroom Attendant	004
714105	Licensed Journey Electrician	004
714107	Licensed Journey Mechanical	004
714106	Licensed Journey Plumber	004
714110	Licensed Maintenance Mechanic	004
816044	LRT Operator	001
816045	LRT Operator Trainee	001
714142	LRV Body Mechanic	002
308126	LRV Electronic Specialist	002
714145	LRV Machinist	002
102135	LRV Maintenance Supv	002
714144	LRV Technician	002
714146	LRV Technician Trainee	002
714095	Machinist	002
714096	Machinist Tool & Die Maker	002
715001	Maintenance Apprentice	002
308119	Materials Coordinator FSC	004
308118	Materials Coordinator K	004
102118	Mechanical Fmn Body Shop	002
102120	Mechanical Fmn Brake Shop	002
102125	Mechanical Fmn F	002
102126	Mechanical Fmn FSC	002
102124	Mechanical Fmn HC	002
102117	Mechanical Fmn Heavy Repair	002
102121	Mechanical Fmn K	002
102122	Mechanical Fmn P	002
102119	Mechanical Fmn Unit Overhaul	002
102123	Mechanical Fmn W	002

102043	Mechanical Foreman	002
613005	METROLift Dispatcher	003
102039	METROLift Operations Supv	002
102037	METROLift Service Supv	003
101104	Mgr Dispatch	003
101001	Mgr Metrolift Services	003
101088	Mgr Safety & Training	004
714088	Off Road Technician	004
409026	Officer CBD TMC Bike Day	005
409011	Officer Hot Spots	005
409008	Officer Patrol Evening	005
409021	Officer Prob Patrol	005
409001	Police Cadet	005
205001	Police Captain	005
613004	Police Dispatcher	003
205002	Police Lieutenant	005
409003	Police Officer	005
409002	Police Officer Probationary	005
308060	Police Sergeant	005
800002	PSA Service Maintenance	002
816043	Pt Bus Operator	001
816009	Pt Bus Operator Trainee	001
600007	Pt METROLift Dispatcher	003
400001	Pt Police Officer	005
400003	Pt Police Officer Probationary	005
308030	Quality Assurance Inspector	002
204104	Rail Maint Safety Trng Specialist	002
102136	Rail Operations Controller	003
204105	Rail Transp Safety Trng Specialist	001
600010	Relief Dispatcher	003
200007	Relief Field Safety Supv	004
200003	Relief Safety Trng Instructor	004
200004	Relief Service Safety Supv	004
204114	Safety Coordinator	004
204051	Safety Training Instructor	004
204053	Service Safety Supervisor	004
714017	Sheet Metal Body Repair A	002
308128	Signals Communications Maintainer	002
714089	Small Engine Technician	004
100118	Sr Dir Rail Operations	001
714147	Sr Machinist	002
613012	Starter	001
101163	Station Master	001
102137	Station Supervisor	001
818007	Storeroom Attendant	004
204087	Street Supv METROLift	004
204086	Street Supv Special Events	004
714087	Support Vehicle Technician	004
102139	Supv Bus Dispatch	003

102088	Supv METROLift Operations	002
308124	SV Emissions State Insp Tech	004
714090	T Truck Wrecker Operator	004
308090	Tech Services Specialist FSC	002
308089	Tech Services Specialist K	002
714103	Tool Room Attendant	004
714124	Tool Room Attendant Technician	004
308129	Track Maintainer	002
308127	Traction Power Maintainer	002
714048	Unit Rebuild A	002
714049	Unit Rebuild B	002
612041	Vault Attendant	004
100103	VP Chief of Police	005
510058	Yard Supervisor I F	002
510057	Yard Supervisor I HC	002
510054	Yard Supervisor I K	002
510055	Yard Supervisor I P	002
510056	Yard Supervisor I W	002
510063	Yard Supervisor II F	002
510062	Yard Supervisor II HC	002
510059	Yard Supervisor II K	002
510060	Yard Supervisor II P	002
510061	Yard Supervisor II W	002
510069	Yard Supervisor III BB	002
510068	Yard Supervisor III F	002
510067	Yard Supervisor III HC	002
510064	Yard Supervisor III K	002
510065	Yard Supervisor III P	002
510066	Yard Supervisor III W	002
<b>Total Number of safety-sensitive functions</b>		<b>158</b>

## **ADDENDUM B**

### **SERVICE VENDORS & PROGRAM STAFF**

#### **Medical Review Officer (MRO)**

##### **Dr. J.D. Britton**

Texas Occupational Medicine Institute  
117578 Katy Freeway Suite 1540  
Houston, TX 77079  
281-496-2992

#### **Substance Abuse Professional (SAP)**

##### **CIGNA Behavioral Health**

**Judy Kaplan**, ACSW, MSW  
3701 Kirby Drive, Suite 945  
Houston, TX 77098  
713-521-0540

**Ron Covey**, LPC, MS  
1001 E. Southmore, Suite 1000  
Pasadena, TX 77502  
713-268-6786

#### **Laboratory Drug Testing**

MedTox Laboratories, Inc.  
402 West County Road D  
St. Paul, MN 55112

#### **Collection Site**

Houston Medical Testing Services  
2646 South Loop West, Suite 550  
Houston, TX 77054  
713-665-4687

#### **METRO Drug & Alcohol Program Administration**

Linda K. Tancek  
Manager, Wellness Programs  
1900 Main Street  
Houston, TX. 77002  
713-739-4058

Patricia Johnson-Dickson  
Drug & Alcohol Program Coordinator  
1900 Main Street  
Houston, TX 77002  
713-739-4994

## **ADDENDUM C**

### **ANNUAL RANDOM TESTING RATES**

The annual random testing rates are posted in the Federal Register each year (usually December) the testing rates effective for all DOT regulated entities for the next year. The rates listed below are the current random drug and alcohol testing rates and will be updated when the rates are changed.

- **At least 50% of the total number of safety sensitive employees will be drug tested.**
- **At least 10% of the total number of safety sensitive employees will be alcohol tested.**

## ADDENDUM D

### LABORATORY TESTING CUTOFF LEVELS

#### Laboratory Testing Cut-off Limits for the Minimum Quantity of Drug Detected

The following laboratory testing cut-off limits are federally mandated for the minimum quantity of drug detected in the initial test and the confirmation test:

Type of Drug or Metabolite	Initial Test Level (Immunoassay Testing method)	Confirmation Test Level (Gas Chromatography/Mass Spectrometry –GC/MS Testing method))
1. Marijuana Metabolites a. THC	50 ng/ml	15 ng/ml
2. Cocaine Metabolites (Benzoylecgonine)	300 ng/ml	150 ng/ml
3. Phencyclidine (PCP)	25 ng/ml	25 ng/ml
4. Amphetamines a. Amphetamine b. Methamphetamine	1000 ng/ml	500 ng/ml 500 ng/ml (Specimen must also contain amphetamine at a concentration $\geq$ 200 ng/ml)
5. Opiate Metabolites a. Codeine b. Morphine c. 6 acetylmorphine	2000 ng/ml	2000 ng/ml 2000 ng/ml 10 ng/ml (Test for 6-AM conducted only when specimen contains morphine at a concentration $\geq$ 2000 ng/ml)

**Reference: 49 CFR Part 40.87**



## ADDENDUM E

### DRUG TESTING PROCEDURES

#### Urine Specimen Collection Process

Urine specimen collection will adhere strictly with 49 CFR part 40 Subparts C, D, and E. Outlined below is the collection procedure however; any technical interpretation will be based on the actual regulation.

1. The testing process will begin upon entry to the collection site without undue delay. For pre-employment testing, the testing process is not considered to have begun until the individual has been provided with a specimen collection cup by the collector.
2. If an alcohol test is also required in conjunction with the drug test, alcohol testing will be performed prior to the drug screen collection.
3. Employee identification will be verified by a photo ID using either a valid Driver's license or METRO Identification card. If the employee does not have identification, the collection site will contact the DER to verify the identity of the employee. It is METRO's policy that the collection site takes a photo for identification purposes. If the employee's identity cannot be verified, a specimen collection cannot be conducted.
4. The collection process will be explained to the employee.
5. The employee will be requested to remove outer clothing such as coat, sweater, jacket, hat or coveralls. All clothing and personal items such as a briefcase, cell phone, purse or other items will be placed in a secure location. Although the employee will not be required to remove all clothing, he/she will be directed to display the contents of pockets to ensure that no items are present which could be used to adulterate or tamper with their specimen.
6. Prior to collection of the specimen, Step 1 of the custody and control form will be completed by the collector.
7. The employee will then be instructed to wash and dry his or her hands.
8. The employee will be provided a specimen container and directed to a secured restroom to provide a specimen.
9. The minimum specimen amount is 45 ml. If there is insufficient volume, the specimen collected must be discarded. At no time is it permitted to combine urine collected from separate voids to create a sufficient specimen. The employee has up to three (3) hours to provide a single specimen of at least 45 ml and may drink up to 40 ounces of water throughout the waiting period in order to provide a specimen. The employee will be notified when the three (3) hour period begins and when it will end. The three (3) hour period begins with the first unsuccessful attempt to provide a specimen. It is not considered a refusal if the employees chooses not to drink the 40 ounces of water. Failure to provide a specimen within the allotted time period will result in evaluation under the "shy bladder" procedure. The employee will be immediately placed on administrative leave until the shy bladder evaluation is complete.
10. The temperature of the specimen will be obtained within 4 minutes after the specimen collection and the acceptable temperature range must be between 90° to 100° F.
11. The collector will pour the sample into two collection bottles, one bottle will contain at least 30 ml and the second bottle (the split) will contain at least 15 ml. This process will be performed in front of the employee.

12. In the presence of the employee, the collector will seal each bottle and then affix tamper-evident labels over each bottle. The collector will date each tamper-evident label and the employee will initial the bottle labels. With the sealed bottles in view of the employee, the employee will be instructed to wash and dry their hands.
13. The Custody and Control Form will be completed with the appropriate signatures, employee printed name, signature, birth date and current date.
14. The appropriate portion of the custody and control form along with the primary sample and the split sample will be placed in a single shipping container and placed in secure storage until laboratory pick up.

“Shy Bladder” evaluation will be performed when an employee is unable to provide at least 45 ml of urine within three (3) hours and being provided no more than 40 ounces of water. The procedure that will be utilized will strictly adhere to the requirements as defined in 49 CFR Part 40 Subpart I, specifically §40.193 and §40.195. Outlined below is the process that will be utilized however, any technical interpretation will be based on the actual regulation.

1. All specimens of insufficient quantity that have been collected will be discarded unless the specimen was out of temperature range or it showed evidence of adulteration or tampering.
2. The collection procedure will be discontinued after 3 hours and documented on the custody and control form. The collector must notify Wellness Program staff and the MRO within 24 hours however, it is expected that each collection site will notify Wellness Program staff immediately and will send the custody and control form with the documentation within the 24 hour period.
3. Wellness Program staff will consult with the MRO, and a licensed physician acceptable to the MRO will be selected. The employee must be referred to the selected physician and evaluated by the physician within five (5) days of the occurrence. Wellness Program staff will contact the employee with the selected physician's name, location and date of the evaluation.
4. The employee will be placed on administrative leave pending medical results.
5. The MRO shall confer with the evaluating physician and will provide Wellness Program personnel with a written determination as soon as it is made.
6. If it has been determined that a medical condition exists, the test will be considered “cancelled” and the employee resumes working.
7. If it has been determined that no medical condition exists, the test will be considered a “refusal to test”. The employee will be terminated and referred to the SAP.

## ADDENDUM F

### ALCOHOL TESTING PROCEDURES

#### Breath Alcohol Collection Process

Breath alcohol testing will adhere strictly with 49 CFR Part 40 Subparts J, K, L, M and N. Outlined below is the testing procedure, however, any technical interpretation will be based on the actual regulation.

1. The testing process will begin upon entry to the collection site without undue delay.
2. Alcohol testing takes precedence over drug testing and will be performed before the drug screen collection.
3. Employee identification will be verified by a photo ID using either a valid Texas Driver's license or METRO Identification card. If the employee does not have identification, the collection site will contact the DER to verify the identity of the employee. It is METRO policy that the collection site takes a photo for identification purposes. If the employee's identity cannot be verified, a specimen collection cannot be conducted.
4. After testing procedures are explained to the employee, the BAT (Breath Alcohol Technician) will complete Step 1 of the Alcohol Testing Form (ATF) and the employee will complete Step 2 and sign the certification. A refusal by the employee to sign Step 2 of the ATF is a refusal to test.
5. The employee will select or the BAT will select a individually wrapped disposable mouthpiece. The BAT will insert the mouthpiece into the testing device.
6. The employee will be instructed to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates that an adequate amount of breath has been obtained.
7. If the employee does not provide a sufficient amount of breath, the employee will be instructed to attempt again to provide a sufficient amount of breath. If the employee fails after this attempt, the BAT may provide a third opportunity and may use manual testing if the BAT believes that results can be obtained. Failure after the third attempt will result in the employee being directed to undergo a medical evaluation for "Shy Lung". The employee will be immediately placed on administrative leave until the shy lung evaluation is complete.
8. After successful completion of the testing, the employee will be shown the results.
9. When the results of the test are a breath alcohol concentration of less than 0.02, the test will be considered negative. The BAT will sign and date Step 3 on the Alcohol Testing Form and transmit the information to Wellness Program staff in a confidential manner.
10. When the results of the test are a breath alcohol concentration 0.02 or greater, a confirmation test must be performed. The confirmation test must be conducted after a waiting period of at least 15 minutes, but not more than 30 minutes, after the completion of the initial test.
11. During the waiting period for confirmation testing, the employee will be instructed by the BAT not to eat, drink, smoke or place anything in his or her mouth or belch. The BAT will inform the employee that the test will be conducted at the end of the waiting period even if the employee disregards instructions. The BAT will observe the employee at all times and will document any disregard of instructions in the "remarks" area of the Alcohol Testing Form.
12. Before confirmation testing, the BAT shall conduct an air blank test on the EBT. The reading should not be greater than 0.00.

13. The employee shall be shown the results of the confirmation test and the BAT will inform the transporting supervisor of the results. Based on the results, the supervisor will take appropriate action based on the criteria outlined in this policy.
14. The BAT will immediately notify the Wellness Program staff of results greater or equal to 0.02 BAC and send hard copy confidentially by U.S. Mail or courier.
15. In order to confirm that telephoned results are valid when received from the collection site, Medical Services personnel will call the collection site after receiving concentration results over 0.02 to confirm the results and verify the identification of the person reporting the results.

“Shy lung” evaluation will occur when an employee attempts and is unable to provide an adequate amount of breath after following the procedure outlined above. The evaluation procedure will strictly adhere to the requirements as defined in 49 CFR Part 40 Subpart N specifically §40.265. Outlined below is the process that will be utilized however, any technical interpretation will be based on the actual regulation.

1. If the employee fails after two attempts, the BAT may provide a third opportunity and may use manual testing if the BAT believes that results can be obtained. Failure after the third attempt will result in medical evaluation for “Shy Lung”. When the employee has failed to provide adequate breath, the BAT will discontinue the test and note the fact on the “Remarks” line of the Alcohol Testing Form and immediately notify Wellness Program personnel.
2. If the employee refuses to make the attempt, the BAT will discontinue the test, note the fact on the “remarks” line of the ATF and immediately notify the Wellness Program staff. This is a refusal to test.
3. After notification from the BAT, Wellness Program personnel will direct the employee to obtain, within 5 five days, an evaluation from a METRO-authorized physician to determine if there is a medical reason for not being able to provide an adequate amount of breath.
4. If the examining physician determines that a medical condition exists, the employee will resume working.
5. If the examining physician determines that no medical condition exists, it will be considered a “refusal to test”. The employee will be terminated and referred to the SAP.

Small Transit System

Clermont County



**Board of Clermont County Commissioners**  
**Revenue Transit Drug and Alcohol Testing Policy**





## Section 3.08 REVENUE TRANSIT DRUG AND ALCOHOL TESTING POLICY

### A. PURPOSE

1. The Board of Clermont County Commissioners (the Board) provides public transit and para-transit services for the residents of Clermont County through the Clermont Transportation Connection (CTC). Part of our mission is to ensure that these services are provided safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drug and alcohol abuse or misuse in order to promote the health and safety of employees and the general public. In keeping with this mission, the Board declares that unlawful manufacturing, distributing, dispensing, possessing, or using controlled substances or the misuse of alcohol is prohibited for all employees.
2. Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988 and the Omnibus Transportation Employee Testing Act of 1991. This policy complies with all applicable Federal regulations governing workplace anti drug and alcohol programs in the transit industry.
3. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655 (Part 655), as amended, that mandates urine drug testing and breath alcohol testing for positions defined as safety-sensitive in 49 CFR 40.3 and prohibits the performance of any safety-sensitive functions when there is a positive test result. The U.S. Department of Transportation (US DOT) has also published 49 CFR Part (Part 40), as amended, that sets standards for the collection and testing of urine and breath specimens.
4. Any provisions set forth in this policy that are included under the sole authority of the Board and are not provided under the authority of the above named Federal regulations are underlined.

### B. APPLICABILITY

1. This Drug and Alcohol Testing Policy applies to all safety-sensitive employees (full- or part-time) as defined in Part 655, as amended, when performing safety-sensitive functions.
2. *Safety-Sensitive Function* means:
  - a. The operation of a mass transit service including the operation of a revenue service vehicle (**whether or not the vehicle is in revenue service**); or
  - b. The maintenance of a revenue service vehicle or equipment used in revenue service; or
  - c. Dispatching or controlling the movement of revenue service vehicles.
3. A maintenance function includes:
  - a. Repairing; or

- b. Overhauling; or
  - c. Rebuilding engines, vehicles, or equipment used in revenue service.
4. A list of safety-sensitive positions who perform one or more of the above-mentioned duties is provided in Appendix 3.25.
  5. Supervisors are only safety-sensitive if they perform one of the above functions. Volunteers are considered safety-sensitive and subject to testing if they are required to hold a CDL to perform their duties, or if they receive remuneration for service in excess of actual expenses.

### C. DEFINITIONS

Words or phrases used in this part are defined in 49 CFR 655.4 and 49 CFR 40.3, as amended, except as provided in this section:

1. *Accident* means an occurrence associated with the operation of a vehicle even when not in revenue service, if as a result:
  - a. An individual dies;
  - b. An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or,
  - c. One or more vehicles incur disabling damage as the result of the occurrence and are removed from the scene by a tow truck or other vehicle. For purposes of this definition, disabling damage means damage, which precludes the departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that make them inoperative.
2. *Adulterated specimen* means a specimen that 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.
3. *Alcohol* means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.
4. *Alcohol Concentration* is expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath testing device.
5. *Cancelled Test* means a drug test that a Medical Review Officer has declared invalid. A cancelled test is neither positive nor negative.
6. *Covered Employee* means an employee who performs a safety-sensitive function including an applicant or transferee who is being considered for hire into a safety-

sensitive function (See Appendix 3.25 for a list of covered employees), and other employees, applicants, or transferee that will not perform a safety-sensitive function but who fall under the policy of the Board's own authority.

7. *Designated Employer Representative (DAPM/DER)* means an employee authorized by the Board to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DAPM/DER also receives test results and other communications for the Board, consistent with the requirements of Part 40 and Part 655, as amended.
8. *Department of Transportation (DOT)* means a department of the federal government which includes the Federal Transit Administration (FTA), Federal Railroad Administration (FRA), Federal Highway Administration (FHA), Federal Motor Carriers' Safety Administration (FMCSA), Research and Special Programs (RSP), and the Office of the Secretary of Transportation.
9. *Dilute specimen* means a specimen with creatinine and specific gravity values that are lower than expected for human urine.
10. *Disabling damage* means damage to a vehicle which precludes the departure of a vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that make them inoperative.
11. *Evidentiary Breath Testing (EBT) Device* means a device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on the NHTSA website on the conforming products list.
12. *Medical Review Officer (MRO)* means a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.
13. *Negative Dilute* means a drug test result which is negative for the five drug/drug metabolites but has a specific gravity value lower than expected for human urine. Negative dilute test results will cause an immediate retest.
14. *Negative test result for a drug test* means the absence of any drug/drug metabolite identified in Part 40 as amended, or the verified presence of the prohibited drug/drug metabolite below the minimum levels specified in Part 40, as amended.
15. *Negative test result for an alcohol test* means a test with a result of less than 0.02 BAC.
16. *Non-negative test result* means a test result found to be adulterated, substitute, invalid, or positive for drug/drug metabolites.

17. *Performing a safety-sensitive function* means a covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.
18. *Positive test result for a drug test* means a verified presence of the identified drug/drug metabolite at or above the minimum levels specified in Part 40, as amended.
19. *Positive alcohol test result* means a confirmed alcohol concentration of 0.04 BAC or greater.
20. *Prohibited drug* means marijuana, cocaine, opiates, amphetamines, or phencyclidine at levels equal to or above the minimum thresholds specified in Part 40, as amended.
21. *Revenue Service Vehicle* means all transit vehicles that are used for passenger transportation service or that require a CDL to operate. It also includes all ancillary vehicles used in support of the transit system.
22. *Safety-sensitive functions* include:
  - a. The operation of a transit revenue service vehicle even when the vehicle is not in revenue service; and/or
  - b. The operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a Commercial Drivers License (CDL); and/or
  - c. Maintaining a revenue service vehicle or equipment used in revenue service; and/or
  - d. Controlling the movement of a revenue service vehicle.
23. *Substance Abuse Professional (SAP)* means a licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.
24. *Substituted specimen* means a specimen with creatinine and specific gravity values that are so diminished that they are not consistent with normal human urine.
25. *Test Refusal* means the MRO has reported that there is a verified adulterated or substituted test result; or any of the following if the employee:
  - a. Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer;

- b. Fails to remain at the testing site until the testing process is complete;
  - c. Fails to provide a urine or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations;
  - d. Fails to permit the observation or monitoring of the specimen collection, in the case of a directly observed or monitored collection in a drug test;
  - e. Fails to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
  - f. Fails or declines to take a second test that the employer or collector has directed him or her to take;
  - g. Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DAPM/DER as part of the "shy bladder" or "shy lung" procedures;
  - h. Fails to cooperate with any part of the testing process (e.g., refuses to empty his or her pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process, etc); or
  - i. Fails or refuses to sign Step 2 of the alcohol testing form.
26. *Verified negative test* means a drug test result reviewed by a MRO and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by Part 40, as amended.
27. *Verified positive test* means a drug test result reviewed by a MRO and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in Part 40, as amended.
28. *Validity testing* means the evaluation of the specimen to determine if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

#### D. EDUCATION AND TRAINING

1. Every safety-sensitive employee will receive a copy of this policy and will have ready access to the corresponding federal regulations including Part 40 and Part 655, as amended.
2. All covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use. Upon completion of the training, employees will sign and date Appendix 3.23 Substance Abuse Training Acknowledgment Form to document receiving the training. Training forms will be forwarded to the County DAPM/DER for retention.
3. All supervisory personnel and management personnel who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable

suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. Supervisors will forward documentation of the training to the County DAPM/DER for retention.

4. Information on the signs, symptoms, health effects, and consequences of substance abuse is presented in Appendix 3.26 of policy.

#### E. PROHIBITED SUBSTANCES

1. Prohibited substances addressed by this policy include the following.
  - a. Illegally used controlled substance or drugs under the Drug-Free Workplace Act of 1988, any drug or any substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes the use of any illegal drug, misuse of legally prescribed drugs, and the use of illegally obtained prescription drugs. Also, the medical use of marijuana, or the use of hemp related products, which would cause drug or drug metabolites to be present in the body above the minimum thresholds is a violation of this policy.
  - b. Part 655, as amended requires that the Board test all covered employees for marijuana, cocaine, amphetamines, opiates, and phencyclidine as described in this policy. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime they are on duty.
2. Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to the employee's supervisor. The employee is further required to provide a written release from his or her doctor or pharmacist indicating that the employee can perform his or her safety-sensitive functions.
3. Alcohol: The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances such that alcohol is present in the body while performing safety-sensitive functions is prohibited. An alcohol test can be performed on a covered employee under Part 655, as amended, just before, during, or just after the performance of safety-sensitive job functions.

#### F. PROHIBITED CONDUCT

1. A covered employee is prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in Part 655, as amended.

2. A covered employee is prohibited from consuming alcohol within four (4) hours prior to the performance of safety-sensitive job functions, while performing safety-sensitive job functions, or while on-call to perform safety-sensitive job functions. The Board, under its own authority, prohibits the consumption of alcohol at all times while a safety-sensitive employee is on duty, or anytime the employee is in uniform.
3. If an on-call employee has consumed alcohol, he or she must report the use of alcohol at the time that he or she is called to report for duty. The Board, under its own authority, will relieve the covered employee of his or her on-call responsibilities and will subject the covered employee to discipline.
4. A County supervisor will not permit any employee to perform his or her safety-sensitive duties if the supervisor has actual knowledge that the employee is using alcohol or abusing any drugs.
5. Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 BAC or greater regardless of when the alcohol was consumed.
6. No covered employee will consume alcohol for eight (8) hours following involvement in an accident or until he or she submits to the post-accident alcohol test, whichever occurs first.
7. Consistent with the Drug-free Workplace Act of 1988, all County employees are prohibited from engaging in unlawful manufacturing, distributing, dispensing, possessing, or using prohibited substances in the work place including County premises and vehicles.

#### G. DRUG STATUTE CONVICTION

1. Consistent with the Drug Free Workplace Act of 1988, all County employees are required to notify the DAPM/DER (see Appendix 3.13) of any criminal drug statute conviction for a violation occurring in the workplace within five (5) days after such conviction.
2. The Board, under its own authority, will remove from County employment any employee who fails to comply with this requirement.

#### H. TESTING REQUIREMENTS

1. Analytical urine drug testing and breath testing for alcohol will be conducted as required by Part 40, as amended.
  - a. All applicants for safety-sensitive positions including current Clermont County employees who are not safety-sensitive will be subject to pre-employment drug and/or alcohol testing as defined in Section K of this policy.
  - b. All covered safety-sensitive employees will be subject to testing prior to performing a safety-sensitive duty, for reasonable suspicion, following an accident, and randomly as defined in Sections L through N of this policy.

2. The Board, under its own authority, will remove from employment any covered employee who has a verified positive drug/alcohol test and will refer him or her to the SAP.
3. A drug test can be performed any time a covered employee is on duty.
4. An alcohol test will be performed just before, during, or just after the performance of a safety-sensitive job function.
5. The employee notified to respond to a collection site for a drug or alcohol test will be given an Order for Drug - Alcohol Testing form (see Appendix 3.10) from his or her supervisor or designee, or the form may be faxed to the collection site for test documentation. This form will be forwarded to the DAPM/DER when completed.
6. The supervisor or designee directing the employee to respond to a collection site for testing, will establish a reasonable time for the employee to arrive at the collection site specified, based on travel distance to the collection site when notified, traffic, time of day, local road construction, etc., and will notify the employee of the allotted travel time. An employee who fails to arrive at the collection site by the time specified will be subject to discipline unless he or she provides documented circumstances beyond his or her control to explain the delay.
7. All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of continuing employment with Clermont County. Any safety-sensitive employee who refuses to comply with any testing requirements will be removed from employment with Clermont County and will be referred to the SAP.
  - a. A covered employee who is suspected of providing false information in connection with a drug test, or who is suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection.
  - b. Verification of the above listed actions will be considered a test refusal and will result in the employee being removed from employment with Clermont County and being referred to the SAP. Refer to Section C DEFINITIONS for behavior that constitutes a refusal to test.
8. Clermont County affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be cancelled. Minor inconsistencies or procedural flaws that do not impact the test result will not result in a cancelled test.

#### I. DRUG TESTING PROCEDURES

1. Testing will be conducted in a manner to assure a high degree of accuracy and reliability using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (HHS). All testing will be conducted consistent with the procedures set forth in Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug



testing procedure, and the validity of the test result.

2. The drugs that will be tested for include marijuana, cocaine, amphetamines, opiates, and phencyclidine. After the identity of the donor is checked using photo identification, a urine specimen will be collected using the split specimen collection method described in Part 40, as amended.
3. Each specimen will be accompanied by a DOT Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual.
4. Each specimen from a non-DOT test will be accompanied by a non-regulated Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual.
5. Only HHS certified laboratories will conduct specimen analysis. The certified lab will conduct an initial drug screen and validity test on the primary urine specimen. The lab will conduct a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) on all specimens with a non-negative test result. The test will be reported positive if the amount of the drug/drug metabolites identified by the GC/MS test are above the minimum thresholds established in Part 40, as amended.
6. The certified laboratory will report the test results to the MRO. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative test result, and provide the employee with an opportunity to explain the test result. The MRO will subsequently review the employee's medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for the test result. If no legitimate medical explanation is found, the test will be verified either as positive or as a refusal to test and will notify the Clermont County DAPM/DER. If there is a legitimate explanation the MRO will report the test result as negative to the DAPM/DER and no further action will be taken.
7. If the test is invalid without a medical explanation, a retest will be conducted under direct observation consistent with Part 40, as amended. Collection under direct observation (by a person of the same gender), with no advance notice will occur if:
  - a. The laboratory reports to the MRO that a specimen is invalid, and the MRO reports to the DAPM/DER that there was not an adequate medical explanation for the result; or
  - b. The MRO reports to the DAPM/DER that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed; or
  - c. The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen; or
  - d. The temperature on the original specimen was out of range.

8. Any employee who questions the results of a required drug test under this policy may request that the split sample be tested. The split sample test will be conducted at a second HHS certified lab having no affiliation with the laboratory that analyzed the primary specimen. The test will be conducted on the split sample that was provided by the employee at the original collection. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in Part 40, as amended. The employees must request a split sample test through the MRO within 72 hours of being notified of the original sample verified test result. The MRO may honor a request for split specimen testing after 72 hours if the delay was due to documented facts that were beyond the control of the employee. Clermont County will guarantee that the cost for the split specimen test is covered in order for a timely analysis of the sample however, the employee is required to pay for the split sample test.
9. The MRO will declare the original test to be cancelled and will direct the DAPM/DER to have the employee retested under direct observation if the analysis of the split specimen fails to confirm the presence of the drug/drug metabolites detected in the primary specimen, or if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate.
10. The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary specimen is positive, the split specimen will be retained for testing if so requested by the employee through the MRO. If the primary specimen is positive, both it and the split specimen will be retained in frozen storage for one year.

J. ALCOHOL TESTING PROCEDURES

1. Tests for breath alcohol concentration will be conducted utilizing an NHTSA-approved testing device operated by a trained Breath Alcohol Technician (BAT). If the initial test indicates an alcohol concentration of 0.02 BAC or greater, a second test will be performed to confirm the results of the initial test. The second test will be conducted at least fifteen minutes after the completion of the initial test using a NHTSA-approved EBT operated by a trained BAT. The EBT will identify each test by a unique sequential identification number. This number, test time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by Part 40, as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.
2. An employee who has a verified positive alcohol test result (a concentration of 0.04 BAC or greater) will be considered in violation of this policy. The consequences of a positive alcohol test are described in Section Q. of this policy.
3. Even though an alcohol test with a confirmed alcohol concentration between 0.02 BAC and 0.039 BAC is not considered positive, the employee will be removed from duty for at least eight (8) hours or for the duration of the work day whichever is longer and will be subject to the consequences described in Section Q. of this policy.

4. An alcohol concentration of less than 0.02 will be considered a negative test.
5. The alcohol testing form (ATF) required by Part 40, as amended, will be used for all FTA required testing. Failure of an employee to sign step 2 of the ATF will be considered a refusal to submit to testing.

K. PRE-EMPLOYMENT TESTING

1. All applicants for safety-sensitive positions covered under this policy, whether internal or external, will undergo urine drug testing prior to performing a safety-sensitive function.
2. All offers of employment for covered positions will be extended conditioned upon the applicant passing a drug test. An applicant will not be placed into a safety-sensitive position unless the applicant takes a drug test with verified negative result, and an alcohol concentration below 0.02, if administered.
3. The Board, under its own authority, will rescind the conditional offer of employment to any candidate who fails a pre-employment drug or alcohol test. Failure of a pre-employment drug/alcohol test will disqualify an applicant for future employment with Clermont County.
4. If an internal candidate being placed, transferred, or promoted from a non safety-sensitive position to a safety-sensitive position has a verified positive drug/alcohol test result, the employee will be removed from employment and will be referred to the SAP.
5. In instances where a covered employee is on extended leave for a period of 90 days or more regardless of any reason, and is not in the random testing pool he or she will be required to take a pre-employment drug test and have a negative test result prior to performing any safety-sensitive functions.
6. A covered employee who is laid off and subsequently recalled to the same or a substantially similar position covered by a DOT regulated drug/alcohol testing program will undergo pre-employment testing prior to performing any safety-sensitive functions regardless of the length of time he or she was laid off.
7. All applicants for covered positions are required to report previous DOT-covered employer drug/alcohol test results. Failure to do so will result in the employment offer being rescinded. If the applicant has tested positive or refused to test on a pre-employment test for a DOT covered employer the applicant will not be eligible for employment with Clermont County.

L. REASONABLE SUSPICION TESTING

1. All covered employees will be subject to reasonable suspicion drug/alcohol testing when there is reasonable suspicion to believe that the employee has used a prohibited drug or engaged in alcohol misuse. Reasonable suspicion means that there is objective evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse. Reasonable suspicion referrals will be made by one or more supervisors or management employees trained to detect the signs and symptoms of drug/alcohol use, and

who reasonably conclude that an employee may be adversely affected or impaired in his or her work performance due to possible drug/alcohol misuse. A reasonable suspicion alcohol test will only be conducted just before, during, or just after the performance of a safety-sensitive job function.

2. A County supervisor or a management employee will be responsible for transporting the employee to the testing site. The transporting employee should avoid placing him- or herself or others into a situation which might endanger the physical safety of those present. The employee will be placed on administrative leave pending further action. An employee who refuses to submit to a drug/alcohol test will not be permitted to finish his or her shift and will immediately be removed from employment with Clermont County and will be referred to the SAP.
3. A written record of the observations which led to a drug/alcohol test based on reasonable suspicion will be prepared and signed and dated by the employee making the determination. This written record will be submitted to the DAPM/DER and will be attached to the test results.
4. When there are no specific, contemporaneous, articulable objective facts that indicate current drug or alcohol use, but the employee (who is not already a participant in a treatment program) admits the abuse of alcohol or other substances to his or her supervisor or to HR the employee will be referred to the EAP for an assessment.
5. The Board, under its own authority, will place the employee on administrative leave in accordance with the provisions set forth under Section Q. of this policy.
  - a. Since the employee self-referred to management, testing under this circumstance would not be considered a violation of this policy or a positive test result under Federal authority.
  - b. Self-referral does not exempt the covered employee from testing under Part 655, as amended and as specified in Sections L through N of this policy or the associated consequences as specified in Section Q.
6. Self-referrals are not valid once an employee has been notified to report for testing.

#### M. POST-ACCIDENT TESTING

1. DOT Accidents
  - a. Fatal accidents
    - (1) As soon as practicable following an accident involving the loss of human life, the County employee investigating the accident will have each surviving covered employee operating the revenue transit vehicle at the time of the accident tested for drugs and alcohol, **whether or not the vehicle was in revenue transit service at the time of the accident.**
    - (2) The investigating employee will also have any other covered employee (mechanic, dispatcher, etc.) tested for drugs and alcohol, whose

performance could have contributed to the accident as determined by the investigating employee using the best information available at the time of the decision.

- (a) Form #3.10 Order for Drug - Alcohol Testing will be completed for indicating a DOT mandated post accident test.
- (b) The federal Chain of Custody and Control Form (CCF) will be used by collection site staff.
- (c) The investigating employee will clearly instruct the employee being tested that the testing is being conducted under the authority of the DOT.

b. Non-fatal accidents

- (1) As soon as practicable following a non-fatal accident the County employee investigating the accident will have each surviving covered employee operating the revenue transit vehicle at the time of the accident tested for drugs and alcohol, **whether or not the vehicle was in revenue transit service at the time of the accident.** This includes incidents where:

- (a) An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or
- (b) One or more vehicles (including non-FTA funded vehicles) incurs disabling damage as a result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle.

- (2) The investigating employee will also have any other covered employee (mechanic, dispatcher, etc.) tested for drugs and alcohol, whose performance could have contributed to the accident as determined by the investigating employee using the best information available at the time of the decision.

- (a) Form #3.10 Order for Drug - Alcohol Testing will be completed for all post-accident testing indicating a DOT mandated test.
- (b) The federal Chain of Custody and Control Form (CCF) will be used by collection site staff.
- (c) The investigating employee will clearly instruct the employee being tested that the testing is being conducted under the authority of the DOT.

2. Non-DOT Accidents

- a. The Board, under its own authority, will conduct **Non-DOT Post Accident Testing** for all incidents which do not meet the criteria established above, which involves a revenue transit vehicle (whether or not the vehicle was in revenue transit service at the time of the accident), except where two vehicles strike mirrors in passing and no person involved receives any injury

related to the incident.

- b. Form #3.10 Order for Drug - Alcohol Testing will be completed for all post-accident testing indicating a Non-DOT mandated test.
  - c. The non-DOT regulated Chain of Custody and Control Form (CCF) will be used by collection site staff.
  - d. The investigating employee will clearly instruct the employee being tested that the testing is being conducted under the authority of the Board and not the DOT.
3. If an alcohol test required by this section is not administered within two (2) hours following the accident, the investigating employee will document the reason(s) the alcohol test was not promptly administered.
    - a. If an alcohol test required by this section is not administered within eight (8) hours following the accident, the investigating employee will cease any attempts to administer an alcohol test and will document the reason(s) that the test was not administered.
    - b. The report will be forwarded to the County DAPM/DER along with a copy of the accident report.
    - c. The DAPM/DER will retain the report according to the regulations and will submit records to the FTA upon request of the Administrator.
  4. The Board will ensure that a covered employee required to be drug tested under this section is tested as soon as practicable but within 32 hours of the accident.
  5. A covered employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying the CTC Supervisor or designee of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed by the Board to have refused to submit to testing. A covered employee who fails to remain available for testing will be subject to discipline for a refusal to test as outlined in Section Q of this policy.
  6. Nothing in this section will be construed to require the delay of necessary medical attention for the injured following an accident, to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.
  7. The results of a blood, urine, or breath test for the use of prohibited drugs or alcohol misuse, conducted by Federal, State, or local officials having independent authority for the test, will be considered to meet the requirements of this section provided such test conforms to the applicable Federal, State, or local testing requirements, and that the test results are legally obtained by the Board. Such test results may be used only when the Board is unable to perform a post-accident test within the required period noted above.

#### N. RANDOM TESTING

1. All covered employees will be subject to random, unannounced testing. The selection of employees will be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees.
2. The dates for administering unannounced testing of randomly selected employees will be spread reasonably throughout the hours of operation for the department.
3. All covered employees will be in a pool from which the random selection is made. Each covered employee in the pool has an equal chance of selection each time the selections are made. Each covered employee that falls under FTA regulations will be included in one random pool. Each employee will remain in the pool and be subject to selection, whether or not the employee has been previously tested.
  - a. The Board has no input into the selection of any employee in the selection pool; and
  - b. The number of employees randomly selected for drug and alcohol testing during the calendar year will be not less than the percentage rates established in Part 655, as amended, for those safety-sensitive employees subject to random testing.
4. A random drug test can be conducted at any time during an employee's shift. A random alcohol test can be conducted just before, during, or just after the employee performs a safety-sensitive duty. Testing can occur during the beginning, middle, or end of an employee's shift.
5. An employee is required to proceed immediately to the collection site upon notification of his or her random selection.

O. RETURN-TO-DUTY TESTING FOR SELF-REFERRALS

1. A covered employee who self-refers for treatment of a substance abuse problem must have a negative drug and/or alcohol test and be evaluated and released by the SAP before returning to work.
2. Following the initial assessment, the SAP will recommend a course of rehabilitation unique to the individual.
3. The SAP will recommend the return-to-duty test only when the employee has successfully completed the treatment requirement and is known to be drug and alcohol free and there is no undo concern for public safety.

P. EMPLOYEE SELF-REFERRED FOLLOW-UP TESTING

1. Covered employees who have self-referred for a substance abuse problem will be required to undergo frequent, unannounced drug and/or alcohol testing following their return-to-duty. The follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year.
2. In the instance of a self-referral the covered employee will be required to meet with the SAP for assessment, formulation of a treatment plan, and execution of a return to work agreement.

3. The SAP will determine the frequency and duration of the follow-up tests (beyond the minimums) reflecting the SAP's assessment of the employee's unique situation and recovery progress.
4. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate from and in addition to testing required under DOT guidelines.
5. The cost of any treatment or rehabilitation services will be paid directly by the employee or his or her insurance provider. The employee will be permitted to take accrued sick leave or administrative leave to participate in the SAP prescribed treatment program. If the employee has insufficient accrued leave, the employee will be placed on leave without pay until the SAP has determined that the employee has successfully completed the required treatment program and releases him or her to return-to-duty. Any leave taken, either paid or unpaid, will be considered leave taken under the Family and Medical Leave Act.
6. Failure to execute a return-to-work agreement or to remain compliant<sup>1</sup> with the treatment plan will result in removal from County employment.
7. Refusal to submit to a periodic unannounced follow-up drug/alcohol test will be considered a direct act of insubordination and will result in removal from County employment and referral to the SAP.
8. A self-referral to the SAP that was not precipitated by a positive test result does not constitute a violation of the Federal regulations and will not be considered as a positive test result in relation to the discipline defined in Section Q. of this policy.
9. Periodic, unannounced, follow-up, drug/alcohol tests conducted as a result of a self-referral or management referral which results in a verified positive will be considered a positive test result. The employee will be removed from County employment and will be referred to the SAP.
10. A voluntary referral does not shield an employee from disciplinary action or guarantee employment with Clermont County. Neither does it shield an employee from the requirement to comply with drug and alcohol testing.
11. Self-referrals are not accepted once a covered employee has been notified to report to the collection site for random, post-accident, or reasonable suspicion testing required under Part 40, as amended.

**Q. RESULT OF DRUG/ALCOHOL TEST**

The Board, under its own authority, will remove from County employment any covered employee that has a verified positive drug or alcohol test result from a random, post-accident, reasonable suspicion, or self-referred follow-up drug or alcohol test. The

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<sup>1</sup>**NOTE\***: Remaining compliant with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work, the result of that test is negative, in the judgment of the SAP the employee is cooperating with his or her treatment plan, and the employee has agreed to periodic unannounced follow-up testing as defined in Section P of this policy.



employee will be referred to the SAP. A drug test with the result of negative dilute will result in the employee being retested.

1. As soon as practicable after receiving notice of a verified positive drug test result, a confirmed alcohol test result, or a test refusal, the DAPM/DER will contact the employee's supervisor to have the employee cease performing any safety-sensitive functions.
2. The employee will be referred to the SAP and will be removed from his or her employment with Clermont County.
3. Refusal to submit to a drug or alcohol test will have the same consequences as a positive test result and will be considered a direct act of insubordination and will result in removal from County employment. A test refusal includes the following circumstances.
  - a. A covered employee who consumes alcohol within eight (8) hours following involvement in an accident without first having submitted to a post-accident alcohol test; or
  - b. A covered employee who leaves the scene of an accident without a legitimate explanation prior to submitting to a drug/alcohol test; or
  - c. A covered employee who provides false information in connection with a drug/alcohol test; or
  - d. A covered employee who provides an insufficient volume of urine or breath without a valid medical explanation. The medical evaluation for "shy bladder" or "shy lung" will take place within five (5) days of the initial test attempt; or
  - e. A verbal or written declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test within the specified time frame; or
  - f. A covered employee whose urine sample has been verified by the MRO as substitute or adulterated; or
  - g. A covered employee who fails to appear for any test within a reasonable time after being directed to do so by his or her supervisor; or
  - h. A covered employee fails to remain at the testing site until the testing process is complete; or
  - i. A covered employee fails to provide a urine specimen for any drug test required by Part 40, as amended, or DOT agency regulations; or
  - j. A covered employee fails to permit the observation or monitoring of a specimen collection; or
  - k. A covered employee fails or declines to take a second test when ordered by the DAPM/DER or collector; or
  - l. A covered employee fails to undergo a medical examination or evaluation,

as directed by the MRO as part of the verification process, or as directed by the DAPM/DER as part of the "shy bladder" or "shy lung" procedures; or

- m. A covered employee fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process, etc.); or
  - n. A covered employee fails to sign Step 2 of the Alcohol Testing form.
4. An alcohol test result of 0.02 BAC to 0.039 BAC will result in the removal of the employee from duty for eight (8) hours or the remainder of the work day whichever is longer. The employee will not be allowed to return to safety-sensitive duty for his or her next shift until he or she submits to an alcohol test with a result of less than 0.02 BAC. If the employee has an alcohol test result of less than or equal to 0.02 BAC to .039 BAC two or more times within a six month period, the employee will be removed from County employment and will be referred to the SAP.

#### R. GRIEVANCE AND APPEAL

The consequences specified by Part 40, as amended for a positive test or a test refusal are not subject to arbitration.

#### S. PROPER APPLICATION OF THE POLICY

The Board is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors and managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor or manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, will be subject to disciplinary action, up to and including termination.

#### T. INFORMATION DISCLOSURE

- 1. Drug and alcohol testing records will be maintained by the Clermont County DAPM/DER and, except as provided below or by law, the results of any drug or alcohol test will not be disclosed without express written consent of the tested employee.
- 2. The employee, upon written request, is entitled to obtain copies of any records pertaining to his or her use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. A covered employee has the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. A covered employee may not have access to SAP referrals and follow-up testing plans.
- 3. Records of a verified positive drug/alcohol test result will be released to the DAPM/DER by the MRO and by the DAPM/DER to the employee's Department Head on a need to know basis.
- 4. Records will be released to a subsequent employer only upon receipt of a written request signed by the employee.
- 5. Records of an employee's drug/alcohol tests will be released to the adjudicator in

a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test.

- a. The records will be released to the decision maker in the preceding.
  - b. The information will only be released with binding stipulation from the decision maker that he or she will make it available only to parties in the preceding.
  - c. Records will be released to the National Transportation Safety Board during an accident investigation.
6. Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.
- a. Records will be released if requested by a Federal, State or local safety agency with regulatory authority over CTC or its employees.
  - b. If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 as amended the Clermont County Prosecuting Attorney, Civil Division will take necessary legal steps to contest the issuance of the order.
  - c. In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

#### U. SYSTEM CONTACTS

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the appropriate individual identified in Appendix 3.13.

Board of Clermont County Commissioners  
**Safety Sensitive Positions and Testing Authority**

<b>Testing Authority</b>	<b>Test Types</b>	<b>Safety Sensitive Functions</b>	<b>Board Class Title</b>	<b>Board Class No</b>
DOT	Post-Accident Drug and/or Alcohol, Pre-Employment Drug, Random Drug and/or Alcohol, Reasonable Suspicion Drug and/or Alcohol	Revenue Operation (whether or not in revenue service)	Vehicle Operator	49131
DOT	Post-Accident Drug and/or Alcohol, Pre-Employment Drug, Random Drug and/or Alcohol, Reasonable Suspicion Drug and/or Alcohol	Revenue Vehicle Control and Dispatch	Vehicle Dispatcher Administrative Supervisor 2	49141
DOT	Post-Accident Drug and/or Alcohol, Pre-Employment Drug, Random Drug and/or Alcohol, Reasonable Suspicion Drug and/or Alcohol	Revenue Vehicle Equipment Maintenance and Repair	Auto Mechanic 1 Auto Mechanic 2 Auto Mechanic 3 Fleet Intern	59111 59112 59113 N/A
FMCSA	Post-Accident Drug and/or Alcohol, Pre-Employment Drug, Random Drug and/or Alcohol, Reasonable Suspicion Drug and/or Alcohol	CDL Licensed Operators (not covered by Part 655)	WSD Maintenance Technician WSD Maintenance Specialist WSD Maintenance Supervisor Highway Worker III	49211 49212 49214 N/A
Board	Reasonable Suspicion Drug and/or Alcohol		All other positions not listed above	See Index of Class Plan Titles

City Government–FTA and FMCSA

City of Charlottesville



**City of Charlottesville  
Department of Public Works  
Department of Parks & Recreation**

**Anti-Drug Program/Alcohol Misuse Program**

**Summary:** This policy covers city government and it contains language on FTA and FMCSA anti-drug and alcohol misuse policies and establishes an anti-drug and alcohol misuse program for Public Utilities Division Employees, Commercial Vehicle Operators, and Transit Division Employees that complies with the Department of Transportation's (DOT) 49 CFR parts 199, 382, 655, and 40.





**City of Charlottesville  
Department of Public Works  
Department of Parks & Recreation**

**ANTI-DRUG PROGRAM/ALCOHOL MISUSE PROGRAM**

As required by the Department of Transportation

Implementation Dates:

**RSPA** - Anti-Drug Program = August, 1990, Alcohol Misuse = January 1, 1995

**FMCSA** - Anti-Drug/Alcohol Misuse = January 1, 1995

**FTA** - Anti-Drug/Alcohol Misuse = January 1, 1996

## **I. INTRODUCTION**

The City of Charlottesville has written and implements its Anti-Drug/Alcohol Misuse Program to ensure compliance with Federal Regulations of the Department of Transportation. This Program is implemented in addition to the City's Drug-Free Workplace Program. In the event that Federal Regulations conflict with the City's Drug-Free Workplace Program, the Federal Regulations shall prevail. In the event that Federal Regulations fail to provide language for a particular situation, the employee shall be subject to the City's Drug-Free Workplace Program or other applicable City Policies.

The Public Works Department is comprised of multiple divisions that provide a wide variety of services. This diversity has resulted in the Department being regulated by three different operating authorities of the Department of Transportation. This has made writing a policy for the Department challenging because the operating authorities' rules differ in some places. This Program will inform the reader in the places where the rules differ by having different categories or another clear method of separating the rules. **DOT allows the City's program to be stricter than their regulations as long as language specific to the City's program is identified. Therefore, where this Program goes beyond the requirements of DOT, the text below is highlighted in bold print.**

### A. Policy Statement

1. The purpose of this policy is to establish an Anti-Drug Program/Alcohol Misuse Program for Public Utilities Division Employees, Commercial Vehicle Operators, and Transit Division Employees that complies with the Department of Transportation's (DOT) 49 CFR Parts 199, 382, 655, and 40. Part 199 requires operators of gas systems to have an Anti-Drug Program/Alcohol Misuse Program for persons who perform operating, maintenance, or emergency-response functions covered by the DOT pipeline safety standards in 49 CFR Part 192, 193, or 195. The Public Utilities Division-Gas Unit has had an Anti-Drug Program in place since August of 1990. The additional alcohol testing requirements were effective on January 1, 1995. Part 382 requires employers to test drivers who are required to obtain a commercial driver's license (CDL) for the illegal use of alcohol and controlled substances and was effective on January 1, 1995. Part 655 requires that Transit Employees who maintain, operate, or control the movement of transit vehicles be tested for controlled substances and alcohol. Effective August 1, 2001, Part 655 replaces Parts 653 and 654 which went into effect on January 1, 1996. DOT has also published 49 CFR Part 40, as

amended, that sets standards for the collection and testing of urine and breath specimens. This policy incorporates the DOT requirements for DOT covered safety-sensitive employees.

Participation in this program is a requirement of all safety sensitive employees, and therefore, is a condition of employment.

2. **It is the policy of the City of Charlottesville to attract and maintain a work force that is free of alcohol or drugs which may impair judgment and job performance and may result in accident or injury to self, other employees, or the general public. For the purpose of this Program an employee who tests positive on a drug test, as defined by DOT, shall be considered impaired.**

3. Any questions in relation to this program should be directed to the DOT Program Manager/Public Utilities Program Coordinator, Mary Kay Kotelec, telephone number: 434-970-3814. (E-mail [kotelec@charlottesville.org](mailto:kotelec@charlottesville.org)). Additional information regarding DOT regulations can also be found at [www.dot.gov/ost/dapc/oamanagers](http://www.dot.gov/ost/dapc/oamanagers).

## II. PROHIBITED BEHAVIOR

A. **Controlled Substances:** Covered employees are prohibited by the Department of Transportation from using marijuana (includes all hemp products), cocaine, opiates, phencyclidine (PCP), and amphetamines at any time. **The City prohibits the use of any controlled substance or other performance-altering drug that cannot be substantiated by medical evidence of legitimate drug use. The City also prohibits any employee from engaging in unlawfully manufacturing, distributing, dispensing, possessing, or using controlled substances in the workplace. Additionally, it is the employee's obligation to notify his/her supervisor of any therapeutic drug use that may alter their ability to perform safety sensitive functions. It is imperative that an employee informs his/her supervisor if the prescription indicates that one should not drive, operate machinery, or engage in hazardous activities.** In the event that an employee's drug screen comes back positive due to a prescription drug it shall be the employee's responsibility to provide the Medical Review Officer with proof of a valid prescription in order for test results to be ruled negative. **An employee who is convicted of a drug or alcohol violation occurring in the work place must notify his/her supervisor within 5 days.**

B. **Alcohol:** An employee will be removed from performing safety-sensitive functions: (1) When test results indicate an alcohol concentration of 0.04 or greater; (2) Within four hours after using alcohol; (3) While using alcohol on the job; (4) During the 8 hours following an accident if their involvement has not been discounted as a contributing factor in the accident or until they are tested; (5) if they refuse to submit to required alcohol tests; and (6) if they are in possession of alcohol while driving.

If an employee is found to have an alcohol concentration of 0.02 or greater but less than 0.04, or if the employee is under the influence of or impaired by alcohol, as indicated by behavior, speech and performance indicators of alcohol misuse, and a reasonable suspicion alcohol test cannot be obtained, the employee will have to be removed from safety-sensitive duties for 24 hours under FMCSA regulations or 8 hours under RSPA

and FTA regulations. An employee with a positive drug test shall be removed from covered functions until an evaluation is held, recommendations of evaluation carried out, and the employee has passed a return-to-duty test.

**C. The City of Charlottesville prohibits the use of controlled substances and alcohol while on the job or subject to duty. Use of controlled substances and/or alcohol while on the job or subject to duty, even if the alcohol concentration is 0.02 or greater but less than 0.04 may result in disciplinary action up to and including termination.**

### **III. DRUG AND ALCOHOL TESTING REQUIREMENTS**

#### **A. Employee Categories**

The following employee positions are subject to FMCSA, FTA or RSPA drug and alcohol testing as outlined in this policy.

Employee positions that require a CDL to perform job tasks and are covered by **FMCSA**:

General Maintenance Supervisor, Motor Equipment Operator (I & II), Snow Plow Operator, Maintenance Crew Supervisor, Maintenance Worker III, Maintenance Worker II, Crew Leader, Gardener, Playground Equipment Mechanic, Sanitation Worker, Signal Supervisor, Inspector (Public Service), Auto Mechanic (II & III), Equipment Maintenance Supervisor, Signal Electrician, Traffic Supervisor, Crew Supervisor II, Refuse Supervisor, Auto Aide, Water Quality Inspector, Water Service Technician, Meter Repairer, Parks Service Manager, Systems Quality Inspector, School Bus Operator Supervisor, School Bus Operator, and School Bus Trainer.

Employee positions that are covered by **FTA**:

The following positions perform dispatch duties: Transit Operator Supervisor, Assistant Transit Operator Supervisor, Transit Secretary, Transit Account Clerk, Transit Manager, and Assistant Transit Manager.

The following positions perform revenue vehicle operation duties: Transit Bus Operators.

The following positions perform maintenance duties: Transit Maintenance Worker, Transit Mechanics, and Transit Maintenance Supervisor.

Employee positions that are covered by **RSPA**:

Public Utilities Manager, Assistant Superintendent/Chief Eng., Marketing Supervisor, Operations Supervisor, Administrative Secretary, Training Supervisor, Engineering Tech.(Gas), Gas Mechanic Supervisor, Service Supervisor, Dispatcher, Regulatory Compliance Supervisor, Gasline Welder\*, Regulator Mechanic\*, General Maintenance Supervisor\*, Gas Mechanic, Leak Survey Tech, Chief Dispatcher, Maintenance Crew Supervisor\*, Gasline Inspector, Motor Equipment Operator (Gas)\*, Pipeline Locator, Gas Maintenance Worker \*, Back-up Welder from outside Contractor (if applicable) and Collection Agent for the Department of Finance.

\*Positions hold CDL and are randomly tested for alcohol under FMCSA rules. Fifty percent or more of their job function is covered by RSPA and so all other applicable tests are conducted under RSPA policy. Any employee who performs the functions of a covered employee as described in the policy statement or the definition of a covered employee shall be tested even if their job title is not specifically listed above.

B. Types of Drug Testing : Employees subject to this drug testing program are required to be tested under the following five types of tests:

1. Pre-Employment Testing

- a) A pre-employment drug test will be conducted when an individual is selected to be hired for a position listed in this policy. Said individual will not perform covered safety-sensitive functions until he/she passes the pre-employment drug test.
- b) A pre-employment drug test will be conducted when a current employee transfers from a position not covered by this policy into a position listed in this policy. An employee who previously is separated from a Part 199, 382, or 655 anti-drug program position will be pre-employment tested prior to performing safety-sensitive duties.
- c) If a pre-employment test is canceled, the applicant is required to submit to and pass another test. Pre-employment drug tests for disabled individuals unable to provide sufficient volume can be reported as negative if medical examination shows no evidence of illegal drug use.
- d) Applicants who are offered a position covered by this policy will be tested before being employed. If applicant's drug test is positive, then the matter will be referred to the MRO for review (see Section 7 - Medical Review Officer). Pre-employment job applicants or employees seeking a transfer into a position covered by this policy who test positive will not be hired unless and until the City receives an opinion from the MRO explaining that the positive test result should not be a bar to employment or transfer. Applicants and employees transferring into a covered position have the option to have their sample retested if their request is made to the MRO within 72 hours of the receipt of the final test result from the MRO.
- e) Employees working in a position covered by this policy on the effective date and who continue to work in a covered position do not require a pre-employment test.
- f) In the event that the MRO was not able to contact the applicant to discuss the results of their drug test, the City shall notify an applicant of the results of a pre-employment drug test, if the applicant requests such results within 60 calendar days of being notified of the disposition of the employment application. The applicant will be referred to a qualified SAP.

2. Random Testing

- a) All employees working in a position covered by this policy are subject to unannounced testing based on random selection. This includes temporary employees performing work in a covered position. A covered employee may be randomly tested for prohibited drug use anytime while on duty.
- b) The City will test at least fifty percent (50%) of the covered employees in a calendar year for controlled substances, divided on the basis set forth in paragraph e below. All persons will be subject to be randomly picked for drug testing at each unannounced random testing date. A person may be randomly picked more than once or not picked at all during the annual period.
- c) To assure that the selection process is random, all employees covered by this policy will be placed in a common pool. All full time and

temporary employees will be in this pool. Employees remain in the random selection pool at all times, regardless of whether or not they have been previously selected for testing.

- d) The random selection procedure will be a computer-based number generator.
- e) Random testing will be done on a monthly basis. Testing will be conducted on different days of the week throughout the annual cycle to prevent employees from matching their drug use patterns to the schedule for collection. Collection for monthly random testing will be spread out over the month. Selected employees will not be notified until immediately prior to the time that they are due at the collection site. Typically ten (10) to thirteen (13) numbers are selected each month.
- f) If an employee is unavailable during a draw period due to vacation or other long-term absence, a replacement number can be drawn using the computerized random number generator to select additional numbers. If an employee is temporarily unavailable, or it is their day off, the number should be held until their next shift within the same testing period. No employee shall be excused because of operational difficulties.
- g) Random alcohol testing will be performed at a rate of at least 10% of the average number of covered positions. This rate is subject to adjustment by DOT as based on the industry's violation rate. Random alcohol testing will be done on a monthly basis with the number of draws based on the size of the random pool.
- h) An employee shall only be tested for alcohol while the employee is performing, just before the employee is to perform, or just after the employee has performed safety-sensitive functions. **It is the City's position that employees that are hired to drive a commercial motor vehicle are expected to be available to drive that vehicle, or perform safety sensitive functions, anytime that they are at work; unless they have a medical excuse that advises that they do not drive.**
- i) Random notifications should be conducted as discreetly as possible in order to ensure the confidentiality and integrity of the process.

3. Post-Accident Testing: Employees working in positions covered by this policy whose performance either contributed to an accident or cannot be completely discounted as a contributing factor to the accident will be tested.

a) FMCSA- Definition of a Qualifying Accident

As soon as practicable following an accident involving a commercial motor vehicle, the City shall test for alcohol and controlled substances each surviving driver:

- (1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
- (2) Who receives a citation under State or local law for a moving traffic violation arising from the accident, if the accident involved:
  - (a) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
  - (b) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

b) FTA- Definition of a Qualifying Accident

- (1) Whenever there is loss of human life each surviving safety-sensitive employee on duty in the mass transit vehicle and safety-sensitive employees not on the vehicle whose performance could have contributed to the accident shall be tested for drug use and alcohol abuse.
- (2) A non-fatal accident is defined as an occurrence associated with the operation of a revenue service vehicle in which an individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident. Each employee whose performance could have contributed to the accident shall be tested for drug use and alcohol misuse. An accident does not necessarily mean that a collision occurred. An individual falling on the bus and needs to be taken to the hospital would be defined as an accident. The driver, and other safety-sensitive employees involved, would need to be tested unless they can be completely discounted as a contributing factor to the accident.
- (3) With respect to an occurrence in which the mass transit vehicle involved is a bus, electric bus, van, or automobile, or any non-revenue service vehicle, and one or more vehicles incurs disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, "disabling damage" means damage that precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage that can be remedied temporarily at the scene of the occurrence without special tools or parts; tire disablement without other damage even if no spare is available; or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative;
- (4) With respect to an occurrence in which the mass transit vehicle involved is a railcar, trolley car, trolley bus, or vessel, if the mass transit vehicle is removed from revenue service then testing is warranted.

c) RSPA Definition of a Qualifying Accident.

- (1) Employees working in positions covered by this policy whose performance either contributed to an accident or cannot be completely discounted as a contributing factor to the accident will be tested.

(2) **Pipeline Accident:** An "accident" on a gas pipeline or LNG facility is defined as an "incident" in Pipeline Safety Regulations Part 191.3 as any one of the three types of events listed below:

(a) An event that involves a release of gas from a pipeline or of liquefied natural gas or gas from an LNG facility and

(i) A death, or personal injury necessitating inpatient hospitalization; or

(ii) An event that involves a release of gas from a pipeline or of liquefied natural gas or gas from an LNG facility and

(a) A death, or personal injury necessitating inpatient hospitalization; or

(b) Estimated property damage, including cost of gas lost, of the operator or others, or both, of \$50,000 or more.

(b) An event that results in an emergency shutdown of an LNG facility.

(c) An event that is significant, in the judgment of the operator, even though it did not meet the criteria of paragraphs (a) or (b).

d) Time Frame for Testing Employees

(1) The employee will be tested for controlled substances as soon as possible, but no later than 32 hours after the accident.

Because certain drugs or drug metabolites do not remain in the body for extended periods of time, testing should be as soon as possible. Alcohol tests should be conducted within 2 hours and must be performed within 8 hours.

(2) As soon as practicable following an accident, the City shall test each surviving covered employee for alcohol if that employee's performance of a covered function either contributed to the accident or cannot be completely discounted as a contributing factor to the accident. If an alcohol test is required, but is not administered within two (2) hours following the accident, the City shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a required test is not administered within eight (8) hours following the accident, the City shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test. These records shall be made available to FMCSA, RSPA, or FTA upon request.

(3) The decision not to administer a test shall be based on the City's determination, using the best available information at the time of the determination, that the covered employee's performance could not have contributed to the accident.

(4) A covered employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying the operator or operator representative of his/her location if he/she leaves the scene of the accident prior to submission to such test, may be deemed by the operator to have refused to

submit to testing. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

(5) All reasonable steps will be taken to obtain a urine sample for the testing of controlled substances from an employee after an accident. In case of a conscious but hospitalized employee, the hospital or medical facility will be requested to obtain a sample and if necessary, reference will be made to the DOT drug testing requirements.

(a) If an employee who is subject to post-accident testing is conscious, able to urinate normally (in the opinion of a medical professional) and refuses to be tested, that is a test refusal.

e) Process for Obtaining Specimen Collection/Documentation

(1) Supervisor shall discreetly inform the employee that there is reason to believe that their performance contributed to the accident or cannot be completely discounted as contributing factor to the accident. Remind the employee that a request for a test is not an accusation; it is only a request for additional objective data.

(2) The potentially affected employee will not be allowed to proceed alone to or from the collection site. A supervisor or other appropriate personnel shall accompany him/her to and from the collection site.

(3) After returning from the collection site, the employee should not be allowed to perform covered functions pending the results of the drug test/alcohol test.

(4) Record the activity performed that support the determination to conduct a post-accident test. This documentation should be prepared and signed by the supervisor within 24 hours of the accident or before the results of the tests are released, whichever is earlier, if possible (Post-Accident Record of Decision form is located at the end of this section).

(5) Drivers shall be provided with necessary post-accident information, procedures, and instructions prior to the driver operating a CMV so that drivers will be able to comply with the requirements of Part 382.

(a) FMCSA regulations stipulate that the results of breath or blood test for the use of alcohol or a urine test for the use of controlled substances, conducted by Federal, State or local officials having independent authority for the test, shall be considered to meet the requirements of Part 382, provided such tests conform to applicable Federal, State, or local requirements, and that the results of the tests are obtained by the employer. In the event that the City is unable to conduct a FTA post-accident alcohol and/or drug test due to circumstances beyond its control (i.e. employee is unconscious, incarcerated, etc.), results from local or state law enforcement officers may be used in lieu of FTA tests if provided results are consistent with state and local



law.

**(6) After-hour and holiday post-accident tests shall be collected at the UVA Emergency Room by the UVA WorkMed on-call personnel. Supervisor/employee should report to the ER Security Desk in order to contact the UVA WorkMed on-call staff.**

4. Reasonable Cause Testing
  - a. When there is reasonable cause/suspicion to believe that an employee covered by this policy is using a prohibited drug or using alcohol while on duty, the employee will be required to take a test for controlled substances and/or alcohol. The required observations for alcohol and/or controlled substances reasonable suspicion testing shall be made by a supervisor or company official who is trained by the Employee Assistance Program, or an equivalent program, in drug use symptoms. The supervisor who requires the test may not administer the test.
  - b. A decision to test must be based on specific contemporaneous articulable observations concerning the appearance, behavior, speech, or body odors of the employee. The observations may include indications of the chronic and withdrawal effects of controlled substances. Alcohol testing is authorized only if the observations are made during, just preceding, or just after the period of the work day that the employee is performing a covered function.
  - c. If an alcohol test is required, but is not administered within two (2) hours following the request for the test, the City shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a required test is not administered within eight (8) hours following the request, the operator shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test. These records shall be completed by the employee's supervisor and forwarded to the Program Manager for inclusion in the drug and alcohol files. These records shall also be made available to FMCSA, RSPA, and FTA upon request.
  - d. **If a drug test is being requested, either on its own or in addition to the alcohol test, it should be conducted within two hours.**
  - e. Process for Obtaining Specimen Collection/Documentation
    - a) Supervisor shall discreetly inform the employee that there is reason to believe that some substance is affecting their performance. Ask the employee to explain the suspected behavior and to describe the events that took place from their perspective. If there is still a reasonable belief that drugs or alcohol are a factor in the situation, a request for testing should be made; if no reasonable belief is determined, then no request for testing should be made. If a decision is made to test, inform the employee that they are being requested to accompany the appropriate official to the specimen collection site to provide a urine/breath specimen. Inform the employee that the consequences of refusal to submit to testing is equivalent to having a positive test result. The supervisor who requests the test cannot perform the test on the employee.
    - b) **The potentially affected employee should not be allowed to proceed alone to or from the collection site. A supervisor or other appropriate personnel shall accompany him/her to and from the collection site.**
    - c) **After returning from the collection site, the employee shall not be allowed to perform covered functions pending the results of the**

**drug/alcohol test. The employee should not be allowed to operate any motor vehicle due to the reasonable cause belief that they may be under the influence of alcohol or a drug(s).**

**d) Record the activity performed that supports the determination to conduct a reasonable cause. This documentation should be prepared and signed by the supervisor within 24 hours of the request for test or before the results of the tests are released, whichever is earlier, if possible. A copy should be forwarded to the Program Manager for filing in the Drug and Alcohol Program Files.**

**e) Notwithstanding the absence of a reasonable suspicion alcohol and/or drug test under this section, no employee shall report for duty or remain on duty requiring the performance of safety-sensitive functions while the employee is under the influence of or impaired by alcohol or drugs, as shown by the behavioral, speech, and performance indicators of alcohol misuse or drug use, nor shall the City permit the employee to perform or continue to performs safety sensitive functions until: 1) Negative drug test results are reported; 2) An alcohol test is administered and the driver's alcohol concentrations measures less than 0.02; or twenty four hours have elapsed following the determination that there was reasonable suspicion to believe that the employee had violated the alcohol prohibitions of this program (8 hours for FTA) . **Test results greater than 0.02 or positive drug tests may result in disciplinary actions up to and including termination.****

5. Return To Duty Testing

**a) Return to Duty Testing and Follow-up Testing assumes that the City has elected to retain the employee and has not exercised its authority to terminate the employee.**

b) **Controlled Substances:** Before a covered employee returns to duty requiring the performance of a safety sensitive function after engaging in prohibited conduct, the employee shall undergo a return to duty controlled substance test that results in a verified negative test result.

An employee may not return to duty until they:

- (1) Have been recommended by the SAP for return to duty,
- (2) Pass a DOT drug test, and
- (3) Not failed a drug test required by Part 199, 382, or 655 after returning to duty.

c) **Alcohol:** The City shall ensure that before a covered employee returns to duty requiring the performance of a covered function after engaging in conduct prohibited by this Program, the employee shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 and have been recommended by the SAP for return to duty.

6. Follow-up Testing

a) Following the determination that a covered employee is in need of assistance in resolving problems associated with alcohol misuse or drug use, the City shall ensure that the employee is subject to unannounced follow-up alcohol and/or drug testing as directed by a substance abuse professional (SAP). The SAP will recommend education, treatment or both.

- b) Follow-up testing for alcohol shall be conducted when the covered employee is performing covered functions; just before the employee is to perform covered functions; or just after the employee has ceased performing such functions. Follow-up testing for drugs shall be conducted anytime the covered employee is on duty.
- c) A minimum of 6 unannounced, follow-up tests must be administered within the first 12 months after the employee has returned to duty. The SAP can direct additional testing during this period or for an additional period up to a maximum of 60 months from the date that the employee returned to duty. The SAP can terminate the requirement for the follow-up testing in excess of the minimum at any time, if the SAP determines that the testing is no longer necessary.
- d) The City may direct the employee to undergo return-to-duty and follow-up testing for both alcohol and controlled substances, if the SAP determines that it is necessary for that particular employee.
- e) An employee who is undergoing follow-up testing shall remain in the random pool and be tested if his/her number is selected.

7. Blind Performance Testing

- a) As an employer with fewer than 2,000 DOT-covered employees, the City is not required to provide blind specimens for performance testing.

8. Notice to Employees:

- a) The City shall notify an employee of the results of any tests for controlled substances if the test results are verified as positive. The City shall also inform the employee which controlled substance or substances were verified as positive.

CITY OF CHARLOTTESVILLE  
**POST-ACCIDENT DRUG AND ALCOHOL TEST RECORD OF DECISION**

**Manager/Supervisor:** This form is to be used to document action taken following an accident involving a city-owned vehicle that may meet DOT post-accident drug/alcohol testing requirements. DOT policy requires the testing of the vehicle operator and other employees whose performance could have contributed to the accident. Additional guidance concerning DOT testing thresholds is found on the reverse side.

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_ Job Title \_\_\_\_\_  
 Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_  
 Vehicle Number \_\_\_\_\_ Route \_\_\_\_\_ Run \_\_\_\_\_

**TEST DETERMINATION**

Use this table to indicate the results of the accident and the type of test that is required. Check **one** that specifies the results of the accident. Do not check more than one type of accident.

VEHICLE ACCIDENT RESULTS	TYPE OF TEST: DOT (FTA/FMCSA) CITY (non-DOT)
Revenue vehicle with fatality	<b>FTA</b>
Revenue vehicle with injury requiring medical treatment away from the scene	<b>FTA</b>
Revenue vehicle with any vehicle towed <b>OR</b> disabling damage**	<b>FTA</b>
Non-revenue vehicle operated by SSP* with fatality	<b>FTA</b>
Non-revenue vehicle operated by SSP* holder requiring medical treatment away from the scene	<b>FTA</b>
Non-revenue vehicle operated by SSP* with any vehicle towed <b>OR</b> disabling damage**	<b>FTA</b>
Fatality	<b>FMCSA</b>
Citation issued to SSP* with injury requiring medical treatment away from the scene	<b>FMCSA</b>
Citation issued to SSP* with one or more vehicles incurring disabling damage**	<b>FMCSA</b>
Post-accident requirements <b>NOT</b> met. Refer to CTS division policy for non-DOT testing determination.	

**FINAL DETERMINATION (circle one)**

DOT--FTA/FMCSA  
 CITY—NON-DOT  
 NONE REQUIRED

**STATUS OF THIS EMPLOYEE (circle one)**

Operating the Vehicle                      Other covered Employee

**ACCIDENT INFORMATION**

Are any other employees to be tested as a result of this accident (circle one)?

Yes    No                      Unknown, investigation indicates possible involvement by others

How was this employee involved in the accident?

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Time of Accident: \_\_\_\_\_ Time of Test (Alcohol): \_\_\_\_\_

Time of Test (Drug): \_\_\_\_\_ Elapsed Time (between accident and testing): \_\_\_\_\_

Alcohol Test given within **2** hours? (attempt to test must cease after **8** hours) Yes                  No  
 If no, state reason below:

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Drug Test given within **32** hours? (attempt to test must cease after **32** hours) Yes                  No  
 If no, state reason below:

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Supervisor's Signature: \_\_\_\_\_

Supervisor's Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: this document must be retained on file as a record of decision

FTA Post-Accident Testing Guidelines

Type of Accident	Test is Mandatory
Human Fatality	YES
Bodily injury with immediate medical treatment away from scene	YES
Disabling damage** to any motor vehicle	YES

FMCSA Post-Accident Testing Guidelines

Type of Accident	Citation issued to CMV operator?	Test is Mandatory
Human Fatality	YES	YES
Human Fatality	NO	YES
Bodily injury with immediate medical treatment away from scene	YES	YES
Bodily injury with immediate medical treatment away from scene	NO	NO ***
Disabling damage** to any motor vehicle	YES	YES
Disabling damage** to any motor vehicle	NO	NO ***

\* SSP—Safety Sensitive Personnel

\*\* Disabling Damage--damage that precludes the departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare is available, or damage to headlights, taillights, turn signal, horn, mirrors, or windshield wipers that makes them inoperative.

\*\*\* In the case of school bus accidents, if bodily injury requiring treatment away from scene occurs or disabling damage occurs, but no citation is issued, DOT test is not mandatory. HOWEVER - non-DOT post-accident test is required based on CTS policy.

CITY OF CHARLOTTESVILLE  
**REASONABLE SUSPICION SHORT-TERM INDICATORS**

**Manager/Supervisor:** This form is to be used to substantiate and document the objective facts and circumstances leading to a reasonable suspicion determination. After careful observation of the employee's behavior, please check **all** of the short-term indicators that denote a possible link to the employee's use of prohibited alcohol or drugs.

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_ Job Title \_\_\_\_\_

Day \_\_\_\_\_ Date \_\_\_\_\_ Time Observed (from/to) \_\_\_\_\_

Location of employee when reasonable suspicion evaluation was made (be specific)

---

Evaluating Supervisor \_\_\_\_\_

Other Supervisors present  
\_\_\_\_\_

**I. OBSERVATIONS OF THE EMPLOYEE'S PHYSICAL CONDITION**

Check below any/all applicable behaviors and describe:

- |  |       |
|--|-------|
| _____ Slurred Speech   | _____ |
| _____ Confusion/Disorientation   | _____ |
| _____ Odor of Alcohol on Breath/Person                                 | _____ |
| _____ Odor of Marijuana on<br>Breath/Person                            | _____ |
| _____ Unsteady Gait or Lack of Balance                                 | _____ |
| _____ Glassy Eyes  | _____ |
| _____ Rapid/Continuous Eye Movement<br>or Inability to Focus           | _____ |
| _____ Drowsiness   | _____ |
| _____ Inattentiveness  | _____ |
| _____ Apparent Intoxicated behavior<br>(without the odor of alcohol)   | _____ |
| _____ Apparent Intoxicated behavior<br>(without the odor of marijuana) | _____ |
| _____ Physical Injury (Indicate Location)                              | _____ |
| _____ Tremors or bodily shaking  | _____ |
| _____ Poor Concentration   | _____ |

Runny nose or sores around nostrils \_\_\_\_\_  
Very large or very small eye pupils \_\_\_\_\_  
Slow or inappropriate reactions \_\_\_\_\_

**II. OBSERVATIONS OF EMPLOYEE'S BEHAVIOR**

Inability to respond to questions or to respond correctly \_\_\_\_\_  
Complaints of racing or irregular heart beat \_\_\_\_\_  
Marked Irritability \_\_\_\_\_  
Aggressiveness (attempts at physical contact) \_\_\_\_\_  
Inappropriate laughter, crying, etc. \_\_\_\_\_  
Sleeping on the job \_\_\_\_\_  
Fainting or Repeated loss of Consciousness \_\_\_\_\_  
Inappropriate job performance and/or violation of operational rules \_\_\_\_\_

**III. DETERMINATION OF REASONABLE SUSPICION**

Based on the above documented information, I have determined that there **IS** or **IS NOT** (supervisor circle only one) reasonable suspicion for sending - \_\_\_\_\_ for a DOT drug and alcohol screening test.

The drug and alcohol screening tests have been ordered by:

\_\_\_\_\_

To be conducted at:

UVA WorkMed – 545 Ray C Hunt Drive, Suite 3200, Third Floor, Medical Office Building

After-hours: UVA WorkMed On-Call Test Technician – 924-0000 Pager #9016

Signature of supervisor/official conducting the evaluation:

\_\_\_\_\_

Printed Name of Supervisor conducting the Evaluation:

\_\_\_\_\_

Date: \_\_\_\_\_ (month, day, year)

#### IV. TESTING PROCEDURES

Analytical urine drug testing and breath testing for alcohol may be conducted when circumstances warrant or as required by Federal regulations. Drug tests can be performed any time an employee is on duty. An alcohol test can be performed when the employee is actually performing a safety-sensitive duty, just before, or just after the performance of a safety-sensitive duty.

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (DHHS). All testing will be conducted with the procedures put forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the testing procedure, and the validity of the test result.

**Drug Tests:** The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines, and phencyclidine. Urine specimens will be collected using the split specimen collection method described in 49 CFR Part 40. Each specimen will be accompanied by a DOT Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. An initial drug screen will be conducted on the primary specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts present are above the minimum thresholds established in 49 CFR Part 40, as amended. The test results from the laboratory will be reported to a Medical Review Officer (MRO). The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive test result. The MRO will contact the employee, notify the employee of the positive laboratory result, and provide the employee with an opportunity to explain the confirmed test result. The MRO will subsequently review the employee's medical history/medical records to determine whether there is a legitimate medical explanation for a positive laboratory result. If no legitimate medical explanation is found, the test will be verified positive and reported to the program manager. If a legitimate explanation is found, the MRO will report the test result as negative.

The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary is positive, the split will be retained for testing if so requested by the employee through the Medical Review Officer.

**In instances where the employee produces a dilute specimen, he or she must undergo a second test.**

**An applicant who is offered a position covered by this policy will be required to report to the drug testing collection site within 24 hours of notification, or at a specific predesignated date and time, and provide a specimen of his/her urine.**



**Upon notification that a drug test is required, an employee will report immediately after notification to the drug collection site and provide a specimen of his/her urine. The employee is required to report to the collection site within 30 minutes of receiving notification. Failure to report within the specified time frame is considered a refusal to test.**

**The City may choose to test for other substances under its own substance abuse policy; however, it may not do so under DOT pretenses or using the same specimen that is being collected for DOT requirements.**

**Alcohol Tests:** Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved testing device operated by a trained technician. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test will be performed using a NHTSA-approved evidential breath testing device (EBT) operated by a trained breath alcohol technician (BAT). The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout along with an approved alcohol testing form will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by 49 CFR Part 40 as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.

An employee who has a confirmed alcohol concentration of greater than 0.02 but less than 0.04 will be removed from his/her position for eight hours (FTA) or 24 hours (FMCSA) unless a retest results in a concentration measure of less than 0.02.

## V. REFUSALS TO TEST AND UNCOMPLETED TESTS

### A. Controlled Substances

1. Compliance with this drug/alcohol testing plan is a condition of employment. Refusal to take a required drug/alcohol test or failure of a drug/alcohol test shall result in removal from performing covered functions. **Refusing to test may lead to disciplinary action up to and including termination from the City.**

Refusal includes the following and applies to both drug and alcohol testing:

- An inability to provide a specimen or breath sample without a valid medical reason (confirmed by a physician);
- Tampering, adulterating, or substituting specimen;
- Delaying arrival at a designated collection site;
- Leaving the collection site prior to test completion;
- Failure to permit an observed or monitored collection when required;
- Failure to undergo a medical evaluation when required;
- Failure to cooperate with any part of the testing process;
- Once test is underway, failing to remain at site and provide a specimen;
- Failure to sign Step 2 of alcohol test form; and
- Leaving the scene of an accident without just cause prior to submitting to a test. (An employee may leave the scene of an accident in order to obtain medical assistance for those injured in the accident. Failure to return to the scene will be regarded as a refusal to test.)

2. Prohibitions on use: The City shall not use an employee in a function covered by Part 199, 382, or 655 who:
  - a) Fails a drug test as verified by the MRO, or
  - b) Refuses to take a drug test required by this Program.
  
3. Shy Bladder
  - a) Shy Bladder: If an employee is unable to provide at least 45 milliliters of urine collection site personnel shall direct the individual to drink not more than 40 ounces of fluids and, after a period up to three (3) hours time, attempt to provide a complete sample. If employee is still not able to give an adequate sample the MRO shall refer the individual for a medical evaluation to determine if individuals inability to provide a sample is a genuine medical condition or constitutes a refusal to test. An employee's refusal to be examined by a physician shall be regarded as a refusal to test.
  
4. Options for Return-To-Duty. An employee may be given an opportunity to retain his or her employment, provided they first:
  - a) Have been evaluated by the SAP and successfully completes the SAP's recommended program.
  - b) Have been recommended by the SAP for return to duty,
  - c) Pass a DOT drug test or alcohol test, and have
  - d) Not failed a drug test required by Part 199, 382, or 655 after returning to duty.

B. Alcohol:

1. Compliance with this drug/alcohol testing plan is a condition of employment. Refusal (see Section V. A. 1) to take a required alcohol test or failure of an alcohol test shall result in removal from performing covered functions. **Refusing to test, failing a test, attempting to adulterate a sample, not reporting to the collection site in the time allotted, or leaving the scene of an accident before the tests have been conducted will result in removal from a covered function and may lead to disciplinary action up to and including termination from the City.** An employee may leave the scene of an accident in order to obtain medical assistance for those injured in the accident. Failure to return to the scene will be regarded as a refusal to test.
  
2. Prohibitions on use: The City shall not use an employee in a function covered by Part 199, 382, or 655 who:
  - a) Has a breath alcohol concentration of 0.04 or greater.
  - b) Has used alcohol within four hours prior to performing a covered function, or, if an employee is called to respond to an emergency, within the time period after the employee has been notified to report to duty. **Employees on "stand by" for emergency call out as per Public Works policy are considered "ready to perform safety-sensitive functions"; therefore, failure to be available for an emergency due to alcohol misuse while on scheduled call will result in disciplinary action up to and including termination.**
  - c) Is using alcohol on the job.
  - d) Uses alcohol eight hours following an accident if employee's involvement cannot be discounted as a contributing factor to the accident, unless they have been tested.
  - e) Refuses to be tested.
    - (1) Insufficient Breath on alcohol screens: Three attempts and failures to

provide a breath sample on a screening shall be considered a refusal. The BAT may use their discretion if an employee is just having difficulty understanding directions on how to provide the breath sample. Two attempts and failures on a confirmation sample is a refusal to test.

- f) Employees having a BAC of 0.02 or greater but less than 0.04 will be removed from a covered function for at least 24 hours under FMCSA rules and 8 hours for FTA and RSPA rules. Employees with a BAC of 0.04 or greater will be removed from a covered function and referred to the SAP for evaluation.

**3. The City reserves the right to discipline employees who test greater than 0.02 up to and including termination.**

## **VI. MEDICAL REVIEW OFFICER (MRO)**

- A. The MRO must be a licensed physician or doctor of osteopathy who is responsible for receiving laboratory results generated by the Commercial Motor Vehicle and the Transit Division drug testing program, and who has knowledge of substance abuse disorders and has approved medical training to interpret and evaluate an individual's confirmed positive test result together with his/her medical history and any other relevant biomedical information.
- B. The MRO will perform responsibilities, perform notifications, and retain confidential records as required by 49 CFR Part 40 as amended.

## **VII. TESTING LABORATORY**

The City shall use a drug testing laboratory certified under DHHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; 53 FR 11970, April 11, 1988 and subsequent amendments.

The testing laboratory will comply with all methods and procedures of 49 CFR Parts 40, 199, 382, and 655, as amended. The laboratory shall have a qualified individual to assume professional, organizational, educational, and administrative responsibility for the laboratory's urine drug testing facility.

## **VIII. EMPLOYEE AND SUPERVISOR TRAINING**

- A. Every employee covered by this policy will receive the following drug use/alcohol misuse education:
1. Drug/alcohol information will be periodically distributed and displayed in the work areas.
  2. Copies of this policy will be displayed in the work area. This information will be discussed at the time that it is handed out so that the employees understand its content. Every new employee receives a copy of the entire Program.
  3. The hot line telephone number for employee assistance is 1-800-932-0034, 24 hours per day, seven days a week.
- B. The following supervisory management positions shall receive EAP training for detecting symptoms of drug use/alcohol misuse:

Public Service Division Manager	Water/Wastewater Superintendent
General Maintenance Supervisor	Refuse Supervisor
Parks Manager	Gas Training Supervisor
School Bus Operators Supervisor	Assistant Public Service Chief
Equipment Maintenance Supervisor	Transit Manager
Parks Crew Supervisor	Parks Crew Leader

Traffic Shop Supervisor  
Assistant Transit Manager  
Transit Operations Supervisor  
Public Utilities Manager  
Gas Operations Supervisor  
Gas Service Supervisor  
General Maintenance Supervisor  
Gas Mechanic Supervisor

Traffic Signal Supervisor  
Transit Maintenance Supervisor  
Assistant Transit Operations Supervisor  
Assistant Gas Superintendent/Chief Gas Engineer  
Gas Regulatory Compliance Supervisor  
Director of Public Works  
Utility Billing & Collections Manager  
Public Utilities Program Coordinator

Supervisors will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

## IX. EVALUATION/REHABILITATION

The Substance Abuse Professional (SAP) must be a licensed physician (medical doctor or doctor of osteopathy), licensed or certified psychologist, social worker, employee assistance professional; or an addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse.

The SAP will perform responsibilities and retain confidential records as required by 49 CFR Part 40, as amended.

An employee who fails a drug test, alcohol test (0.04 or greater), or refuses to be tested will be referred to a substance abuse professional who shall determine what assistance the employee needs in resolving problems associated with alcohol misuse or drug use. Applicants not hired or employees who are to be terminated as a result of a violation of this policy shall also be referred to the SAP. Each employee identified as needing assistance in resolving problems associated with alcohol misuse or controlled substances use shall be evaluated by a substance abuse professional to determine that the employee has properly followed any rehabilitation program and shall be subject to unannounced follow-up alcohol and controlled substances tests.

**Participation in rehabilitation through the EAP will not result in disciplinary action. However, successful completion of the prescribed program, if it is determined that participation in such a program is needed, will be required for the employee to continue in the employment of the City of Charlottesville. The employee shall be placed on sick leave, vacation leave, or leave without pay if sick or vacation leave is not available, in order to enter into an approved rehabilitation program.**

**Participation in rehabilitation through the EAP will not waive disciplinary action where warranted for violations of rules and regulations.**

Reinstatement will be conditioned upon consent for substance/alcohol retesting as scheduled by the SAP for a time period not to exceed 60 months. **Positive results on a follow-up test or other evidence of relapse within two years will be grounds for**

immediate dismissal.

The SAP's determination that an employee is medically qualified to be returned to duty does not waive the City's authority to impose disciplinary action.

Employees who have been determined to need treatment to resolve an alcohol misuse or drug use problem shall be referred to the City's Employee Assistance Program. This referral does not waive the City's authority to impose disciplinary actions, that may include termination, upon the employee.

## Example of a Consent Letter to the Employee Assistance Program

Date

IQ Health

Charlottesville, VA 22902

To Whom It May Concern:

I, \_\_\_\_\_, hereby grant IQ Health permission to release the following information to the City's DOT Drug and Alcohol Program Manager:

1. Information on whether I have attended the evaluation meeting that was scheduled for me as the result of a positive DOT controlled substance or alcohol test;
2. The recommended treatment, if any, as a result of the evaluation meeting;
3. If applicable; information relating to a post rehabilitation evaluation (was the prescribed rehabilitation program followed, is the person named above medically qualified to return to work);
4. A recommended schedule of follow-up testing, and:
5. The date at which I am medically qualified to return to safety-sensitive duties.

Written results of the evaluation may be sent to Mary Kay Kotelec, DOT Program Manager/Public Utilities Program Coordinator, 305 4th St. NW, Charlottesville, Virginia, 22903 (please mark the outside of the envelope "Confidential").

Sincerely,

Employee's signature

**The supervisor shall forward a copy of the consent letter and referral letter to the employee (that requires his/her attendance in a meeting with the SAP) to the Drug and Alcohol Program Manager**



## **X. Recordkeeping**

A. The City of Charlottesville will keep the following records for the periods specified. These records will be maintained in the Office and under the supervision of the Program Manager.

1. Five years. The following records shall be maintained for a minimum of five years:
  - a) Records of employee alcohol test results that indicate an alcohol concentration of 0.02 or greater,
  - b) Records of employee verified positive controlled substances test results,
  - c) Documentation of refusals to take required alcohol and/or controlled substances tests.
  - d) Calibration documentation,
  - e) Employee evaluation and referrals shall be maintained for a minimum of five years, and
  - f) A copy of each annual calendar year MIS summary.
2. Two years. Records related to the alcohol and controlled substances collection process (except calibration of EBT devices) and training shall be maintained for a minimum of two years.
3. One year. Records of negative and canceled controlled substances test results and alcohol test results with a concentration of less than 0.02 shall be maintained for a minimum of one year.

B. Types of Records. The following specific records shall be maintained:

1. Records related to the collection process:
  - a) Collection log books if used.
  - b) Calibration documentation for evidential breath testing devices.
  - c) Documentation of breath alcohol technician training.
  - d) Documents generated in connection with decisions to administer reasonable suspicion alcohol tests.
  - e) Documents generated in connection with decisions on post-accident tests.
  - f) Documents verifying existence of a medical explanation of the inability of a covered employee to provide adequate breath for testing.
  - g) Consolidated annual calendar year (MIS) summaries.
2. Records related to test results:
  - a) The employer's copy of the alcohol test form, including the results of the test.
  - b) The employer's copy of the chain of custody and control form.
  - c) Documents sent by the MRO to the employer, including those required by § 382.407(a).
  - d) Documents related to the refusal of any covered employee to submit to a required alcohol test.
  - e) Documents presented by a covered employee to dispute the result of an alcohol or controlled substances test.
  - f) Documentation of SAP referrals for all positive tests.
3. Records related to other violations of Part 199.

4. Records related to evaluations:
  - a) Records pertaining to a determination by a substance abuse professional concerning a covered employee's need for assistance.
  - b) Records concerning a covered employee's compliance with the recommendations of the substance abuse professional.
5. Record(s) related to the employer's MIS annual testing data.
6. Records related to education and training:
  - a) Materials on alcohol misuse awareness, including a copy of the operator's policy on alcohol misuse.
  - b) Documentation of compliance with the requirements of § 382.601 Employer obligation to promulgate a policy on the misuse of alcohol and use of controlled substances, including the driver's signed receipt of education materials.
  - c) Documentation of training provided to supervisors for the purpose of qualifying the supervisors to make a determination concerning the need for alcohol and/or controlled substances testing based on reasonable suspicion.
  - d) Certification that any training conducted complies with DOT's requirements for such training.
7. Records related to drug testing:
  - a) Agreements with collection site facilities, laboratories, medical review officers, and consortia;
  - b) Names and positions of officials and their role in the employer's alcohol and controlled substances testing programs;
  - c) Quarterly laboratory statistical summaries of urinalysis required by § 40.111;
  - d) The employer's drug testing policy and procedures.

C. Location of Records. All records required shall be made available for inspection at the City within two business days after a request has been made by an authorized representative of the Research and Special Programs Administration, Federal Highway Administration or the Federal Transit Administration.

D. Access to Facilities and Records

1. Except as required by law or expressly authorized or required by DOT, the City shall not release covered employee information that is contained in the records required to be maintained in § 382.401.
2. A covered employee is entitled, upon written request, to obtain copies of any records pertaining to the employee's use of drugs or misuse of alcohol, including any records pertaining to his or her drug or alcohol tests. The City shall promptly provide the records requested by the employee. Access to employee's records shall not be contingent upon payment for records other than those specifically requested.
3. The City is required to obtain pursuant to an employee's consent, information on the employee's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested within the preceding two years, which are maintained by the driver's previous DOT covered employers.
  - a) This information shall be maintained and reviewed by the City no later than

14 calendar days after the first time a driver performs safety-sensitive functions for an employer, if it is not feasible to obtain the information prior to the driver performing safety-sensitive functions.

- b) If the driver stops performing safety-sensitive functions for the employer before expiration of the 14 day period or before the employer has obtained the required information, the City must still obtain the information.
- c) The City must provide to each of the driver's DOT-covered employers within the two preceding years the driver's specific, written authorization for release of the information.
- d) The release of any information may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. The City shall maintain a written, confidential record with respect to each past employer contacted.
- e) The City may not use a driver to perform safety-sensitive functions if the employer obtains information on the driver's alcohol test with a BAC of 0.04 or greater, verified positive controlled substances test result, or refusal to be tested, by the driver, without obtaining information on a subsequent substance abuse professional evaluation and/or determination under § 40.25.

## **XI. REPORTING OF ANTI-DRUG/ALCOHOL TESTING RESULTS**

A. The City shall prepare and maintain an annual calendar year summary of the results of its alcohol and controlled substances testing programs. By March 15 of each year, the City shall complete the annual summary covering the previous calendar year.

B. If the City is notified, during the month of January, of a request by the FMCSA and/or FTA to report the employer's annual calendar year summary information, the City shall prepare and submit the report to FMCSA and/or FTA by March 15 of that year. The report shall be in the form and manner prescribed by FMCSA and/or FTA in its request. When the report is submitted to FMCSA and/or FTA by mail or electronic transmission, the information requested shall be typed, except for the signature of the certifying official. The City is required by RSPA to complete and send to RSPA the City's annual calendar year summary information in the form and manner prescribed by RSPA. The report shall be completed and sent to RSPA by the 15th of March and will contain the summary information for the prior calendar year.

C. Each annual calendar year summary containing information on controlled substances and alcohol screening test results shall include the following informational elements:

1. Number of covered employees subject to parts 199, 382, & 655;
2. Number of covered employees subject to testing under the anti-drug rules or alcohol misuse rules of more than one DOT agency, identified by each agency;
3. Number of urine specimens collected by type of test;
4. Number of positive test results, verified by a MRO, by type of test and type of drug;
5. Number of negative controlled substance tests verified by a MRO by type of test;

6. Number of persons denied a position as a employee following a pre-employment verified positive controlled substances test and/or a pre-employment alcohol test that indicates an alcohol concentration of 0.04 or greater;
7. Number of employees with tests verified positive by a medical review officer for multiple controlled substances;
8. Number of employees who refused to submit to an alcohol or drug test required by this program;
9. (a) Number of screening alcohol tests by type of test; and (b) Number of confirmation alcohol tests, by type of test;
10. Number of confirmation alcohol tests indicating an alcohol concentration of 0.02 or greater but less than 0.04 by type of test;
11. Number of confirmation alcohol tests indicating an alcohol concentration of 0.04 or greater, by type of test;
12. Number of employees who were returned to duty (having complied with the recommendations of a MRO/SAP), in the reporting period, who previously: (a) had a verified positive controlled substance test result, or (b) Engaged in prohibited alcohol misuse under the provisions of this program;
13. Number of employees who were administered alcohol and drug tests at the same time, with both a verified positive drug test result and an alcohol test result indicating an alcohol concentration of 0.04 or greater; and
14. Number of employees who were found to have violated any non-testing prohibitions and any action taken in response to the violation.

## **XII. CONTRACTORS HIRED BY PUBLIC WORKS**

- A. Contractors hired by Public Works that fall under Sections 49 CFR Part 199 or 655 shall be required to submit a copy of their Anti-Drug/Alcohol Misuse Program and may

also be required to submit quarterly reports that state: number of employees tested, type of test, number of positive drug tests and resulting action for those that tested positive, number of alcohol tests that indicated a BAC of 0.04 or greater and resulting action, number of alcohol tests that indicated a BAC of 0.02 or greater, but less than 0.039 and resulting action, for that period. The contractor shall make clear the job titles of employees who will perform any work or functions covered by Part 199 or 655 under said contract. Names may also be included if clarification is necessary. Failure to submit an Anti-Drug/Alcohol Misuse Program that complies with DOT Part 199 or 655 and Part 40 may result in the rejection of offerer's bid. Failure to submit quarterly reports or annual MIS reports may result in a default of contract as stated in the project's specifications and contract documents. Although not required by FMCSA, *the City may require contractors to show evidence of compliance with Part 382.*

B. The contractor shall allow access to property and records by a City representative, RSPA, FMCSA, FTA or any DOT agency with regulatory authority over the operator for the purpose of monitoring the operator's compliance with the requirements of Parts 199, 382, 655, and 40, as amended.

### **XIII. CONFIDENTIALITY**

A. Each individual's record of testing and results under this policy will be maintained private and confidential. Except as provided by law or expressly authorized by DOT regulations, the results of individual drug/alcohol tests will not be released to anyone without the specific, written consent of a safety-sensitive employee authorizing release of the information to an identified person. Prior to testing, the individual will be informed about who will receive test data (e.g., testing laboratory, MRO, Program Manager, Supervisor if removal from a safety-sensitive function is necessary).

B. All written records will be stored in locked containers or in a secure location with access available only by the Program Manager and DOT upon request.

C. Drug and alcohol testing and/or rehabilitation records shall only be released to subsequent DOT covered employers upon written consent from the covered employee. Then only the specific information requested by the employee shall be released.

**CITY OF CHARLOTTESVILLE**  
**EMPLOYEE NOTIFICATION LETTER**

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

Social Security #: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

In accordance with the City's Department of Transportation's Anti-Drug/Alcohol Misuse Program, please be advised that you have been placed in the pool of employees subject to the drug/alcohol testing procedures as mandated by the Federal Department of Transportation.

Attached is a copy of the Anti-Drug /Alcohol Misuse Program, version dated \_\_\_\_\_. Your signature below certifies that you have received the Program. Please sign and return this form to the DOT Program Manager/Public Utilities Program Coordinator. Contact the Program Manager at 434-970-3814 if you have any questions.

Mary Kay Kotelec  
Public Utilities Program Coordinator

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

## **Glossary of Acronyms**

BAC - Breath alcohol concentration  
BAT - Breath Alcohol Technician  
CFR - Code of Federal Regulations  
COC - Chain of Custody form  
CMV- Commercial Motor Vehicle  
CPL - Conforming products list  
DHHS - Department of Health and Human Services  
DOT - Department of Transportation  
EAP - Employee Assistance Program  
EBT- Evidential breath testing (device)  
FMCSA- Federal Motor Carrier Safety Administration  
FTA - Federal Transit Administration  
GC/MS - Gas chromatography/mass spectrometry  
MIS - Management Information System  
MRO - Medical Review Officer  
NHTSA- National Highway Traffic Safety Association  
NTSB - National Transportation Safety Board  
PCP - Phencyclidine  
QAP - Quality assurance plans (for EBT's)  
RSPA- Research and Special Programs Administration  
SAP - Substance Abuse Professional

#### **XIV. TERMS AND DEFINITIONS**

*Accident* - The definition of an accident can be found under Post-Accident Testing.

*Air Blank* - A reading by an EBT of ambient air containing no alcohol.

*Alcohol* - The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl and isopropyl alcohol.

*Alcohol Concentration*- The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath testing device.

*Alcohol use* - The consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.

*Blind Sample or Blind Performance Test* - A urine specimen submitted to a laboratory for quality control testing purposes, with a fictitious identifier, so that the laboratory cannot distinguish it from employee specimens, and which is spiked with known quantities of specific drugs or which is blank, containing no drugs.

*Breath Alcohol Technician* - An individual who instructs and assists individuals in the alcohol testing process and operates an EBT.

*Canceled or Invalid Test*- In drug testing, a drug test that has been declared invalid by a Medical Review Officer . A canceled test is neither a positive nor a negative test. A sample that has been rejected for testing by a laboratory is treated the same as a canceled test. In alcohol testing, a test that is deemed to be invalid under § 40 Subpart N – Problems in Alcohol Testing.

*Certification* - A recipient's (of federal funds) written statement, authorized by the organization's governing board or other authorizing official, that the recipient has complied with the provisions of this part. (FTA)

*Chain of Custody* - Procedures to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen. These procedures shall require that an appropriate drug testing custody form from a Department of Health & Human Services (DHHS) certified laboratory be used from time of collection to receipt by the laboratory.

*Collection Site* - A place designated by the employer where individuals present themselves for the purpose of providing a specimen of their urine to be analyzed for the presence of drugs.

*Collection Site Person* - A person who instructs and assists individuals at a collection site and who receives and makes a screening examination of the urine specimen provided by those individuals.



*Commercial Motor Vehicle (CMV)*- means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle 1) Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight of more than 10,000 pounds; or 2) Has a gross vehicle weight rating of 26,001 pounds; or 3) Is designed to transport 16 or more passengers, including the driver; or 4) Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, subpart F).

*Confirmation Test*- For alcohol testing means a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration. For controlled substances testing it means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy.

*Contractor* - A person or organization that provides a service for a recipient, subrecipient, employer, or operator consistent with a specific understanding or arrangement.

*Covered Position (Safety-sensitive position)* - A duty position or job category that requires the performance of safety-sensitive (covered) function(s) as described below.

*Covered Function (safety-sensitive function)* means 1) FMCSA: operation of a commercial motor vehicle. 2) FTA: (a) Operating a revenue service vehicle, including when not in service; (b) Operating a non-revenue service vehicle, when required to be operated by a holder of a Commercial Driver's License; (c) Controlling dispatch or movement of a revenue service vehicle; (d) Maintaining a revenue service vehicle or equipment used in revenue service, unless the recipient receives sections 18 funding and contracts out such services; (e) Carrying a firearm for security purposes; (f) A volunteer who operates a vehicle designed to transport sixteen or more passengers, including the driver. 3) RSPA: performing maintenance, operations, or emergency response on the pipeline.

*Dilute Specimen* – A specimen with creatinine and specific gravity values that are lower than expected for human urine.

*DOT Agency* - An agency of the United States Department of Transportation administering regulations related to drug or alcohol testing. The Federal Motor Carrier Safety Administration and Federal Transit Administration are DOT agencies.

*Drug Metabolite* - The specific substance produced when the human body metabolizes a given drug as it passes through the body and is excreted in the urine.

*Drug Test* - The laboratory analysis of urine specimen collected in accordance with 49 CFR Part 40 and analyzed in a DHHS-approved laboratory.

*Education* - Efforts that include the display and distribution of informational materials, a community service hot-line telephone number for employee assistance, and the City's policy(ies) regarding drug use in the workplace.

*Employee Assistance Program (EAP)* - A program provided to assist employees in dealing with drug or alcohol dependency and other personal problems. Rehabilitation and reentry to the work force are usually arranged through an EAP.

*Employer or operator* - 1) FMCSA: means any person who owns or leases a commercial motor vehicle or assigns persons to operate such a vehicle. 2) FTA: A recipient or other entity that provides mass transportation service or which performs a safety-sensitive function for such recipient or other entity. This term includes subrecipients, operators, and contractors. 3) RSPA: the owner or operator of a pipeline or LNG facility subject to part 192, 193 or 195 of 49 CFR.

*Evidential breath testing device (EBT)* - An EBT approved by the National Highway Traffic Safety Administration (NHTSA) for evidential testing of breath and placed on NHTSA's conforming products list of evidential breath measurement devices (CPL), and identified on the CPL as conforming with the model specifications available from the National Highway Traffic Safety Administration, office of Alcohol and State Programs.

*Federal Motor Carrier Safety Administration (FMCSA)* - The DOT operating authority that regulates commercial motor vehicles.

*Large Operator* - 1) FMCSA & RSPA: an employer who has more than 50 covered employees. 2) FTA: A recipient or subrecipient primarily operating in an area of 200,000 or more in population.

*Medical Review Officer (MRO)* - A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.

*Performing a covered function*: An employee is considered to be performing a covered functions during any period in which he or she is actually performing, ready to perform, or immediately available to perform such covered functions.

*Permanent Employee* - An employee hired for a period of more than 120 days (FTA).

*Post-Accident Test* - A drug test administered to an employee when an accident has occurred and the employee performed a safety-sensitive function that either contributed to the accident, or cannot be completely discounted as a contributing factor in the accident.

*Pre-Employment Test* - A drug test given to an applicant or employee who is being considered for a safety-sensitive position. The applicant or employee must be informed of the purpose for the urine collection prior to actual collection.

*Prohibited Drug* - Marijuana (including all hemp products), cocaine, opiates, phencyclidine (PCP), and amphetamines.

*Random Test* - A drug test of safety-sensitive employees who are selected on a scientifically defensible random and unannounced basis. The number of tests performed is based on a percentage of safety-sensitive employees as directed by DOT.

*Reason to Believe* - Objective information indicating that a particular individual may alter or substitute a urine specimen.

*Recipient* - FTA: An entity receiving Federal financial assistance under Section 3, 9, or 18, of the FT Act, or under Section 103(e)(4) of Title 23 of the United States Code.

*Refuse to submit or test*- means that a covered employee (1) Fails to provide adequate breath for testing without a valid medical explanation after he/she has received notice of the requirement for breath testing; (2) fails to provide adequate urine for controlled substances testing without a valid medical explanation after he/she has received notice of the requirement for urine testing; or (3) engages in conduct that clearly obstructs the testing process.

*Return to Duty Test* - An initial drug or alcohol test prior to return to duty and additional unannounced drug tests (Follow-up Tests) given to employees performing in safety-sensitive functions who previously tested positive, or refused, a drug/or alcohol test and are returning to safety-sensitive positions.

*Revenue Service Vehicle* - A vehicle used to transport passengers, including a bus, van, car, railcar, locomotive, trolley car, trolley bus, ferry boat, or a vehicle used on a fixed guideway or inclined plane.

*RSPA* - Research and Special Programs Administration. DOT operating authority that oversees the natural gas pipeline.

*Screening test* (initial test). In alcohol testing, it means an analytical procedure to determine whether a covered employee may have a prohibited concentration of alcohol in his/her system. In controlled substances testing, it means an immunoassay screen to eliminate "negative" urine specimens from further consideration.

*Small Operator* - 1) MCSA & RSPA: an employer who has less than 50 covered employees. 2) FTA: A recipient or subrecipient primarily operating in an area of less than 200,000 in population

*Specimen Bottle* - The bottle that, after being labeled and sealed, is used to transmit a urine sample to the laboratory.

*Split Specimen* - An additional specimen collected with the original specimen, to be tested in the event the original specimen tests positive.

*Substance Abuse Professional (SAP)* - The Substance Abuse Professional for this program must be a 1) licensed physician (medical doctor or doctor of osteopathy), licensed or certified psychologist, social worker, employee assistance professional; or 2) an addiction counselor certified by the National Association of alcoholism and Drug Abuse Counselors Certification

Commission or the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse.

*Training* - Providing information about the effects and consequences of drug use on personal health, safety, and the work environment; and about manifestations and behavioral clues that may indicate drug use and abuse.

*Verified Positive* (drug test result) - A drug test result reviewed by a Medical Review Officer and determined to have evidence of prohibited drug use.

*Volunteer* - A permanent, temporary, or part-time worker who is not compensated for his/her service. Volunteers are included in the requirements of FTA drug and alcohol regulations if a CDL is required to operate the vehicle.

## **XV. EMPLOYEE INFORMATION ON THE EFFECTS OF ALCOHOL MISUSE/CONTROLLED SUBSTANCE USE**

A. Effects of alcohol and controlled substances on a person's health, work, and personal life include: Disruption of sleep; changes in eating patterns, commonly not eating as much and therefore, weight loss; mood swings; depression; increased physical ailments (i.e., headaches, colds, stomach problems); decreased motivation; withdrawal from family and friends; quicker to anger; neglects obligations and is not as attentive; does not handle stress; changes friends; excuses use of alcohol.

B. Signs and symptoms of controlled substance use or alcohol misuse which could effect work performance include: Reporting to work late; calling in sick often; unauthorized absences; smell of alcohol on a person; taking long or frequent breaks; change in personality - more angry or less friendly; decreased motivation: an "I don't care" attitude; thinking and concentration not as sharp; more prone to accidents; forgetfulness; less attentive to appearance; appearing tired; sleeping on the job.

For additional information, see attached fact sheets.

## **Alcohol Fact Sheet**

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for employment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

### **Signs and Symptoms of Use**

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils
- Sleepy or stuporous condition
- Slowed reaction rate
- Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

### **Health Effects**

The chronic consumption of alcohol (average of three servings per day of beer 112 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic")
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related).

### **Social Issues**

- Two-thirds of all homicides are committed by people who drink prior to the crime.

- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.
- Forty percent of family court cases are alcohol problem related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

### **The Annual Toll**

- 24,000 people will die on the highway due to the legally impaired driver.
- 12,000 more will die on the highway due to the alcohol-affected driver.
- 15,800 will die in non-highway accidents.
- 30,000 will die due to alcohol-caused liver disease.
- 10,000 will die due to alcohol-induced brain disease or suicide.
- Up to another 125,000 will die due to alcohol-related conditions or accidents.

### **Workplace Issues**

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

## Amphetamine Fact Sheet

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

### Description

- Amphetamine is sold in counterfeit capsules or as white, flat, double-scored "minibennies." It is usually taken by mouth.
- Methamphetamine is often sold as a creamy white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected, or snorted into the nose.
- Trade/street names include Biphphetamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

### Signs and Symptoms of Use

- Hyperexcitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior

### Health Effects

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Withdrawal from the drug may result in severe physical and mental depression.

### Workplace Issues

- Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.
- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.



## Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. - The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

### Description

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.
- Cocaine Hydrochloride—"snorting coke" is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in veins. The effect is felt within **minutes and lasts 40 to 50 minutes** per "line" (about 60 to 90 milligrams). Common paraphernalia include a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw cap vial or folded paper packet containing the cocaine.
- Cocaine Base—a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within seven seconds. Common paraphernalia includes a "crack pipe" (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp, or small butane torch for heating.
- Trade/street names include Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

### Signs and Symptoms of Use

- Financial problems
- Frequent and extended absences from meetings or work assignment
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent nonbusiness visitors, delivered packages, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations, and irregular rhythm
- Hallucinations
- Hyperexcitability and overreaction to stimulus
- Insomnia
- Paranoia and hallucinations
- Profuse sweating and dry mouth
- Talkativeness.

## **Health Effects**

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than for other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years.
- Cocaine overdose was the second most common drug emergency in 1986—up from 11th place in 1980.

## **Workplace Issues**

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine frequently leads to workplace theft and/or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

## **Cannabinoids (Marijuana) Fact Sheet**

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood- and perception-altering effects it produces.

### **Description**

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil. It may also be sold in an oily liquid.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking "bongs" (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- Trade/street names include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Thai Sticks, Hash, and Hash Oil.

### **Signs and Symptoms of Use**

Reddened eyes (often masked by eyedrops)  
Slowed speech  
Distinctive odor on clothing  
Lackadaisical "I don't care" attitude  
Chronic fatigue and lack of motivation  
Irritating cough, chronic sore throat.

### **Health Effects**

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

### **Pregnancy Problems and Birth Defects**

- The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.

- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver and water on the brain and spine.
- Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and causes other ophthalmic problems.

### **Mental Function**

Regular use can cause the following effects:

- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as "acute brain syndrome," which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

### **Acute Effects**

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic Paranoid reaction
- Unpleasant distortions in body image.

### **Workplace Issues**

- The active chemical, THC, stores in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

## **Opiates (Narcotics) Fact Sheet**

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

### **Description**

- Natural and natural derivatives—opium, morphine, codeine, and heroin
- Synthetics—meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan)
- May be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- Trade/street names include Smack, Horse, Emma, Big D, Dollies, Juice, Syrup, and China White.

### **Signs and Symptoms of Use**

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting, and constipation
- Impaired respiration.

### **Health Effects**

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

### **Social Issues**

- There are over 500,000 heroin addicts in the U.S., most of whom are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

### **Workplace Issues**

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

## **Phencyclidine (PCP) Fact Sheet**

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

### **Description**

- PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folded paper "packets."
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Trade/street names include Angel Dust, Dust, and Hog.

### **Signs and Symptoms of Use**

Impaired coordination  
Severe confusion and agitation  
Extreme mood shifts  
Muscle rigidity  
Nystagmus (jerky eye movements)  
Dilated pupils  
Profuse sweating  
Rapid heartbeat  
Dizziness.

### **Health Effects**

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.

There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

### **Workplace Issues**

- PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.

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Small Transit System

Athens–Clarke Transit



**ATHENS-CLARKE COUNTY TRANSIT SYSTEM  
SUBSTANCE ABUSE POLICY**

**Revised August 2005**



# Operates ATHENS-CLARKE COUNTY TRANSIT SYSTEM SUBSTANCE ABUSE POLICY<sup>1</sup>

## 1.0 POLICY

The Athens-Clarke County Transit System (hereinafter referred as the “Athens Transit System”) is dedicated to providing safe, dependable, and economical transportation services to our transit system passengers. This company via its Board of Directors has adopted this policy as the official policy of the Athens Transit System. Athens Transit System employees are a most valuable resource and it is our goal to provide a healthy, satisfying work environment which promotes personal opportunities for growth. In meeting these goals, it is our policy to (1) assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner; (2) create a workplace environment free from the adverse effects of drug abuse and alcohol misuse; (3) prohibit the unlawful manufacture, distribution, dispensing, possession or use of controlled substances; and (4) to encourage employees to seek professional assistance anytime personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.

## 2.0 PURPOSE

The purpose of this policy is to assure worker fitness for duty and to protect our employees, passengers, and the public from the risk posed by the misuse of alcohol and use of prohibited drugs. This policy is also intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. The Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandate urine drug testing and breath alcohol testing for safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test result. The U. S. Department of Transportation (DOT) has also published 49 CFR Part 40, as amended, that set standards for the collection and testing of urine and breath specimens. In addition, the Federal government published 49CFR Part 29, “The Drug-Free Workplace Act of 1988,” which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA. This policy incorporates those requirements for safety-sensitive employees and others when so noted.

A copy of these procedures may be obtained from the Assistant Personnel Director. Part 40 is also available on-line at <http://www.dot.gov/ost/dapc/index.html>.

## 3.0 APPLICABILITY

**This policy applies to all safety-sensitive and non-safety-sensitive transit system employees, paid part-time employees, contract employees, volunteers and contractors** when they are on transit property or **when performing any transit-related safety-sensitive or non-safety-sensitive business**. This policy applies to off-site lunch periods or breaks when an employee is scheduled to return to work.

Visitors, vendors, volunteers and contractor employees conducting safety-sensitive functions are governed by this policy while on transit premises and will not be permitted to conduct transit business if found to be in violation of this policy.

<sup>1</sup>All provisions set forth in bold face print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. Provisions set forth in the Drug Free Workplace Act (49 CFR Part 29) are delineated in Italics. All other provisions are set forth under the authority of the transit system.

**A safety-sensitive function is any duty related to the safe operation of mass transit service including the operation of a revenue service vehicle (whether or not the vehicle is in revenue service), dispatch, maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, and any other employee who operates a nonrevenue service vehicle, when required to be operated by a holder of a Commercial Driver's License. A list of safety-sensitive positions is attached.**

#### **4.0 PROHIBITED SUBSTANCES**

"Prohibited substances" addressed by this policy include the following:

##### **4.1 Illegally Used Controlled Substances or Drugs**

*The use of any illegal drug or any substance identified in Schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times unless a legal prescription has been written for the substance. This includes, but is not limited to: **marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine**, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs.*

##### **4.2 Legal Drugs**

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance, which carries a warning label that indicates that mental functioning, motor skills or judgement may be adversely affected, must be reported to a transit system supervisor. In addition, the employee must obtain a written release from the attending physician releasing the person to perform their job duties any time they obtain a performance-altering prescription.

A legally prescribed drug means that the individual has a prescription or other written approval from a physician for the use of a drug in the course of medical treatment. It must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. The misuse or abuse of legal drugs while performing transit business is prohibited.

##### **4.3 Alcohol**

The use of beverages containing alcohol or substances including any medication mouthwash, food, candy or any other substance such that alcohol is present in the body while performing transit business is prohibited. **The concentration of alcohol is expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath-testing device.**

#### **5.0 PROHIBITED CONDUCT**

##### **5.1 Manufacture, Trafficking, Possession and Use**

*Transit system employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession or use of prohibited substances on transit authority premises, in transit vehicles, in uniform or while on transit authority business. Employees who violate this provision will be discharged. Law enforcement shall be notified, as appropriate, where criminal activity is suspected.*

<sup>1</sup>All provisions set forth in bold face print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. Provisions set forth in the Drug Free Workplace Act (49 CFR Part 29) are delineated in Italics. All other provisions are set forth under the authority of the transit system.

## **5.2 Intoxication/Under the Influence**

Any safety-sensitive or non-safety-sensitive employee who is reasonably suspected of being intoxicated, impaired, under the influence of a prohibited substance, or not fit for duty shall be immediately suspended from job duties with pay pending an investigation and verification of condition. **The determination that reasonable suspicion exists shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors 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.**

Employees found to be under the influence of a prohibited substance or **who fail to pass a drug or alcohol test shall be immediately removed from duty** and subject to termination. **A drug or alcohol test is considered positive if the individual is found to have a quantifiable presence of a prohibited substance above the minimum thresholds defined in 49 CFR Part 40, as amended.**

## **5.3 Alcohol Use**

**No safety-sensitive or non-safety-sensitive employee should report for duty or remain on duty when his/her ability to perform assigned safety-sensitive functions is adversely affected by alcohol or when his/her breath alcohol concentration is 0.02 or greater. No safety-sensitive or non-safety sensitive employee shall use alcohol while on duty, in uniform, while performing safety-sensitive functions, or just before or just after performing a safety-sensitive function. No safety-sensitive or non-safety-sensitive employee shall use alcohol within four hours of reporting for duty, or during the hours that they are on call.** Violation of these provisions is prohibited and punishable by termination.

## **5.4 Compliance with Testing Requirements**

**All safety sensitive or non-safety-sensitive employees will be subject to urine drug testing and breath alcohol testing as a condition of employment. Any safety-sensitive or non-safety-sensitive employee who refuses to comply with a request for testing shall be immediately removed from duty, referred to a SAP, and their employment terminated. Any safety-sensitive or non-safety-sensitive employee shall not use alcohol while on duty, in uniform, while performing safety-sensitive functions, or just before or immediately after performing a safety-sensitive function.** Violation of these provisions is prohibited and punishable by termination. **Any safety-sensitive or non-safety-sensitive employee who is suspected by the collector during the specimen collection process of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an immediate observed second collection.** Verification of these actions will result in the employee's immediate removal from duty and their employment terminated. **Refusal can include an inability to provide sufficient urine specimen or breath sample without a valid medical explanation, as well as a verbal declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test, failure to permit the observation or monitoring of provision of sample when required, or failure to take a second test when directed. Any person who has been given a conditional job offer subject to pre-employment drug testing and leaves the testing site once testing has commenced, shall be deemed to have refused the test. Failure to undergo a medical examination or evaluation directed by the MRO shall constitute a refusal of a pre-employment test only if**

<sup>1</sup>All provisions set forth in bold face print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. Provisions set forth in the Drug Free Workplace Act (49 CFR Part 29) are delineated in Italics. All other provisions are set forth under the authority of the transit system.

**the pre-employment test is conducted after a contingent offer of employment. Additionally, the following shall constitute a test refusal:**

- **Failure to appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer, except a pre-employment test;**
- **Failure to remain at the testing site until the testing process is complete;**
- **Failure to provide a urine and/or breath specimen for any DOT required drug and/or alcohol test;**
- Failure to provide a urine and/or breath specimen for any non-DOT required drug and/or alcohol test;
- **Failure or declining to take a second test the employer or collector has directed you to take;**
- **Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process).**
- **If the MRO reports that there is verified adulterated or substituted test result,**
- **Failure to sign the certification at Step 2 of the Alcohol Test Form(ATF).**

**Drug tests can be performed any time a safety sensitive employee is on duty. An alcohol test can be performed when the safety sensitive employee is actually performing a safety sensitive duty, just before, or immediately after the performance of a safety sensitive duty.**

### **5.5 Treatment Requirements**

All employees are encouraged voluntarily to make use of the available resources for treatment for alcohol misuse and illegal drug use problems. Under certain circumstances, employees may be required to undergo treatment for substance abuse or alcohol misuse. Any employee who refuses or fails to comply with transit system requirements for treatment, after care, or return to duty shall be subject to termination. The cost of any treatment or rehabilitation services will be paid for directly by the employee or their insurance provider. Employees will be allowed to take accumulated sick leave and vacation leave to participate in the prescribed rehabilitation program. The provisions of this paragraph 5.5 apply to employees who voluntarily seek treatment prior to notification for a drug or alcohol test. Any employee with a positive test result will be subject to termination.

### **5.6 Notifying the Transit System of Criminal Drug Conviction**

*All employees are required to notify the transit system of any criminal drug statute conviction or arrest for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action, up to and including termination.*

### **5.7 Proper Application of the Policy**

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<sup>1</sup>All provisions set forth in bold face print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. Provisions set forth in the Drug Free Workplace Act (49 CFR Part 29) are delineated in Italics. All other provisions are set forth under the authority of the transit system.



The transit system is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including termination.

## **6.0 TESTING PROCEDURES**

**All safety-sensitive and non-safety-sensitive employees shall be subject to testing for pre-employment, for reasonable suspicion, and following a post accident as defined in Section 6.2, 6.3 and 6.4 of this policy.**

All safety sensitive and non safety sensitive employees who voluntarily submit to a rehabilitation program prior to testing positive on a drug or alcohol test will be tested prior to returning to duty following completion of the Substance Abuse Professional's recommended treatment program. Follow-up testing will also be conducted following return to duty for a period of one to five years with at least six tests performed during the first year.

**Those employees who perform safety-sensitive functions as defined in the attachment to this policy shall also be subject to testing on a random, unannounced basis.**

**Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment and laboratory facilities, which have been approved by the U.S. Department of Health and Human Service (DHHS). All testing will be conducted consistent with the procedures put forth in 49 CFR Part 40, as amended.**

**The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines and phencyclidine. An initial drug screen will be conducted on each urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed by a HHS-certified laboratory. The test will be considered positive if the amounts present are above the minimum thresholds established in 49 CFR Part 40, as amended. In instances where there is a reason to believe an employee is abusing a substance other than the five drugs listed above, the transit system reserves the right to test for additional drugs under the transit system's own authority using standard laboratory testing protocols. This additional testing will not be conducted on any specimen collected using DOT/FTA testing authority.**

**Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved testing device operated by a trained technician. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed by the BAT. The confirmatory test will be performed using an NHTSA-approved evidential breath testing device (EBT) operated by a trained breath alcohol technician (BAT). A safety-sensitive or non-safety-sensitive employee who has confirmed alcohol concentration of 0.02 or greater but less than 0.04 will be immediately removed from his/her position for eight hours unless a retest results in a concentration measure of less than 0.02. The inability to perform safety-sensitive duties due to an alcohol test result of 0.02 or greater but less than 0.04 will be considered an unexcused miss out subject to transit system disciplinary procedures. An alcohol concentration of 0.04 or greater will be considered a positive alcohol test in violation of this policy and a violation of the requirements set forth in 49 CFR Part 655 for safety-sensitive employees.**

<sup>1</sup>All provisions set forth in bold face print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. Provisions set forth in the Drug Free Workplace Act (49 CFR Part 29) are delineated in Italics. All other provisions are set forth under the authority of the transit system.

**Any safety-sensitive or non-safety-sensitive employee that has a positive drug or alcohol test will be immediately removed from his/her position, informed of educational and rehabilitation programs available and referred to a Substance Abuse Professional (SAP) for assessment.** A positive drug and/or alcohol test will also result in termination. The cost of any treatment or rehabilitation services will be paid directly by the employee.

The transit system affirms the need to protect individual dignity, privacy and confidentiality throughout the testing process.

**Consistent with 49 CFR part 40 collection under direct observation (by a person of the same gender) with no advance notice will occur if:**

- (1) **The laboratory reports to the MRO that a specimen is invalid, and the MRO reports to Designated Employer Representative (DER) that there was not an adequate medical explanation for the result; or**
- (2) **The MRO reports to the DER that the original positive, adulterated, or substituted test result had to be canceled because the test of the split specimen could not be performed.**
  - **As an employer, ACC may direct a collection under direct observation of an employee if the drug test is a return-to-duty test or a follow-test.**
  - **The collector, must immediately conduct a collection under direct observation if:**

**The employee is directed by the DER to do so; or the employee's conduct clearly indicates an attempt to tamper with a specimen or**

- (3) **The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen or**
- (4) **The temperature on the original specimen was out of range**
- (5) **The original specimen appeared to have been tampered with.**

### **6.1 Employee Requested Testing**

**Any safety-sensitive or non-safety-sensitive employee who questions the results of a verified positive required drug test or refusal to test because of adulteration or substitution under paragraphs 6.2 – 6.8 of this policy may request that the split sample be tested. This test must be conducted on a split sample that was provided by the employee at the same time as the original sample.** Athens-Clarke County and Athens Transit System will seek to reimburse from the employee for all costs of such testing unless the result of the split sample test invalidates the result of the original test. **The method of collecting, storing and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made**

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to the Medical Review Officer within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted if the delay was due to documentable facts that were beyond the control of the employee.

## **6.2 Pre-Employment Testing**

**All safety-sensitive and non-safety-sensitive position applicants shall undergo urine drug testing immediately following the offer of employment or transfer into a safety-sensitive position. If any employee returns to a safety-sensitive position after having been removed from the transit system's random selection pool for 90 consecutive calendar days or more regardless of reason, he/she must be pre-employment drug tested. A verified negative result must be obtained by the transit system prior to safety-sensitive work.**

Failure of a pre-employment drug test will disqualify an applicant for employment for a period of 6 months. **Evidence of the absence of drug dependency from a Substance Abuse Professional that meets with the approval of the company and a negative pre-employment drug test will be required prior to further consideration for employment.** The cost for the assessment and any subsequent treatment will be the sole responsibility of the individual.

**When a covered employee or applicant has previously failed or refused a pre-employment drug test administered under this part, the employee must provide the employer proof of having successfully completed a referral, evaluation and treatment plan as described in Section 655.62.**

## **6.3 Reasonable Suspicion Testing**

**All safety-sensitive and non-safety-sensitive employees may be subject to a fitness for duty evaluation and urine and/or breath testing when there are reasons to believe that drug or alcohol use is adversely affecting job performance. A reasonable suspicion referral for testing will be made on the bases of documented objective facts and circumstances, which are consistent with the short-term effects of substance abuse or alcohol misuse. Examples of reasonable suspicion include, but are not limited to, the following:**

1. Physical signs and symptoms consistent with prohibited substance use or alcohol misuse which includes specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of an employee.
2. Evidence of the manufacture, distribution, dispensing, possession or use of controlled substances, drugs, alcohol or other prohibited substance.
3. Fights (to mean physical contact), assaults and flagrant disregard or violations of established safety, security or other operation procedures.

**Reasonable suspicion referrals must be made by one or more supervisors who are trained to detect the signs and symptoms of drug and alcohol misuse and conclude that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or alcohol misuse.**

## **6.4 Post-Accident Testing**

<sup>1</sup>All provisions set forth in bold face print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. Provisions set forth in the Drug Free Workplace Act (49 CFR Part 29) are delineated in Italics. All other provisions are set forth under the authority of the transit system.

**All safety-sensitive employees will be required to undergo urine and breath testing if they are involved in an accident with an Athens Transit vehicle (regardless of whether or not the vehicle is in revenue service) that results in a fatality. This includes any surviving safety-sensitive employee that was operating the vehicle and any other employee whose performance could have contributed to the accident. In addition, a post-accident test will be conducted if an individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or one or more vehicles incurs disabling damage.**

**In a non-fatal accident, the following safety sensitive employees will be tested: All covered employees operating the mass transit vehicle unless their performance can be completely discounted as a contributing factor based on the best information available at the time of the decision and all other covered employees whose performance could have contributed to the accident.**

**Following an accident, the safety-sensitive employees will be tested as soon as possible, but not to exceed eight hours for alcohol testing and 32 hours for drug testing. Any safety sensitive employee involved in an accident must refrain from alcohol use for eight hours following the accident or until he/she undergoes a post-accident alcohol test. Any safety-sensitive employee who leaves the scene of the accident without justifiable explanation prior to submission to drug and alcohol testing will be considered to have refused the test and their employment terminated. Employees tested under this provision will include not only the operations personnel, but also any other covered employee whose performance could have contributed to the accident.**

**Accident testing is stayed while employee assists in resolution of the accident or receives medical attention following the accident.**

**Athens Transit will attempt to complete the test within 2 hours of the accident; and if not able to obtain a specimen within 2 hours, file a report why not able and continue attempts to obtain specimen; and if not able to obtain a specimen in 8 hours, cease attempts to obtain a specimen and update the two-hour written report.**

Whenever any employee of Athens-Clarke County has been involved in an accident, or receives an injury, alcohol and drug testing shall be conducted within eight (8) hours of the accident or incident when:

- (a) There is vehicle/equipment damage or bodily injury occurring on public roadways; or
- (b) There is a fatality; or
- (c) Driver is cited with a traffic violation; or
- (d) There is reasonable suspicion to believe that the employee's behavior or appearance may indicate alcohol or drug use; or
- (e) When an employee sustains a work-related injury requiring medical treatment.

Testing for Athens-Clarke County employees will be completed on non-DOT forms.

## **6.5 Random Testing**

**Employees in safety-sensitive positions will be subject to random, unannounced drug and alcohol testing. The selection of safety-sensitive employees for random drug and**

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alcohol testing will be made using a scientifically valid method that ensures that each covered employee will have equal chance of being selected. The random test will be unannounced and conducted at all times of the day when safety-sensitive functions are performed. Once an employee is notified of selection of a random drug or random alcohol test, he/she should proceed to the testing site immediately.

### **6.6 Return-to-Duty Testing**

All safety-sensitive and non-safety-sensitive employees who previously voluntarily entered into a Rehabilitation Program as set forth in Paragraph 5.5 must test negative on a drug or alcohol test (below 0.02 for alcohol) on a return-to-duty test and be evaluated and released to duty by the Substance Abuse Professional before returning to work. Testing in this section is conducted by Athens-Clarke County Transit authority using non-DOT testing forms.

### **6.7 Follow-Up Testing**

Safety-sensitive and non-safety-sensitive employees who previously voluntarily entered into a prescribed rehabilitation program will be required to undergo frequent, unannounced urine and/or breath testing following their return to duty. The follow-up-testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. Testing in this section is conducted by Athens-Clarke County Transit authority using non-DOT testing forms.

### **6.8 Dilute Negative Policy**

**A dilute specimen is a specimen with creatinine and specific gravity values that are lower than expected for human urine. If a specimen test result is dilute negative Athens Transit will not perform a retest, unless directed by the MRO. If the employee declines to take the retest, it is considered a test refusal.**

### **6.9 Information Disclosure**

- 1. The Athens Transit System shall release information regarding a covered employee's record as directed by specific, written consent from the employee authorizing release of the information to an identified person.**
- 2. A covered employee is entitled, upon written request, to obtain copies of any records pertaining to his/her use of prohibited substances, including any records pertaining to test results.**
- 3. The Athens Transit System may disclose information that is required to be maintained to the decision maker in a lawsuit, grievance or other proceeding initiated by or on behalf of the employee tested.**
- 4. When requested by the National Transportation Safety Board as part of an accident investigation, the Athens Transit System shall disclose**

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information related to its administration of drug and alcohol tests following the accident investigation.

5. **Records shall be made available to subsequent employers upon receipt of written request from the covered employee.**
6. **The Athens Transit System shall disclose data for its drug and alcohol testing program and any other information pertaining to its anti-drug program, when requested by the Secretary of Transportation or any DOT agency with regulatory authority over the Athens Transit System.**
7. **To be considered for employment, all applicants will be asked to give consent to Athens-Clarke County Transit for a background check of the applicant's previous DOT covered employer over the past two years. The information requested will include:**
  - (1) **Alcohol test results of 0.04 or higher alcohol concentration.**
  - (2) **Verified positive drug tests.**
  - (3) **Refusals to be tested (including verified adulterated or substituted drug test results).**
  - (4) **Other violations of DOT agency drug and alcohol testing regulations.**
  - (5) **With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-tests).**

## **7.0 EMPLOYMENT ASSESSMENT**

**Any safety-sensitive or non-safety-sensitive employee who tests positive for the presence of illegal drugs or alcohol above the minimum thresholds set forth in 49 CFR Part 40, as amended, will be referred for evaluation by a Substance Abuse Professional (SAP). A SAP is a licensed or certified physician, psychologist, social worker, employee assistance professional or addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol-related disorders. The SAP will evaluate each employee to determine what assistance the employee needs in resolving problems associated with prohibited drug use or alcohol misuse. Any cost of treatment will be paid solely by the employee.**

All employees who test positive for the presence of illegal drugs or alcohol above the minimum thresholds set forth above will be terminated.

Employees who voluntarily submit to rehabilitation program prior to testing positive on a drug or alcohol test will be allowed to take accumulated sick leave and vacation leave to participate in the prescribed rehabilitation program. Voluntary requests for treatment must be made prior to any pending drug/alcohol test or disciplinary action. The cost of any treatment or rehabilitation services will be paid directly by the employee or their insurance provider.

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## **8.0 RE-ENTRY CONTRACTS**

Employees who re-enter the workforce after voluntarily submitting to a rehabilitation program prior to testing positive on a drug or alcohol test must agree to a re-entry contract. That contract may include (but is not limited to);

1. A release to work statement from the Substance Abuse Professional.
2. A negative test for drugs and/or alcohol.
3. An agreement to unannounced frequent follow-up testing for a period of one to five years with at least six tests performed the first year.
4. A statement of work-related behaviors.
5. An agreement to follow specified after care requirements with the understanding that violation of the re-entry contract is grounds for termination.

## **9.0 EMPLOYEE AND SUPERVISOR TRAINING**

**All safety sensitive employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use in personal health, safety, and the work environment. The training must also include manifestations and behavioral cues that may indicate prohibited drug use.**

**Supervisors will also receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.**

Information on the signs, symptoms, health affects and consequences of alcohol misuse is presented in Attachment 2 of this policy.

## **10.0 SYSTEM CONTACT**

Any questions regarding this policy or any other aspect of the drug free and alcohol free transit program should contact the following transit system representative:

### **Program Manager:**

**Name:** Jan Hansford  
**Title:** Assistant Personnel Director  
**Address:** 375 Satula Avenue  
Athens, GA 30601  
**Phone:** (706) 613-3090 ext 1104  
**Fax:** (706) 613-3118

### **Medical Review Officer:**

**Name:** Dr. Gilbert D. Harris, M.D.  
Athens Associates in Family Practice  
**Address:** 300 Hawthorne Lane  
Athens, GA 30606

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**Phone** (706) 543-8510  
**Fax:** (706) 353-7788

**Employee Assistance Program:**

**Name:** Northeast Georgia Employee Assistant Program  
**Address:** 1435 Oglethorpe Avenue  
Athens GA 30606  
**Phone:** (706) 549-6658  
**Fax:** (706) 549-0428

**Substance Abuse Professional:**

**Name:** James Randy Flanigan  
**Address:** Flanigan's Counseling and Evaluation Service  
**Phone:** (706) 548-8846  
(706) 207-9436

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## ATHENS TRANSIT

### Safety-Sensitive Functions

TRANSIT DIRECTOR  
TRANSIT ROUTE SUPERVISORS  
SUPERINTENDENT OF OPERATIONS  
SUPERINTENDENT OF MAINTENANCE  
REVENUE VEHICLE OPERATOR  
REVENUE VEHICLE AND EQUIPMENT MAINTENANCE  
REVENUE VEHICLE CONTROL/DISPATCH

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## Alcohol Fact Sheet

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

### Signs and Symptoms of Use

- Dulled mental process
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils
- Sleepy or stuporous condition
- Slowed reaction rate
- Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

### Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependant on alcohol and can be termed "alcoholic")
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related)

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## **Social Issues**

- Two-Thirds of all homicides are committed by people who drink prior to the crime.
- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
- Two-thirds of all Americans will be involved in an alcohol-related vehicular accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problem is 7 times the average.
- Forty percent of family court cases are alcohol problem related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

## **The Annual Toll**

- 24,000 people will die on the highway due to the legally impaired driver
- 12,000 more will die on the highway due to the alcohol-affected driver
- 15,800 will die in non-highway accidents
- 30,000 will die due to alcohol-caused liver disease
- 10,000 will die due to alcohol-induced brain disease or suicide
- Up to another 125,000 will die due to alcohol-related conditions or accidents

## **Workplace Issues**

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgement can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

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Large Transit System

San Diego Transit Corporation



## **San Diego Transit Corporation Drug and Alcohol Policy**

**Summary:** San Diego Transit Corporation's drug and alcohol policy went into effect on March 10, 2005 and it covers a large transit system. The policy applies to all San Diego Transit Corporation ("SDTC" or "company") employees and applicants for employment. It supersedes the SDTC drug and alcohol policy effective May 1, 2002.

This policy contains certain provisions applicable only to employees performing safety-sensitive functions (as defined below). Each section of this policy applies to all employees unless the particular section states that it applies only to safety-sensitive employees. For example, section V(C) of this policy, relating to post-accident alcohol and drug testing, and section V(D) of the policy, relating to random alcohol and drug testing, apply only to safety-sensitive employees.





**SAN DIEGO TRANSIT CORPORATION  
DRUG AND ALCOHOL POLICY**

**I.  
PURPOSES**

The purposes of this policy are as follows:

- A. To maintain a safe and efficient public transportation system;
- B. To establish and maintain a safe, healthy working environment for all employees;
- C. To reduce the incidence of accidental injury to person or property;
- D. To reduce absenteeism, tardiness and indifferent job performance;
- E. To provide assistance towards rehabilitation for employees who seek the company's help in overcoming addiction to, dependence on or problems with alcohol or drugs, provided they do so before violating this policy;
- F. To maintain a public transportation system and a work environment free of alcohol and drug related performance problems, accidents and injuries.
- G. To comply with the Federal Transit Administration ("FTA") regulations on prevention of prohibited drug use and alcohol misuse in transit operations, 49 C.F.R. Part 655.

**II.  
APPLICATION OF POLICY**

This policy applies to all San Diego Transit Corporation ("SDTC" or "company") employees and applicants for employment. This policy supersedes the SDTC drug and alcohol policy effective May 1, 2002.

This policy contains certain provisions applicable only to employees performing safety-sensitive functions (as defined below). Each section of this policy applies to all employees unless the particular section states that it applies only to safety-sensitive employees. For example, section V(C) of the policy, relating to post-accident alcohol and drug testing, and section V(D) of the policy, relating to random alcohol and drug testing, apply only to safety-sensitive employees.

Employees performing safety-sensitive functions for SDTC are those with the following job functions:

1. Operating a revenue service vehicle, including when not in revenue service;
2. Operating a non-revenue service vehicle, when required to be operated by a holder of a Commercial Driver's License;
3. Controlling dispatch or movement of a revenue service vehicle;
4. Maintaining a revenue service vehicle or equipment used in revenue service;
5. Carrying a firearm for security purposes; or
6. Supervisors of the aforementioned employees, since these supervisors may perform safety-sensitive duties.

SDTC has reviewed the actual duties performed by employees and has determined that the following job functions may require the performance of safety-sensitive duties: Bus Operators, Field Supervisors, all hourly Maintenance employees, Maintenance Manager, Assistant Maintenance Managers, Maintenance Foremen, Quality Assurance Manager, Quality Assurance Supervisor, Dispatchers, Communications/Operations Supervisors, Operations Trainer, Maintenance Instructor, Senior Asst. Manager of Transportation, Assistant Transportation Managers, Senior Transportation Supervisor, Director of Transportation and Director of Maintenance.

### **III. ILLEGAL DRUGS, LEGAL DRUGS AND ALCOHOL**

A. Illegal Drugs. The sale, offer to sell, purchase, use, manufacture, transfer or possession of illegal drugs while on company business or on company premises, property or vehicles is prohibited. Violation of this rule will result in disciplinary action, up to and including termination. Termination is likely for a violation of this rule, even for a first offense.

Illegal drug means any drug (a) which is not legally obtainable or (b) which is legally obtainable but has not been legally obtained. The term includes, but is not limited to, marijuana, cocaine, opiates, amphetamines and phencyclidine. It includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes. It also includes any substance which a person holds out to another as an illegal drug.

No employee shall bring drug paraphernalia onto company premises or property or into company vehicles.

B. Legal Drugs. The use of prescribed or over-the-counter medications ("legal drugs") at a level, or in a manner, combination or quantity that impedes an employee's ability to

safely perform his or her job is prohibited and may lead to disciplinary action, up to and including termination.

It is the employee's duty to ensure that any legal drug he or she is taking allows him or her to safely perform his or her duties. If an employee intends to take any legal drug while working for which the instructions for use indicate the drug may affect or impair judgment, coordination or other senses, or may otherwise adversely affect the employee's ability to safely perform his or her job, he or she shall have an affirmative obligation to report the drug or medication which he or she is taking to his or her supervisor so that a determination can be made by the company's physicians as to the ability of the employee to perform his or her particular job safely while using that drug. In such a case, an employee may continue to work, even while taking a legal drug, if the company has determined, after consulting with its physicians, that the employee does not pose a threat to his or her own safety, public safety, or the safety of coworkers and that the employee's job performance is not significantly affected by the legal drug. Any employee using a prescription drug in the circumstances described above must provide the prescription and the medication itself (if requested) to SDTC's company physician within 24 hours after notification to do so by SDTC or its physicians.

C. Alcohol. No employee shall consume alcohol within four hours prior to their shift or any time during their shift. No employee shall consume or have alcoholic beverages in their possession in company vehicles, on company premises or property, or while on company business. Violation of these rules can result in disciplinary action, up to and including termination, even for a first offense.

No employee who is on-call and therefore subject to being called into work shall consume alcohol during those on-call hours. In the event such an employee is called and must report for duty, the employee will be given the opportunity to acknowledge that they have used alcohol and therefore are not able to perform their safety-sensitive function. In such a case, that employee shall not be required to perform work, but may be disciplined for the use of alcohol during on-call hours under SDTC policy (not under FTA regulations). If an on-call employee who is called to duty acknowledges the use of alcohol, but claims they are able to perform their safety-sensitive function, they must submit to alcohol testing. If the breath alcohol concentration is between 0.02 percent and 0.039 percent, the employee will not be allowed to perform any safety-sensitive function until the start of the employee's next regularly scheduled duty period that is at least eight hours following the administration of the alcohol test. A breath alcohol test result of 0.04 percent or higher will subject the employee to termination from employment with the company.

#### **IV. PROHIBITION AGAINST EMPLOYEES HAVING ILLEGAL DRUGS OR ALCOHOL IN THEIR BODIES DURING WORKING TIME**

All employees of the company must report for work with no illegal drugs or their metabolites in their bodies. Employees must not have illegal drugs or their metabolites in their bodies at any time while on the job, and employees may be tested for the presence of illegal drugs at any time while on duty. Employees must not have alcohol in their bodies at a breath

alcohol concentration of 0.02 percent or higher while on duty. All alcohol tests will be performed just before an employee performs safety-sensitive duties, during that performance, or just after the employee has performed such duties. Employees are prohibited from using alcohol within four hours prior to their shift. Compliance with these rules is considered an essential job qualification for all employees. **Termination of employment will occur for a violation of any of these rules, even for a first offense. This is a zero tolerance policy. No employee who violates this policy will be given a second chance.**

**V.**  
**ENFORCEMENT OF RULE PROHIBITING EMPLOYEES  
FROM HAVING ILLEGAL DRUGS OR ALCOHOL IN  
THEIR BODIES DURING WORKING TIME**

**A. Preemployment Drug Testing.**

Prior to employment with the company, all final candidates will be required to pass a drug screen test administered by a medical facility designated by the company. If the drug screen test is canceled by the Medical Review Officer (“MRO”), the applicant must retake and pass the drug screen test before being hired. Any prospective employee refusing to submit to such examination will not be hired by the company. Any prospective employee failing the drug screen test will be rejected from further consideration for employment with the company. Further, any applicant or employee who has previously failed or refused a pre-employment drug test must provide proof to SDTC, prior to be considered for employment again, that they have successfully completed a referral, evaluation and substance abuse treatment plan compliant with the requirements in 49 C.F.R. Part 40.. All offers of employment are contingent upon the prospective employee’s compliance with this section. SDTC will provide each applicant or employee who fails a preemployment drug test with a list of names, addresses and telephone numbers of locally available Substance Abuse Professionals (“SAPs”) qualified in 49 C.F.R. Part 40 requirements.

**B. Reasonable Suspicion Alcohol and Drug Testing.**

When the company has reasonable suspicion to believe that an employee has violated the prohibitions set forth in this policy, the employee will be required to submit to an alcohol test and a drug screen test immediately upon demand by the company. Reasonable suspicion testing will be required when a trained supervisor can articulate and substantiate physical, behavioral and/or performance indicators of probable drug use or alcohol misuse by observing the appearance, behavior, and speech and/or body odors of an employee.

Any employee who fails the drug screen test or has a breath alcohol test result of 0.02 percent or greater will be immediately removed from service. An employee with a breath alcohol concentration of 0.02 to 0.039 percent will, at minimum, not be allowed to perform a safety-sensitive functions until the start of the employee’s next regularly scheduled duty period that is at least eight hours following the administration of the alcohol test. Any employee with a positive drug screen test and/or a breath alcohol test result of 0.04 percent or higher will subject the employee to termination from employment with the company and will be referred to a locally

available Substance Abuse Professional (“SAP”) for evaluation in accordance with 49 C.F.R. Part 40.

Refusal to submit to any testing required by this section will be sufficient grounds for termination and will result in the employee being relieved of his or her duties immediately.

C. Post-Accident Alcohol and Drug Testing.

*(This section of the policy applies only to safety-sensitive employees.)* Post-accident alcohol and drug testing will occur under the following circumstances:

1. Fatal Accidents. As soon as practicable following an accident involving the loss of human life, each surviving employee operating the mass transit vehicle at the time of the accident shall submit to an alcohol test and a drug test. Further, any other employee whose performance could have contributed to the accident (e.g., a mechanic in the case of brake failure causing the accident), as determined by the company using the best information available at the time of the decision, shall also be required to submit to an alcohol test and a drug screen test.

2. Non-Fatal Accidents. As soon as practicable following an accident not involving the loss of human life, each employee operating the mass transit vehicle at the time of the accident shall submit to an alcohol test and a drug screen test, unless company management determines, using the best information available at the time of the decision, that the employee’s performance can be completely discounted as a contributing factor to the accident. In addition, any employee whose performance could have contributed to the accident, as determined by the company, using the best information available at the time of the decision, will be required to submit to an alcohol test and a drug screen test.

3. Definition of “Accident.” An accident, as defined in this policy, means an occurrence associated with the operation of a vehicle, if as a result:

- a. An individual dies;
- b. An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or
- c. One or more vehicles in the accident incurs disabling damage as a result of the occurrence and is transported away from the scene by a tow truck or other vehicle. Disabling damage means damage which precluded the departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, tail lights, turn signals, horn, or windshield wipers that makes them inoperative.

Any employee involved in an accident is prohibited from using alcohol for eight hours following the accident, or until he or she undergoes a post-accident alcohol test and drug test. Any employee involved in an accident who fails to remain readily available for the testing

required by this section, including notifying company officials of his or her location if he or she leaves the scene of the accident prior to submission to such tests, will be deemed to have refused to submit to testing.

Post-accident testing will occur after the employee assists in resolution of the accident or receives medical attention following the accident. SDTC will complete the post-accident drug testing as soon as possible, and such testing will occur not later than 32 hours after the accident. SDTC will attempt to complete the post-accident alcohol testing within two hours of the accident. If the testing is not completed within two hours, SDTC will continue to attempt to complete the test and will prepare a report explaining why the breath specimen was not collected within two hours. If the alcohol test is not completed within eight hours of the accident, SDTC shall cease attempts to complete the test and update the report as to why the test was not completed.

Refusal to submit to a test required by this section will be sufficient grounds for termination and will result in the employee being relieved of his or her duties immediately. Any employee failing a drug screen test or having a breath alcohol test result of 0.02 percent or greater will be immediately removed from service. Any employee with a positive drug screen test and/or a breath alcohol test result of 0.04 percent or greater will be subject to termination from employment with the company and will be referred to a locally available Substance Abuse Professional (“SAP”) for evaluation in accordance with 49 C.F.R. Part 40.

D. Random Alcohol and Drug Testing.

*(This section of the policy applies only to safety-sensitive employees.)* All safety-sensitive employees, as defined above, will be subject to unannounced, random alcohol testing and random drug testing in accordance with 49 C.F.R. Part 40. The selection of employees for random alcohol testing and random drug testing shall be by a scientifically valid method, such as a random number table or a computer-based random number generator. Each employee will have an equal chance of being tested each time selections are made. These tests will not be announced in advance and will be administered on all days and hours during which transit service is in operation throughout the calendar year. The current minimum testing requirement is to annually perform drug tests on 50% and alcohol tests on 10% of the safety-sensitive employees.

Each employee selected for random alcohol testing and/or random drug testing must proceed to the test site immediately. Refusal to submit to such a test will be sufficient grounds for termination and will result in the employee being relieved of his or her duties immediately. Any employee failing a drug screen test or having a breath alcohol test result of 0.02 to 0.039 percent will be relieved of his or her duties immediately. Any employee with a positive drug screen test and/or a breath alcohol test result of 0.04 percent or greater will be subject to termination from employment with the company and will be referred to a locally available Substance Abuse Professional (“SAP”) for evaluation in accordance with 49 C.F.R. Part 40.

E. Drug Testing of Employees Assuming Safety-Sensitive Duties.

Any employee who accepts a position with the company involving safety-sensitive duties, who has previously been engaged in non-safety-sensitive duties, will be required to submit to and pass a drug screen test prior to assumption of the safety-sensitive duties. If the drug screen test is canceled by the MRO, the employee must retake and pass that test before assuming safety-sensitive duties. Refusal to submit to such a test will be sufficient grounds for termination of employment. Any employee failing a drug screen test will not be allowed to assume the safety-sensitive position, and will be removed from service. A positive drug screen test will subject the employee to termination from employment with the company. Any employee with a positive drug screen test will be referred to a locally available Substance Abuse Professional (“SAP”) for evaluation in accordance with 49 C.F.R. Part 40.

F. Return to Duty and Follow-Up Alcohol and Drug Testing.

Any employee who is allowed to return to duty after failing an alcohol or drug test, or following leave for substance abuse rehabilitation, must first provide a negative drug, alcohol (or both) test result. Employees returning to duty following leave for substance abuse rehabilitation may be required to undergo unannounced follow-up alcohol and/or drug testing as directed by a substance abuse professional (“SAP”). The number and frequency of such follow-up testing shall be directed by the SAP. The employee will be subject to follow-up testing for as long as prescribed by the SAP, but such testing shall not continue beyond five years from the date the employee returns to safety-sensitive duties (labor agreements notwithstanding). Any such employee failing a drug screen test or having a breath alcohol test result of 0.02 percent or higher will be relieved of his or her duties immediately. Any employee with a positive drug screen test or a breath alcohol test result of 0.04 percent or greater during this period shall be immediately terminated from employment with the company and referred to a locally available SAP for evaluation in accordance with 49 C.F.R. Part 40.

G. DMV Recertification Alcohol and Drug Testing.

(The testing requirement in this section is required by SDTC, not by FTA regulations). All SDTC employees who are required by the company to have a valid DMV Class 2 license will be required to pass an alcohol test and a drug screen test each time they must recertify that license by submitting to a medical examination, which is currently at two year intervals. Refusal to submit to an alcohol test and a drug screen test at the time of the medical examination will be sufficient grounds for termination of employment. Any employee failing a drug screen test or having a breath alcohol test result of 0.02 percent or higher will be relieved of his or her duties immediately and may, at the company’s discretion, be referred to an SAP. Further, a positive drug screen test or a breath alcohol test result of 0.04 percent or higher will subject the employee to termination from employment with the company.

H. Alcohol and Drug Screening Following Injuries and Upon Return to Duty Following a Leave of Absence.

(The testing in this section is required by SDTC and not FTA regulations, except where noted.) Any employee who sustains an injury on the job will be required to submit to an

alcohol test and a drug screen test as part of the physician's examination of the employee for the injury.

Any employee returning to duty following a leave of absence from the company for 90 calendar days or more must submit to an alcohol test and a drug screen test.

Refusal to submit to any of the foregoing alcohol tests or drug screen tests will be sufficient grounds for termination of employment and will result in the employee being relieved of his or her duties immediately. Any employee failing a drug screen test and/or having a breath alcohol test result of 0.02 percent to 0.039 percent will be relieved of his or her duties immediately and will not be allowed to perform a safety-sensitive function within eight hours following the administration of the alcohol test. Any employee with positive drug screen test and/or having a breath alcohol test result of 0.04 percent or greater will be subject to termination from employment with the company.

*(Additional FTA-required testing.)* Any employee who has not performed a safety-sensitive function for 90 consecutive calendar days regardless of the reason, and where the employee has not been in SDTC's random selection pool during that time, shall be required to take a pre-employment drug test (see Section V(A) above) with a verified negative result before returning to duty.

## **VI. PROCEDURES FOR ALCOHOL AND DRUG TESTING**

A. Procedures for Alcohol Tests. All FTA-mandated alcohol testing called for in this policy shall be conducted in accordance with 49 C.F.R. Part 40: Procedures for Transportation Workplace Drug and Alcohol Testing Programs. The alcohol testing in this policy applies regardless of whether the alcohol was ingested as beverage alcohol or in a medicinal or other preparation.

The alcohol tests will be administered by a breath alcohol technician ("BAT"), using an evidential breath testing device ("EBT"). The BAT will be trained to proficiency in the operation of the EBT. The EBTs are subject to a quality assurance plan developed by the manufacturers of EBTs. In order to insure that the test results are attributed to the correct employee, the BAT will require the employee to provide photo identification before tests are conducted. If the result of the alcohol screening test is an alcohol concentration of less than 0.02 percent, the employee will be deemed to have passed the alcohol test. If the result of the screening test is a breath alcohol concentration of 0.02 percent or greater, a confirmation test shall be performed. The confirmation test shall be conducted within thirty minutes of the completion of the screening test. The results of FTA-mandated breath alcohol testing will be compiled on a U.S. Department of Transportation ("DOT") Alcohol Testing Form ("ATF"). The results of breath alcohol testing required by SDTC (and not FTA) will be on non-DOT testing forms.

B. Procedures for Drug Screen Tests. All FTA-mandated drug screen tests called for in this policy shall be conducted in accordance with 49 C.F.R. Part 40: Procedures for Transportation Workplace Drug and Alcohol Testing Programs. The drugs tested for will be



marijuana, cocaine, opiates, phencyclidine and amphetamines. The DOT drug testing custody and control form will be utilized in connection with all FTA-mandated drug screen tests administered pursuant to this policy (tests under SDTC policy will be conducted using non-DOT testing forms). When an employee arrives at the collection site, the collection site person shall positively identify the employee through the presentation of photo identification. Collection personnel will be trained to ensure employee privacy in providing the urine specimen. Urine specimens collected for drug testing will be split into two containers at the collection site. Collection site personnel will be trained to maintain the integrity of the specimen collection and transfer process. In order to maintain the integrity of the urine specimen, the specimen shall remain under the direct control of the collection site person from delivery to its being sealed in the mailer to the laboratory conducting the testing on the urine specimen. A tamper-proof sealing system will be utilized to ensure against undetected opening. The specimen bottle shall be identified with a unique identifying number identical to that appearing on the urine custody and control form.

Transfer of a urine specimen will always be accomplished through appropriate chain of custody procedures. The forms accompanying the specimens will have unique preprinted specimen ID numbers and the employee will sign or initial certifying that the specimen was taken from that employee. All drug screen tests which are positive will be retested in a confirmation test prior to the laboratory specifying a positive result on a drug screen test. All drug testing done under this policy will be done by a laboratory that has been certified by the federal Department of Health and Human Services (“DHHS”). SDTC’s DHHS certified laboratory is Quest Diagnostics, Inc. All confirmatory tests will be performed using GC/MS techniques. There are federally mandated cut-off limits for the minimum quantity of drug that must be detected in order for a positive test on the initial and confirming test. The current cut-off limits expressed in nanograms per milliliter (ng/ml) are as follows:

<u>Drug</u>	<u>Initial Screen</u>	<u>Confirming Test</u>
Marijuana	50	15
Cocaine	300	150
Opiates	2000	2000
PCP	25	25
Amphetamines	1000	500

In order to protect SDTC’s employees and the integrity of the drug testing process, SDTC has retained the services of a Medical Review Officer (“MRO”). SDTC’s MRO is Benjamin Gerson, M.D., of University Services. Dr. Gerson’s phone number is 215-637-6800. The MRO is a licensed physician with knowledge of drug abuse disorders. If the laboratory results are confirmed positive, the MRO will interview the employee and review all information provided by the employee to determine whether the results are indicative of illegal or illicit drug use. If the employee provides an adequate explanation, the MRO will verify the test results as negative with the substance abuse program manager and take no further action. If the test result of the primary specimen is positive, the employee may request that the MRO direct that the second split specimen be tested in a different DHHS laboratory. The MRO shall honor such request if it is

made within 72 hours of the employee having been notified of a verified positive test. If an employee has not contacted the MRO within 72 hours, the employee may present to the MRO information documenting that serious illness, injury, inability to contact the MRO, lack of actual notice of the verified positive test, or other circumstances unavoidably prevented the employee from timely contacting the MRO. If the MRO concludes that there is a legitimate explanation for the employee's failure to contact the MRO within 72 hours, the MRO shall direct that the reanalysis of the primary specimen or analysis of the split specimen, as applicable, be performed. If the employee requests such testing of the second split specimen, the employee must pay for such testing. The results of the test at the second DHHS-approved laboratory will be forwarded to the MRO. If the results of the second test fail to confirm the presence of the drugs or drug metabolites found in the primary specimen, the MRO shall cancel the test.

If the MRO advises SDTC that the result of the drug test was negative, but that the test was dilute (i.e. a specimen with creatinine and specific gravity values that are lower than expected for human urine), the employee will be required to take another drug screen test immediately. In this circumstance, the employee will be given as little advance notice as possible that he or she must return to the collection site. The test result from this test will be utilized for determining if the employee passed the drug screen test.

The drug testing laboratory shall report test results to the MRO in writing, identifying the results of the test. The MRO will report to SDTC whether the test is positive or negative, and may report the drug for which there was a positive test, but shall not disclose the quantitation of the test results (except in the case of a grievance, lawsuit, or other proceeding initiated by the employee arising out of the verified positive drug test). All records pertaining to urine specimens shall be retained by the drug testing laboratory for a minimum of two (2) years. The drug testing laboratory shall retain all urine specimens confirmed as positive and place them into properly secured long-term frozen storage for a minimum of one (1) year.

## **VII. FALSIFICATION, FAILURE TO ARRIVE FOR TESTING AND FAILURE TO NOTIFY**

Any employee who provides false information in connection with an alcohol or drug test administered under this policy, shall be subject to termination of employment under SDTC policy.

All employees are required to notify SDTC Human Resources in writing immediately, but in any event within five days, after they have been convicted of a criminal drug statute violation that occurred in the workplace or while working. Any employee who fails to notify the SDTC Director of Human Resources and Labor Relations of any such conviction for a criminal drug violation no later than five days after such conviction shall be subject to termination of employment.

**VIII.**  
**BEHAVIOR CONSTITUTING A REFUSAL TO SUBMIT TO**  
**A TEST**

A. Actions considered a refusal to submit to an alcohol or drug screen test include:

- (1) Failure to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, after being directed to do so by the employer;
- (2) Failure to remain at the testing site until the testing process is complete;
- (3) Failure to cooperate with any part of the testing process;
- (4) Refusal by an employee to complete and sign the certification at Step 2 of the ATF (Alcohol Testing Form) for an FTA-mandated test (or an SDTC form, if it is a non-FTA test);
- (5) Failure to provide an adequate breath specimen for testing without a valid medical explanation, or
- (6) Refusal to undergo a medical examination or evaluation as directed by the MRO or as directed by a Designated Employer Representative (“DER”).

B. Actions considered a refusal to submit to a drug screen test include:

- (1) Failure to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, after being directed to do so by the employer;
- (2) Failure to remain at the testing site until the testing process is complete;
- (3) Failure to cooperate with any part of the testing process (e.g., refusal to empty pockets when so directed by the collector, behaving in a confrontational way that disrupts the collection process);
- (4) Failure to provide a sufficient urine sample as required without a valid medical cause established in writing by a physician;
- (5) Refusal to undergo a medical examination or evaluation as directed by the MRO or as directed by a Designated Employer Representative (“DER”);
- (6) Failure or refusal by an employee to take a second drug screen test if a DER or the MRO has directed the employee to do so;
- (7) Failure to permit the observation or monitoring of the collection of the specimen in the case where the MRO requires a directly observed or monitored collection of a urine specimen; or
- (8) The MRO reports to SDTC that an employee has a verified adulterated or substituted test result.

Refusal to submit to a drug test constitutes a verified positive drug test result.

## **IX. EMPLOYEE ASSISTANCE PROGRAM**

A. Any employee who feels that he or she has developed an addiction to, dependence upon or problem with alcohol or drugs, legal or illegal, is encouraged to seek assistance. No disciplinary action will be issued against any employee who (1) comes forward to management with their problem *prior* to being requested to submit to an alcohol or drug screen test and before the company learns of a violation of the drug and alcohol policy, and (2) provided the employee has not violated the policy before coming to management. If an employee comes forward to management regarding a drug or alcohol problem seeking assistance, but management learns that the employee violated this policy before coming forward (e.g. a bus driver who drove a bus with illegal drugs in his system), SDTC will discipline the employee for violating the policy, up to and including termination of employment. Further, if the company learns of a violation of this policy before the employee comes forward, or if the employee seeks assistance for the problem only after being requested to submit to a drug or alcohol test, the employee will be subject to disciplinary action up to and including termination of employment.

B. Assistance for substance abuse may be sought by contacting Human Resources, your immediate supervisor, any officer of your local union, or the Employee Assistant Program (“EAP”) directly. Information concerning the EAP is posted on bulletin boards throughout the company and is available from Human Resources. Each request for assistance will be treated as confidential.

C. The company’s EAP has developed contacts with local hospitals and community organizations offering alcohol or drug treatment programs. The EAP will refer employees seeking assistance to an appropriate treatment organization. Any employee failing a test required under this policy will be referred to the EAP, which will determine what assistance, if any, the employee needs in resolving problems associated with drugs or alcohol. The referral to the EAP is independent of any disciplinary action that the company may impose.

D. Rehabilitation itself is the responsibility of the employee. However, any employee seeking medical attention for alcoholism or drug addiction will be entitled to benefits available under the company or the union’s group medical insurance plans subject to the restrictions and limits stated in the applicable plan summary. Furthermore, rehabilitation leave will be available only to those employees whose employment is not terminated by management because they meet the conditions for employee assistance as set forth in paragraph A above. Employees granted rehabilitation leave will be subject to the leave of absence provisions of the collective bargaining agreement (or the applicable administrative leave policies, if the employee is an administrative employee or member of management). Rehabilitation leave will be available on a one-time-only basis, subject to the conditions for continuing employment in Paragraph E below. **SDTC will not offer rehabilitation leave on a second occasion. The recurrence of an alcohol or drug problem will result in termination of employment.**

E. To be eligible for continuation in employment with SDTC following a rehabilitation leave, the employee must:

1. Undergo evaluation by the Substance Abuse Professional (“SAP”), who will recommend a course of rehabilitation.
2. Begin a program of rehabilitation, strictly follow the rules and guidelines of that program, and sign a release of all medical information, including that relating to drug and alcohol treatment, so the company can monitor his or her progress.
3. Remain continuously enrolled in a treatment program and actively participate in that program.
4. *Not* reject treatment or leave the treatment program prior to being properly discharged therefrom.
5. Agree that the SAP will determine whether the employee has successfully completed the program.
6. Not violate the Drug and Alcohol Policy.

F. Any employee suffering from an alcohol or drug problem who rejects treatment or who leaves a treatment program prior to being properly discharged therefrom will be terminated from employment with SDTC.

G. All employees returning to active employment from rehabilitation will be required to sign a “Return to Work Agreement” providing:

1. That the employee must pass an alcohol and/or drug test before returning to work;
2. That a substance abuse professional must determine that the employee has properly followed an appropriate rehabilitation program and is capable of returning to duty;
3. For unannounced alcohol and drug testing at a company designated medical facility for a minimum of 12 months from date of return to work to insure that the employee has freed himself or herself from the alcohol and/or drug problem. The number and frequency of the unannounced testing shall be as directed by a Substance Abuse Professional (“SAP”), and shall consist of at least six tests in the first 12 months following the employee’s return to duty. The employee will be subject to follow-up testing for as long as prescribed by the SAP, but such testing shall not continue beyond five years from the date the employee returns to duty.
4. That failure of such a test or refusal to immediately submit to such testing during this period shall be grounds for immediate termination;
5. That the employee must maintain an acceptable attendance and performance record, not violate the Drug and Alcohol Policy and comply with all other company rules and policies upon their return to work.

**X.**  
**ADDITIONAL INFORMATION REGARDING THIS DRUG  
AND ALCOHOL POLICY**

A. Questions Regarding the Policy. Any employees having questions about SDTC's Drug and Alcohol policy should contact the company's Manager of Human Resources, Steve St. Pierre, at the MTS building, 1255 Imperial Avenue, Suite 900, San Diego, California 92101-7490, telephone number 619-557-4568.

B. Substance Abuse Professional.

SDTC has secured the services of a Substance Abuse Professional ("SAP"). SDTC's Substance Abuse Professional is Peggy Wagner of Horizons Health Group, who can be reached at 858-571-1698. Ms. Wagner is a Certified Employee Assistance Professional who specializes in evaluating and treating individuals with substance abuse disorders. The SAP will be utilized to evaluate employees who come forward with substance abuse problems, and employees who are found in violation of this policy. As to employees returning to duty after failing an alcohol or drug test or following leave for substance abuse rehabilitation, the SAP will evaluate the employee and direct the frequency of follow-up drug and alcohol testing for the employee.

C. Notice of Certain Requirements in Addition to FTA-Mandated Requirements.

This policy is designed to comply with the Federal Transit Administration ("FTA") regulations on prevention of prohibited drug use and alcohol misuse in transit operations, 49 C.F.R. Part 655. However, SDTC has added certain additional requirements to this policy not mandated by the FTA regulations, including the following:

1. Except as specifically noted, this policy applies to all SDTC employees, not just safety-sensitive employees as defined by FTA.
2. This policy prohibits the use of legal drugs while working if those drugs may impair judgment, coordination or other senses, or have an adverse effect on safety.
3. This policy calls for alcohol and drug testing at the time of DMV recertification, as set forth in paragraph V(G) of this policy.
4. This policy requires alcohol and drug testing following injuries and upon return to duty following a leave of absence of 90 calendar days or more.

D. Right to Examine Records.

Every employee has the unqualified right to review his/her drug and alcohol testing records, provide information to dispute the results of a drug or alcohol test and, upon written request, to obtain copies of any records pertaining to his or her drug and alcohol tests, including records pertaining to equipment calibration and laboratory certifications.

E. Training. SDTC provides training for its supervisors in order for them to be able to make a determination of whether reasonable suspicion exists for an employee to be required to

submit to reasonable suspicion alcohol/drug screening. This training includes a minimum of 60 minutes of supervisor training on drugs and 60 minutes of supervisor training on alcohol.

Further, SDTC has conducted training for all existing employees and conducts training for all new employees, consisting of a minimum of 60 minutes of employee training on drugs and alcohol and the drug and alcohol policy.

\* \* \*

**APPROVAL OF POLICY BY SDTC**

This Drug and Alcohol Policy has been approved by the Board of Directors and Chief Operating Officer of SDTC.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Leon Williams, Chairman,  
Board of Directors

Dated: \_\_\_\_\_

\_\_\_\_\_  
Claire Spielberg, Chief Operating Officer



**ACKNOWLEDGMENT OF RECEIPT OF  
SAN DIEGO TRANSIT CORPORATION  
DRUG AND ALCOHOL POLICY  
(Effective March 10, 2005-Revised)**

I hereby acknowledge receipt of a copy of the revised SAN DIEGO TRANSIT CORPORATION Drug and Alcohol Policy effective March 10, 2005. I understand that I am responsible to read the policy and in consideration of my employment with the company, I hereby agree to comply with the policy in all respects and consent to the alcohol testing and drug testing required by this policy.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Badge Number



State DOT–Statewide Policy

Ohio DOT



## **Ohio Department of Transportation (ODOT) Drug and Alcohol Testing Policy**

**Summary:** ODOT's drug and alcohol testing policy is a statewide policy, covering the 12 districts in the state of Ohio. ODOT's mission is to ensure that its transit and paratransit services are delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of employees and the general public. Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991. This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions, and prohibits performance of safety-sensitive functions when there is a positive test result.



1  
2  
3 **DRUG AND ALCOHOL TESTING POLICY**

4  
5 **Adopted \_\_\_\_\_, 2004**

6  
7  
8 **A. PURPOSE**

9  
10 The \_\_\_\_\_ provides public transit and  
11 paratransit services for the residents of  
12 \_\_\_\_\_. Part of our mission is to  
13 ensure that this service is delivered safely, efficiently, and  
14 effectively by establishing a drug and alcohol-free work  
15 environment, and to ensure that the workplace remains free from  
16 the effects of drugs and alcohol in order to promote the health and  
17 safety of employees and the general public. In keeping with this  
18 mission, \_\_\_\_\_ declares that the unlawful  
19 manufacture, distribution, dispense, possession, or use of  
20 controlled substances or misuse of alcohol is prohibited for all  
21 employees.

22  
23 Additionally, the purpose of this policy is to establish  
24 guidelines to maintain a drug and alcohol-free workplace in  
25 compliance with the Drug-Free Workplace Act of 1988, and the  
26 Omnibus Transportation Employee Testing Act of 1991. This policy  
27 is intended to comply with all applicable Federal regulations  
28 governing workplace anti-drug and alcohol programs in the transit  
29 industry. Specifically, the Federal Transit Administration (FTA) of  
30 the U.S. Department of Transportation has published 49 CFR Part  
31 655, as amended, that mandates urine drug testing and breath  
32 alcohol testing for safety-sensitive positions, and prohibits  
33 performance of safety-sensitive functions when there is a positive  
34 test result. The U. S. Department of Transportation (USDOT) has  
35 also published 49 CFR Part 40, as amended, that sets standards  
36 for the collection and testing of urine and breath specimens.

37  
38 Any provisions set forth in this policy that are included under  
39 the sole authority of \_\_\_\_\_ and are not provided  
40 under the authority of the above named Federal regulations are  
41 underlined.

**All Underlined sections are suggested employer provisions and not required by the FTA. Transit system's must decide if the sections are to be deleted, if they remain, or if the provisions need to be changed to reflect current transit system policy, (i.e. disciplinary actions)**

**All Underlined sections are suggested employer provisions and not required by the FTA. Transit system's must decide if the sections are to be deleted, if they remain, or if the provisions need to be changed to reflect current transit system policy, (i.e. disciplinary actions)**

46 B. APPLICABILITY

47  
48 This Drug and Alcohol Testing Policy applies to all safety-  
49 sensitive employees (full- or part-time) when performing safety  
50 sensitive duties \_\_\_\_\_ employees that do not  
51 perform safety-sensitive functions are also covered under this  
52 policy under the sole authority of \_\_\_\_\_. A safety-  
53 sensitive function is operation of mass transit service including  
54 the operation of a revenue service vehicle (whether or not the  
55 vehicle is in revenue service), maintenance of a revenue service  
56 vehicle or equipment used in revenue service, security personnel  
57 who carry firearms, dispatchers or person controlling the  
58 movement of revenue service vehicles and any other transit  
59 employee who is required to hold a Commercial Drivers License.  
60 Maintenance functions include the repair, overhaul, and rebuild of  
61 engines, vehicles and/or equipment used in revenue service. A  
62 list of safety-sensitive positions who perform one or more of the  
63 above mentioned duties is provided in Attachment A.  
64 Supervisors are only safety sensitive if they perform one of the  
65 above functions. Volunteers are considered safety sensitive and  
66 subject to testing if they are required to hold a CDL, or receive  
67 remunerated for service in excess of actual expense.

68  
69 C. DEFINITIONS

70  
71 *Accident* means an occurrence associated with the operation  
72 of a vehicle even when not in revenue service in revenue service, if  
73 as a result--

- 74  
75 (1) An individual dies;  
76 (2) An individual suffers a bodily injury and immediately  
77 receives medical treatment away from the scene of  
78 the accident; or,  
79 (3) One or more vehicles incurs disabling damage as the  
80 result of the occurrence and is transported away from  
81 the scene by a tow truck or other vehicle. For  
82 purposes of this definition, *disabling damage* means  
83 damage which precludes departure of any vehicle  
84 from the scene of the occurrence in its usual manner  
85 in daylight after simple repairs. Disabling damage  
86 includes damage to vehicles that could have been  
87 operated but would have been further damaged if so  
88 operated, but does not include damage which can be  
89 remedied temporarily at the scene of the occurrence  
90 without special tools or parts, tire disablement without



91 other damage even if no spare tire is available, or  
92 damage to headlights, taillights, turn signals, horn,  
93 mirrors or windshield wipers that makes them  
94 inoperative.

95  
96 *Adulterated specimen.* A specimen that contains a  
97 substance that is not expected to be present in human urine, or  
98 contains a substance expected to be present but is at a  
99 concentration so high that it is not consistent with human urine.

100  
101 *Alcohol* means the intoxicating agent in beverage alcohol,  
102 ethyl alcohol, or other low molecular weight alcohols contained in  
103 any beverage, mixture, mouthwash, candy, food, preparation or  
104 medication.

105  
106 *Alcohol Concentration* is expressed in terms of grams of  
107 alcohol per 210 liters of breath as measured by an evidential breath  
108 testing device.

109  
110 *Canceled Test* is a drug test that has been declared invalid  
111 by a Medical Review Officer. A canceled test is neither positive nor  
112 negative.

113  
114 *Covered Employee* means an employee who performs a  
115 safety-sensitive function including an applicant or transferee who is  
116 being considered for hire into a safety-sensitive function (See  
117 Attachment A for a list of covered employees), and other  
118 employees, applicants, or transferee that will not perform a safety-  
119 sensitive function but falls under the policy of the company's own  
120 authority.

121  
122  
123 *Designated Employer Representative (DER)* An  
124 employee authorized by the employer to take immediate action to  
125 remove employees from safety-sensitive duties and to make  
126 required decisions in testing. The DER also receives test results  
127 and other communications for the employer, consistent with the  
128 requirements of 49 CFR Parts 40 and 655.

129  
130 *Department of Transportation (DOT)* Department of the  
131 federal government which includes the, Federal Transit  
132 Administration, Federal Railroad Administration, Federal Highway  
133 Administration, Federal Motor Carriers' Safety Administration,  
134 Research and Special Programs, and the Office of the Secretary of  
135 Transportation.

136  
137 *Dilute specimen.* A specimen with creatinine and specific  
138 gravity values that are lower than expected for human urine.

139  
140 *Disabling damage* means damage which precludes  
141 departure of any vehicle from the scene of the occurrence in its  
142 usual manner in daylight after simple repairs. Disabling damage  
143 includes damage to vehicles that could have been operated but  
144 would have been further damaged if so operated, but does not  
145 include damage which can be remedied temporarily at the scene of  
146 the occurrence without special tools or parts, tire disablement  
147 without other damage even if no spare tire is available, or damage  
148 to headlights, taillights, turn signals, horn, mirrors or windshield  
149 wipers that makes them inoperative.

150  
151 *Evidentiary Breath Testing Device (EBT)* A Device approved  
152 by the NHTSA for the evidential testing of breath at the 0.02 and  
153 the 0.04 alcohol concentrations. Approved devices are listed on  
154 the National Highway Traffic Safety Administration (NHTSA)  
155 conforming products list.

156  
157 *Medical Review Officer (MRO)* means a licensed physician  
158 (medical doctor or doctor of osteopathy) responsible for receiving  
159 laboratory results generated by the drug testing program who has  
160 knowledge of substance abuse disorders, and has appropriate  
161 medical training to interpret and evaluate an individual's confirmed  
162 positive test result, together with his/her medical history, and any  
163 other relevant bio-medical information.

164  
165 *Negative Dilute* A drug test result which is negative for the  
166 five drug/drug metabolites but has a specific gravity value lower  
167 than expected for human urine.

168  
169 *Negative test result* for a drug test means a verified  
170 presence of the identified drug or its metabolite below the minimum  
171 levels specified in 49 CFR Part 40, as amended. An alcohol  
172 concentration of less than 0.02 BAC is a negative test result.

173  
174 *Non-negative test result* is a test result found to be  
175 adulterated, substitute, invalid, or positive for drug/drug  
176 metabolites.

177  
178 *Performing (a safety-sensitive function)* means a covered  
179 employee is considered to be performing a safety-sensitive function

180 and includes any period in which he or she is actually performing,  
181 ready to perform, or immediately available to perform such  
182 functions.

183

184 *Positive test result* for a drug test means a verified presence  
185 of the identified drug or its metabolite at or above the minimum  
186 levels specified in 49 CFR Part 40, as amended. A positive alcohol  
187 test result means a confirmed alcohol concentration of 0.04 BAC or  
188 greater.

189

190 *Prohibited drug* means marijuana, cocaine, opiates,  
191 amphetamines, or phencyclidine at levels above the minimum  
192 thresholds specified in 49 CFR Part 40, as amended.

*Revenue Service Vehicles* include all transit vehicles that are used for passenger transportation service or that require a CDL to operate. Include all ancillary vehicles used in support of the transit system.

*Safety-sensitive functions* include (a) the operation of a transit revenue service vehicle even when the vehicle is not in revenue service; (b) the operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a Commercial Drivers License (CDL); (c) maintaining a revenue service vehicle or equipment used in revenue service; (d) controlling the movement of a revenue service vehicle and (e) carrying a firearm for security purposes.

*Substance Abuse Professional (SAP)* means a licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

*Substituted specimen.* A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with normal human urine.

*Test Refusal* The following are considered a refusal to test if the employee:

- Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer
- Fails to remain at the testing site until the testing process is complete;
- Fails to provide a urine or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations;
- In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of your provision of a specimen
- Fails to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- Fails or declines to take a second test the employer or collector has directed you to take;
- Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the "shy bladder" or "shy lung" procedures
- Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process).

- if the MRO reports that there is verified adulterated or substituted test result
- Failure or refusal to sign Step 2 of the alcohol testing form.

*Verified negative test* means a drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

*Verified positive test* means a drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

*Validity testing* is the evaluation of the specimen to determine if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

#### D. EDUCATION AND TRAINING

Every covered employee will receive a copy of this policy and will have ready access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.

All supervisory personnel or company officials who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. Under the \_\_\_\_\_'s own authority, supervisory personnel will also be trained on how to intervene constructively, and how to effectively integrate an employee back into his/her work group following intervention and/or treatment.

Information on the signs, symptoms, health effects, and consequences of alcohol misuse is presented in Attachment B of this policy.

#### E. PROHIBITED SUBSTANCES

Prohibited substances addressed by this policy include the following.

(1) Illegally Used Controlled Substance or Drugs Under the Drug-Free Workplace Act of 1988 any drug or any substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Also, the medical use of marijuana, or the use of hemp related products, as which cause drug or drug metabolites to be present in the body above the minimum thresholds is a violation of this policy.

Federal Transit Administration drug testing regulations (49 CFR Part 655) require that all covered employees be tested for marijuana, cocaine, amphetamines, opiates, and phencyclidine as described in Section H of this policy. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.

(2) Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to a \_\_\_\_\_ supervisor and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her safety-sensitive functions.

(3) Alcohol: The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances such that alcohol is present in the body while performing safety-sensitive job functions is prohibited. An alcohol test can be performed on a covered employee under 49 CFR Part 655 just before, during, or just after the performance of safety-sensitive job functions. Under \_\_\_\_\_ authority, an alcohol test can be performed any time a covered employee is on duty.

## F. PROHIBITED CONDUCT

(1) All covered employees are prohibited from reporting for duty or

remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 CFR PART 40, as amended.

- (2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline.
- (3) The Transit Department shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol
- (4) (4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 or greater regardless of when the alcohol was consumed.
- (5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- (6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.
- (7) \_\_\_\_\_ under its own authority also prohibits the consumption of alcohol all times employee is on duty, or anytime the employee is in uniform.
- (8) Consistent with the Drug-free Workplace Act of 1988, all \_\_\_\_\_ employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the work place including Transit Department premises and transit vehicles.

#### G. DRUG STATUTE CONVICTION

Consistent with the Drug Free Workplace Act of 1998, all employees are required to notify the \_\_\_\_\_ management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in Section Q.10 of this policy.

#### H. TESTING REQUIREMENTS

Analytical urine drug testing and breath testing for alcohol will be conducted as required by 49CFR part 40 as amended. All covered employees shall be subject to testing prior to performing safety-sensitive duty, for reasonable suspicion, following an accident, and

random as defined in Section K, L, M, and N of this policy, and return to duty/follow-up.

. All covered employees who have tested positive for drugs or alcohol will be tested prior to returning to duty after completion of the Substance Abuse Professional's recommended treatment program and subsequent release to duty. Follow-up testing will also be conducted following return-to-duty for a period of one to five years, with at least six tests performed during the first year. The duration and frequency of the follow-up testing above the minimum requirements will be at the discretion of the Substance Abuse Professional.

A drug test can be performed any time a covered employee is on duty. An alcohol test can be performed just before, during, or after the performance of a safety-sensitive job function. Under authority, an alcohol test can be performed any time a covered employee is on duty.

All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of ongoing employment with \_\_\_\_\_. Any safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty and subject to discipline as defined in Section Q.3 of this policy. Any covered employee who is suspected of providing false information in connection with a drug test, or who is suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection. Verification of the above listed actions will be considered a test refusal and will result in the employees removal from duty and disciplined as defined in Section Q.3 of this policy. Refer to Section C 3 for behavior that constitutes a refusal to test.

## I. DRUG TESTING PROCEDURES

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.



44 The drugs that will be tested for include marijuana, cocaine,  
45 opiates, amphetamines, and phencyclidine. After the identity of the  
46 donor is checked using picture identification, a urine specimen will  
47 be collected using the split specimen collection method described  
48 in 49 CFR Part 40, as amended. Each specimen will be  
49 accompanied by a DOT Chain of Custody and Control Form and  
50 identified using a unique identification number that attributes the  
51 specimen to the correct individual. The specimen analysis will be  
52 conducted at a HHS certified laboratory. An initial drug screen and  
53 validity test will be conducted on the primary urine specimen. For  
54 those specimens that are not negative, a confirmatory Gas  
55 Chromatography/Mass Spectrometry (GC/MS) test will be  
56 performed. The test will be considered positive if the amounts of  
57 the drug(s) and/or its metabolites identified by the GC/MS test are  
58 above the minimum thresholds established in 49 CFR Part 40, as  
59 amended.

60  
61 The test results from the HHS certified laboratory will be  
62 reported to a Medical Review Officer. A Medical Review Officer  
63 (MRO) is a licensed physician with detailed knowledge of  
64 substance abuse disorders and drug testing. The MRO will review  
65 the test results to ensure the scientific validity of the test and to  
66 determine whether there is a legitimate medical explanation for a  
67 confirmed positive, substitute, or adulterated test result. The MRO  
68 will attempt to contact the employee to notify the employee of the  
69 non-negative laboratory result, and provide the employee with an  
70 opportunity to explain the confirmed laboratory test result. The  
71 MRO will subsequently review the employee's medical  
72 history/medical records as appropriate to determine whether there  
73 is a legitimate medical explanation for a non-negative laboratory  
74 result. If no legitimate medical explanation is found, the test will be  
75 verified positive or refusal to test and reported to the  
76 \_\_\_\_\_ Drug and Alcohol Program Manager (DAPM).  
77 If a legitimate explanation is found, the MRO will report the test  
78 result as negative to the DAPM and no further action will be taken.  
79 If the test is invalid without a medical explanation, a retest will be  
80 conducted under direct observation.

81 Any covered employee who questions the results of a  
82 required drug test under paragraphs L through P of this policy may  
83 request that the split sample be tested. The split sample test must  
84 be conducted at a second HHS-certified laboratory with no  
85 affiliation with the laboratory that analyzed the primary specimen.  
86 The test must be conducted on the split sample that was provided  
87 by the employee at the same time as the primary sample. The  
88 method of collecting, storing, and testing the split sample will be

89 consistent with the procedures set forth in 49 CFR Part 40, as  
90 amended. The employee's request for a split sample test must be  
91 made to the Medical Review Officer within 72 hours of notice of the  
92 original sample verified test result. Requests after 72 hours will  
93 only be accepted at the discretion of the MRO if the delay was due  
94 to documentable facts that were beyond the control of the  
95 employee. \_\_\_\_\_ will ensure that the cost for the  
96 split specimen are covered in order for a timely analysis of the  
97 sample, however \_\_\_\_\_ will seek reimbursement for  
98 the split sample test from the employee.

99  
100 If the analysis of the split specimen fails to confirm the  
101 presence of the drug(s) detected in the primary specimen, if the  
102 split specimen is not able to be analyzed, or if the results of the split  
103 specimen are not scientifically adequate, the MRO will declare the  
104 original test to be canceled and will direct \_\_\_\_\_ to  
105 retest the employee under direct observation.

106  
107 The split specimen will be stored at the initial laboratory until  
108 the analysis of the primary specimen is completed. If the primary  
109 specimen is negative, the split will be discarded. If the primary is  
110 positive, the split will be retained for testing if so requested by the  
111 employee through the Medical Review Officer. If the primary  
112 specimen is positive, it will be retained in frozen storage for one  
113 year and the split specimen will also be retained for one year.

#### 114 Observed collections

115  
116 Consistent with 49 CFR part 40, as amended, collection under  
117 direct observation (by a person of the same gender) with no  
118 advance notice will occur if:

119  
120 (1) The laboratory reports to the MRO that a specimen is invalid,  
121 and the MRO reports to \_\_\_\_\_ that there was  
122 not an adequate medical explanation for the result; or

123 (2) The MRO reports to \_\_\_\_\_ that the  
124 original positive, adulterated, or substituted test result had to be  
125 cancelled because the test of the split specimen could not be  
126 performed.

127 (3) The collector observes materials brought to the collection site  
128 or the employee's conduct clearly indicates an attempt to tamper  
129 with a specimen or

130 (4) The temperature on the original specimen was out of range.

131

132 In addition, \_\_\_\_\_ may direct a  
133 collection under direct observation of an employee if the drug test is  
134 a return-to-duty test or a follow-up test.

135  
136 J. ALCOHOL TESTING PROCEDURES

137  
138 Tests for breath alcohol concentration will be conducted  
139 utilizing a National Highway Traffic Safety Administration (NHTSA)-  
140 approved Evidential Breath Testing device (EBT) operated by a  
141 trained Breath Alcohol Technician (BAT). Alcohol screening tests  
142 may be performed using a non-evidential testing device which is  
143 also approved by NHSTA. If the initial test indicates an alcohol  
144 concentration of 0.02 or greater, a second test will be performed to  
145 confirm the results of the initial test. The confirmatory test must  
146 occur on an EBT. The confirmatory test will be conducted at least  
147 fifteen minutes after the completion of the initial test. The  
148 confirmatory test will be performed using a NHTSA-approved EBT  
149 operated by a trained BAT. The EBT will identify each test by a  
150 unique sequential identification number. This number, time, and  
151 unit identifier will be provided on each EBT printout. The EBT  
152 printout, along with an approved alcohol testing form, will be used  
153 to document the test, the subsequent results, and to attribute the  
154 test to the correct employee. The test will be performed in a  
155 private, confidential manner as required by 49 CFR Part 40, as  
156 amended. The procedure will be followed as prescribed to protect  
157 the employee and to maintain the integrity of the alcohol testing  
158 procedures and validity of the test result.

159  
160 An employee who has a confirmed alcohol concentration of  
161 0.04 or greater will be considered a positive alcohol test and in  
162 violation of this policy. The consequences of a positive alcohol test  
163 are described in Section Q.4-5 of this policy. Even though an  
164 employee who has a confirmed alcohol concentration of 0.02 to  
165 0.039 is not considered positive, the employee shall still be  
166 removed from duty for at least eight hours or for the duration of the  
167 work day whichever is longer and will be subject to the  
168 consequences described in Section Q.9 of this policy. An alcohol  
169 concentration of less than 0.02 will be considered a negative test.

170  
171 The Transit Department affirms the need to protect individual  
172 dignity, privacy, and confidentiality throughout the testing process.  
173 If at any time the integrity of the testing procedures or the validity of  
174 the test results is compromised, the test will be canceled. Minor  
175 inconsistencies or procedural flaws that do not impact the test  
176 result will not result in a cancelled test.

177 The alcohol testing form (ATF) required by 49 CFR Part 40  
178 as amended, shall be used for all FTA required testing. Failure of  
179 an employee to sign step 2 of the ATF will be considered a refusal  
180 to submit to testing.

181  
182 K. PRE-EMPLOYMENT TESTING

183  
184 All applicants for covered transit positions shall undergo  
185 urine drug testing and breath alcohol testing prior to performance of  
186 a safety-sensitive function.

187 (1) All offers of employment for covered positions shall be  
188 extended conditional upon the applicant passing a  
189 drug and alcohol test test. An applicant shall not be  
190 placed into a safety -sensitive position unless the  
191 applicant takes a drug test with verified negative  
192 results, and an alcohol concentration below 0.02.

193 (2) A non-covered employee shall not be placed,  
194 transferred or promoted into a covered position until  
195 the employee takes a drug test with verified negative  
196 results and an alcohol concentration below 0.02.

197  
198 (3) If an applicant fails a pre-employment drug or alcohol  
199 test, the conditional offer of employment shall be  
200 rescinded. Failure of a pre-employment drug and/or  
201 alcohol test will disqualify an applicant for  
202 employment for a period of at least one year. The  
203 applicant must provide the employer proof of having  
204 successfully completed a referral, evaluation and  
205 treatment plan as described in section 655.62 of  
206 subpart G. The cost for the assessment and any  
207 subsequent treatment will be the sole responsibility of  
208 the applicant.

209 (4) When an employee being placed, transferred, or  
210 promoted from a non-covered position to a covered  
211 position submits a drug test with a verified positive  
212 result, and/or an alcohol concentration above 0.04  
213 the employee shall be subject to disciplinary action in  
214 accordance with Section Q.4-5 and 9 herein.

215 (5) If a pre-employment/pre-transfer test is canceled,  
216 \_\_\_\_\_ will require the applicant to take  
217 and pass another pre-employment drug test.

218 (6) In instances where a covered employee is on  
219 extended leave for a period of 90 days or more  
220 regardless of reason, and is not in the random testing  
221 pool the employee will be required to take a drug and

222 alcohol test under 49 CFR Part 655 and have  
223 negative test results prior to the conduct of safety-  
224 sensitive job functions.

225 (7) An applicant with a dilute negative test result will be  
226 required to retest.

227 (8) Applicants are required to report previous DOT  
228 covered employer drug and alcohol test results—  
229 Failure to do so will result in the employment offer  
230 being rescinded. If the applicant has tested positive or  
231 refused to test on a pre-employment test for a DOT  
232 covered employer. The applicant must provide  
233 \_\_\_\_\_ proof of having successfully  
234 completed a referral, evaluation and treatment plan as  
235 described in section 655.62 of subpart G.  
236

#### 237 238 L. REASONABLE SUSPICION TESTING

239  
240 All \_\_\_\_\_ covered employees will be subject  
241 to a reasonable suspicion drug and/or alcohol test when the  
242 employer has reasonable suspicion to believe that the covered  
243 employee has used a prohibited drug and/or engaged in alcohol  
244 misuse. Reasonable suspicion shall mean that there is objective  
245 evidence, based upon specific, contemporaneous, articulable  
246 observations of the employee's appearance, behavior, speech or  
247 body odor that are consistent with possible drug use and/or alcohol  
248 misuse. Reasonable suspicion referrals must be made by one or  
249 more supervisors who are trained to detect the signs and  
250 symptoms of drug and alcohol use, and who reasonably concludes  
251 that an employee may be adversely affected or impaired in ~~his/her~~  
252 ~~work performance~~ due to possible prohibited substance abuse or  
253 alcohol misuse. A reasonable suspicion alcohol test can only be  
254 conducted just before, during, or just after the performance of a  
255 safety-sensitive job function. However, \_\_\_\_\_ under  
256 \_\_\_\_\_ 's authority, a reasonable suspicion alcohol  
257 test may be performed any time the covered employee is on duty.  
258 A reasonable suspicion drug test can be performed any time the  
259 covered employee is on duty.

260  
261 \_\_\_\_\_ shall be responsible for transporting  
262 the employee to the testing site. Supervisors should avoid placing  
263 themselves and/or others into a situation which might endanger the  
264 physical safety of those present. The employee shall be placed on  
265 administrative leave pending disciplinary action described in  
266 Section Q.4-5 and 9 of this policy. An employee who refuses an

267 instruction to submit to a drug/alcohol test shall not be permitted to  
268 finish his or her shift and shall immediately be placed on  
269 administrative leave pending disciplinary action as specified in  
270 Section Q.3 of this policy.

271  
272 A written record of the observations which led to a  
273 drug/alcohol test based on reasonable suspicion shall be prepared  
274 and signed by the supervisor making the observation. This written  
275 record shall be submitted to the \_\_\_\_\_ management  
276 and shall be attached to the forms reporting the test results.

277  
278 When there are no specific, contemporaneous, articulable  
279 objective facts that indicate current drug or alcohol use, but the  
280 employee (who is not already a participant in a treatment program)  
281 admits the abuse of alcohol or other substances to a supervisor in  
282 his/her chain of command, the employee shall be referred to the  
283 SAP for an assessment. \_\_\_\_\_ shall place the  
284 employee on administrative leave in accordance with the provisions  
285 set forth under Section Q.9 of this policy. Testing in this  
286 circumstance would be performed under the direct authority of the  
287 \_\_\_\_\_. Since the employee self-referred to  
288 management, testing under this circumstance would not be  
289 considered a violation of this policy or a positive test result under  
290 Federal authority. However, self-referral does not exempt the  
291 covered employee from testing under Federal authority as specified  
292 in Sections L through N of this policy or the associated  
293 consequences as specified in Section Q.9.

294  
295  
296 M. POST-ACCIDENT TESTING

297  
298 All covered employees will be required to undergo urine and  
299 breath testing if they are involved in an accident with a transit  
300 revenue service vehicle regardless of whether or not the vehicle is  
301 in revenue service that results in a fatality. This includes all  
302 surviving covered employees that are operating the vehicle at the  
303 time of the accident and any other whose performance cannot be  
304 completely discounted as a contributing factor to the accident.

305  
306 In addition, a post-accident test will be conducted if an  
307 accident results in injuries requiring immediate transportation to a  
308 medical treatment facility; or one or more vehicles incurs disabling  
309 damage, unless the operators performance can be completely  
310 discounted as a contributing factor to the accident.

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- (1) As soon as practicable following an accident, as defined in this policy, the transit supervisor investigating the accident will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the accident of the need for the test. The supervisor will make the determination using the best information available at the time of the decision.
- (2) The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours of the accident for alcohol, and within 32 hours for drugs. If an alcohol test is not performed within two hours of the accident, the Supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within (8) eight hours, or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test documented.
- (7) Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test.
- (8) An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.
- (9) Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.
- (10) In the rare event that \_\_\_\_\_ is unable to perform an FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), \_\_\_\_\_ may use drug and alcohol post-accident test results administered by local law enforcement officials in lieu of the FTA test. The local law enforcement officials must have independent authority for the test and the

357 employer must obtain the results in conformance with  
358 local law.

359

360 N. RANDOM TESTING

361

362 All covered employees will be subjected to random,  
363 unannounced testing. The selection of employees shall be made  
364 by a scientifically valid method of randomly generating an employee  
365 identifier from the appropriate pool of safety-sensitive employees.

366 (1) The dates for administering unannounced testing of  
367 randomly selected employees shall be spread  
368 reasonably throughout the calendar year, day of the  
369 week and hours of the day.

370 (2) The number of employees randomly selected for  
371 drug/alcohol testing during the calendar year shall be  
372 not less than the percentage rates established by  
373 Federal regulations for those safety-sensitive  
374 employees subject to random testing by Federal  
375 regulations. The current random testing rate for drugs  
376 established by FTA equals fifty percent of the number  
377 of covered employees in the pool and the random  
378 testing rate for alcohol established by FTA equals ten  
379 percent of the number of covered employees in the  
380 pool.

381 (3) Each covered employee shall be in a pool from which  
382 the random selection is made. Each covered  
383 employee in the pool shall have an equal chance of  
384 selection each time the selections are made.  
385 Employees will remain in the pool and subject to  
386 selection, whether or not the employee has been  
387 previously tested. There is no discretion on the part  
388 of management in the selection.

389 (4) Covered transit employees that fall under the Federal  
390 Transit Administration regulations will be included in  
391 one random pool maintained separately from the  
392 testing pool of employees that are included solely  
393 under \_\_\_\_\_ authority.

394 (5) Random tests can be conducted at any time during an  
395 employee's shift for drug testing. Alcohol random  
396 tests can be performed just before, during, or just  
397 after the performance of a safety sensitive duty.  
398 However, under the \_\_\_\_\_'s authority,  
399 a random alcohol test may be performed any time the  
400 covered employee is on duty. Testing can occur

**Random test pools can include any DOT covered employee. If you have both FTA and FMCSA covered employees, they can be in the same pool**

**Each employer defines a reasonable time for reporting for a random test**



401 during the beginning, middle, or end of an employee's  
402 shift.

403 (6) Employees are required to proceed immediately to  
404 the collection site upon notification of their random  
405 selection.

406

407 O. RETURN-TO-DUTY TESTING

408

409 All covered employees who previously tested positive on a drug  
410 or alcohol test or refused a test, must test negative for drugs,  
411 alcohol (below 0.02 for alcohol), or both and be evaluated and  
412 released by the Substance Abuse Professional before returning to  
413 work. For an initial positive drug test a Return-to-Duty drug test is  
414 required and an alcohol test is allowed. For an initial positive  
415 alcohol test a Return-to-Duty alcohol test is required and a drug test  
416 is allowed. Following the initial assessment, the SAP will  
417 recommend a course of rehabilitation unique to the individual. The  
418 SAP will recommend the return-to-duty test only when the  
419 employee has successfully completed the treatment requirement  
420 and is known to be drug- and alcohol-free and there is no undo  
421 concerns for public safety.

422

423 P. FOLLOW-UP TESTING

424

425 Covered employees will be required to undergo frequent,  
426 unannounced drug and/ oralcohol testing following their return-to-  
427 duty. The follow-up testing will be performed for a period of one to  
428 five years with a minimum of six tests to be performed the first year.  
429 The frequency and duration of the follow-up tests (beyond the  
430 minimums) will be determined by the SAP reflecting the SAP's  
431 assessment of the employee's unique situation and recovery  
432 progress. Follow-up testing should be frequent enough to deter  
433 and/or detect a relapse. Follow-up testing is separate and in  
434 addition to the random, post-accident, reasonable suspicion and  
435 return-to-duty testing.

436

437 Q. RESULT OF DRUG/ALCOHOL TEST

438

439 Any covered employee that has a verified positive drug or  
440 alcohol test will be removed from his/her safety-sensitive position,  
441 informed of educational and rehabilitation programs available, and  
442 referred to a Substance Abuse Professional (SAP) for assessment.  
443 No employee will be allowed to return to duty requiring the  
444 performance of safety-sensitive job functions without the approval  
445 of the SAP and the employer.

**If you are a zero tolerance company, restate so before this section**

446 A drug test with the result of negative dilute will/will not be  
447 retested.

448 A positive drug and/or alcohol test will also result in  
449 disciplinary action as specified herein.

450  
451 (1) As soon as practicable after receiving notice of a  
452 verified positive drug test result, a confirmed alcohol  
453 test result, or a test refusal, the \_\_\_\_\_  
454 Drug and Alcohol Program Manager will contact the  
455 employee's supervisor to have the employee cease  
456 performing any safety-sensitive function.

457 (2) The employee shall be referred to a Substance Abuse  
458 Professional for an assessment. The SAP will  
459 evaluate each employee to determine what  
460 assistance, if any, the employee needs in resolving  
461 problems associated with prohibited drug use or  
462 alcohol misuse.

463 (3) Refusal to submit to a drug/alcohol test shall be  
464 considered a positive test result and a direct act of  
465 insubordination and shall result in termination. A test  
466 refusal includes the following circumstances.

467 (a) A covered employee who consumes alcohol within  
468 eight (8) hours following involvement in an  
469 accident without first having submitted to post-  
470 accident drug/alcohol tests.

471 (b) A covered employee who leaves the scene of an  
472 accident without a legitimate explanation prior to  
473 submission to drug/alcohol tests.

474 (c) A covered employee who provides false  
475 information in connection with a drug test.

476 (d) A covered employee who provides an insufficient  
477 volume of urine specimen or breath sample  
478 without a valid medical explanation. The medical  
479 evaluation shall take place within 5 days of the  
480 initial test attempt.

481 (e) A verbal or written declaration, obstructive  
482 behavior, or physical absence resulting in the  
483 inability to conduct the test within the specified  
484 time frame.

485 (f) A covered employee whose urine sample has  
486 been verified by the MRO as substitute or  
487 adulterated.

488 (g) A covered employee fails to appear for any test  
489 within a reasonable time, as determined by the

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- employer, after being directed to do so by the employer
- (h) A covered employee fails to remain at the testing site until the testing process is complete;
  - (i) A covered employee fails to provide a urine specimen for any drug test required by Part 40 or DOT agency regulations;
  - (j) A covered employee fails to permit the observation or monitoring of a specimen collection
  - (k) A covered employee fails or declines to take a second test the employer or collector has directed you to take;
  - (l) A covered employee fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the "shy bladder" or "shy lung" procedures
  - (m) A covered employee fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process).
  - (n) Failure to sign Step 2 of the Alcohol Testing form

- (4) For the first instance of a verified positive test from a sample submitted as the result of a random, drug/alcohol test ( $\geq 0.04$  BAC), disciplinary action against the employee shall include:
- (a) Mandatory referral to Substance Abuse Professional for assessment, formulation of a treatment plan, and execution of a return to work agreement;
  - (b) Failure to execute, or remain compliant with the return-to-work agreement shall result in termination from employment.
    - ◆ Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; in the judgement of the SAP the employee is cooperating with his/her SAP recommended treatment program; and, the

**If your policy is zero tolerance the underlined portion of this section must be removed.**

535 employee has agreed to periodic  
536 unannounced follow-up testing as defined  
537 in Section P of this policy;  
538 (c) Refusal to submit to a periodic unannounced  
539 follow-up drug/alcohol test shall be considered a  
540 direct act of insubordination and shall result in  
541 termination.  
542 (d) A periodic unannounced follow-up drug/alcohol  
543 test which results in a verified positive shall result  
544 in termination from  
545 employment.  
546 (5) The second instance of a verified positive drug or  
547 alcohol ( $\geq 0.04$  BAC) test result including a sample  
548 submitted under the random, reasonable suspicion,  
549 return-to-duty, or follow-up drug/alcohol test  
550 provisions herein shall result in termination from  
551 employment.  
552 (6) A verified positive post-accident, or reasonable  
553 suspicion drug and/or alcohol ( $\geq 0.04$ ) test shall result  
554 in termination.  
555 (7) An alcohol test result of  $\geq 0.02$  to  $\leq 0.039$  BAC shall  
556 result in the removal of the employee from duty for  
557 eight hours or the remainder or the work day  
558 whichever is longer. The employee will not be  
559 allowed to return to safety-sensitive duty for his/her  
560 next shift until he/she submits to an alcohol test with a  
561 result of less than 0.02 BAC. If the employee has an  
562 alcohol test result of  $\geq 0.02$  to  $\leq 0.039$  two or more  
563 times within a six month period, the employee will be  
564 removed from duty and referred to the SAP for  
565 assessment and treatment consistent with Section  
566 Q.9 of this policy.  
567 (8) The cost of any treatment or rehabilitation services  
568 will be paid directly by the employee or their  
569 insurance provider. The employee will be permitted  
570 to take accrued sick leave or administrative leave to  
571 participate in the SAP prescribed treatment program.  
572 If the employee has insufficient accrued leave, the  
573 employee shall be placed on leave without pay until  
574 the SAP has determined that the employee has  
575 successfully completed the required treatment  
576 program and releases him/her to return-to-duty. Any  
577 leave taken, either paid or unpaid, shall be considered  
578 leave taken under the Family and Medical Leave Act.

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- (9) In the instance of a self-referral or a management referral, disciplinary action against the employee shall include:
- (a) Mandatory referral to a Substance Abuse Professional for assessment, formulation of a treatment plan, and execution of a return to work agreement;
  - (b) Failure to execute, or remain compliant with the return-to-work agreement shall result in termination from employment.
    - ◆ Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; in the judgement of the SAP the employee is cooperating with his/her SAP recommended treatment program; and, the employee has agreed to periodic unannounced follow-up testing as defined in Section P of this policy;
  - (c) Refusal to submit to a periodic unannounced follow-up drug/alcohol test shall be considered a direct act of insubordination and shall result in termination.
  - (d) A self-referral or management referral to the SAP that was not precipitated by a positive test result does not constitute a violation of the Federal regulations and will not be considered as a positive test result in relation to the progressive discipline defined in Section Q.4-5 of this policy.
  - (e) Periodic unannounced follow-up drug/alcohol test conducted as a result of a self-referral or management referral which results in a verified positive shall be considered a positive test result in relation to the progressive discipline defined in Section Q.4-5 of this policy.
  - (f) A Voluntary Referral does not shield an employee from disciplinary action or guarantee employment with \_\_\_\_\_.

622 (g) A Voluntary Referral does not shield an  
623 employee from the requirement to comply with  
624 drug and alcohol testing.

625 (10) Failure of an employee to report within five days a  
626 criminal drug statute conviction for a violation  
627 occurring in the workplace shall result in termination.

628  
629 R. GRIEVANCE AND APPEAL

630  
631 The consequences specified by 49 CFR Part 40.149 (c) for  
632 a positive test or test refusal are not subject to arbitration.

633  
634 S. PROPER APPLICATION OF THE POLICY

635  
636 \_\_\_\_\_ is dedicated to assuring fair and  
637 equitable application of this substance abuse policy. Therefore,  
638 supervisors/managers are required to use and apply all aspects of  
639 this policy in an unbiased and impartial manner. Any  
640 supervisor/manager who knowingly disregards the requirements of  
641 this policy, or who is found to deliberately misuse the policy in  
642 regard to subordinates, shall be subject to disciplinary action, up to  
643 and including termination.

644  
645 T. INFORMATION DISCLOSURE

646  
647 Drug/alcohol testing records shall be maintained by the  
648 \_\_\_\_\_ Drug and Alcohol Program Manager and,  
649 except as provided below or by law, the results of any drug/alcohol  
650 test shall not be disclosed without express written consent of the  
651 tested employee.

652  
653 (1) The employee, upon written request, is entitled to  
654 obtain copies of any records pertaining to their use of  
655 prohibited drugs or misuse of alcohol including any  
656 drug or alcohol testing records. Covered employees  
657 have the right to gain access to any pertinent records  
658 such as equipment calibration records, and records of  
659 laboratory certifications. Employees may not have  
660 access to SAP referrals and follow-up testing plans.

661 (2) Records of a verified positive drug/alcohol test result  
662 shall be released to the Drug and Alcohol Program  
663 Manager, Department Supervisor and Personnel  
664 Manager on a need to know basis.

- 665 (3) Records will be released to a subsequent employer  
666 only upon receipt of a written request from the  
667 employee.
- 668 (4) Records of an employee's drug/alcohol tests shall be  
669 released to the adjudicator in a grievance, lawsuit, or  
670 other proceeding initiated by or on behalf of the tested  
671 individual arising from the results of the drug/alcohol  
672 test. The records will be released to the decision  
673 maker in the preceding. The information will only be  
674 released with binding stipulation from the decision  
675 maker will make it available only to parties in the  
676 preceding. Records will be released to the National  
677 Transportation Safety Board during an accident  
678 investigation.
- 679 (5) Records will be released to the DOT or any DOT  
680 agency with regulatory authority over the employer or  
681 any of its employees.
- 682 (6) Records will be released if requested by a Federal,  
683 state or local safety agency with regulatory authority  
684 over \_\_\_\_\_ or the employee.
- 685 (7) If a party seeks a court order to release a specimen or  
686 part of a specimen contrary to any provision of Part  
687 40 as amended necessary legal steps to contest the  
688 issuance of the order will be taken.
- 689 (8) In cases of a contractor or sub-recipient of a state  
690 department of transportation, records will be released  
691 when requested by such agencies that must certify  
692 compliance with the regulation to the FTA.

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U. SYSTEM CONTACTS

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s).

\_\_\_\_\_ Drug and Alcohol Program Manager:

- Name:
- Title:
- Address:
- Telephone Number:

Medical Review Officer

- Name:
- Title:
- Address:
- Telephone Number:



716

717 Substance Abuse Professional

718

719 Name:

720 Title:

721 Address:

722 Telephone Number:

723

724 HHS Certified Laboratory Primary Specimen

725

726 Name:

727 Address:

728 Telephone Number:

729

730 HHS Certified Laboratory Split Specimen

731

732 Name:

733 Address:

734 Telephone Number:

735

736  
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741

742 **This Policy was adopted by the** \_\_\_\_\_  
743 **on** \_\_\_\_\_, 2001.  
744 \_\_\_\_\_

745  
746  
747

748

**Attachment A**

749

750

**—Administration Covered Classifications**

751

Title

Testing Authority

753

754

**— Job Classifications**

755

Title

Testing Authority

756

757 **Attachment B**  
758 **Alcohol Fact Sheet**

759 **Alcohol is a socially acceptable drug that has been**  
760 **consumed throughout the world for centuries. It is considered**  
761 **a recreational beverage when consumed in moderation for**  
762 **enjoyment and relaxation during social gatherings. However,**  
763 **when consumed primarily for its physical and mood-altering**  
764 **effects, it is a substance of abuse. As a depressant, it slows**  
765 **down physical responses and progressively impairs mental**  
766 **functions.**  
767

768  
769 **Signs and Symptoms of Use**

- 770
- 771 . Dulled mental processes
- 772 . Lack of coordination
- 773 . Odor of alcohol on breath
- 774 . Possible constricted pupils
- 775 . Sleepy or stuporous condition
- 776 . Slowed reaction rate
- 777 . Slurred speech
- 778

779 (Note: Except for the odor, these are general signs and symptoms  
780 of any depressant substance.)

781  
782  **Health Effects**

783  
784 The chronic consumption of alcohol (average of three  
785 servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6  
786 ounce glass]) over time may result in the following health hazards:

- 787
- 788 . Decreased sexual functioning
- 789 . Dependency (up to 10 percent of all people who drink  
790 alcohol become physically and/or mentally dependent on  
791 alcohol and can be termed “alcoholic”)
- 792 . Fatal liver diseases
- 793 . Increased cancers of the mouth, tongue, pharynx,  
794 esophagus, rectum, breast, and malignant melanoma
- 795 . Kidney disease
- 796 . Pancreatitis
- 797 . Spontaneous abortion and neonatal mortality
- 798 . Ulcers
- 799 . Birth defects (up to 54 percent of all birth defects are  
800 alcohol related).
- 801

802    □    Social Issues

803

804    .    Two-thirds of all homicides are committed by people who  
805    .    drink prior to the crime.

806    .    Two to three percent of the driving population is legally  
807    .    drunk at any one time. This rate is doubled at night and  
808    .    on weekends.

809    .    Two-thirds of all Americans will be involved in an alcohol-  
810    .    related vehicle accident during their lifetimes.

811    .    The rate of separation and divorce in families with alcohol  
812    .    dependency problems is 7 times the average.

813    .    Forty percent of family court cases are alcohol problem  
814    .    related.

815    .    Alcoholics are 15 times more likely to commit suicide  
816    .    than are other segments of the population.

817    .    More than 60 percent of burns, 40 percent of falls, 69  
818    .    percent of boating accidents, and 76 percent of private  
819    .    aircraft accidents are alcohol related.

820

821    □    The Annual Toll

822

823    .    24,000 people will die on the highway due to the legally  
824    .    impaired driver.

825    .    12,000 more will die on the highway due to the alcohol-  
826    .    affected driver.

827    .    15,800 will die in non-highway accidents.

828    .    30,000 will die due to alcohol-caused liver disease.

829    .    10,000 will die due to alcohol-induced brain disease or  
830    .    suicide.

831    .    Up to another 125,000 will die due to alcohol-related  
832    .    conditions or accidents.

833

834    □    Workplace Issues

835

836    .    It takes one hour for the average person (150 pounds) to  
837    .    process one serving of an alcoholic beverage from the  
838    .    body.

839    .    Impairment in coordination and judgement can be  
840    .    objectively measured with as little as two drinks in the  
841    .    body.

842    .    A person who is legally intoxicated is 6 times more likely  
843    .    to have an accident than a sober person.

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**Attachment C**  
Minimum Thresholds

INITIAL TEST CUTOFF LEVELS  
(ng/ml)

Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	2,000
Phencyclidine	25
Amphetamines	1,000

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CONFIRMATORY TEST  
CUT/OFF LEVELS (ng/ml)

Marijuana metabolites	15
Cocaine metabolites	150
Opiates:	
Morphine	2,000
Codeine	2,000
Phencyclidine	25
Amphetamines:	
Amphetamines	500
Methamphetamine	500

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With Second Chance

Template Policy





Version



COMPANY NAME HERE

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Policy Adopted on x/xx/2005, Policy Revised on x/xx/2007

# Drug and Alcohol Policy



COMPANY NAME

# Drug and Alcohol Policy

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Company name  
12345 Main Street • Suite 100  
Phone 123.456.7890 • Fax 123.456.7890

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## Purpose of Policy

**T**his policy complies with 49 CFR Part 655, as amended, and 49 CFR Part 40, as amended. All drug and alcohol testing is conducted in accordance with these regulations

All covered employees are required to submit to drug and alcohol tests as a condition of employment.

Copies of Parts 655 and 40 are available in the drug and alcohol program manager's office and can be found on the internet at the Office of Drug & Alcohol Policy & Compliance's website <http://www.dot.gov/ost/dapc/index.html>.

## Covered Employees

This policy applies to every employee performing a "safety-sensitive function" as defined herein, and any person applying for such positions.

You are a safety-sensitive employee if you perform any of the following:

- Operation of a revenue service vehicle, in or out of revenue service
- Operation of a non-revenue vehicle requiring a CDL
- Controlling movement or dispatch of a revenue service vehicle (this is optional and determined by employer)
- Security personnel who carry firearms
- Maintenance (including repairs, overhaul and rebuilding) of a revenue service vehicle or equipment used on revenue service.
- Contractor employees that stand in the shoes of Transit System employees also have to comply

Covered employee means a person, including an applicant or transferee, who performs or will perform a safety-sensitive function. A volunteer is a covered employee if: (1) The volunteer is required to hold a commercial driver's license to operate the vehicle; or (2) The volunteer performs a safety-sensitive function for an entity subject to this part and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity.

See Attachment A for a list of covered positions by job title.

## Contact Person

List the identity of the person, office, branch and/or position designated by the employer to answer employee questions about the employer's anti-drug use and alcohol misuse programs.

## Prohibited Substances

- Marijuana
- Cocaine
- Amphetamines
- Opiates
- Phencyclidine
- Alcohol

## Testing Procedure

All testing will be conducted as required in 49 C.F.R. Part 40, as amended.

## Pre-employment Testing

(Optional) Pre-employment alcohol tests are conducted after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test.

A negative pre-employment drug test result is required before an employee can first perform safety-sensitive duties.

(Company policy decision - The employer has the discretion to decide whether or not the covered employee is retained in the random pool during his or her absence. If the employee is retained in the random pool, then pre-employment testing is not required.) A pre-employment test is required for covered employees who are away from work for more than 90 consecutive calendar days, are removed from the random testing pool, and plan to return to a safety-sensitive function.

When a covered employee or applicant has previously failed or refused a DOT pre-employment drug and/or alcohol test, the employee must provide proof of having successfully completed a referral, evaluation and treatment plan meeting DOT requirements.

## Reasonable Suspicion Testing

(Company Name) shall conduct a drug and/or alcohol test when (company name) has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse.



The determination that reasonable suspicion exists shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors 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.

(Company Name) may direct a covered employee to undergo reasonable suspicion testing for alcohol only while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions.

If an alcohol test is not administered within two hours following the determination to conduct a reasonable suspicion test, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight hours following the determination to test, cease attempts to administer an alcohol test and update the record with the reasons for not administering the test.

## Post-accident Testing

Safety-sensitive employees shall be subject to post-accident alcohol and controlled substances testing under the following circumstances:

Fatal Accidents. As soon as possible following an accident involving the loss of human life, DOT drug and alcohol tests are conducted on all surviving covered employees. In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, is tested.

Non-fatal Accidents. Post-accident testing is required if one of the following conditions is met,

- ❑ An accident results in injuries requiring immediate medical treatment away from the scene, and the covered employee contributed to the accident,
- or
- ❑ One or more vehicles receive disabling damage and have to be towed from the scene, and the covered employee contributed to the accident.

In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, is tested.

Disabling damage means damage which prevented the departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, tail lights, turn signals, horn, or windshield wipers that makes them inoperative.

If an alcohol test is not administered within two hours following the time of the accident, prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol is not administered within eight hours following the determination to test, cease attempts to administer an alcohol test and update the record with the reasons for not administering the test. The drug test should be taken as soon as possible. Cease attempts to collect the drug test after 32-hours.

If the decision not to administer a drug and/or alcohol test under this section shall be based on the employer's determination, using the best available information at the time of the determination that the employee's performance could not have contributed to the accident. Such a decision must be documented in detail, including the decision-making process used to reach the decision not to test.

Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

## Random Testing

Random drug and alcohol tests are unannounced and unpredictable, and the dates for administering random tests are spread reasonably throughout the calendar year. Random testing must be conducted at all times of day when safety-sensitive functions are performed.

Testing rates will meet or exceed the minimal annual percentage rate set each year by the DOT Administrator. The current year testing rates can be viewed on line at <http://www.dot.gov/ost/dapc/rates.html>. The 2007 FTA minimum testing requirement is to annually perform drug tests on 25% and alcohol tests on 10% of the average number of safety-sensitive employees.

The selection of employees for random drug and alcohol testing shall be made by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with employees' Social Security numbers, payroll identification numbers, or other comparable identifying numbers. Under the selection process used, each covered employee shall have an equal chance of being tested each time selections are made.

Each employee selected for testing shall be tested during the selection period. A covered employee shall only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

Each covered employee who is notified of selection for random drug or random alcohol testing shall proceed to the test site immediately.

## Test Refusal

You have refused to take a test if you:

1. Fail to provide a breath or urine sample
2. Provide an insufficient volume without valid medical explanation
3. Adulterate or substitute a specimen
4. Fail to appear within a reasonable time
5. Leave the scene of an accident without just cause prior to submitting to a test
6. Leave the collection facility prior to test completion
7. Fail to permit an observed or monitored collection when required
8. Fail to take a second test when required
9. Fail to undergo a medical examination when required
10. Fail to cooperate with any part of the testing process
11. Fail to sign Step 2 of alcohol test form
12. Once test is underway, fail to remain at site and provide a specimen
13. Or the MRO verifies that you provided an adulterated/substituted sample.

For pre-employment tests only, failure to appear, aborting the collection before the test commences, or failure to remain at site prior to commencement of test is NOT a test refusal:

## Prohibited Conduct

- (1) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 DFR Part 40, as amended.
- (2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee must take an alcohol test, if the covered employee claims ability to perform his or her safety-sensitive function.
- (3) (Company name) shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
- (4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 or greater regardless of when the alcohol was consumed.

- (5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- (6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

## Dilute Specimen

Negative dilute – (company decision needed here – to test or not to retest dilute negative test results) A negative dilute specimen does not require a retest. While §40.197(b) authorizes an employer to obtain one additional test following a negative dilute result (in pre-employment or other testing situations), a negative dilute test result is a valid negative test for DOT's purposes. You must treat all employees the same for this purpose. For example, you must not retest some employees and not others. You may, however, establish different policies for different types of tests (e.g., conduct retests in pre-employment situations, but not in random test situations). You must treat the result of the second test as the test result of record.

Dilute negative results 2-5 mg/dl requires an immediate recollection under direct observation (see §40.155(c)).

## Split Sample

(Company Name) will guarantee that the cost for the split specimen test is covered in order for a timely analysis of the sample however; the employee is required to pay for the split sample test. (Company needs to decide if employees will be required to pay for the test. Some companies will pay for the test if the split specimen test result is negative; otherwise, the employee pays)

## End of Shift Testing (this section is optional)

(optional) Random testing may occur anytime an employee is on duty so long as the employee is notified prior to the end of the shift. Employees who provide advance, verifiable notice of scheduled medical or child care commitments will be random drug tested no later than three hours before the end of their shift and random alcohol tested no later than 30 minutes before the end of their shift. Verifiable documentation of a previously scheduled medical or childcare commitments, for the period immediately following an employee's shift, must be provided at least (company decides how far in advance they must be notified) hours before the end of the employee's shift.

## Treatment / Discipline

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee is immediately removed from safety-sensitive duties, referred to a substance abuse professional (SAP), and (insert transit system's disciplinary policy.)

Following a BAC of 0.02 or greater, but less than 0.04 – the employee is immediately removed from safety sensitive duties for at least eight hours unless a retest results in the employee's alcohol concentration of less than 0.02.

## Return to Duty Testing

Any employee who is allowed to return to duty after a refusal to submit to a test or failing an alcohol and/or drug test, must first be evaluated by a substance abuse professional (SAP), and provide a negative drug, alcohol (or both) test result.

## Follow-up Testing

Employees returning to duty following leave for substance abuse rehabilitation will be required to undergo unannounced follow-up alcohol and/or drug testing as directed by the SAP. The number and frequency of such follow-up testing shall be directed by the SAP. The employee will be subject to follow-up testing for a period of 1 to 5 years as determined by the SAP. All testing will be conducted in accordance with Part 40, subpart O. (Company needs to decide who pays for rehabilitation services and if employee can use sick leave or annual leave during the rehabilitation program)

## Voluntary Rehabilitation and Counseling (this section is optional)

This section will not apply to any employee who tests positive through the testing program. The employee must voluntarily seek treatment through this section prior to being notified of a pending drug and/or alcohol test or involved in a situation that requires a reasonable suspicion or post-accident FTA drug and/or alcohol test.

(Insert transit system's name) offers employees the use of counseling and rehabilitative services pursuant to coverage limitations and in accordance with the terms of its benefit programs. Employees are personally responsible for seeking treatment for alcohol and/or controlled substance dependence. Any voluntary request by an employee for assistance with his/her own alcohol and/or controlled substance dependency will remain as confidential as possible and shall not be used, in itself, as a basis for disciplinary action.

The costs of the visits with the SAP shall be borne by the (transit system decides who is going to pay for treatment and the leave policy) The employee may use any available accumulated leave in accordance with leave policies in order to participate in extended counseling and/or rehabilitation. If the employee requests that the purpose of the leave not be disclosed to his/her immediate supervisor, the department head shall maintain confidentiality regarding the reason for the leave.

## Prescription Drug Use (this section is optional)

The appropriate use of legally prescribed drugs and non-prescription medication is not prohibited. It is, however, the employee's responsibility to inform the physician of the employee's job duties and determine from the physician, or other health care professional, whether or not the prescribed drug may impair their job performance or mental or motor function. It is the responsibility of the employees to remove themselves from service if they are unfit for duty.

Pursuant to company authority, employees are required to report the use of medically authorized drugs or other substances that may create a direct threat by impairing job performance of safety-

sensitive functions to his/her supervisor and provide proper written medical authorization to work from a physician.

Pursuant to company authority, failure to report the use of such drugs or failure to provide proper evidence of medical authorization may result in disciplinary action.

## Drug Free Work Place Act of 1988

In accordance with the Drug Free Work Place Act of 1988, an employee who is convicted of any criminal drug statute for a violation occurring in the work place shall notify (insert who you want notified - the Personnel Office, the DER?) no later than five days after such conviction.

‘Release of Information Form—49 CFR Part 40 Drug and Alcohol Testing’

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

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

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

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

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher?    **YES** \_\_\_ **NO** \_\_\_
2. Did the employee have verified positive drug tests?    **YES** \_\_\_ **NO** \_\_\_
3. Did the employee refuse to be tested?    **YES** \_\_\_ **NO** \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?    **YES** \_\_\_ **NO** \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you?    **YES** \_\_\_ **NO** \_\_\_
6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process?    **N/A** \_\_\_ **YES** \_\_\_ **NO** \_\_\_

*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).*

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_



## Employee Receipt of Policy

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

\_\_\_\_\_

\_\_\_\_\_

ID Job  
Number: \_\_\_\_\_ title: \_\_\_\_\_

—

Attached is a copy of the Drug and Alcohol Policy, dated \_\_\_\_\_.  
Your signature below certifies that you have received a copy of the policy. Please  
sign and return this form to \_\_\_\_\_. Please contact \_\_\_\_\_ at xxx-  
xxx-xxxx if you have any questions.



Attachment A  
Covered positions by job title

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Template Policy



Version



COMPANY NAME HERE

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Policy Adopted on x/xx/2005, Policy Revised on x/xx/2007

# Drug and Alcohol Policy





COMPANY NAME

# Drug and Alcohol Policy

---

Company name  
12345 Main Street • Suite 100  
Phone 123.456.7890 • Fax 123.456.7890

---



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## Purpose of Policy

**T**his policy complies with 49 CFR Part 655, as amended, and 49 CFR Part 40, as amended. All drug and alcohol testing is conducted in accordance with these regulations

All covered employees are required to submit to drug and alcohol tests as a condition of employment.

Copies of Parts 655 and 40 are available in the drug and alcohol program manager's office and can be found on the internet at the Office of Drug & Alcohol Policy & Compliance's website <http://www.dot.gov/ost/dapc/index.html>.

## Covered Employees

This policy applies to every employee performing a "safety-sensitive function" as defined herein, and any person applying for such positions.

You are a safety-sensitive employee if you perform any of the following:

- Operation of a revenue service vehicle, in or out of revenue service
- Operation of a non-revenue vehicle requiring a CDL
- Controlling movement or dispatch of a revenue service vehicle (this is optional and determined by employer)
- Security personnel who carry firearms
- Maintenance (including repairs, overhaul and rebuilding) of a revenue service vehicle or equipment used on revenue service.
- Contractor employees that stand in the shoes of Transit System employees also have to comply

Covered employee means a person, including an applicant or transferee, who performs or will perform a safety-sensitive function. A volunteer is a covered employee if: (1) The volunteer is required to hold a commercial driver's license to operate the vehicle; or (2) The volunteer performs a safety-sensitive function for an entity subject to this part and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity.

See Attachment A for a list of covered positions by job title.

## Contact Person

List the identity of the person, office, branch and/or position designated by the employer to answer employee questions about the employer's anti-drug use and alcohol misuse programs.

## Prohibited Substances

- Marijuana
- Cocaine
- Amphetamines
- Opiates
- Phencyclidine
- Alcohol

## Testing Procedure

All testing will be conducted as required in 49 C.F.R. Part 40, as amended.

## Pre-employment Testing

(Alcohol pre-employment testing is optional) Pre-employment alcohol tests are conducted after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test.

A negative pre-employment drug test result is required before an employee can first perform safety-sensitive duties.

(Company policy decision - The employer has the discretion to decide whether or not the covered employee is retained in the random pool during his or her absence. If the employee is retained in the random pool, then pre-employment testing is not required.) A pre-employment test is required for covered employees who are away from work for more than 90 consecutive calendar days, are removed from the random testing pool, and plan to return to a safety-sensitive function.

When a covered employee or applicant has previously failed or refused a DOT pre-employment drug and/or alcohol test, the employee must provide proof of having successfully completed a referral, evaluation and treatment plan meeting DOT requirements.

## Reasonable Suspicion Testing

(Company Name) shall conduct a drug and/or alcohol test when (company name) has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse.

The determination that reasonable suspicion exists shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors 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.

(Company Name) may direct a covered employee to undergo reasonable suspicion testing for alcohol only while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions.

If an alcohol test is not administered within two hours following the determination to conduct a reasonable suspicion test, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight hours following the determination to test, cease attempts to administer an alcohol test and update the record with the reasons for not administering the test.

## Post-accident Testing

Safety-sensitive employees shall be subject to post-accident alcohol and controlled substances testing under the following circumstances:

Fatal Accidents. As soon as possible following an accident involving the loss of human life, DOT drug and alcohol tests are conducted on all surviving covered employees. In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, is tested.

Non-fatal Accidents. Post-accident testing is required if one of the following conditions is met,

- ❑ An accident results in injuries requiring immediate medical treatment away from the scene, and the covered employee contributed to the accident,
- or
- ❑ One or more vehicles receive disabling damage and have to be towed from the scene, and the covered employee contributed to the accident.

In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, is tested.

Disabling damage means damage which prevented the departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, tail lights, turn signals, horn, or windshield wipers that makes them inoperative.

If an alcohol test is not administered within two hours following the time of the accident, prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol is not administered within eight hours following the determination to test, cease attempts to administer an alcohol test and update the record with the reasons for not administering the test. The drug test should be taken as soon as possible. Cease attempts to collect the drug test after 32-hours.

If the decision not to administer a drug and/or alcohol test under this section shall be based on the employer's determination, using the best available information at the time of the determination that the employee's performance could not have contributed to the accident. Such a decision must be documented in detail, including the decision-making process used to reach the decision not to test.

Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

## Random Testing

Random drug and alcohol tests are unannounced and unpredictable, and the dates for administering random tests are spread reasonably throughout the calendar year. Random testing must be conducted at all times of day when safety-sensitive functions are performed.

Testing rates will meet or exceed the minimal annual percentage rate set each year by the DOT Administrator. The current year testing rates can be viewed on line at <http://www.dot.gov/ost/dapc/rates.html>. The 2007 FTA minimum testing requirement is to annually perform drug tests on 25% and alcohol tests on 10% of the average number of safety-sensitive employees.

The selection of employees for random drug and alcohol testing shall be made by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with employees' Social Security numbers, payroll identification numbers, or other comparable identifying numbers. Under the selection process used, each covered employee shall have an equal chance of being tested each time selections are made.

Each employee selected for testing shall be tested during the selection period. A covered employee shall only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

Each covered employee who is notified of selection for random drug or random alcohol testing shall proceed to the test site immediately.



## End of Shift Testing (this section is optional)

(optional) Random testing may occur anytime an employee is on duty so long as the employee is notified prior to the end of the shift. Employees who provide advance, verifiable notice of scheduled medical or child care commitments will be random drug tested no later than three hours before the end of their shift and random alcohol tested no later than 30 minutes before the end of their shift. Verifiable documentation of a previously scheduled medical or childcare commitments, for the period immediately following an employee's shift, must be provided at least (company decides how far in advance they must be notified) hours before the end of the employee's shift.

## Test Refusal

You have refused to take a test if you:

1. Fail to provide a breath or urine sample
2. Provide an insufficient volume without valid medical explanation
3. Adulterate or substitute a specimen
4. Fail to appear within a reasonable time
5. Leave the scene of an accident without just cause prior to submitting to a test
6. Leave the collection facility prior to test completion
7. Fail to permit an observed or monitored collection when required
8. Fail to take a second test when required
9. Fail to undergo a medical examination when required
10. Fail to cooperate with any part of the testing process
11. Fail to sign Step 2 of alcohol test form
12. Once test is underway, fail to remain at site and provide a specimen
13. Or the MRO verifies that you provided an adulterated/substituted sample.

For pre-employment tests only, failure to appear, aborting the collection before the test commences, or failure to remain at site prior to commencement of test is NOT a test refusal:

## Prohibited Conduct

- (1) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 DFR Part 40, as amended.

- (2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee must take an alcohol test, if the covered employee claims ability to perform his or her safety-sensitive function.
- (3) (Company name) shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
- (4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 or greater regardless of when the alcohol was consumed.
- (5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- (6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

## Consequences

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee is immediately removed from safety-sensitive duties, referred to a substance abuse professional (SAP), and terminated from employment.

Following a BAC of 0.02 or greater, but less than 0.04 – the employee is immediately removed from safety sensitive duties for at least eight hours unless a retest results in the employee's alcohol concentration of less than 0.02.

## Dilute Specimen

Negative dilute – (company decision needed here – to test or not to retest dilute negative test results) A negative dilute specimen does not require a retest. While §40.197(b) authorizes an employer to obtain one additional test following a negative dilute result (in pre-employment or other testing situations), a negative dilute test result is a valid negative test for DOT's purposes. You must treat all employees the same for this purpose. For example, you must not retest some employees and not others. You may, however, establish different policies for different types of tests (e.g., conduct retests in pre-employment situations, but not in random test situations). You must treat the result of the second test as the test result of record.

Dilute negative results 2-5 mg/dl requires an immediate recollection under direct observation (see §40.155(c)).

## Split Sample

(Company Name) will guarantee that the cost for the split specimen test is covered in order for a timely analysis of the sample however; the employee is required to pay for the split sample test.

(Company needs to decide if employees will be required to pay for the test. Some companies will pay for the test if the split specimen test result is negative; otherwise, the employee pays)

## Zero Tolerance

Per company policy, any employee who tests positive for drugs and/or alcohol or refuses to test will be referred to a SAP and terminated from employment.

## Employee admission of alcohol and controlled substances use. (this section is optional)

This section will not apply to any employee who tests positive through the testing program. The employee must voluntarily seek treatment through this section prior to being notified of a pending drug and/or alcohol test or being involved in a situation that requires a reasonable suspicion or post-accident FTA drug and/or alcohol test. The employee cannot self-identify in order to avoid testing.

(Insert transit system's name) offers employees the use of counseling and rehabilitative services pursuant to coverage limitations and in accordance with the terms of its benefit programs. Employees are personally responsible for seeking treatment for alcohol and/or controlled substance dependence. Any voluntary request by an employee for assistance with his/her own alcohol and/or controlled substance dependency will remain as confidential as possible and shall not be used, in itself, as a basis for disciplinary action.

The costs of the visits with the SAP shall be borne by the (transit system decides who is going to pay for treatment and the leave policy) The employee may use any available accumulated leave in accordance with leave policies in order to participate in extended counseling and/or rehabilitation. If the employee requests that the purpose of the leave not be disclosed to his/her immediate supervisor, the department head shall maintain confidentiality regarding the reason for the leave.

## Prescription Drug Use (this section is optional)

The appropriate use of legally prescribed drugs and non-prescription medication is not prohibited. It is, however, the employee's responsibility to inform the physician of the employee's job duties and determine from the physician, or other health care professional, whether or not the prescribed drug may impair their job performance or mental or motor function. It is the responsibility of the employees to remove themselves from service if they are unfit for duty.

Pursuant to company authority, employees are required to report the use of medically authorized drugs or other substances that may create a direct threat by impairing job performance of safety-sensitive functions to his/her supervisor and provide proper written medical authorization to work from a physician.

Pursuant to company authority, failure to report the use of such drugs or failure to provide proper evidence of medical authorization may result in disciplinary action.

## Drug Free Work Place Act of 1988

In accordance with the Drug Free Work Place Act of 1988, an employee who is convicted of any criminal drug statute for a violation occurring in the work place shall notify (insert who you want notified - the Personnel Office, the DER?) no later than five days after such conviction.

‘Release of Information Form—49 CFR Part 40 Drug and Alcohol Testing’

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

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

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

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

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher?    YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests?    YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested?    YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?    YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you?    YES \_\_\_ NO \_\_\_
6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process?    N/A \_\_\_ YES \_\_\_ NO \_\_\_

*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).*

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Employee Receipt of Policy

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

ID Number: \_\_\_\_\_ Job title: \_\_\_\_\_

Attached is a copy of the Drug and Alcohol Policy, dated \_\_\_\_\_.  
Your signature below certifies that you have received a copy of the policy. Please  
sign and return this form to \_\_\_\_\_. Please contact \_\_\_\_\_ at xxx-  
xxx-xxxx if you have any questions.





Attachment A  
Covered positions by job title

# Index

## 9

90 consecutive calendar days, 5

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FTA and FMCSA

Template Policy



Version



COMPANY NAME HERE

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Policy Adopted on x/xx/2005, Policy Revised on x/xx/2007

# Drug and Alcohol Policy



COMPANY NAME

# Drug and Alcohol Policy

---

Company name  
12345 Main Street • Suite 100  
Phone 123.456.7890 • Fax 123.456.7890

---





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## Purpose of Policy

**T**his policy complies with 49 CFR Part 655, as amended, 49 CFR Part 40, as amended, and 49 CFR Part 382, as amended. All drug and alcohol testing is conducted in accordance with these regulations.

All covered employees are required to submit to drug and alcohol tests as a condition of employment.

Copies of Parts 382, 655 and 40 are available in the drug and alcohol program manager's office and can be found on the internet at the Office of Drug & Alcohol Policy & Compliance's website <http://www.dot.gov/ost/dapc/index.html>.

## Covered Employees

This policy applies to every employee whose position requires the possession of a commercial driver's license (CDL); every employee performing a "safety-sensitive function" as defined herein, and any person applying for such positions.

Under FMCSA, an employee is performing a safety sensitive function if they are:

- ❑ Driving a commercial motor vehicle which requires the driver to have a commercial driver's license (CDL)
- ❑ Inspecting, servicing, or repairing any commercial motor vehicle
- ❑ Waiting to be dispatched to operate a commercial motor vehicle
- ❑ Performing all other functions in or upon a commercial motor vehicle
- ❑ Loading or unloading a commercial motor vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments being loaded or unloaded

- ❑ Performing driver requirements associated with an accident
- ❑ Repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle

Under FTA, you are a safety-sensitive employee if you perform any of the following:

- ❑ Operation of a revenue service vehicle, in or out of revenue service
- ❑ Operation of a non-revenue vehicle requiring a CDL
- ❑ Controlling movement or dispatch of a revenue service vehicle (this is optional and determined by employer)
- ❑ Security personnel who carry firearms
- ❑ Maintenance (including repairs, overhaul and rebuilding) of a revenue service vehicle or equipment used on revenue service.
- ❑ Contractor employees that stand in the shoes of Transit System employees also have to comply

Covered employee means a person, including an applicant or transferee, who performs or will perform a safety-sensitive function. A volunteer is a covered employee if: (1) The volunteer is required to hold a commercial driver's license to operate the vehicle; or (2) The volunteer performs a safety-sensitive function for an entity subject to this part and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity.

See Attachment A for a list of covered positions by job title.

## Contact Person

List the identity of the person, office, branch and/or position designated by the employer to answer employee questions about the employer's anti-drug use and alcohol misuse programs.

## Prohibited Substances

- ❑ Marijuana
- ❑ Cocaine
- ❑ Amphetamines
- ❑ Opiates

- ❑ Phencyclidine
- ❑ Alcohol

## Testing Procedure

All testing will be conducted as required in 49 C.F.R. Part 40, as amended.

## Pre-Employment Testing

(Optional) Pre-employment alcohol tests are conducted after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test.

**FTA Procedures:** A negative pre-employment drug test result is required before an employee can first perform safety-sensitive duties.

(Company policy decision - The employer has the discretion to decide whether or not the covered employee is retained in the random pool during his or her absence. If the employee is retained in the random pool, then pre-employment testing is not required.) A pre-employment test is required for covered employees who are away from work for more than 90 consecutive calendar days, are removed from the random testing pool, and plan to return to a safety-sensitive function.

When a covered employee or applicant has previously failed or refused a DOT pre-employment drug and/or alcohol test, the employee must provide proof of having successfully completed a referral, evaluation and treatment plan meeting DOT requirements.

**FMCSA Procedures:** A negative pre-employment drug test result is required before an employee can first perform safety-sensitive duties.

An employer is not required to administer a pre-employment controlled substances test if:

- (1) The driver has participated in a controlled substances testing program that meets the requirements of this part within the previous 30 days; and
- (2) While participating in that program, either:
  - (i) Was tested for controlled substances within the past 6 months (from the date of application with the employer), or
  - (ii) Participated in the random controlled substances testing program for the previous 12 months (from the date of application with the employer); and

(3) The employer ensures that no prior employer of the driver of whom the employer has knowledge has records of a violation of this part or the controlled substances use rule of another DOT agency within the previous six months.

## Reasonable Suspicion Testing

(Company Name) shall conduct a drug and/or alcohol test when (company name) has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse.

The determination that reasonable suspicion exists shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors 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.

(Company Name) may direct a covered employee to undergo reasonable suspicion testing for alcohol only while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions.

If an alcohol test is not administered within two hours following the determination to conduct a reasonable suspicion test, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight hours following the determination to test, cease attempts to administer an alcohol test and update the record with the reasons for not administering the test.

***FMCSA Procedures:*** A written record shall be made of the observations leading to an alcohol or controlled substances reasonable suspicion test, and signed by the supervisor or company official who made the observations, within 24 hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier.

## Post-Accident Testing- FMCSA

***FMCSA Procedures:*** The following FMCSA-covered employees shall be subject to post-accident alcohol and controlled substances testing under the following circumstances:

(a) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol for each of its surviving drivers:

(1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or

(2) Who receives a citation within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:

(i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or

(ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(b) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for controlled substances for each of its surviving drivers:

(1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or

(2) Who receives a citation within thirty-two hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:

(i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or

(ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(c) The following table notes when a post-accident test is required to be conducted

Type of Accident Involved.	Citation issued to Commercial Motor Vehicle Driver?	Alcohol and controlled substance test required.
i. Human fatality	YES	YES
	NO	YES
ii. Bodily injury and immediate medical treatment away from the scene.	YES	YES
	NO	NO
iii. Disabling damage to any motor vehicle requiring tow away	YES	YES
	NO	NO

1. If a post-accident alcohol test is not administered within two (2) hours following an accident, the supervisor of the employee shall prepare and maintain on file a record stating the reasons the test was not properly administered. If a test is not administered within eight (8) hours after the accident, the supervisor shall cease

attempts to have the alcohol test administered and prepare and maintain on file a record stating the reasons the test was not done within said eight (8) hours.

2. If a post-accident controlled substances test is not administered within 32 hours of the accident, the supervisor shall cease attempts to have the controlled substances test administered and prepare and maintain on file a record stating the reasons the test was not done within said 32 hours.
3. An employee subject to post-accident testing shall remain readily available for such testing, including notifying his/her supervisor of his/her location if he/she leaves the accident scene. An employee who fails to do so shall be deemed to have refused to submit to testing. Nothing herein shall be construed to require the delay of necessary medical attention for the injured or to prohibit an employee from leaving the accident scene for the time period required to obtain emergency assistance.

## Post-Accident Testing - FTA

***FTA Procedures:*** The following FTA-covered employees shall be subject to post-accident alcohol and controlled substances testing under the following circumstances:

**Fatal Accidents.** As soon as possible following an accident involving the loss of human life, DOT drug and alcohol tests are conducted on all surviving covered employees. In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, is tested.

**Non-Fatal Accidents.** Post-accident testing is required if one of the following conditions is met,

- ❑ An accident results in injuries requiring immediate medical treatment away from the scene, and the covered employee contributed to the accident,
- or
- ❑ One or more vehicles receive disabling damage and have to be towed from the scene, and the covered employee contributed to the accident.

In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, is tested.

Disabling damage means damage which prevented the departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs.



Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, tail lights, turn signals, horn, or windshield wipers that makes them inoperative.

If an alcohol test is not administered within two hours following the time of the accident, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol is not administered within eight hours following the determination to test, cease attempts to administer an alcohol test and update the record with the reasons for not administering the test. The drug test should be taken as soon as possible. Cease attempts to collect the drug test after 32-hours.

If the decision not to administer a drug and/or alcohol test under this section shall be based on the employer's determination, using the best available information at the time of the determination that the employee's performance could not have contributed to the accident. Such a decision must be documented in detail, including the decision-making process used to reach the decision not to test.

Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

## Random Testing

Random drug and alcohol tests are unannounced and unpredictable, and the dates for administering random tests are spread reasonably throughout the calendar year. Random testing must be conducted at all times of day when safety-sensitive functions are performed.

Testing rates will meet or exceed the minimal annual percentage rate set each year by the DOT Administrator. The current year testing rates can be viewed on line at <http://www.dot.gov/ost/dapc/rates.html>. The 2007 FMCSA minimum testing requirement is to annually perform drug tests on 50% and alcohol tests on 10% of the average number of driver positions. The 2007 FTA minimum testing requirement is to annually perform drug tests on 25% and alcohol tests on 10% of the average number of safety-sensitive employees. If a given driver is subject to random alcohol or controlled substances testing under the random alcohol or controlled substances testing rules of more than one DOT agency for the same employer, the driver shall be subject to random alcohol and/or controlled substances testing at the annual percentage rate established for the calendar year by the DOT agency regulating more than 50 percent of the driver's function.

The selection of employees for random drug and alcohol testing shall be made by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with employees' Social Security numbers, payroll identification numbers, or other comparable identifying numbers. Under the selection process used, each covered employee shall have an equal chance of being tested each time selections are made.

Each employee selected for testing shall be tested during the selection period. A covered employee shall only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

Each covered employee who is notified of selection for random drug or random alcohol testing shall proceed to the test site immediately.

## Test Refusal

You have refused to take a test if you:

1. Fail to provide a breath or urine sample
2. Provide an insufficient volume without valid medical explanation
3. Adulterate or substitute a specimen
4. Fail to appear within a reasonable time
5. Leave the scene of an accident without just cause prior to submitting to a test
6. Leave the collection facility prior to test completion
7. Fail to permit an observed or monitored collection when required
8. Fail to take a second test when required
9. Fail to undergo a medical examination when required
10. Fail to cooperate with any part of the testing process
11. Fail to sign Step 2 of alcohol test form
12. Once test is underway, fail to remain at site and provide a specimen
13. Or the MRO verifies that you provided an adulterated/substituted sample.

For pre-employment tests only, failure to appear, aborting the collection before the test commences, or failure to remain at site prior to commencement of test is NOT a test refusal:

## Prohibited Conduct

- (1) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 DFR Part 40, as amended.
- (2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee must take an alcohol test, if the covered employee claims ability to perform his or her safety-sensitive function.
- (3) The Transit Department shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
- (4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 or greater regardless of when the alcohol was consumed.
- (5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- (6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

## Consequences

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee is immediately removed from safety-sensitive duties, referred to a substance abuse professional (SAP), and (insert transit system disciplinary policy.)

***FTA Procedures:*** Following a BAC of 0.02 or greater, but less than 0.04 – the employee is immediately removed from safety sensitive duties for at least eight hours unless a retest results in the employee's alcohol concentration of less than 0.02.

***FMCSA Procedures:*** Following a BAC of 0.02 or greater, but less than 0.04 – the employee is immediately removed from safety sensitive duties until the start of the driver's next regularly scheduled duty period, but not less than 24 hours following administration of the test.

## Dilute Samples

Negative dilute – (company decision needed here – to test or not to retest dilute negative test results) A negative dilute specimen does not require a retest. While §40.197(b) authorizes an employer to obtain one additional test following a negative dilute result (in pre-employment or other testing situations), a negative dilute test result is a valid negative test for DOT's purposes. You must treat all employees the same for this purpose. For example, you must not retest some employees and not others. You may, however, establish different policies for different types of tests (e.g., conduct retests in pre-employment situations, but not in random test situations). You must treat the result of the second test as the test result of record.

Dilute negative results 2-5 mg/dl requires an immediate recollection under direct observation (see §40.155(c)).

## Split Sample

(Company Name) will guarantee that the cost for the split specimen test is covered in order for a timely analysis of the sample however; the employee is required to pay for the split sample test.

## Zero Tolerance (if no second chance)

Per company policy, any employee who tests positive for drugs and/or alcohol or refuses to test will be referred to a SAP and terminated from employment.

## (if company has a second chance policy) Return to Duty Testing

Any employee who is allowed to return to duty after a refusal to submit to a test or failing an alcohol and/or drug test, must first be evaluated by a substance abuse professional (SAP), and provide a negative drug, alcohol (or both) test result.

## (if company has a second chance policy) Follow-Up Testing

Employees returning to duty following leave for substance abuse rehabilitation will be required to undergo unannounced follow-up alcohol and/or drug testing as directed by the SAP. The number and frequency of such follow-up testing shall be directed by the SAP. The employee will be subject to follow-up testing for a period of 1 to 5 years as determined by the SAP. All testing will be conducted in accordance with Part 40, subpart O. (Company needs to decide who pays for rehabilitation services and if employee can use sick leave or annual leave during the rehabilitation program)

## Employee admission of alcohol and controlled substances use.

***FMCSA Procedures:*** (a) Employees who admit to alcohol misuse or controlled substances use are not subject to the referral, evaluation and treatment requirements of part 382 and part 40, provided that:

(a)(1) The admission is in accordance with a written employer- established voluntary self-identification program or policy that meets the requirements of paragraph (b) of this section;

(a)(2) The driver does not self-identify in order to avoid testing

(a)(3) The driver makes the admission of alcohol misuse or controlled substances use prior to performing a safety sensitive function (i.e., prior to reporting for duty); and

(a)(4) The driver does not perform a safety sensitive function until the employer is satisfied that the employee has been evaluated and has successfully completed education or treatment requirements in accordance with the self-identification program guidelines.

(b) A qualified voluntary self-identification program or policy must contain the following elements:

(b)(1) It must prohibit the employer from taking adverse action against an employee making a voluntary admission of alcohol misuse or controlled substances use within the parameters of the program or policy and paragraph (a) of this section;

(b)(2) It must allow the employee sufficient opportunity to seek evaluation, education or treatment to establish control over the employee's drug or alcohol problem;

(b)(3) It must permit the employee to return to safety sensitive duties only upon successful completion of an educational or treatment program, as determined by a drug and alcohol abuse evaluation expert, i.e., employee assistance professional, substance abuse professional, or qualified drug and alcohol counselor;

(b)(4) It must ensure that:

(b)(4)(i) Prior to the employee participating in a safety sensitive function, the employee shall undergo a return to duty test with a result indicating an alcohol concentration of less than 0.02; and/or (b)(4)(ii) Prior to the employee participating in a safety sensitive function, the employee shall undergo a return to duty controlled substance test with a verified negative test result for controlled substances use; and

(b)(5) It may incorporate employee monitoring and include non-DOT follow-up testing.

(b)(4)(ii) Prior to the employee participating in a safety sensitive function, the employee shall undergo a return to duty controlled substance test with a verified negative test result for controlled substances use; and

(b)(5) It may incorporate employee monitoring and include non-DOT follow-up testing.

## Prescription Drug Use (this section is optional)

The appropriate use of legally prescribed drugs and non-prescription medication is not prohibited. It is, however, the employee's responsibility to inform the physician of the employee's job duties and determine from the physician, or other health care professional, whether or not the prescribed drug may impair their job performance or mental or motor function. It is the responsibility of the employees to remove themselves from service if they are unfit for duty.

Pursuant to company authority, employees are required to report the use of medically authorized drugs or other substances that may create a direct threat by impairing job performance of safety-sensitive functions to his/her supervisor and provide proper written medical authorization to work from a physician.

Pursuant to company authority, failure to report the use of such drugs or failure to provide proper evidence of medical authorization may result in disciplinary action.

## Drug Free Work Place Act of 1988

In accordance with the Drug Free Work Place Act of 1988, an employee who is convicted of any criminal drug statute for a violation occurring in the work place shall notify (insert who you want notified - the Personnel Office, the DER?) no later than five days after such conviction.

‘Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing’

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

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

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

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

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher?    YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests?    YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested?    YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?    YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you?    YES \_\_\_ NO \_\_\_
6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process?    N/A \_\_\_ YES \_\_\_ NO \_\_\_

*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).*

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_



## Employee Receipt of Policy

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

ID Number: \_\_\_\_\_ Job title: \_\_\_\_\_

Attached is a copy of the Drug and Alcohol Policy, dated \_\_\_\_\_. Your signature below certifies that you have received a copy of the policy. Please sign and return this form to \_\_\_\_\_. Please contact \_\_\_\_\_ at xxx-xxx-xxxx if you have any questions.



Attachment A  
Covered positions by job title



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# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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### **Appendix B. Example Administrative Forms and Lists**

This appendix contains best practice examples of forms and lists that have been used successfully to assist with general administrative issues and concerns and the issues related to each of the four types of testing required for all employers: pre-employment, reasonable suspicion, post accident, and random. Each of these examples is referenced and described in Section 4.1. The examples appear in the following figures, by the aforementioned groups:

#### ***General Administrative Duties***

- B-1. MBTA Employee Certification of Receipt of Policy
- B-2. WMATA Employee Certification of Receipt of Policy
- B-3. Tri-Met Employee Certification of Receipt of Policy
- B-4. Log of Covered Employees who Complete Substance Abuse Training
- B-5. Log of Employees who Complete Reasonable Suspicion Training
- B-6. Certificate for Completion of Reasonable Suspicion Training
- B-7. Roles and Responsibilities of Department Substance Abuse Program Manager
- B-8. Roles and Responsibilities of Department Program Coordinator
- B-9. Roles and Responsibilities of Departmental Divisional Contacts
- B-10. Roles and Responsibilities of Front-Line Supervisors
- B-11. Drug and Alcohol Testing Log
- B-12. Drug Test Result Summary Form
- B-13. Supervisor Log for Drug and Alcohol Testing
- B-14. Order for Testing
- B-15. Notification of Testing
- B-16. Notice of Positive Drug Test
- B-17. Notice of Positive Alcohol Test
- B-18. Employee Notification of Positive Test Result
- B-19. Supervisor Notification of Positive Test Result

#### ***Pre-Employment Testing***

- B-20. Flow Chart for Pre-Employment Testing Process
- B-21. Pre-Employment Documentation Summary Sheet
- B-22. Pre-Employment Test Tracking Log
- B-23. Applicant Notification of Positive Test Result

# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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### ***Reasonable Suspicion Testing***

- B-24. Flow Chart for Reasonable Suspicion Testing Process
- B-25. Reasonable Suspicion Process and Documentation
- B-26. Reasonable Suspicion Short-Term Indicators
- B-27. Reasonable Suspicion Evaluation and Checklist
- B-28. Fitness for Duty
- B-29. Observation/Incident Report
- B-30. Accident/Incident/Reasonable Cause Report
- B-31. Reasonable Suspicion Individual Test Summary
- B-32. Reasonable Suspicion Tracking Master Log
- B-33. Failure To Administer Reasonable Suspicion Drug Test Form

### ***Post-Accident Testing***

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- B-35. Flow Chart for Post-Accident Testing Process
- B-36. Post-Accident Testing Decision Report
- B-37. Post-Accident Testing Procedure
- B-38. Post-Accident Drug and Alcohol Testing Decision Maker Form
- B-39. Post-Accident Testing Record of Decision
- B-40. Post-Accident Documentation Summary Form
- B-41. Failure To Administer Post-Accident Drug Test
- B-42. Post-Accident Test Master Log

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- B-44. Random Testing Procedure
- B-45. Random Drug/Alcohol Testing Notification Form
- B-46. Employee Notice for Random Substance Abuse Test
- B-47. Random Selection Instructions
- B-48. Roles and Responsibilities of Random Selector
- B-49. Random Testing Schedule
- B-50. Random Testing Selection Documentation Form
- B-51. Individual Random Test Summary Sheet
- B-52. Random Test Master Log
- B-53. Employee Status Form



# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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### **GENERAL ADMINISTRATIVE DUTIES**

#### **Figure B-1. MBTA Employee Certification of Receipt of Policy**

### **MASSACHUSETTS BAY TRANSPORTATION AUTHORITY DRUG AND ALCOHOL POLICY VERIFICATION OF EMPLOYEE NOTICE**

**I have received a copy of the August 1, 2001 Massachusetts Bay Transportation Authority Drug and Alcohol Policy which outlines the rights, duties, and responsibilities of the Massachusetts Bay Transportation Authority and all employees of the Massachusetts Bay Transportation Authority.**

\_\_\_\_\_  
**Employee Number**

\_\_\_\_\_  
**Area**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Class Number**

\_\_\_\_\_  
**Class Title**

\_\_\_\_\_  
**Name**

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

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

\_\_\_\_\_  
**MBTA Witness Signature**

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

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-2. WMATA Employee Certification of Receipt of Policy

Washington Metropolitan Area Transit Authority

### Certification Statement

Drug and Alcohol Testing Program

I have received a copy of the Policy Instruction, P/I 7.21/2 Drug and Alcohol Testing, and a copy of the Substance Abuse Policy and Employee Assistance Program. I understand that it is my responsibility to read and abide by the rules contained in these Policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Employee Number

Figure B-3. Tri-Met Employee Certification of Receipt of Policy<sup>1</sup>

### TRI-MET DRUG & ALCOHOL ABUSE PROGRAM

*Yes, I have received Tri-Met's packet of information containing a copy of the revised drug and alcohol policy, EAP brochure, and Question & Answer information.*

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

Employee No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Tri-County Metropolitan Transit District, Portland, Oregon





# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-6. Certificate for Completion of Supervisor Training<sup>4</sup>

<p style="text-align: center;"><b>The Government of The Virgin Islands</b></p> <p style="text-align: center;"><b>Certifies That</b></p> <hr/> <p style="text-align: center;"><i>Supervisor</i></p> <p style="text-align: center;"><b><i>Has completed Supervisor Reasonable Suspicion Training for Drug Use and Alcohol Misuse in Accordance with 49 CFR Part 655</i></b></p> <p>On _____ <i>(date)</i></p> <hr/> <p style="text-align: center;"><i>Instructor</i></p>
--

<sup>4</sup> The Government of The Virgin Islands

# Best Practices

## FTA Drug and Alcohol Testing Program

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**Figure B-7. Roles and Responsibilities of Department Substance Abuse Program Manager<sup>5</sup>**

### ROLES AND RESPONSIBILITIES: SUBSTANCE ABUSE PROGRAM MANAGER

---

- Directs and manages the City's Substance Abuse program
- Supervises the City's Substance Abuse Program staff including the City personnel that perform the following:
  - Random number pool management and selection
  - Substance abuse professional services
- Manages, monitors, and enforces contracts for testing services, including:
  - Collection sites
    - ⇒ Urine specimen collection
    - ⇒ Breath specimen collection (BATs)
  - SED testing laboratory
  - Split specimen laboratory
  - Medical Review Officer
- Performs quality control checks on testing services:
  - Mock audits
  - Blind sample quality control checks
  - Periodic inspections
  - Review policies/procedures, checklists for being complete, up-to-date, and compliant with 49CFR Part 40
  - Monitor/investigate employee complaints
  - Periodic assessment of service provider credentials
- Maintains a thorough, current knowledge of all Federal drug and alcohol testing regulations including testing procedures (49CFR Part 40); FTA regulations (49CFR Part 655); and FHWA regulations (49CFR Part 382).
- Maintain a thorough and current knowledge of all other Federal, State, and Municipal legislation, regulations and case law regarding substance abuse testing that may pertain to City employee.
- Maintain a thorough and current knowledge of testing procedures, protocols, adulterants, and other relevant issues relating to drug and alcohol testing.
- Assist Department Program Coordinators with the successful, compliant, implementation of the City's Substance Abuse Policy.
- Advise Department Program Coordinators as they implement the program including policy implementation, discipline, and other issues as they arise.
- Recommend modifications to the City's Substance Abuse Policy as appropriate to reflect changes in regulations, operating environments, practical experience, and program administration. Present recommendations to the CAO and City Council, as appropriate.
- Develop training modules to train supervisors and other City employees on the City's policy and testing procedures.
- Coordinate training activities for/between City departments for supervisory Reasonable Suspicion and Drug Abuse/Alcohol misuse awareness training.
- Maintain a computerized database of testing records to facilitate the preparation/submission of MIS report required by Federal regulations.
- Maintain manual paper files to facilitate response to employee actions, lawsuits, grievances, audits, or other proceedings.
- Ensure confidentiality and security of all drug and alcohol testing records.
- Testify as necessary regarding the testing procedures and policies in administrative grievance procedures and lawsuits.
- Perform other duties as directed.

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<sup>5</sup> City of Albuquerque

# Best Practices

## FTA Drug and Alcohol Testing Program

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**Figure B-8. Roles and Responsibilities of Department Program Coordinator<sup>6</sup>**

### ROLES AND RESPONSIBILITIES DEPARTMENT PROGRAM COORDINATOR

---

- Coordinates with SAPM on program implementation.
- Responsible for policy implementation in department.
- Knowledgeable of regulatory compliance requirements as appropriate (Transit mandatory).
- Schedules random tests and works with Division Contact to ensure tests are performed.
- Re-schedules test in testing period if employee is unavailable on the testing day.
- Approves legitimate excuses for no test; takes corrective action when explanation is not legitimate.
- Notifies Random Selector when tests are not completed in the testing period.
- Tracks tests for department.
- Ensures that employees are properly coded as safety-sensitive or not.
- Works with Division Contacts to ensure that testing is performed within the regulatory guidelines –
  - Alcohol test only performed just before, during, just after the performance of a safety-sensitive job function
  - Drug test any time the covered employee is on duty
  - Tests performed as soon as possible following employee notification, accident, or reasonable suspicion determination
  - Document test delays of greater than 2 hours; discontinue alcohol test attempts after 8 hours; discontinue drug test attempt after 32 hours.
- Investigate procedural violations and take corrective actions as necessary
- Ensure appropriate department level documentation is completed accurately and in a timely manner; take corrective action as necessary.
- Maintain departmental records in a secure location.
- Schedule return-to-duty, and follow-up test consistent with SAP recommendation.
- Notify employees and department of positive test results; remove employee from duty; notify and refer to department for discipline; refer to SAP.
- Coordinate with SAP regarding employee's progress and return-to-duty status.
- Coordinate with SAPM regarding preparation and submission of annual MIS reports.
- Provide input to SAPM regarding quality of testing services; bring issues or problems to immediate attention of SAPM.

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<sup>6</sup> City of Albuquerque

# Best Practices

## FTA Drug and Alcohol Testing Program

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**Figure B-9. Roles and Responsibilities of Departmental Divisional Contacts<sup>7</sup>**

### ROLES AND RESPONSIBILITIES DEPARTMENTAL – DIVISION CONTACTS

---

- Upon notification of employees to be tested – check to make sure available on tests date. If not, inform DPC of need for alternate test date within testing period
- Arrange for employee to be removed from duty (schedule substitute as necessary), and notify of need for test
- Arrange for immediate transportation to collection site
- Notify DPC of post-accident and reasonable suspicion tests
- Ensure tests are complete consistent with regulatory requirements
- Ensure that all necessary documentation is complete and submitted to the DPC within 24 hours of the incident

**Figure B-10. Roles and Responsibilities of Front-Line Supervisors<sup>8</sup>**

### ROLES AND RESPONSIBILITIES FRONT-LINE SUPERVISORS

---

- Determine employee fitness for duty; make reasonable suspicion determination as appropriate; transport employee to collection site; notify Division Contact/DPC; prepare documentation.
- Determine if accident meets regulatory definition of an accident; if so transport employee to collection site or arrange for collections to be made; document test decision; notify Division Contact/DPC.

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<sup>7</sup> City of Albuquerque

<sup>8</sup> City of Albuquerque



# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-11. Drug and Alcohol Testing Log<sup>9</sup>**

### DRUG AND ALCOHOL TESTING LOG

SS#	EE#	CLASS	AREA	DATE SCREENED	LOCATION	REASON
NAME:						
DRUG SCREEN/RESULTS	DATE	COMMENTS		ALCOHOL SCREEN RESULTS	DATE	COMMENTS

SS#	EE#	CLASS	AREA	DATE SCREENED	LOCATION	REASON
NAME:						
DRUG SCREEN/RESULTS	DATE	COMMENTS		ALCOHOL SCREEN RESULTS	DATE	COMMENTS

SS#	EE#	CLASS	AREA	DATE SCREENED	LOCATION	REASON
NAME:						
DRUG SCREEN/RESULTS	DATE	COMMENTS		ALCOHOL SCREEN RESULTS	DATE	COMMENTS

SS#	EE#	CLASS	AREA	DATE SCREENED	LOCATION	REASON
NAME:						
DRUG SCREEN/RESULTS	DATE	COMMENTS		ALCOHOL SCREEN RESULTS	DATE	COMMENTS

SS#	EE#	CLASS	AREA	DATE SCREENED	LOCATION	REASON
NAME:						
DRUG SCREEN/RESULTS	DATE	COMMENTS		ALCOHOL SCREEN RESULTS	DATE	COMMENTS

SS#	EE#	CLASS	AREA	DATE SCREENED	LOCATION	REASON
NAME:						
DRUG SCREEN/RESULTS	DATE	COMMENTS		ALCOHOL SCREEN RESULTS	DATE	COMMENTS

<sup>9</sup> Massachusetts Bay Transportation Authority (MBTA)

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-12. Drug Test Result Summary Form<sup>10</sup>**

### DRUG TEST RESULT SUMMARY FORM

Company: _____			
Location: _____			
Employee Name: _____			
Identification #: _____			
Reported for Test:	_____	Date	_____ Time
Specimen Collection:	_____	Date	_____ Time
Type of Test:	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Return-to-Duty	
	<input type="checkbox"/> Random	<input type="checkbox"/> Post-Accident	
	<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Follow-up	
	<input type="checkbox"/> Re-Test	<input type="checkbox"/> Other	
Type of Test:	<input type="checkbox"/> DOT	<input type="checkbox"/> Safe 10	<input type="checkbox"/> Safe 5 <input type="checkbox"/> Other
Date Lab Received: _____			
Date Lab Reported: _____			
Date MRO Verifies Results: _____			
Specimen Collection Site:			
	Name: _____		
	Location: _____		
	Technician: _____		
Testing Laboratory:			
	Name: _____		
	Location: _____		
	Certifying Scientist: _____		
Split Analysis Laboratory:			
	Name: _____		
	Location: _____		
	Certifying Scientist: _____		
Medical Review Officer:			
	Name: _____		
	Location: _____		
	Signature: _____		
Test Result:			
<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
<input type="checkbox"/>	Cancelled	<input type="checkbox"/>	Insufficient Volume
<input type="checkbox"/>		<input type="checkbox"/>	Unsuitable
<input type="checkbox"/>		<input type="checkbox"/>	Adulterated
<input type="checkbox"/>		<input type="checkbox"/>	Not Performed
Substance Detected:			
<input type="checkbox"/>	Marijuana	<input type="checkbox"/>	Cocaine
<input type="checkbox"/>	Opiates	<input type="checkbox"/>	Amphetamine
<input type="checkbox"/>	Codeine	<input type="checkbox"/>	Amphetamine
<input type="checkbox"/>	Morphine	<input type="checkbox"/>	Methamphetamine
<input type="checkbox"/>		<input type="checkbox"/>	Phencyclidine
<input type="checkbox"/>		<input type="checkbox"/>	Other, Specify: _____
Date Employee Informed: _____			
Action Taken:			
<input type="checkbox"/>	Referred to SAP	(Date) _____	<input type="checkbox"/> Employee Terminated
<input type="checkbox"/>	Assigned to non-safety-sensitive duties		<input type="checkbox"/> Not Hired
<input type="checkbox"/>	Removed from Duty		<input type="checkbox"/> Other

To Be Completed By MRO

<sup>10</sup> City of Albuquerque

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-13. Supervisor Log for Drug and Alcohol Testing<sup>11</sup> (Front)

### SUPERVISOR LOG – DRUG & ALCOHOL TESTING

DATE \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_  
SSN / ID# OF EMPLOYEE \_\_\_\_\_  
EMPLOYEE WORK SITE \_\_\_\_\_

#### TYPE OF TEST

DRUG                       ALCOHOL                       BOTH DRUG & ALCOHOL

#### REASON FOR TESTING

RANDOM                       REASONABLE SUSPICION  
 POST-ACCIDENT                       FOLLOW-UP (per return-to-work agreement)

#### TESTING FACILITY

MEDWORK (SR-84)                       ON-SITE (employee's work location)  
 FAMILY HEALTH CENTER                       OTHER \_\_\_\_\_

(am/pm)

#### SEQUENCE OF EVENTS

\_\_\_\_\_ Time when testing facility was called/notified to coordinate testing of a Mass Transit Division employee.  
\_\_\_\_\_ Time when employee was first notified of the testing requirement.  
\_\_\_\_\_ Time when union/other employee representative was contacted (person notified) \_\_\_\_\_ ).  
\_\_\_\_\_ Departure time from employee's work site to the testing facility, if applicable.  
\_\_\_\_\_ Arrival time at the testing facility, or time the mobile testing team arrives at the testing location.  
\_\_\_\_\_ Arrival time of union representative, if applicable.  
\_\_\_\_\_ Time testing started.  
\_\_\_\_\_ Time testing concluded.  
\_\_\_\_\_ Time of return to work location, or time employee is released to return to duty or is secured from duty.

#### OTHER NOTIFICATION

*(post-accident, reasonable suspicion testing, or as otherwise required)*

\_\_\_\_\_ Time when Superintendent/Assistant Superintendent was notified.  
\_\_\_\_\_ Time when Program Manager for Drug & Alcohol Testing was called/alerted.  
\_\_\_\_\_ Time when Director/Assistant Director was notified, if applicable.  
\_\_\_\_\_ Other \_\_\_\_\_

<sup>11</sup> Broward County (Florida) Transit

# Best Practices

## FTA Drug and Alcohol Testing Program

### Figure B-13. Supervisor Log for Drug and Alcohol Testing (Back)

#### POST-ACCIDENT TESTING

(Complete this section only if post-accident testing criteria applies.)

\_\_\_\_\_  
(Date/Time of Accident)

\_\_\_\_\_  
(Location of Accident)

BODILY INJURY

DISABLING DAMAGE

NO-TEST DECISION (WAIVED PER \_\_\_\_\_)

#### REASONABLE SUSPICION TESTING

(Complete this section to describe when, where, and what specific, observed behavior, speech, appearance, or other characteristic results in a reasonable suspicion testing determination. Be specific. Use amplifying comments or separate sheet of paper if more space is needed.)

\_\_\_\_\_  
(Date/Time of Observation)

\_\_\_\_\_  
(Location of Observation)

ODOR OF ALCOHOL

#### AMPLIFYING COMMENTS

(Complete this section to note any problem or unusual circumstance associated with the testing process, any delay in testing beyond two hours of notifying employee of a testing requirement, or to provide additional information, if needed. Use continuation sheet if more space is needed.)

---

---

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---

---

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---

---

\_\_\_\_\_  
(Signature of Supervisor)

*Note. Post-Accident and Reasonable Suspicion testing must be substantiated by completing the appropriate section above. Return this form within 24 hours of testing to the Program Manager for Drug and Alcohol Testing, Broward County Transit, 3201 West Copans Road, Pompano Beach, Florida 33069. Contact the Program Manager at 357-830. After regular business hours call 497-8327 (24-hour pager) if there is question concerning this form or assistance is needed in determining whether a particular situation requires testing for the use of prohibited drugs or misuse of alcohol.*

**Best Practices**  
**FTA Drug and Alcohol Testing Program**

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Figure B-14. Order for Testing<sup>12</sup>

**ORDER FOR TESTING**

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

Number: \_\_\_\_\_

Supervisor Authorizing Test: \_\_\_\_\_

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

---

Transported:  Yes  No

Name of Transport Supervisor: \_\_\_\_\_

Date & Time Sent: \_\_\_\_\_ (Date) \_\_\_\_\_ (Time)

Test Authority:  DOT  Non-DOT  Other (Specify)

Test Category:

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-employment | <input type="checkbox"/> Random               |
| <input type="checkbox"/> Post-Accident  | <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> Return-to-Duty | <input type="checkbox"/> Follow-up            |
| <input type="checkbox"/> Retest         |   |

Observed Collection:  Yes  No

Other \_\_\_\_\_  
\_\_\_\_\_

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

Date & Time Sent:	_____	Date	_____	Time
Date & Time Reported:	_____	Date	_____	Time
Date & Time of Test:	_____	Date	_____	Time

---

<sup>12</sup> Ohio Department of Transportation (ODOT)

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-15. Notification of Testing

### MV TRANSPORTATION DRUG & ALCOHOL TESTING NOTIFICATION FORM

Employee Identification
Employee Name:
Employee ID No: (ss#)
Department:
Supervisor:

TYPE OF TEST	DRUG _____	ALCOHOL _____
RANDOM		
POST ACCIDENT	DOT	NON-DOT
REASONABLE SUSPICION		
RETURN TO STUDY		
FOLLOW UP		

Selection, Notification, and Testing	
For MVT Use	This side to be filled out by collection site staff
Date Selected:	Date Tested:
Date Notified:	Time Tested: am/pm
Time Notified: am/pm	Location:

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Collection Person Signature

\_\_\_\_\_  
Date

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-16. Notice of Positive Drug Test<sup>13</sup>

**HUMAN RESOURCES - DEPARTMENT #6210**  
**NOTICE OF POSITIVE DRUG TEST**



**CONFIDENTIAL**

DATE: June 5, 2002  
TO: \_\_\_\_\_, Manager, \_\_\_\_\_  
FROM: \_\_\_\_\_ Drug and Alcohol Program Coordinator  
SUBJ: \_\_\_\_\_, Badge # \_\_\_\_\_

\_\_\_\_\_, Badge # \_\_\_\_\_, had a drug test on \_\_\_\_\_, 2001 at \_\_\_\_\_ Medical Clinic. The test results for both were verified positive for Marijuana (THC) on \_\_\_\_\_, 2001. A copy of the Medical Review Officer's (MRO) Status Report is attached.

To assist you with preparing for disciplinary action, the following checklist of mandatory actions is included:

- Remove the employee from duty. Date of removal from duty: \_\_\_\_\_
- Notify the employee of the test result.
- Refer employee to Employee Assistance Program (EAP) for assessment by a Substance Abuse Professional (SAP) and treatment resource information (Initial referral), this must be done regardless of disciplinary action to be taken, in order to be in compliance with DOT/FTA regulations and the MTA/PTSC Alcohol-and Drug-Free Work Environment Policy.)
- Schedule a disciplinary hearing. Date of hearing: \_\_\_\_\_
- Ask if employee requested the Split Sample test. (*As this test can only be performed at the employee's written request, this serves only as a reminder.*) **Have employee sign the Authorization to Release Drug Test Result to Union**, (required by some unions in order to pay for the Split Sample test.)
- Contact \_\_\_\_\_ to schedule a meeting with the Discipline Committee, as soon as the hearing date is set.

**A copy of this completed form and of the final disciplinary action taken must be sent to this office, as soon as a decision has been made and all parties notified.**

Thanks for your cooperation. If you have any questions regarding this matter, please call me at \_\_\_\_\_.

Attachments

<sup>13</sup> Los Angeles County Metropolitan Transportation Authority (LACMTA)

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-17. Notice of Positive Alcohol Test<sup>14</sup>

***HUMAN RESOURCES - DEPARTMENT #6210***  
***NOTICE OF POSITIVE ALCOHOL TEST***



**CONFIDENTIAL**

DATE: June 5, 2002  
TO: \_\_\_\_\_, Manager, Division \_\_\_\_  
FROM: \_\_\_\_\_, Drug and Alcohol Program Coordinator  
SUBJ: \_\_\_\_\_, Badge #\_\_\_\_

\_\_\_\_\_, Badge #\_\_\_\_ had a Breathalyzer test \_\_\_ day, \_\_\_\_\_, 2001, at \_\_\_\_\_ Industrial Medical Clinic. The initial test result had an alcohol concentration of **0.0** and was confirmed positive by a second test at **0.0**. A copy of the test results is attached. We are still awaiting drug test results and they will be reported to you, as soon as they are available.

To assist you with preparing for disciplinary action, the following checklist of mandatory actions is included:

- Remove the employee from duty. Date of removal from duty \_\_\_\_\_
- Notify the employee of the test result.
- Refer employee to Employee Assistance Program (EAP) for assessment by a Substance Abuse Professional (SAP) and treatment resource information (Initial referral), this must be done regardless of disciplinary action to be taken, to be in compliance with the MTA/PTSC Alcohol-and Drug-Free Work Environment Policy.)
- Schedule a disciplinary hearing. Date of hearing: \_\_\_\_\_
- Contact \_\_\_\_\_ to schedule a meeting with the Discipline Committee, as soon as the hearing date is set.

**A copy of this completed form and of the final disciplinary action taken must be sent to this office, as soon as a decision has been made and all parties notified.**

Thanks for your cooperation. If you have any question regarding this matter, please call me at \_\_\_\_\_.

Attachments

<sup>14</sup> Los Angeles County Metropolitan Transportation Authority (LACMTA)



# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure B-18. Employee Notification of Positive Test Result<sup>15</sup>

### Employee Notification of a Positive Drug/Alcohol Screen

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

Employee Identification Number: \_\_\_\_\_

Attached is a copy of your positive drug and/or alcohol screen. This information (not the actual test result) is being forwarded to your supervisor for appropriate action.

YOU MUST REPORT TO YOUR SUPERVISOR \_\_\_\_\_, AT  
(Supervisor's Name)

\_\_\_\_\_ IMMEDIATELY UPON RELEASE  
(Location employee must report to.)

FROM THE CLINIC.

If you fail to report to the supervisor, additional disciplinary action may be imposed, up to and including discharge.

### Notice of Availability of Substance Abuse Professional Evaluation

A Substance Abuse Professional evaluation is available for you. Please contact the MBTA Employee Assistance Program (EAP) to schedule an appointment. (617) 222-5381. The MBTA EAP is located at 120 Boylston Street, 6<sup>th</sup> Floor, Boston, MA. (across the hall from the MBTA clinic. ) In the case of an emergency, contact the 24-hour pager (781) 553-0001.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

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

\_\_\_\_\_  
Witness

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<sup>15</sup>Massachusetts Bay Transportation Authority (MBTA)

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure B-19. Supervisor Notification of Positive Test Result<sup>16</sup>

### DRUG AND/OR ALCOHOL SCREEN INFORMATION FORM SUPERVISOR NOTIFICATION

The following information is considered strictly **confidential**. It is being forwarded to you to ensure the employee is removed from safety-sensitive duties and to initiate the appropriate disciplinary action. **Each supervisor is responsible for ensuring that this information is filed in a confidential and secure area.** It may be released to additional management personnel on a need to know basis only.

**EMPLOYEE IDENTIFICATION NUMBER:** \_\_\_\_\_

**DATE OF DRUG AND/OR ALCOHOL SCREEN:** \_\_\_\_\_  
(INDICATE DRUG OR ALCOHOL)

**REASON FOR DRUG/ALCOHOL SCREEN:** \_\_\_\_\_  
(FTA REQUIRED TEST ONLY)

**MRO VERIFICATION DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Medical Clinic Signature**

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

Pursuant to the MBTA Drug and Alcohol Policy and Testing Program, effective August 1, 2001. An employee must be instructed to comply with Section V, Enforcement of Policy Through Discipline. This section includes, but is not limited to, the supervisor instructing the employee that he or she **must report** to the MBTA Employee Assistance Program for a Substance Abuse Professional Evaluation as required by 49 CFR part 40.

As a supervisor you **may** contact the MBTA Employee Assistance Program to schedule an evaluation or you **must** instruct the employee that he/she must complete the evaluation within seven (7) days of the discipline being issued.

Please contact the MBTA Employee Assistance Program, 120 Boylston Street, 6<sup>th</sup> Floor, Boston, MA. (617) 222-5381, to schedule a Substance Abuse Professional Evaluation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

<sup>16</sup>Massachusetts Bay Transportation Authority (MBTA)

# Best Practices

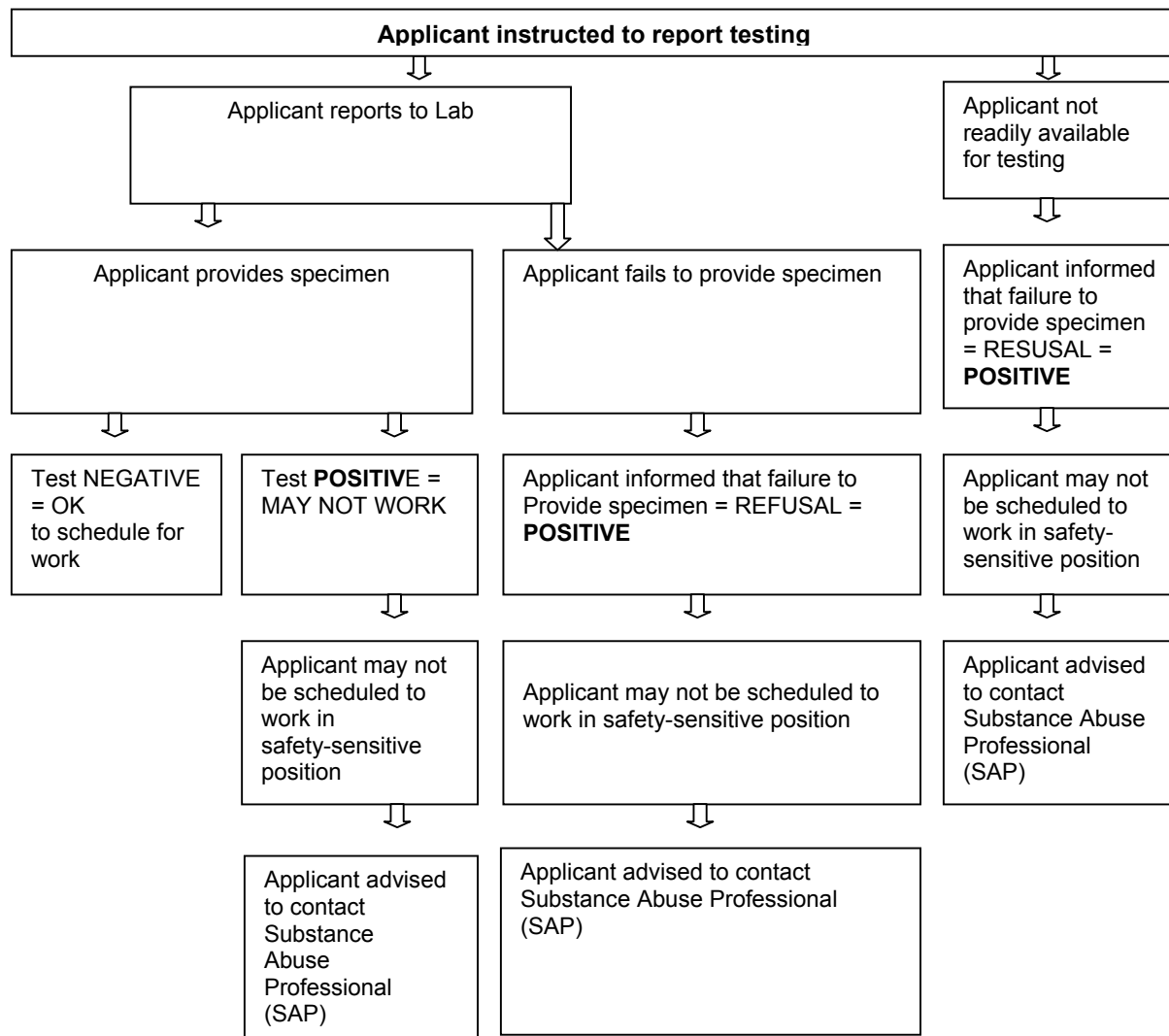
## FTA Drug and Alcohol Testing Program

### PRE-EMPLOYMENT TESTING

Figure B-20. Flow Chart for Pre-Employment Testing Process<sup>17</sup>

FTA DRUG & ALCOHOL TESTING PROGRAM

### Pre-Employment Testing



<sup>17</sup> West Virginia Department of Transportation (DOT), Division of Public Transit

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-21. Pre-Employment Documentation Summary Sheet<sup>18</sup>

### PRE-EMPLOYMENT DOCUMENTATION SUMMARY SHEET

**Applicant Name:** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Position Applied For:**

_____	CDL, Specify	_____
_____	Public Safety	
_____	Police	
_____	Fire	
_____	Correction	
_____	Other, Specify	_____
_____	Transit	
_____	Operator	
_____	Dispatcher	
_____	Mechanic	
_____	Security w/ Firearm	
_____	Other, Specify	_____
_____	Other, Specify	_____

**For Transit Only:**

**Safety-Sensitive Job Function:**

_____	Operate a revenue service vehicle
_____	CDL for non-revenue service vehicle
_____	Maintenance of revenue service vehicle
_____	Controlling movement of revenue service vehicle
_____	Security with firearm

**Date of Applicant Notification:** \_\_\_\_\_

**Date of Test:** \_\_\_\_\_

**Date Reported to Department:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Test Result:** Positive \_\_\_\_\_ Negative \_\_\_\_\_ Canceled \_\_\_\_\_

**Attachments:**  Notification (F-3)  Chain of Custody (COC7)  
 Test Result Summary Form (F-4)  Order to Test (F-22)

<sup>18</sup> City of Albuquerque



# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure B-23. Applicant Notification of Positive Test Result<sup>20</sup>

### Applicant Notification of a Positive Drug/Alcohol Screen

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

Applicant Identification Number: \_\_\_\_\_  
(Social Security #)

Attached is a copy of your positive drug and/or alcohol screen. This information (not the actual test result) is being forwarded to the Human Resources Department for appropriate action.

Human Resources Representative \_\_\_\_\_

Telephone # \_\_\_\_\_

### Notice of Availability of Substance Abuse Professional Evaluation

A Substance Abuse Professional evaluation is available for you. Please contact the MBTA Employee Assistance Program (EAP) to schedule an appointment. (617) 222-5381. The MBTA EAP is located at 120 Boylston Street, 6<sup>th</sup> Floor, Boston, MA. (across the hall from the MBTA clinic. ) In the case of an emergency contact the 24-hour pager (781) 553-0001.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

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

\_\_\_\_\_  
Witness

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<sup>20</sup>Massachusetts Bay Transportation Authority (MBTA)

# Best Practices

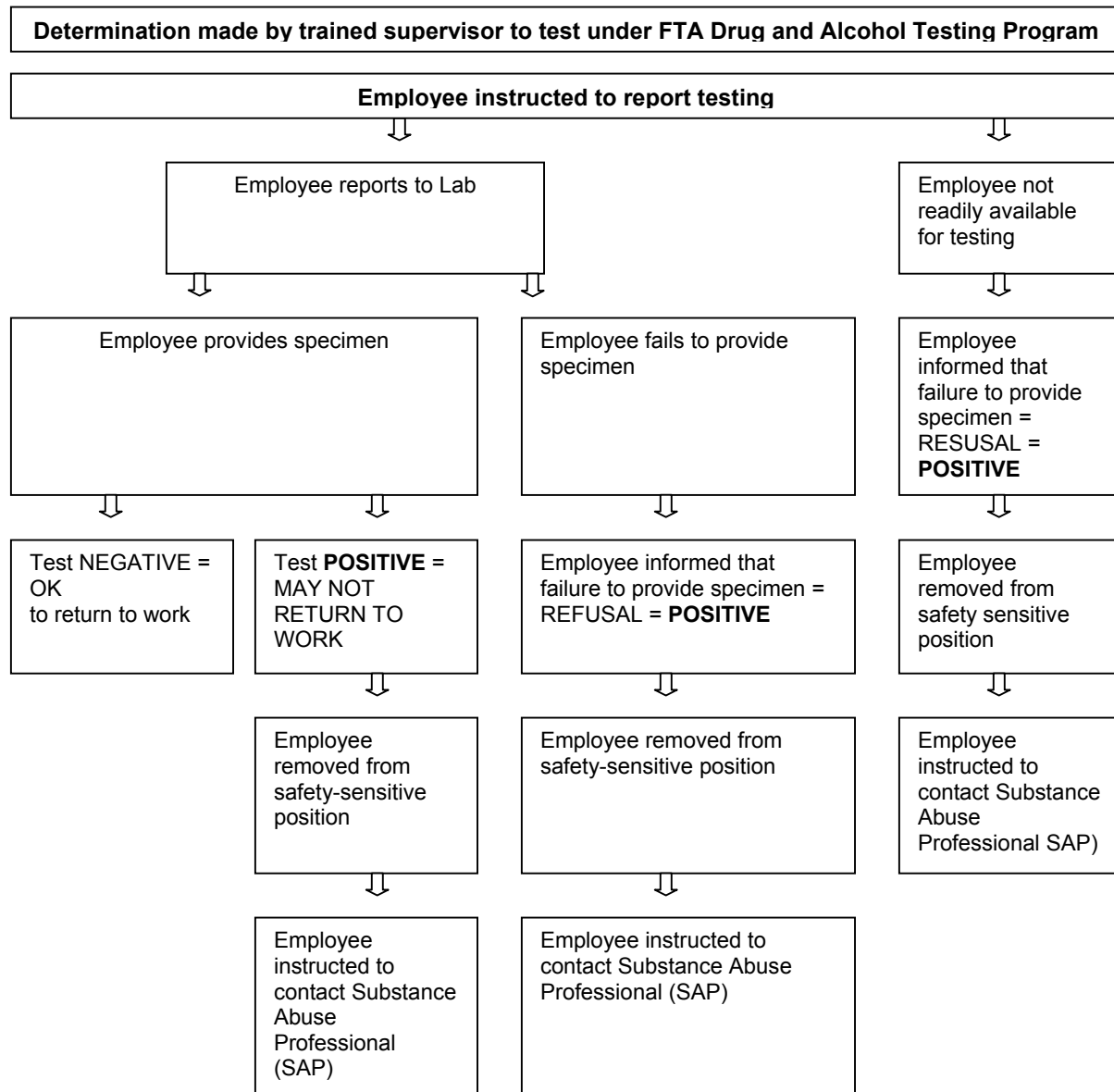
## FTA Drug and Alcohol Testing Program

### REASONABLE SUSPICION TESTING

Figure B-24. Flow Chart for Reasonable Suspicion Testing Process<sup>21</sup>

FTA DRUG & ALCOHOL TESTING PROGRAM

#### Reasonable Suspicion Testing

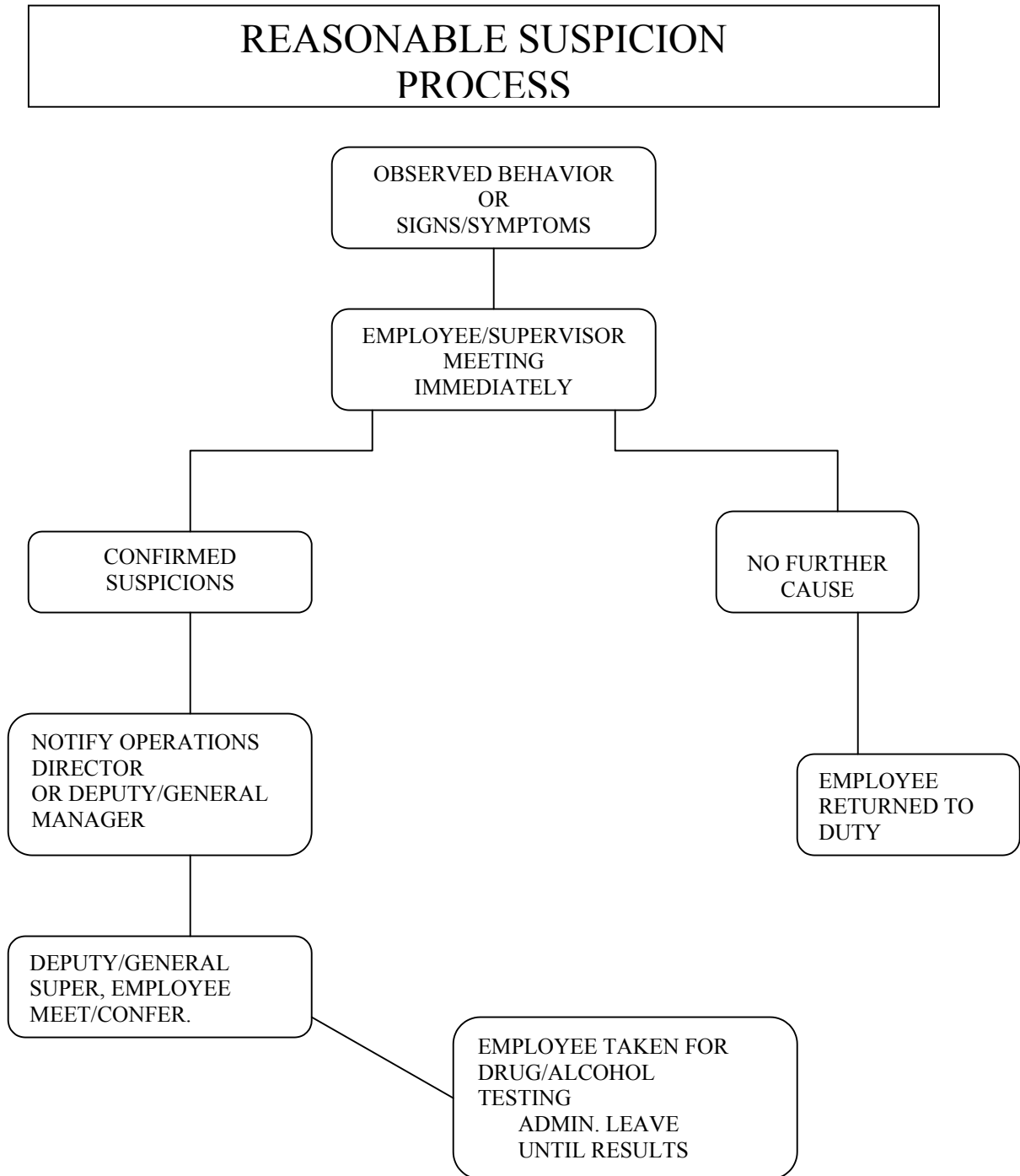


<sup>21</sup> West Virginia Department of Transportation (DOT), Division of Public Transit

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-25. Reasonable Suspicion Process and Documentation<sup>22</sup> (Sheet 1)



<sup>22</sup> Western Maine Transportation Services



# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-25. Reasonable Suspicion Process and Documentation (Sheet 2)**

### Western Maine Transportation Services

#### REASONABLE SUSPICION DOCUMENTATION FORM

EMPLOYEE NAME		DATE OF OBSERVATION (MONTH, DAY, YEAR)	
LOCATION		TIME OF OBSERVATION FROM <span style="float: right;">AM PM</span> TO <span style="float: right;">AM PM</span>	
<b>OBSERVED PERSONAL BEHAVIOR (CHECK ALL APPROPRIATE ITEMS)</b>			
BREATH: (Odor of alcoholic beverage)	<input type="checkbox"/> STRONG <input type="checkbox"/> NONE	<input type="checkbox"/> FAINT	<input type="checkbox"/> MODERATE
EYES:	<input type="checkbox"/> BLOODSHOT <input type="checkbox"/> CLEAR <input type="checkbox"/> DILATED PUPILS	<input type="checkbox"/> GLASSY <input type="checkbox"/> HEAVY EYELIDS	<input type="checkbox"/> NORMAL <input type="checkbox"/> FIXED PUPILS
SPEECH:	<input type="checkbox"/> CONFUSED <input type="checkbox"/> ACCENT <input type="checkbox"/> SLURRED <input type="checkbox"/> NOT UNDERSTANDABLE	<input type="checkbox"/> STUTTERED <input type="checkbox"/> MUMBLED <input type="checkbox"/> GOOD <input type="checkbox"/> COTTON MOUTHED	<input type="checkbox"/> THICK TONGUED <input type="checkbox"/> FAIR <input type="checkbox"/> MUSH MOUTHED <input type="checkbox"/> OTHER:
ATTITUDE:	<input type="checkbox"/> EXCITED <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> CARE FREE <input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> COMBATIVE <input type="checkbox"/> TALKATIVE <input type="checkbox"/> COCKY <input type="checkbox"/> PROFANE	<input type="checkbox"/> HILARIOUS <input type="checkbox"/> INSULTING <input type="checkbox"/> SLEEPY <input type="checkbox"/> POLITE
	OTHER:		
UNUSUAL ACTION:	<input type="checkbox"/> HICCOUGHING <input type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER:	<input type="checkbox"/> BELCHING <input type="checkbox"/> CRYING	<input type="checkbox"/> VOMITING <input type="checkbox"/> LAUGHING
BALANCE:	<input type="checkbox"/> FALLING <input type="checkbox"/> SWAYING	<input type="checkbox"/> NEEDS SUPPORT <input type="checkbox"/> OTHER:	<input type="checkbox"/> WOBBLING
WALKING:	<input type="checkbox"/> FALLING <input type="checkbox"/> SWAYING	<input type="checkbox"/> STAGGERING <input type="checkbox"/> OTHER	<input type="checkbox"/> STUMBLING
TURNING	<input type="checkbox"/> FALLING <input type="checkbox"/> SWAYING	<input type="checkbox"/> STAGGERING <input type="checkbox"/> HESITANT	<input type="checkbox"/> STUMBLING <input type="checkbox"/> OTHER:
ANY OTHER UNUSUAL ACTIONS OR STATEMENTS:			
SIGNS OR COMPLAINTS OF ILLNESS OR INJURY:			
<b>SUPERVISOR'S OPINION</b>			
EFFECTS OF ALCOHOL/DRUG INTOXICATION	<input type="checkbox"/> NONE <input type="checkbox"/> EXTREME	<input type="checkbox"/> SLIGHT	<input type="checkbox"/> OBVIOUS
OPERATION OF EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:	
ADDITIONAL COMMENTS:			
SUPERVISOR	SIGNATURE	DATE	TIME
WITNESS	WITNESS	WITNESS	

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-26. Reasonable Suspicion Short-Term Indicators

### LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY

#### REASONABLE SUSPICION SHORT-TERM INDICATORS

**Manager/Supervisor:** This form is to be used to substantiate and document the objective facts and circumstances leading to a reasonable suspicion determination. After careful observation of the employee's behavior, please check all of the short-term indicators that denote a possible link to the employee's use of prohibited alcohol or drugs.

Employee Name \_\_\_\_\_ Badge \_\_\_\_\_ Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Badge \_\_\_\_\_ Telephone \_\_\_\_\_

Second Supervisor \_\_\_\_\_ (if applicable) Badge \_\_\_\_\_

**A. Incident/Cause for Suspicion**

- Apparent drug or alcohol intoxication
- Abnormal or erratic behavior
- Observed/reported possession, dispensation or use of a prohibited substance
- Arrest or conviction for drug-related offense(s)

**B. Body Behavior**

- Nausea or vomiting
- Extreme fatigue/sleeping on job
- Dizziness or fainting
- Highly excited or nervous
- Odor of alcohol

**C. Body Appearance**

- Either very flushed or very pale
- Excessive sweating or skin clamminess
- Dry mouth, frequent swallowing, wetting lips frequently
- Disheveled appearance/out of uniform

**D. Body Movements**

- Unsteady walk, poor coordination
- Shaking hands/body, tremors, twitches
- Breathing irregularly, or with difficulty
- Loss of physical control

**E. Eyes**

- Bloodshot or watery
- Dilated or constricted pupils

**F. Speech**

- Slurred or incoherent speech
- Repetitious, rambles

**G. Behavioral Indicators Noted**

- Verbal abusiveness
- Physical abusiveness
- Extreme aggressiveness or unresponsiveness
- Inappropriate response to questioning or instructions
- Erratic/inappropriate behavior, hallucinations, disorientation, confusion, talkativeness, euphoric - (Circle all that apply)

Written summary including any pertinent information not noted above \_\_\_\_\_

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

Reasonable Suspicion Test Performed Yes  No  Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_

Clinic \_\_\_\_\_

Reasonable Suspicion Test Refused Yes  No  Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-27. Reasonable Suspicion Evaluation and Checklist<sup>23</sup> (Sheet 1)**

This form is required to be completed by the supervisor of a safety-sensitive employee as a guideline for the determination to order a drug and/or alcohol test screen for the employee when reasonable suspicion exists subject to the MBTA's Drug and Alcohol Policy. The supervisor or a responsible company official shall independently complete this form in its entirety.

Name of safety-sensitive employee: \_\_\_\_\_.

Employee identification number: \_\_\_\_\_

Position description of employee: \_\_\_\_\_

Date and time of evaluation: \_\_\_\_\_

Location of employee when reasonable suspicion evaluation was made: \_\_\_\_\_  
\_\_\_\_\_  
(be specific)

Evaluating supervisor: \_\_\_\_\_

Other supervisors at the location: \_\_\_\_\_  
\_\_\_\_\_

**I. CIRCUMSTANCES OCCURRING AT THE TIME OF THE EVALUATION**

Employee is reporting for duty: Yes No (circle one)

Employee is already on duty: Yes No (circle one)

**II. OBSERVATIONS OF EMPLOYEE'S PHYSICAL CONDITION**

Check below any/all applicable behaviors and describe:

\_\_\_ Slurred speech \_\_\_\_\_

\_\_\_ Confusion / disorientation \_\_\_\_\_

\_\_\_ Odor of alcohol on breath or person \_\_\_\_\_

\_\_\_ Odor of marijuana on breath or person \_\_\_\_\_

\_\_\_ Unsteady gait or lack of balance \_\_\_\_\_

\_\_\_ Glassy eyes \_\_\_\_\_

\_\_\_ Rapid or continuous eye movement or inability to focus \_\_\_\_\_

\_\_\_ Drowsiness \_\_\_\_\_

<sup>23</sup>Massachusetts Bay Transportation Authority (MBTA)

# Best Practices

## FTA Drug and Alcohol Testing Program

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**Figure B-27. Reasonable Suspicion Evaluation and Checklist (Sheet 2)**

<input type="checkbox"/> Inattentiveness	_____
<input type="checkbox"/> Apparent intoxicated behavior (without the odor of alcohol or marijuana)	_____
<input type="checkbox"/> Apparent intoxicated behavior (without the odor of alcohol or marijuana)	_____
<input type="checkbox"/> Physical injury. Indicate location on body:	_____
<input type="checkbox"/> Tremors or bodily shaking	_____
<input type="checkbox"/> Poor concentration	_____
<input type="checkbox"/> Runny nose or sores around nostrils	_____
<input type="checkbox"/> Very large or very small eye pupils	_____
<input type="checkbox"/> Slow or inappropriate reactions	_____

### **III. OBSERVATIONS OF EMPLOYEE'S BEHAVIOR**

Check below any/all applicable behaviors and describe:

<input type="checkbox"/> Inability to respond to questions or to respond correctly	_____
<input type="checkbox"/> Complaints of racing or irregular heart beating	_____
<input type="checkbox"/> Marked irritability	_____
<input type="checkbox"/> Aggressiveness (attempts at physical contact)	_____
<input type="checkbox"/> Inappropriate laughter, crying, etc.	_____
<input type="checkbox"/> Sleeping on the job	_____
<input type="checkbox"/> Fainting or repeated loss of consciousness	_____
<input type="checkbox"/> Inappropriate job performance and/or violation of Authority rule(s)	_____

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure B-27. Reasonable Suspicion Evaluation and Checklist (Sheet 3)

### IV. DETERMINATION OF REASONABLE SUSPICION

Based on the above documented information, I have determined that there  is  is not (supervisor to circle only one ) reasonable suspicion for sending \_\_\_\_\_ for a FTA drug and alcohol screening test.

The drug and alcohol screening tests have been ordered by: \_\_\_\_\_.

To be conducted at: \_\_\_\_\_ MBTA Medical Services  
\_\_\_\_\_ Charlestown Garage  
\_\_\_\_\_ Cabot Garage

Signature of supervisor/official conducting the evaluation: \_\_\_\_\_

Printed name of the supervisor conducting the evaluation and employee identification number:  
\_\_\_\_\_

Date: \_\_\_\_\_ (month, day, year).

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-28. Fitness for Duty<sup>24</sup> (Sheet 1)

### FITNESS FOR DUTY

CONFIDENTIAL

EMPLOYEE

DATE/TIME OF INCIDENT

SUPERVISOR NAME AND TELEPHONE

**This checklist is to be completed when an observation has occurred which provides reasonable suspicion that an employee is under the influence of a prohibited drug substance or alcohol. You should note all pertinent behavior and physical signs or symptoms, which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and any additional facts or circumstances which you have noted.**

#### 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 abnormal or erratic behavior
4. Arrest or conviction 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 or supervisor instruction, unauthorized absence on the job). Please specify.

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#### B. Behavioral Indicators Noted

1. Verbal abusiveness
2. Physical abusiveness
3. Extreme aggressiveness or agitation
4. Withdrawal, depression, tearfulness, or responsiveness
5. Inappropriate verbal responses to questioning or instructions
6. Paranoid
7. Lethargic
8. Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, talkativeness, confusion). Please explain.

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<sup>24</sup> City of Albuquerque and Ohio Department of Transportation

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-28. Fitness for Duty (Sheet 2)

### C. Physical Signs or Symptoms

- \_\_\_\_\_ 1. Possession, dispensing, or using prohibited substance
- \_\_\_\_\_ 2. Slurred or slowed speech
- \_\_\_\_\_ 3. Incoherent, confused speech
- \_\_\_\_\_ 4. Silent or whispering
- \_\_\_\_\_ 5. Swaying, falling, staggering
- \_\_\_\_\_ 6. Stumbling, reaching for support
- \_\_\_\_\_ 7. Arm raised for balance
- \_\_\_\_\_ 8. Unsteady gait or other loss of physical control, poor coordination
- \_\_\_\_\_ 9. Dilated or constricted pupils or unusual eye movement
- \_\_\_\_\_ 10. Bloodshot or watery eyes
- \_\_\_\_\_ 11. Extreme aggressiveness or agitation
- \_\_\_\_\_ 12. Excessive sweating or clamminess of skin
- \_\_\_\_\_ 13. Flushed or very pale face
- \_\_\_\_\_ 14. Highly excited or nervous
- \_\_\_\_\_ 15. Nausea or vomiting
- \_\_\_\_\_ 16. Odor of alcohol
- \_\_\_\_\_ 17. Odor of marijuana
- \_\_\_\_\_ 18. Disheveled appearance or out of uniform
- \_\_\_\_\_ 19. Dry mouth (frequent swallowing/lip wetting)
- \_\_\_\_\_ 20. Dizziness or fainting
- \_\_\_\_\_ 21. Shaking hands or body tremors/twitching
- \_\_\_\_\_ 22. Breathing irregularity or difficulty breathing
- \_\_\_\_\_ 23. Runny nose or sores around nostrils
- \_\_\_\_\_ 24. Inappropriate wearing of sunglasses
- \_\_\_\_\_ 25. Puncture marks or "tracks"
- \_\_\_\_\_ 26. Other (please specify)

### D. Observation Summary

Speech: \_\_\_\_\_

Coordination: \_\_\_\_\_

Standing: \_\_\_\_\_

Walking/Turning: \_\_\_\_\_

Hand Movement: \_\_\_\_\_

Balance: \_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

### Figure B-28. Fitness for Duty (Sheet 3)

#### D. Observation Summary (Continued)

**Disorientation:**

**Judgment/Decision Making:**

**Appearance:**

**Nose:**

**Eyes:**

**Skin:**

**Clothing:**

**Odor:**

**Other:**

#### E. Written Summary

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Please note the date, times, and locations of reasonable suspicion testing or note if the employee refused the test. Attach additional sheets as needed.

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date/Time**

\_\_\_\_\_  
**Signature of Witness (if possible)**

\_\_\_\_\_  
**Date/Time**



# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-29. Observation/Incident Report<sup>25</sup> (Front)**

### SUBSTANCE ABUSE PROGRAM OBSERVATION / INCIDENT REPORT

- REASONABLE CAUSE     
  POST-ACCIDENT     
  RANDOM     
 (Check One)

Date of Report \_\_\_\_\_ Date and Time of Incident \_\_\_\_\_

Location of Observation \_\_\_\_\_

Observing Supervisor \_\_\_\_\_

Name of Observed Employee \_\_\_\_\_

**Reasonable Cause Testing**

Reasonable cause for testing means suspicion based on specific personal observation by a supervisor or other company official trained in detecting the signs and symptoms of drug or alcohol abuse. The observer shall determine whether the employee is being tested under DOT/FTA mandate or District Policy and shall describe and document his/her findings.

***DOT FTA Safety-Sensitive Employee Policy:***

- Specific persons and articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

***District Policy All Employees:***

- Violation of a safety rule, other unsafe work incident that leads supervisor to believe that drug/alcohol use may be a factor.
- Other physical, circumstantial or contemporaneous indicators of drug or alcohol use.

**Post-Accident Testing**

Any employee must submit to drug and/or alcohol testing after an accident, whenever a supervisor determines he/she contributed to the accident or cannot be completely discounted as a contributing factor to the accident. ***Supervisor must indicate whether test is being conducted under DOT/FTA mandate or District Policy as defined below:***

***DOT FTA Safety-Sensitive Employee Policy:***

- A person dies testing is mandatory
- A person must be taken to a medical treatment facility
- Mass Transit vehicle removed from service due to damage

***District Policy All Employees:***

- A fatality
- A medical injury
- District property damage of \$5,000 or more

Associated with the above mentioned kinds of behavior are a variety of "warning signs" that usually appear on the job.

**PLACE A CHECK MARK ✓ NEXT TO THE SYMPTOM(S) OBSERVED IN THE ABOVE NAMED EMPLOYEE**

SYMPTOMS		
<input type="checkbox"/> Euphoria	<input type="checkbox"/> Exaggerated Sense of Ability	<input type="checkbox"/> Constricted Pupils
<input type="checkbox"/> Relaxed Inhibitions	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Dilated Pupils
<input type="checkbox"/> Slow/Depressed Breathing	<input type="checkbox"/> Depressed/Mood Changes	<input type="checkbox"/> Wandering Aimlessly
<input type="checkbox"/> Observed Use of Drugs	<input type="checkbox"/> Observed Use of Alcohol	<input type="checkbox"/> Disoriented Behavior
<input type="checkbox"/> Drunken Behavior (with or without smell of alcohol)	<input type="checkbox"/> Staggering Walk	<input type="checkbox"/> Odor of Alcohol
	<input type="checkbox"/> Slurred Speech	<input type="checkbox"/> Odor of Marijuana
<input type="checkbox"/> Rapid Breathing	<input type="checkbox"/> Excessively Talkative	<input type="checkbox"/> Hand Tremors
<input type="checkbox"/> Violent Behavior	<input type="checkbox"/> Combative/Argumentative	<input type="checkbox"/> Excessive Irritability
<input type="checkbox"/> Watery, Glassy, Red Eyes	<input type="checkbox"/> Staring into Space	<input type="checkbox"/> Poor Hand/Eye Coordination
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Poor Time Perception	<input type="checkbox"/> Other

<sup>25</sup> San Francisco Bay Area Rapid Transit (BART) District

# Best Practices

## FTA Drug and Alcohol Testing Program

### Figure B-29. Observation/Incident Report (Back)

**IF EMPLOYEE WILL BE TESTED:**

1. If the employee is represented, the on-scene supervisor advises him/her of the right to have a union representative present prior to testing. Call for a union representative and document that union representation was called by the supervisor.
2. Order the employee to submit to a drug and alcohol test and to sign the consent and release forms. Advise him/her that failure to submit to a drug or alcohol test or failure to cooperate with the procedure is considered to be gross insubordination for failure to follow a direct order and will be cause for discipline up to and including discharge from District employment.
3. **For Reasonable Cause Testing Only:** Inform the employee of the availability of rehabilitation at the employee's own expense if the employee admits to drug or alcohol use prior to the test, if the employee is eligible, and inform the employee that a positive test will result in disciplinary action up to and including termination if the employee has not elected the rehabilitation option prior to the test.
4. Advise the employee that he/she will be in a paid status until the test sample is collected and the breath alcohol test is completed. The employee will then be placed in an unpaid status and relieved from duty until the District receives the drug test results. If both tests are negative, the District will make the employee whole.

**DID EMPLOYEE ADMIT TO DRUG OR ALCOHOL USE:**  **YES**  **NO**

**IF REASONABLE CAUSE, DID EMPLOYEE REQUEST REHABILITATION:**  **YES**  **NO**

**COMMENTS:** \_\_\_\_\_

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

**DESCRIBE INCIDENT:** \_\_\_\_\_

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

**ACTION TAKEN:** \_\_\_\_\_

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

\_\_\_\_\_  
**SIGNATURE**

**ORIGINAL OF THIS REPORT TO MANAGER OF EMPLOYEE SERVICES  
COPY OF THIS REPORT TO DEPARTMENT HEAD**

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-30. Accident/Incident/Reasonable Cause Report<sup>26</sup> (Front)

### Accident/Incident/Reasonable Cause Report

PLEASE COMPLETE ALL AREAS NECESSARY  
ON THIS SIDE OF FORM

(X) areas that do not apply.

Employee: \_\_\_\_\_  
Employee I.D. No. \_\_\_\_\_  
Division/Department: \_\_\_\_\_  
Date of Accident/Incident: \_\_\_\_\_  
Time: \_\_\_\_\_ Location: \_\_\_\_\_

REVIEW THE REVERSE SIDE OF THIS FORM TO  
DETERMINE WHETHER THE TEST IS UNDER FTA  
OR RTD.

FTA-DOT     RTD NON-DOT

Remember, it is your responsibility to inform the person  
performing the test whether it is under FTA or RTD.

\*\*\*\*\*

If you determine a test is not necessary, explain below:

**A.** Other than a fatality, if the accident falls within one of the  
categories on the reverse side, but you think the employee  
can be totally discounted you must complete the area below,  
explaining the accident and why you decided not to test.

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

\*\*\*\*\*

**B.** Accidents or incidents where you believe negligence or  
carelessness may be involved. Briefly describe the accident/  
incident and why the employee may be under the influence  
of alcohol, drugs or a controlled substance. Complete the  
Reasonable Cause, Post Accident Section on the right side.

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

**C.** On-the-job accidents where serious injuries may have  
been caused by negligence or where more than one  
employee is involved, both the employee who caused the  
injury and the injured employee may be tested. Briefly  
describe the accident and why you believe the employee  
may be under the influence of alcohol, drugs, or controlled  
substances. Complete the Reasonable Cause/Post  
Accident section on the right.

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

Reasonable Cause     Post Accident

Whether testing or not, this side must be completed.  
Complete each area on this side of the form.

**Do Not Use N/A, O.K. or Leave Blank**

If possible, a second supervisor should be retained as an  
additional witness.

\_\_\_\_\_  
(Employee Name)

Speech: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dexterity: (Standing/Walking) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Judgment/Decision Making: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appearance: (eyes, clothing, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odor: (alcoholic beverage, marijuana, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interpersonal interactions: (sudden outburst, mood swings,  
incoherent speech, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: (physical, verbal altercations, drug paraphernalia,  
etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RTD Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Sent for Testing     Not Sent for Testing

<sup>26</sup> Denver Regional Transit District

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure B-30. Accident/Incident/Reasonable Cause Report (Back)

**Under Federal regulations an incident is considered an accident if:**

- A. An individual dies.
- B. An individual suffers bodily injury and is transported from the scene for immediate medical treatment.
- C. The mass transit vehicle involved is a bus, electric bus, van, or automobile in which one or more vehicles incurs disabling damage as the result of the accident and must be transported from the scene by a tow truck or other vehicle.
- D. The mass transit vehicle involved is a railcar, trolley car, trolley bus, or vessel, and is removed from revenue service.

**\*IF THE RTD EMPLOYEE INVOLVED IN THE ACCIDENT CAN BE TOTALLY DISCOUNTED AS A CONTRIBUTING FACTOR IN ITEMS B, C, AND D ONLY, THE EMPLOYEE DOES NOT HAVE TO BE TESTED. HOWEVER, FULL DOCUMENTATION MUST BE PROVIDED AS TO WHY THE TEST WAS NOT CONDUCTED.**

### Reasonable Suspicion Testing

The trained supervisors observe the employee and determines if testing is necessary based on specific, contemporaneously articulable observations concerning appearance, behavior, speech, or body odor of the employee.

**ANYTIME TESTING IS NOT COMPLETED WITHIN TWO HOURS AFTER THE ACCIDENT OR INCIDENT YOU MUST DOCUMENT THE REASON.**

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-31. Reasonable Suspicion Individual Test Summary<sup>27</sup>

### REASONABLE SUSPICION INDIVIDUAL TEST SUMMARY

#### TO BE COMPLETED BY SUPERVISOR

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

Safety Sensitive Position: \_\_\_\_\_

Observation Date: \_\_\_\_\_ Time: \_\_\_\_\_

Circumstances of Observation: \_\_\_\_\_  
(Attach additional sheets as necessary)

Objective Facts Identified (Attach additional sheets as necessary)

Behavior: \_\_\_\_\_

Appearance: \_\_\_\_\_

Speech: \_\_\_\_\_

Odor: \_\_\_\_\_

Other: \_\_\_\_\_

Safety-Sensitive Function Performed: \_\_\_\_\_

Notification Date: \_\_\_\_\_ Time: \_\_\_\_\_

Drug Test Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alcohol Test Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Test Conducted: \_\_\_\_\_ Drug \_\_\_\_\_ Alcohol

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

Supervisor's Signature: \_\_\_\_\_

Did the alcohol test occur more than two hours from the time of the reasonable suspicion observation?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

#### TO BE COMPLETED BY SUPERVISOR

If no alcohol test occurred because more than eight hours elapsed from the time of the reasonable suspicion observation, please explain: \_\_\_\_\_

If no drug test was performed because more than 32 hours had passed since the time of the reasonable suspicion observation, please explain: \_\_\_\_\_

Return the Form to your Department Program Coordinator within 24 hours.

#### TO BE COMPLETED BY THE SAPM

Date of Supervisor Training: \_\_\_\_\_

Test Results: Drug: \_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_ Canceled  
Alcohol: \_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_ 0.02 - 0.039

Comment: \_\_\_\_\_

Attachments:  Test Result Summary Form (F4)  Order to Test (F22)  Other  
 Chain of Custody  Alcohol Test Form

<sup>27</sup> City of Albuquerque



# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-33. Failure To Administer Reasonable Suspicion Drug Test Form<sup>29</sup>

**PREPARE THIS FORM ONLY WHEN THE EMPLOYEE IS NOT TESTED WITHIN 32 HOURS OF THE DETERMINATION OF REASONABLE SUSPICION.**

Name of safety-sensitive employee: \_\_\_\_\_  
(first name, middle initial, last name)

Date of determination: \_\_\_\_\_ (month, day, year)

Time: \_\_\_\_\_ AM PM (circle one)

Location of employee when reasonable suspicion determination was made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (be specific)

Reason why the drug test was not administered (check all that apply):

- Safety-sensitive employee refused to be tested.
- Safety-sensitive employee was medically incapacitated.
- Safety-sensitive employee was arrested.
- Safety-sensitive employee was detained by law enforcement official.
- Other: \_\_\_\_\_

Specific disciplinary action (if any) taken by \_\_\_\_\_ (insert name of transit system, state, contractor or sub-recipient):

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

Date on which this report is completed: \_\_\_\_\_ (month, day, year).

Name of company official completing and filing report:  
\_\_\_\_\_ (first name, middle initial, last name).

Title of company official completing and filing report:  
\_\_\_\_\_

**NOTE: \_\_\_\_\_ (INSERT NAME OF TRANSIT SYSTEM, STATE, CONTRACTOR, OR SUB-RECIPIENT) IS REQUIRED, WHEN THE ACCIDENT SATISFIES ONE OR MORE OF THE FTA THRESHOLDS, TO CONDUCT THE APPROPRIATE DRUG TEST. THE RESULTS OF A DRUG TEST CONDUCTED BY A LAW ENFORCEMENT OFFICIAL CAN BE SUBSTITUTED ONLY IF THE EMPLOYEE IS BEING DETAINED BY A LAW ENFORCEMENT OFFICIAL AND CAN NOT BE ACCESSED BY \_\_\_\_\_ (INSERT NAME OF TRANSIT SYSTEM, STATE, CONTRACTOR, OR SUB-RECIPIENT).**

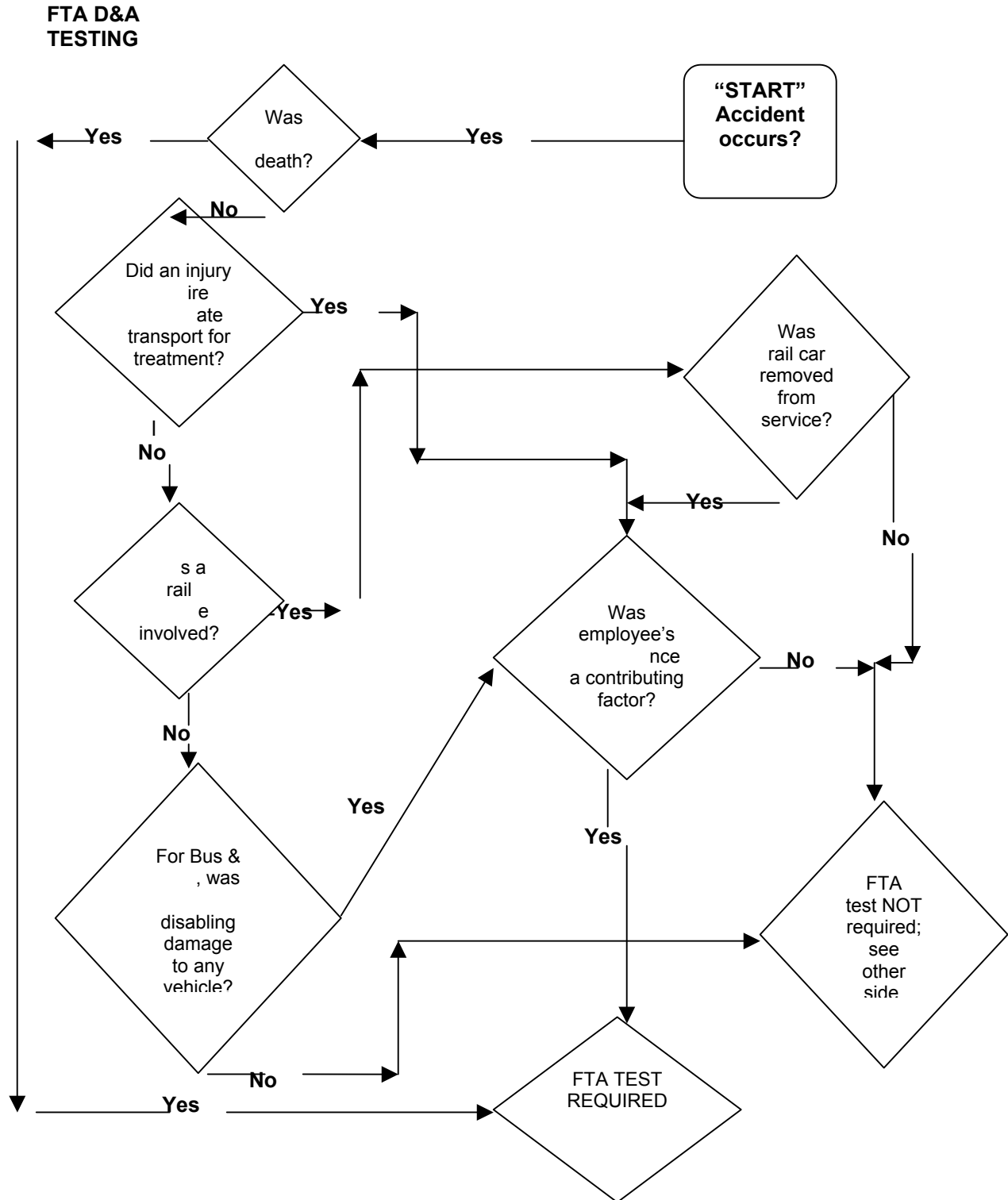
<sup>29</sup> SuTran Transit System, Sioux Falls, South Dakota

# Best Practices

## FTA Drug and Alcohol Testing Program

### POST-ACCIDENT TESTING

Figure B-34. Post-Accident Test Decision Tree<sup>30</sup> (Front)



<sup>30</sup> Greater Cleveland Regional Transit Authority



## **Best Practices**

### **FTA Drug and Alcohol Testing Program**

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Figure B-34. Post-Accident Test Decision Tree (Back)

#### **RTA REQUIRED TESTING (Safety Sensitive Only)**

**The following incidents require drug and alcohol testing by GCRTA policy when an employee either contributed to or cannot immediately be discounted from contributing to the accident, involving:**

- **A pedestrian**
- **A fixed object**
- **Two or more GCRTA vehicles**
- **A GCRTA vehicle striking the rear end of another vehicle**
- **A head-on collision**
- **A GCRTA vehicle sideswiping or broadsiding another vehicle**
- **Physical damage greater than \$5,000**

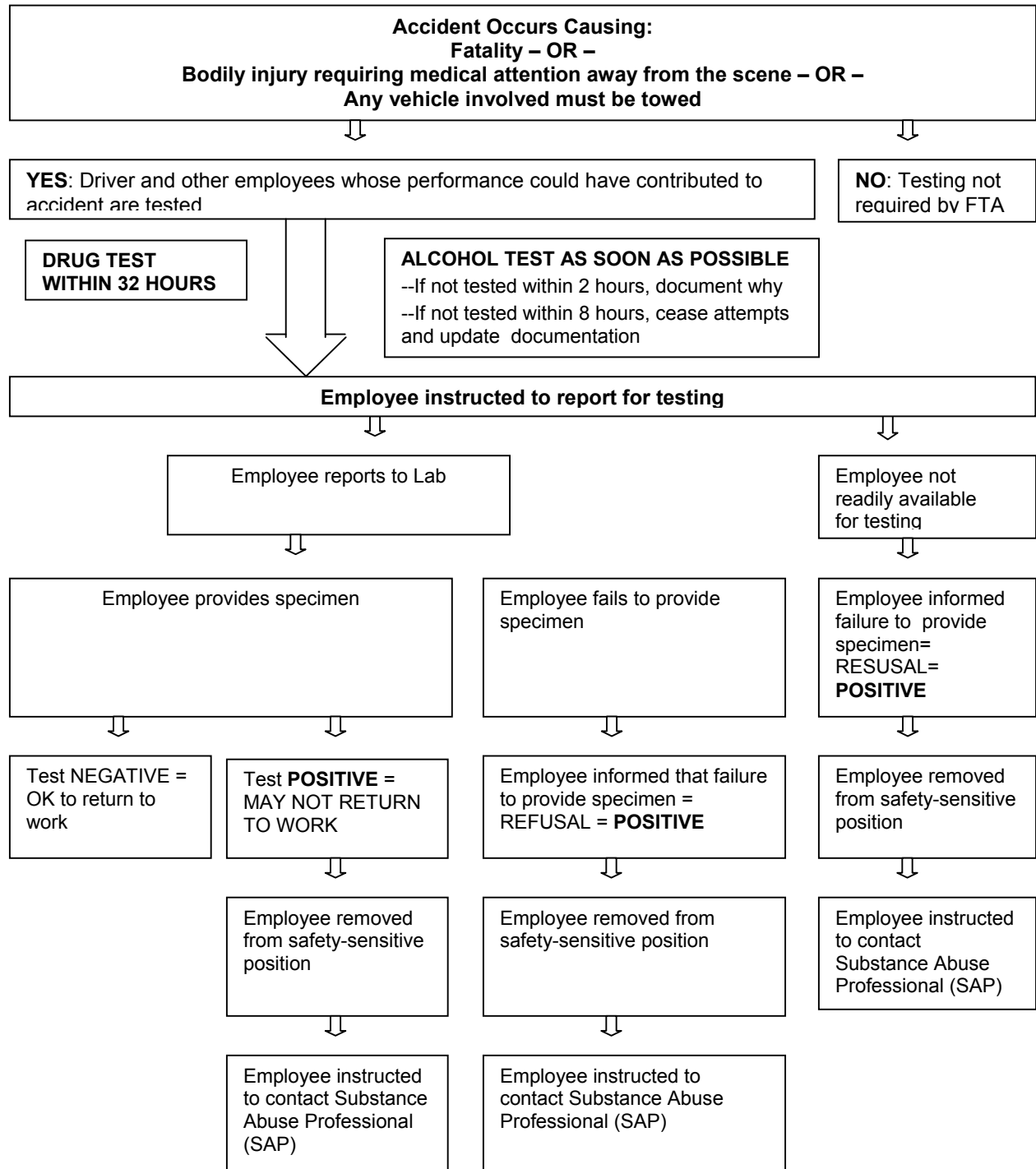
# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-35. Flow Chart for Post-Accident Testing Process<sup>31</sup>

FTA DRUG & ALCOHOL TESTING PROGRAM

### Post-Accident Testing



<sup>31</sup> West Virginia Department of Transportation (DOT), Division of Public Transit

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-36. Post-Accident Testing Decision Report<sup>32</sup>

### POST ACCIDENT TESTING DECISION REPORT

Note: Accident does not necessarily mean collision. If an individual falls on a vehicle and needs to be taken to the hospital, an accident has occurred, and a post-accident test is required unless the driver can be discounted as a contributing factor. (Spring 1996, *FTA D & A Updates*, p. 5)

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

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Driver of Vehicle: \_\_\_\_\_ Driver ID No. \_\_\_\_\_

WV Uniform Traffic Crash Report Attached  Yes  No

1. Was there loss of life as a result of the accident?  
 Yes (Requires Testing – No exceptions)  No

2. Did an individual suffer a bodily injury and immediately receive medical treatment away from the scene of the accident?  
 Yes (Requires Testing unless question 4 applies.)  No (Requires no testing under FTA authority.)

3. Was there disabling damage to any of the vehicles involved? Disabling damage means damage which precludes the departure of any vehicle from leaving the scene of the occurrence in its usual manner in daylight after simple repairs; or damage to any vehicle that could have been operated but which would have further damaged the vehicle if so operated. Disabling damage does not include damage that could be remedied temporarily at the scene of the occurrence without special tools or parts; tire disablement even if no spare tire is available; or damage to headlights, tail-lights, turn signals, horn, or windshield wipers that makes them inoperative.  
 Yes (Requires Testing unless question 4 applies.)  No (Requires no testing under FTA Authority.)

4. Can the driver or any other covered employee on the vehicle be completely discounted as a contributing factor to the accident? Note: If you discount the driver as a contributing factor, it should be well documented.  
 Yes  No Even if you answer No, under FTA regulations you must also meet the criteria questions 1, 2, and/or 3 to require testing.

5. If drug and alcohol testing is required, can the performance of any other safety sensitive employees (e.g., maintenance personnel, dispatcher, etc.), whose performance may have contributed to the accident (as determined by the transit agency at the time of the accident), be completely discounted as contributing to the accident?  
 Yes  No Even if you answer No, under FTA regulations you must also meet the criteria questions 1, 2, and/or 3 to require testing. List other employees tested on back of form.

6. Did you perform a drug and/or alcohol test?  Yes  No If No, complete #6 and sign and submit a report.  
Name of Supervisor making this determination \_\_\_\_\_  
Time Employee was informed of this determination \_\_\_\_\_

7. Decision to Test: FTA Authority  Company Authority

8. Was an alcohol test performed within 2 hours?  Yes Date & Time: \_\_\_\_\_  
 No Why, Not? \_\_\_\_\_

9. If no alcohol test was performed and more than eight hours elapsed from the time of the accident, please explain. \_\_\_\_\_

10. Was a drug test performed within 32 hours?  Yes Date & Time: \_\_\_\_\_  
 No Why, Not? \_\_\_\_\_

11. Did the driver leave the scene of the accident without just cause?  Yes  No  
If Yes, please explain \_\_\_\_\_

Report Submitted By: \_\_\_\_\_

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

For your files, attach test results summary, order to test, chain of custody (USDOT), and alcohol test form (USDOT) WVDPT 11/00

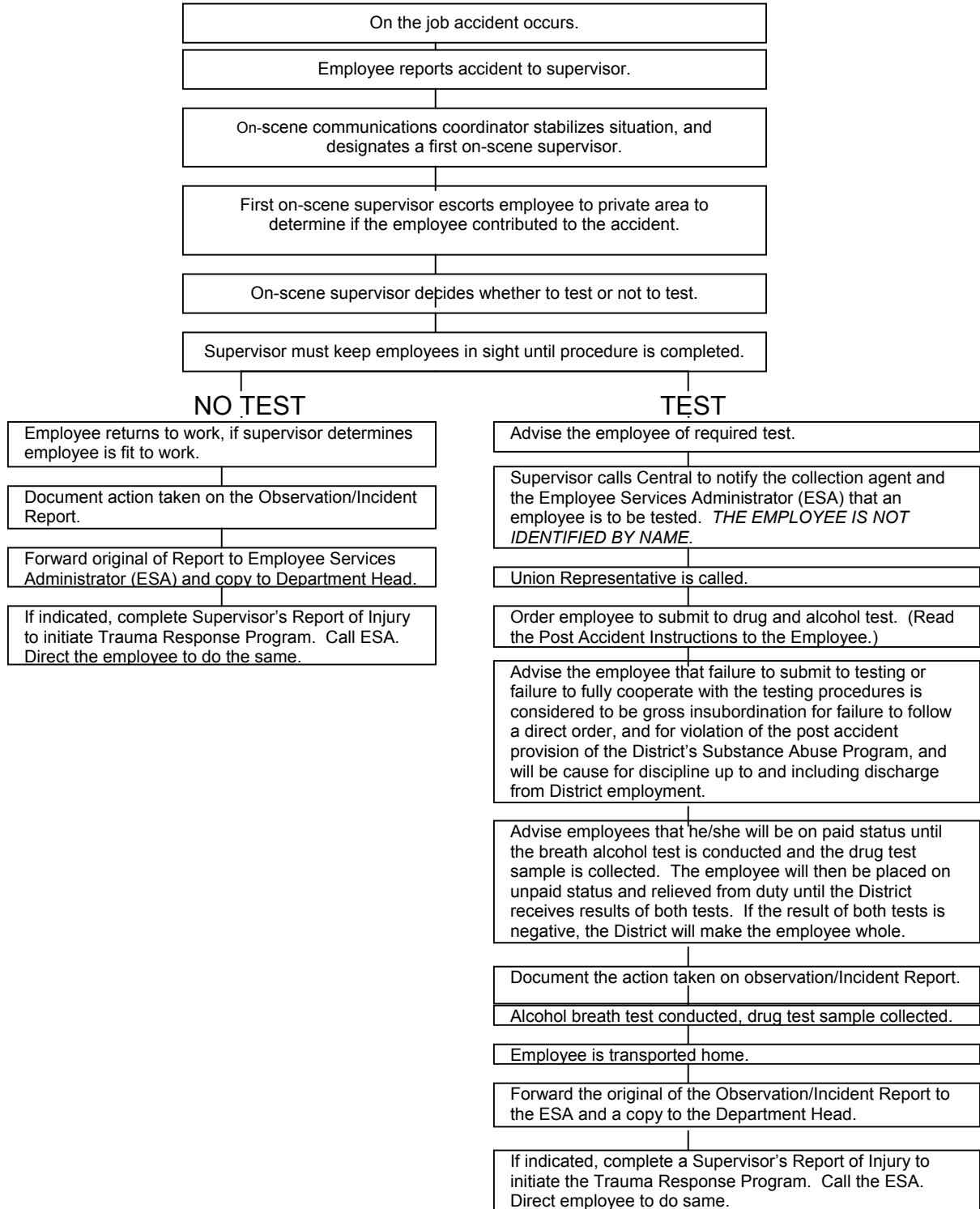
<sup>32</sup> West Virginia Department of Transportation (DOT), Division of Public Transit

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-37. Post Accident Testing Procedure<sup>33</sup>

### Substance Abuse Program Post Accident Testing Procedure



<sup>33</sup> San Francisco Bay Area Rapid Transit District (BART)

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure B-38. Post-Accident Drug and Alcohol Testing Decision Maker Form (Front)

**LOS ANGELES COUNTY  
METROPOLITAN TRANSPORTATION AUTHORITY  
POST-ACCIDENT DRUG AND ALCOHOL TESTING  
DECISION MAKER FORM**

The MTA *Alcohol & Drug Abuse Policy* (HR 4-2) and the Federal Transit Administration (FTA) regulations (49 CFR Parts 653 and 654) require that employees involved in a vehicle accident (as outlined in the Policy) submit to tests for alcohol and prohibited drugs as soon as possible following the accident. The Policy also requires the testing of any other employee whose performance could have contributed to the accident, as determined by the manager or supervisor at the scene using the best information available at the time of the decision. The testing of non-safety sensitive employees comes under the MTA's own authority.

### Accident Information:

Date of Accident \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Badge \_\_\_\_\_ Div/Dept. \_\_\_\_\_

### Decision Questions:

- Was there a fatality? Yes \_\_\_ No \_\_\_. If Yes, Post-Accident tests are required.
- If there was **no** fatality, ask the following questions:
  1. Has any individual suffered a bodily injury and immediately received medical treatment away from the scene of the accident? Yes \_\_\_ No \_\_\_
  2. If the vehicle involved was a bus, electric bus, van, or automobile, was there a disabling damage as a result of the occurrence and the vehicle was transported away from the scene by a tow truck or other vehicle? Yes \_\_\_ No \_\_\_
  3. If the vehicle involved was a rail car, trolley car, or trolley bus, was the vehicle removed from revenue service as a result of the accident? Yes \_\_\_ No \_\_\_

**If you checked *Yes* for questions 1, 2 or 3, a Post-Accident test is required unless you determine, using the best information available at the time of the decision, that the employee's performance can be completely discounted as a contributing factor to the accident.** (Any reason for NOT conducting a Post-Accident test after you've answered *Yes* to any of the above questions MUST be documented on the reverse side of this form.)

Employee taken to \_\_\_\_\_ Clinic (nearest medical facility)

by \_\_\_\_\_ Title \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

FTA regulations also require that alcohol testing must be done as soon as possible following the accident. **If alcohol testing is not conducted within 2 hours after the accident, you must document the reason for the delay on the reverse side of this form. If the alcohol test is not administered within 8 hours, and the drug test within 32 hours, you must cease all efforts to administer the tests and document the reason(s) why the tests were not administered within the FTA-prescribed time frames.**

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-38. Post-Accident Drug and Alcohol Testing Decision Maker Form (Back)

### Reason Test Was Not Completed or Delayed:

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### Testing Procedures:

- \_\_\_\_\_ Determine if employee requires medical attention.
- \_\_\_\_\_ Notify Operations Dispatch that the employee will be sent for 10-58 and briefly state the reason for testing.
- \_\_\_\_\_ Bring employee into a private setting if possible and inform him/her that (s)he will be transported to an MTA-authorized medical clinic for a drug and alcohol test, in accordance with DOT-mandated procedures outlined as Attachment 3 to the *Alcohol & Drug Abuse Policy*.
- \_\_\_\_\_ Complete the *Medical Authorization for Services* form and mark **Post-Accident** for test type.
- \_\_\_\_\_ Escort the employee to the nearest medical clinic and inform him/her that (s)he will be removed from any safety-sensitive function pending the outcome of the tests.
- \_\_\_\_\_ If employee refuses to submit to testing, inform employee that refusal to comply or cooperate is considered an admission of guilt, treated as a positive test, and will result in discipline up to and including termination. Suspend employee pending disciplinary hearing.

### Notify Human Resources:

FTA regulations require the Drug & Alcohol Program Manager to keep copies of all documents pertaining to FTA-mandated tests in a centralized location. Upon completion of this form, send the original to Jessica Gil in Human Resources (99-4-4) in a **confidential** envelope and keep a copy in the employee's department/division personnel file.

**Please respect the privacy of the employee and the integrity of the testing program. Keep all matters confidential and discuss only with those who "have a need to know."**

\_\_\_\_\_  
On-Scene Decision Maker

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department/Division

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-39. Post-Accident Testing Record of Decision (Front)**

Southeastern Pennsylvania Transportation Authority										
<b>RECORD OF DECISION</b>										
<b>FTA/SEPTA POST-ACCIDENT DRUG AND ALCOHOL TEST</b>										
DATE OF ACCIDENT:			DAY:			LOCATION:				
NAME OF EMPLOYEE:					OCCUPATION:					
ACCOUNT NUMBER:			SOCIAL SECURITY NUMBER			INCIDENT NUMBER:				
						MM	DD	YY		
VEHICLE NUMBER:			ROUTE:			BLOCK:				
TYPE OF VEHICLE:										
<input type="checkbox"/> Bus <input type="checkbox"/> LRV <input type="checkbox"/> N-5			<input type="checkbox"/> Trackless Trolley <input type="checkbox"/> Subway/Elevated <input type="checkbox"/> Supervisor T-Car			<input type="checkbox"/> Non-Revenue Service Vehicle <input type="checkbox"/> Transit Police Vehicle <input type="checkbox"/> Other _____				
TEST DETERMINATION										
Use this table to indicate the results of the accident and the type of test that is required. Check <b>one</b> of the boxes that specifies the results of the accident. Do not check more than one box.										
VEHICLE ACCIDENT RESULTS						TYPE OF TEST				
1.	<input type="checkbox"/> Revenue vehicle with fatality					FTA POST-ACCIDENT				
2.	<input type="checkbox"/> Revenue vehicle with injury requiring medical treatment away from scene <b>AND</b> employee could have contributed					FTA POST-ACCIDENT				
3.	<input type="checkbox"/> Revenue vehicle with any vehicle towed <b>OR</b> disabling damage <b>AND</b> employee could have contributed					FTA POST-ACCIDENT				
4.	<input type="checkbox"/> Non-revenue vehicle operated by CDL holder with fatality					FTA POST-ACCIDENT				
5.	<input type="checkbox"/> Non-revenue vehicle operated by CDL holder with injury requiring medical treatment away from scene <b>AND</b> employee could have contributed					FTA POST-ACCIDENT				
6.	<input type="checkbox"/> Non-revenue vehicle operated by CDL holder with any vehicle towed <b>AND</b> employee could have contributed					FTA POST-ACCIDENT				
7.	<input type="checkbox"/> Non-revenue vehicle operated by non-CDL holder with fatality					SEPTA POST-ACCIDENT				
8.	<input type="checkbox"/> Non-revenue vehicle operated by non-CDL holder with injury requiring medical treatment away from scene <b>AND</b> employee could have contributed					SEPTA POST-ACCIDENT				
9.	<input type="checkbox"/> Non-revenue vehicle operated by non-CDL holder with disabling damage <b>AND</b> employee could have contributed					SEPTA POST-ACCIDENT				
10.	<input type="checkbox"/> Post-accident criteria <b>NOT</b> met. Go to Record of Decision, Reasonable Suspicion Drug and Alcohol Test (Form F0189)									
FINAL DETERMINATION (CHECK [√] ONE FROM ABOVE DETERMINATION.)										
<input type="checkbox"/> FTA Post-Accident Test <input type="checkbox"/> SEPTA Post-Accident Test <input type="checkbox"/> No Post-Accident Test										

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-39. Post-Accident Record of Decision (Back)**

<b>RECORD OF DECISION</b> <b>FTA/SEPTA POST-ACCIDENT DRUG AND ALCOHOL TEST</b>								
<b>STATUS OF THIS EMPLOYEE (CHECK [✓] ONE.)</b>								
<input type="checkbox"/> Operating the Vehicle <input type="checkbox"/> On duty on the Vehicle at the time of the accident <input type="checkbox"/> Other Covered Employee								
<b>ACCIDENT INFORMATION</b>								
<b>ARE ANY OTHER EMPLOYEES TO BE TESTED BECAUSE OF THIS ACCIDENT?</b>								
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown, Investigation indicates possible involvement by others.								
Name:	Location:							
<b>HOW WAS THIS EMPLOYEE INVOLVED IN THE ACCIDENT?</b>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">TIME OF ACCIDENT:</td> <td style="width: 33%; padding: 2px;">TIME OF TEST (Medical):</td> <td style="width: 33%; padding: 2px;">ELAPSED TIME (Medical):</td> </tr> <tr> <td style="text-align: center; padding: 2px;">AM PM</td> <td style="text-align: center; padding: 2px;">AM PM</td> <td style="text-align: center; padding: 2px;">HR(S)    MINS</td> </tr> </table>			TIME OF ACCIDENT:	TIME OF TEST (Medical):	ELAPSED TIME (Medical):	AM PM	AM PM	HR(S)    MINS
TIME OF ACCIDENT:	TIME OF TEST (Medical):	ELAPSED TIME (Medical):						
AM PM	AM PM	HR(S)    MINS						
<b>ALCOHOL TEST GIVEN WITHIN TWO HOURS?:</b>								
<input type="checkbox"/> Yes <input type="checkbox"/> No    If no, state reason below, if known.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">SUPERVISOR'S NAME (PRINT):</td> <td style="width: 20%; padding: 2px;">WORK LOCATION:</td> <td style="width: 30%; padding: 2px;">ACCOUNT NUMBER:</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>			SUPERVISOR'S NAME (PRINT):	WORK LOCATION:	ACCOUNT NUMBER:			
SUPERVISOR'S NAME (PRINT):	WORK LOCATION:	ACCOUNT NUMBER:						
SUPERVISOR'S SIGNATURE:		WORK EXTENSION:						
NOTE: This document must accompany the employee to Medical and be retained on file as a record of decision on whether to administer a post-accident test.								



# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-40. Post-Accident Documentation Summary Form<sup>34</sup> (Front)

To Be Completed by Supervisor  
Return to Department Program Coordinator  
within 24 Hours of the Accident.

### POST-ACCIDENT DOCUMENTATION SUMMARY

1) Accident Report #: \_\_\_\_\_

2) Incident Report #: \_\_\_\_\_

3) Location of Accident: \_\_\_\_\_

4) Brief Description: \_\_\_\_\_

5) Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_

6) Report Date: \_\_\_\_\_ Time: \_\_\_\_\_

7) Name of Employee: \_\_\_\_\_

8) Identification Number: \_\_\_\_\_

9) Position: \_\_\_\_\_

10) Result of Accident:

10)a) Was there a fatality?  Yes  No

10)b) Was there disabling damage\* to City or other vehicles?  Yes  No

10)c) Was anyone transported from the scene for medical attention?  Yes  No

If yes, what category?  Employees  
 Passengers  
 Other Vehicle  
 Other

11) Was the employee sent for a post-accident drug and alcohol test?  Yes  No

12) If no, explain: \_\_\_\_\_

13) Decision to Test:

13)a) DOT Authority (transit revenue service or commercial motor vehicles)  Yes  No

13)b) Company Authority (other City equipment, machines, or vehicles)  Yes  No

\*Disabling damage means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

<sup>34</sup> City of Albuquerque

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-40. Post-Accident Documentation Summary Form (Back)**

- 14) Type of Test: \_\_\_ Drug \_\_\_ Alcohol
- 15) Supervisor Making Determination: \_\_\_\_\_
- 16) Notification of Test:                      Date: \_\_\_\_\_                      Time: \_\_\_\_\_
- 17) Drug Test Conducted:                      Date: \_\_\_\_\_                      Time: \_\_\_\_\_
- 18) Alcohol Test Conducted:                      Date: \_\_\_\_\_                      Time \_\_\_\_\_
- 19) Did the employee refuse the test? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 20) Did the alcohol test occur more than two hours from the time of the accident? \_\_\_ Yes \_\_\_ No  
If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_
- 21) If no alcohol test occurred because more than eight hours elapsed from the time of the accident, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 22) Did the employee leave the scene of the accident without just cause? \_\_\_ Yes \_\_\_ No  
If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 23) If no drug test was performed because more than 32 hours had passed since the time of the accident, explain why:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### To Be Completed By SAPM

- 24) Test Result:                      \_\_\_ Positive                      \_\_\_ Negative                      \_\_\_ Test Cancelled
- 25) Attachments:  
# Test Result Summary  
# Order to Test  
# Chain of Custody  
# Alcohol Testing Form  
# Return Form to Supervisor Within 24 Hours of Accident

\_\_\_\_\_  
**Supervisor's Signature**

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-41. Failure To Administer Post-Accident Drug Test<sup>35</sup>

**PREPARE THIS FORM ONLY WHEN THE EMPLOYEE IS NOT TESTED WITHIN 32 HOURS OF THE DETERMINATION THAT A POST-ACCIDENT DRUG TEST IS REQUIRED.**

Names of \_\_\_\_\_ (insert name of transit system, state, contractor or sub-recipient) safety-sensitive employees involved in the accident/incident:

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

(first names, middle initials, last names).

\_\_\_\_\_

Date of accident/incident satisfying at least one of the FTA thresholds requiring post-accident drug testing: \_\_\_\_\_ (month, day, year)

Time of qualifying accident/incident: \_\_\_\_\_ AM PM (circle one)

Specific location of the qualifying accident/incident:

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

Reason why the drug test was not administered (check all that apply):

- Safety-sensitive employee refused to be tested.
- Safety-sensitive employee was medically incapacitated.
- Safety-sensitive employee was arrested.
- Safety-sensitive employee was detained by law enforcement official.
- Other: \_\_\_\_\_

\_\_\_\_\_

Specific disciplinary action (if any) taken by \_\_\_\_\_ (insert name of transit system, state, contractor or sub-recipient):

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

Date on which this report is completed: \_\_\_\_\_ (month, day, year).

\_\_\_\_\_

Name of company official completing and filing report:

(first name, middle initial, last name).

\_\_\_\_\_

Title of company official completing and filing report:

\_\_\_\_\_

<sup>35</sup> Sioux Falls [South Dakota] Transit System (SuTran).



# Best Practices

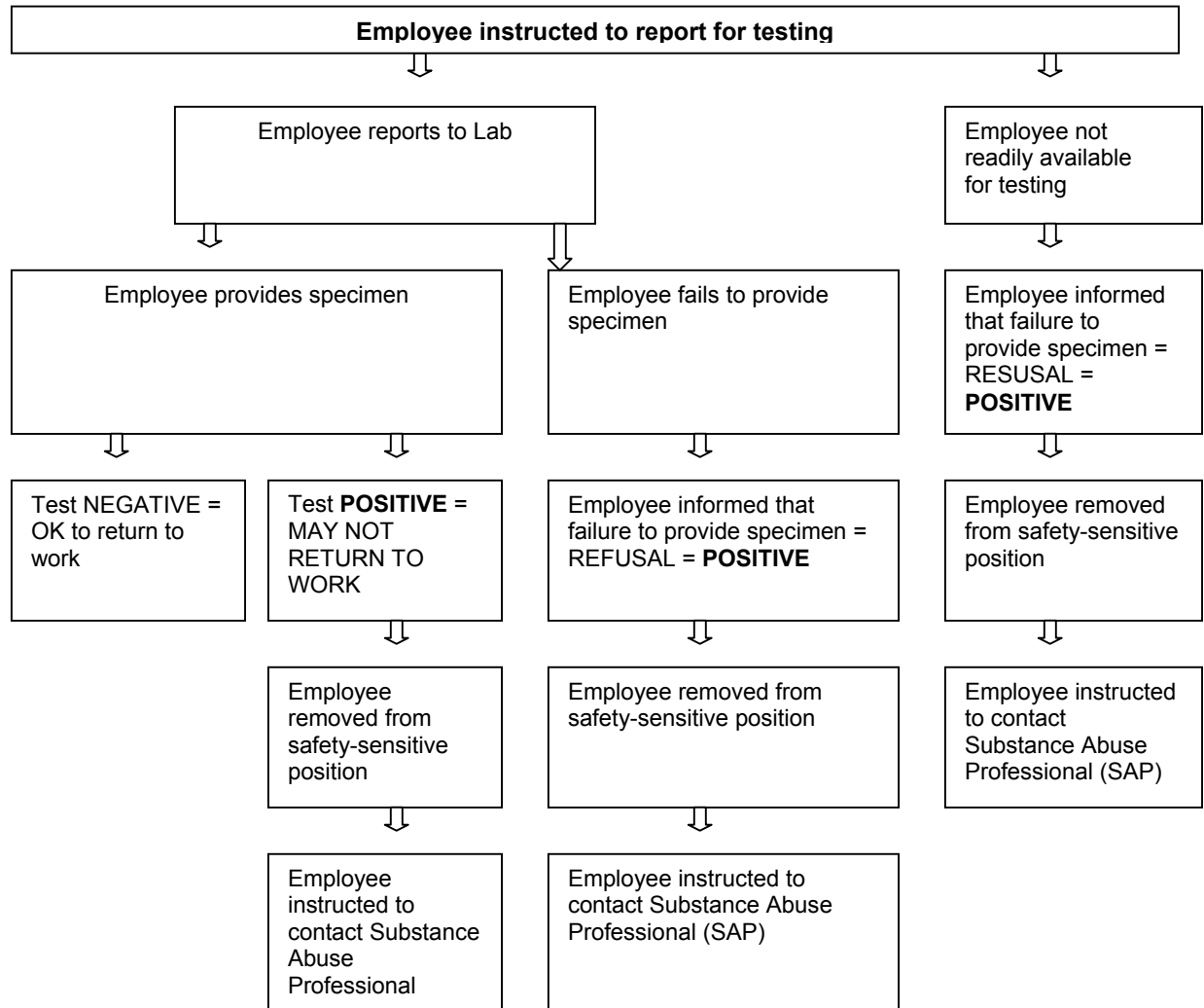
## FTA Drug and Alcohol Testing Program

### RANDOM TESTING

Figure B-43. Flow Chart for Random Testing Process<sup>37</sup>

FTA DRUG & ALCOHOL TESTING PROGRAM

### RANDOM TESTING

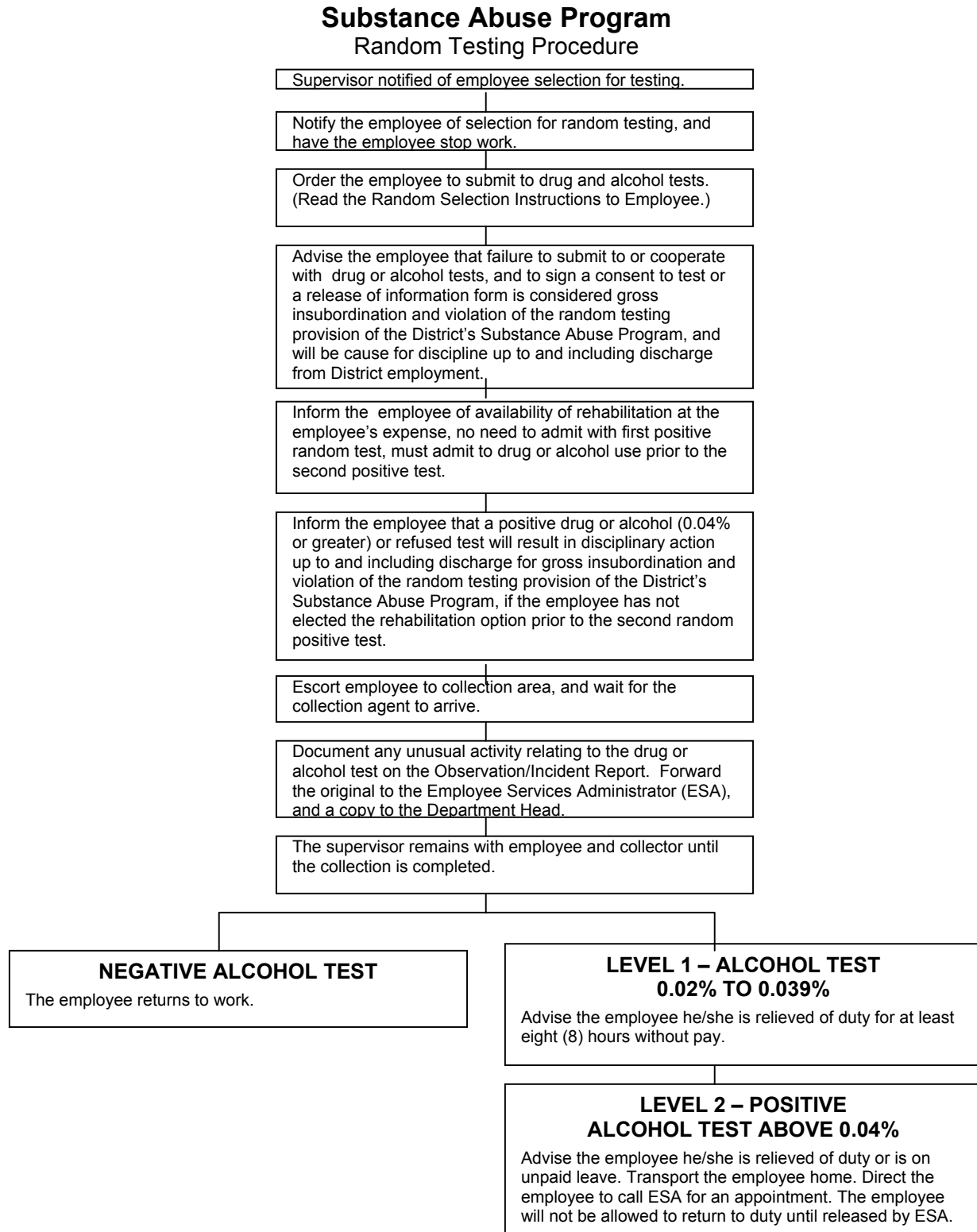


<sup>37</sup> West Virginia Department of Transportation (DOT), Division of Public Transit

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-44. Random Testing Procedure<sup>38</sup>



<sup>38</sup> San Francisco Bay Area Rapid Transit (BART) District

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-45. Random Drug/Alcohol Testing Notification Form<sup>39</sup>**

### RANDOM DRUG / ALCOHOL TESTING NOTIFICATION FORM

Employee Identification	
Employee Name:	
Employee ID No.	Social Security No.:
Department	Location:

Selection, Notification, and Testing	
Date Test Scheduled:           /       /	Test Scheduled:           ALCOHOL / DRUG
Supervisor:	Time Employee Notified:           am / pm
Date Supervisor Notified:       /       /	Date Tested:                       /       /
Time Supervisor Notified:           am / pm	Time Tested:                       am / pm

You have been selected for random testing for the presence of prohibited drugs and/or to participate in a breath alcohol test in accordance with Federal regulations for the random drug and alcohol testing of safety sensitive employees. Under District policy, the first time you test positive on a random drug or alcohol (0.04% or greater) test, you may elect rehabilitation at your own expense if you are eligible. It is not necessary for you to admit to drug or alcohol use prior to the test. However, with a second random positive test, you must admit to drug use and/or alcohol abuse prior to the test in order to be eligible for rehabilitation. Even if you admit to drug use and/or alcohol abuse, you may elect rehabilitation at your own expense only if you are eligible. If you do not admit to drug and/or alcohol use prior to the test and either test is positive, it will be cause for disciplinary action, up to and including discharge from District employment.

You will remain in paid status until after the breath alcohol test is conducted and the drug test sample is collected. If the alcohol breath test is negative, you will be released to return to duty. If the breath test reveals a confirmed result between 0.02% and 0.039%, you will be relieved from duty on non-pay status for 8 hours or until your next shift. If the breath alcohol test is confirmed positive (0.04% or greater), you will be relieved from duty, placed in non-pay status, and directed to the Employee Services division of the Human Resources Department for evaluation. If your test result(s) indicate drug use or alcohol abuse, you may be required to participate in a substance abuse rehabilitation treatment program as a condition of continued employment.

Refusing to provide a specimen, tampering with your specimen, or providing false information on a specimen collection or breath alcohol chain of custody form constitutes insubordination and is grounds for disciplinary action, up to and including termination from employment.

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date/Time

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date/Time

Original – Employee Services  
 Yellow - Employee  
 Pink - Collector

<sup>39</sup> San Francisco Bay Area Rapid Transit (BART) District

# Best Practices

## FTA Drug and Alcohol Testing Program

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**Figure B- 46. Employee Notice for Random Substance Abuse Test**

Massachusetts Bay Transportation Authority  
EMPLOYEE NOTICE FOR SCHEDULED SUBSTANCE ABUSE TEST

DATE:

FROM: MBTA Random Drug & Alcohol Program  
Drug and Alcohol Program Administrator

TO:

AT:

TEST DATE: \_\_\_\_\_(Random Drug Test)

Urine Collection Location:

Appointment Time: \_\_\_\_\_  
Authority for Test: \_\_\_ DOT/FTA Regulations \_\_\_ MBTA Regulations

---

Your name has been selected for a urinalysis drug testing by a computerized program of random selection. Your selection does not imply that this company has a specific cause to suspect you of using illegal drugs. Nonetheless, the DOT Anti-Drug regulations and this company's Anti-Drug Program require that the random testing urine specimen be collected.

You may provide the 60 ml (2 oz) urine specimen in the privacy of a stall. If you are unable to provide a specimen of sufficient quantity, you will be given a waiting period and encouraged to drink water. If you are unable to provide the specimen within the waiting period, you will be deemed to have refused to provide the specimen.

If you refuse to provide the specimen, adulterate the sample, substitute the urine of another person, or fail the drug test, you will be relieved of your employment duties and referred to this company's Employee Assistance Program. You may also be subject to disciplinary action, possibly including termination.

This copy will be retained in your confidential drug testing files, together with the Medical Review Officer's final determination of the drug test results.

Please sign the bottom of this notice to acknowledge its receipt.

Please list any/all medications here.

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

NOTIFICATION RECEIVED \_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date and Time



# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure B-47. Random Selection Instructions<sup>40</sup>

### Random Selections

1. **Risk Management – Random Selector** - Maintains random pools – (FTA, FHWA, other). When put in payroll system Department Program Coordinator (DPC) indicates who is “safety-sensitive” by job code.
2. Biweekly (consistent with payroll period), the **Random Selector** will determine the number of tests to be drawn from each pool. The numbers will be drawn and reported on form **R-1** for each DPC. The report will also include the type of tests to be conducted.
3. The DPC will research the work schedule of each employee drawn and schedule the tests over the biweekly testing period. The DPC will be careful to distribute the tests throughout the day, day of the week, and testing period. The DPC will keep the list confidential and will not provide any advance notice to the employee. On the day before the test the DPC will notify the appropriate Division Contact to schedule the test using form **R-2**. If the employee is not working on that day, the DPC and division contact will select another time within the testing period. The employee will not be notified of the test until he/she is instructed to immediately proceed to the collection site.
4. The Division Contact person will ensure that the employee is tested at the scheduled date and time. The Division Contact will complete form **R-2** and return it the DPC.
5. The DPC will record on **R-1** the date and time the test was scheduled, if the test was completed or cancelled, and the explanation if no test was performed. The DPC will keep a copy of **R-1** and send the original to the Random Selector within one week of the period end.
6. The Random Selector notes the number of completed tests and will adjust the number of tests to be conducted during the next testing period to account for any missed tests.
7. The DPC will complete a, “Random Individual Test Summary Sheet” (**R-3**), for each random test; will attach appropriate documentation, and will file in the DPC’s file.

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<sup>40</sup> City of Albuquerque

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure B-48. Roles and Responsibilities of Random Selector<sup>41</sup>**

### ROLES AND RESPONSIBILITIES RANDOM SELECTOR

- Maintains random pools for FTA, FHWA, and other City employees
- Coordinates with payroll to ensure pools are accurate and up-to-date, and that all employees are in the right pool
- Determines the number of draws to be performed for each pool reflecting required testing rates adjusted for incomplete tests from prior testing period
- Performs biweekly draws and informs appropriate DPC of numbers selected
- Documents draws and tracks which tests were conducted
- Notifies DPC/SAPM of any procedural violations that compromise the integrity of the random process

**Figure B-49. Random Testing Schedule<sup>42</sup>**

### Transit Department: Random Testing Schedule

**Draw Date:** \_\_\_\_\_     
 **Division Contact:** \_\_\_\_\_     
 **Division Notification Date:** \_\_\_\_\_

Draw No.	Employee Name	Scheduled		Employee Notified		Tested		Comments
		Test Date	Test Time	Date	Time	Date	Time	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								

<sup>41</sup> City of Albuquerque

<sup>42</sup> City of Albuquerque



# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B-51. Individual Random Test Summary Sheet <sup>44</sup>

### RANDOM TESTING INDIVIDUAL TEST SUMMARY SHEET

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

Employee Number: \_\_\_\_\_

Testing Period: \_\_\_\_\_

Selection Date: \_\_\_\_\_

Selector: \_\_\_\_\_

Test Type: \_\_\_\_\_ Drug \_\_\_\_\_ Alcohol

Notification: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Test: Date \_\_\_\_\_ Time: \_\_\_\_\_

Shift Placement: \_\_\_\_\_ Begin \_\_\_\_\_ Middle \_\_\_\_\_ End

Drug Test Result: \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_ Cancelled

Alcohol Test Result: \_\_\_\_\_ Below 0.02 \_\_\_\_\_ 0.02 - 0.039 \_\_\_\_\_ 0.04 or greater

Consequences: \_\_\_\_\_ Removal from SS Duty \_\_\_\_\_ Referral to SAP \_\_\_\_\_ Second Chance \_\_\_\_\_ Termination

- Attachments:
- Test Result Summary Form
  - Consent Form
  - Chain of Custody
  - Alcohol Test Form
  - Test Result Documentation
  - SAP Referral Form
  - Other \_\_\_\_\_

<sup>44</sup> City of Albuquerque



# Best Practices

## FTA Drug and Alcohol Testing Program

Figure B- 53. Employee Status Form<sup>46</sup>

This form must be used to add/delete employees to/from the drug and alcohol testing pool for the Rhode Island Public Transit Authority and to change employee information.

Employee Name:

Employee Social Security Number:

Employee Identification Number:

**ADD EMPLOYEE TO DRUG AND ALCOHOL TESTING POOL (NOTE THAT A NEGATIVE PRE-EMPLOYMENT DRUG TEST RESULT MUST BE RECEIVED BEFORE A PERSON BEING CONSIDERED FOR A SAFETY-SENSITIVE ROLE CAN BE PLACED ON THE PAYROLL AND INCLUDED IN THE DRUG AND ALCOHOL TESTING POOL):**

Date Employee Added to Payroll (Hire Date):

Date Employee Added to Pool of Safety-Sensitive Employees:

Date of Birth: \_\_\_\_\_ (month, day, year)

Home Telephone Number:

Safety-Sensitive Job/Position Title:

**DELETE EMPLOYEE FROM DRUG AND ALCOHOL TESTING POOL:**

Date Employee Removed from Payroll (Termination Date):

Date Employee Removed from Pool of Safety-Sensitive Employees:

Date of Birth: \_\_\_\_\_ (month, day, year)

Home Telephone Number:

Safety-Sensitive Job/Position Title:

**CHANGE CURRENT EMPLOYEE INFORMATION:**

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

<sup>46</sup> Rhode Island Public Transit Authority (RIPTA)

# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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### **Appendix C. Example Oversight Forms and Lists**

This appendix contains best practice examples of forms and lists that have been used successfully to assist with oversight of service agents, contractors, and subrecipients. Each of these examples is referenced and described in Section 4.2. The examples appear in the following figures, by group:

#### ***Service Agent Oversight***

C-1. Third-Party Administrator Monitoring Form

C-2. Consortium Monitoring Form

#### ***Contractor/Subrecipient Oversight***

C-3. Contractor Compliance Guidelines

C-4. Contractor Monitoring Form

C-5. Contractor Monitoring Checklist

# Best Practices

## FTA Drug and Alcohol Testing Program

### SERVICE AGENT OVERSIGHT

#### Figure C-1. Third-Party Administrator Monitoring Form<sup>1</sup> (Sheet 1)

#### FTA Drug and Alcohol Third Party Contractor Checklist for Compliance with FTA Requirements

Transit System: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Review Date: \_\_\_\_\_

Contractor: \_\_\_\_\_

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

Substance Abuse Program Manager: \_\_\_\_\_

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

#### Management Training

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. Have all pertinent safety-sensitive supervisors received the required reasonable suspicion training, 60 minutes for signs and symptoms of alcohol abuse and 60 minutes for signs and symptoms of drug abuse?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are training certificates in Drug and Alcohol Program files? Information should include type of training, date of training, location of training, and name of instructor.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does contractor have procedures in place to train all new hires and transfers into supervisory positions prior to the time they actually perform duties where reasonable suspicion determinations might be required? | <input type="checkbox"/> | <input type="checkbox"/> |

#### Safety-Sensitive Employee Training

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 4. Have all FTA covered safety-sensitive employees received at least 60 minutes of training on the effects of drug use and the indicators of drug use?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are training certificates in Drug and Alcohol Program files? Information should include type of training, date of training, location of training, and name of instructor.     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there procedures in place to ensure that all new hires or transfers receive the training as soon as possible after hire date of transfer (i.e., at employee orientation?) | <input type="checkbox"/> | <input type="checkbox"/> |

<sup>1</sup> Minnesota Department of Transportation



# Best Practices

## FTA Drug and Alcohol Testing Program

Figure C-1. Third-Party Administrator Monitoring Form (Sheet 2)

### Policy

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 7. If policy was not standard Mn/DOT developed policy, was company policy presented to Office of Transit for review and approval? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Which contractor representative/staff reviewed the policy (include titles)?  |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| 9. Has policy been signed and dated by contractor governing board/owner?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are previous signed and dated policies on file?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has policy been distributed to all safety-sensitive employees covered by FTA requirements?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

### Services

#### Collection Site:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

#### DHHS certified Lab:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

#### Medical Review Officer (MRO)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Does contractor have a file copy of the MRO's license and other qualifications?

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure C-1. Third-Party Administrator Monitoring Form (Sheet 3)

### Substance Abuse Professional (SAP)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

	<u>YES</u>	<u>NO</u>
Does contractor have a file copy of the SAP's license and other qualifications?	<input type="checkbox"/>	<input type="checkbox"/>

12. Are blind sample tests performed? If so, how are they performed?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

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

	<u>YES</u>	<u>NO</u>
13. Are collection site facilities inspected?	<input type="checkbox"/>	<input type="checkbox"/>

14. Date of last inspection: \_\_\_\_\_

15. Are canceled tests monitored?	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------------	--------------------------	--------------------------

16. Number of canceled tests: \_\_\_\_\_

Reasons for canceled tests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What corrective measures have been taken to minimize the number of canceled tests?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Random Selection Process

Describe the random selection process.

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

18. Who selects the numbers: \_\_\_\_\_

\_\_\_\_\_

19. How often are selections made? Circle one (daily, weekly, monthly, quarterly)

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure C-1. Third-Party Administrator Monitoring Form (Sheet 4)**

20. How soon after selections are made are the tests performed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Who notifies the employee of the test requirement? \_\_\_\_\_

22. During what part of the employees' shifts are tests conducted?  
Beginning? \_\_\_\_\_ Middle? \_\_\_\_\_ End? \_\_\_\_\_ Combination? \_\_\_\_\_

23. What type of employee identification is being used for random testing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Number of safety-sensitive employees \_\_\_\_\_

25. Required number of tests needed to be performed to meet the regulatory requirement for both drug testing (50%) \_\_\_\_\_ and alcohol testing (10%) \_\_\_\_\_

### Consortium Participants

26. If contractor is part of a consortium, provide the following information.

Consortium name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact person \_\_\_\_\_

Telephone number \_\_\_\_\_

### Record Keeping

27. Where are the drug and alcohol testing records stored? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Who has access to these records? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Do files contain all required FTA information? YES   NO

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure C-2. Consortium Monitoring Form<sup>2</sup> (Sheet 1)

“Sample”

### Drug and Alcohol Consortium Monitoring for Compliance with FTA Requirements

Transit Agency: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Review Date: \_\_\_\_\_

#### Consortium

Name of Consortium: \_\_\_\_\_

Address of Consortium: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_

Date Contract Signed with Consortium: \_\_\_\_\_

Contract Timeframe: \_\_\_\_\_

Is signed contract in Transit Agency's files? \_\_\_\_\_

Procedures and description of how the consortium complies with blind sample requirements:

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

Procedures consortium uses to monitor canceled tests: \_\_\_\_\_

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

<sup>2</sup> Minnesota Department of Transportation

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure C-2. Consortium Monitoring Form (Sheet 2)**

Procedure consortium uses to ensure scientifically valid random-number selection method to select safety-sensitive employees to be tested: \_\_\_\_\_

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

Are the test dates spread evenly throughout the year and the draw period in a pattern that is not predictable, including weekend and holiday testing if a safety function is performed?

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

Is testing evenly distributed throughout the day (i.e., early morning, afternoon, late evening) and shift times (i.e., beginning, middle, end)? \_\_\_\_\_

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

### Collection Site(s)

Identify all collection sites and days and hours of operation  
(attach additional pages if needed)

Name of Collection Site(s): \_\_\_\_\_

\_\_\_\_\_

Address: Address of Collection Site(s): \_\_\_\_\_

\_\_\_\_\_

Days and Hours of Collection Site Operation: \_\_\_\_\_

\_\_\_\_\_

Name of Collection Site(s): \_\_\_\_\_

\_\_\_\_\_

Address: Address of Collection Site(s): \_\_\_\_\_

\_\_\_\_\_

Days and Hours of Collection Site Operation: \_\_\_\_\_

\_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure C-2. Consortium Monitoring Form (Sheet 3)

### DHHS Certified Laboratory –Name of Primary and Back-up DHHS certified Laboratories

Name of Primary Laboratory: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Name of Back-up Laboratory: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

### Medical Review Officer (MRO)

Name of MRO(s): \_\_\_\_\_

Business Address of MRO(s): \_\_\_\_\_  
\_\_\_\_\_

Business Telephone Number: (\_\_\_\_) \_\_\_\_\_

Credentials of MRO verified and on file (Yes/No) \_\_\_\_\_

### Substance Abuse Professional (SAP)

Name of SAP(s): \_\_\_\_\_

Business Address of SAP(s): \_\_\_\_\_  
\_\_\_\_\_

Business Telephone Number: (\_\_\_\_) \_\_\_\_\_

Credentials of SAP verified and on file (Yes/No) \_\_\_\_\_

### Evidential Breath Testing (EBT) Device

Name and Model of EBT: \_\_\_\_\_

Location of EBT: \_\_\_\_\_  
\_\_\_\_\_

Documentation that EBT has been calibrated: \_\_\_\_\_

### Breath Alcohol Technician (BAT)

Names of Certified BATs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credentials of BATs verified and on file (Yes/No) \_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

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### CONTRACTOR/SUBRECIPIENT OVERSIGHT

#### Figure C-3. Contractor Compliance Guidelines (Sheet 1)

#### LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY

#### FEDERAL DRUG AND ALCOHOL TESTING REGULATIONS

#### CONTRACTOR COMPLIANCE GUIDELINES

All contract service providers that perform safety-sensitive functions (as defined by Federal Transit Administration {FTA} rules) for the MTA must comply with the FTA drug and alcohol testing regulations (49 CFR Part 655) and the U.S. Department of Transportation (DOT) Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40). **Non-compliance shall result in suspension or termination of contract and/or non-payment of outstanding invoices.**

For purposes of this compliance program, **safety sensitive employees** are defined as follows:

*Those employees whose job functions are, or whose job descriptions include the performance of functions, related to the safe operation of mass transportation service.*

*The following are categories of safety-sensitive functions:*

- 1. operating a revenue service vehicle, including when not in revenue service;*
- 2. operating a non-revenue service vehicle when required to be operated by a holder of a Commercial Driver's License (CDL);*
- 3. controlling dispatch or movement of a revenue service vehicle or equipment used in revenue service;*
- 4. maintaining (including repairs, overhaul, and rebuilding) revenue service vehicles or equipment used in revenue service; and*
- 5. carrying a firearm for security purposes.*

*Any supervisor who performs or whose job description includes the performance of any function listed above is also considered a safety-sensitive employee.*

#### IMPLEMENTATION GUIDELINES

1. The Materiel Department shall ensure that all bids or Requests for Proposals (RFPs) for services that include the performance of safety-sensitive functions as defined above shall include a provision requiring compliance with mandated DOT/FTA drug and alcohol testing regulations. The MTA reserves the right to audit the proposer's drug and alcohol testing program prior to awarding the contract.
2. Prior to start of work, the successful bidder must certify to the Chairperson of the Source Selection Committee (SSC) that his/her firm is in compliance with the DOT/FTA regulations. (Compliance can be achieved through an in-house program or through a consortium.) The certification shall remain in effect during the term of the contract. A copy of the signed certification shall be sent by the SSC Chair to the Drug and Alcohol Program Manager in Human Resources.

# Best Practices

## FTA Drug and Alcohol Testing Program

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### Figure C-3. Contractor Compliance Guidelines (Sheet 2)

3. Using the *EZ* format prescribed by the FTA for the annual report (see Appendix B to 49 CFR Part 653 and Part 654), each covered contractor shall send a quarterly drug and alcohol testing report to the Project Manager, with a copy to the Drug and Alcohol Program Manager in Human Resources. The quarterly report must be submitted no later than the 15<sup>th</sup> of the month following the close of each quarter. Continued payment of contractor invoices by the MTA is contingent upon contractor submission of the required reports on a timely basis and compliance with FTA-mandated rules.
4. On an annual basis, and no later than February 15 of each year, each covered contractor shall submit to the MTA Human Resources Department annual drug and alcohol testing data using the appropriate FTA prescribed forms. The report shall cover testing conducted during the previous calendar year. It shall be addressed as follows:

MTA Human Resources Department  
One Gateway Plaza  
Los Angeles, CA 90012-293  
Attn: Drug and Alcohol Program Manager
5. The Human Resources Department shall be responsible for filing the contractors' annual reports with the FTA, along with MTA's own testing data. The reports shall be submitted to the FTA no later than March 15 of each year.
6. The Project Manager for each covered contract shall be responsible for the ongoing monitoring of contractor compliance with DOT/FTA regulations, including ensuring that the quarterly and annual reports as described above are submitted on time.
7. On an annual basis, designated staff from the Management Audit Services and Human Resources departments shall audit contractor compliance, which may include site visits, and report their findings to the Executive Officer, Procurement; Deputy Executive Officer, Human Resources; and the Project Manager responsible for the contract and his/her Department Head.
8. The Project Manager shall be responsible for coordinating contractor responses to the audit findings and ensuring that corrective actions are taken on a timely basis.

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Office of the CEO

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Executive Officer, Human Resources

Revised: 04/23/99



# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure C-4. Contractor Monitoring Form**

**GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY**  
**Contractor Monitors**

Contractor: \_\_\_\_\_

Month: \_\_\_\_\_

Date: \_\_\_\_\_

GCRTA Representative \_\_\_\_\_ Contract Representative \_\_\_\_\_

Identified Monitor	Met	Incomplete
Monthly Report with dates of tests performed, type of testing performed and results		
Quarterly Collection Site Review		
Quarterly Laboratory QA records on file		
The following items will be reviewed by the contract representative. Signature above verifies compliance with FTA regulations.		
Quarterly on-site Records Review <ul style="list-style-type: none"> <li>• Each drug screen has correct Chain of custody</li> <li>• Collection times are monitored to determine that employee goes to the collection site immediately after notification</li> <li>• The collection site performed the correct test using the correct forms. All discrepancies have documentation of the problem and resolution.</li> <li>• Random Selection is spread out throughout the selection period and there is no pattern</li> <li>• All documentation is on file for each Reasonable Suspicion test</li> <li>• Documentation is available for all Post Accident Decisions</li> <li>• Documentation is available for all MRO notifications</li> <li>• The MRO process is in written procedure and is currently used.</li> </ul>		
Quarterly review of collection site certification		
Annual certification check of SAP		
Annual certification check of MRO		
Annual certification check of Laboratory		
Annual review of Policy & Procedure		
Annual review of Collection site Policy & Procedure		
Annual review of MRO Policy & Procedure		
Annual review of SAP Policy & Procedure		

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure C- 5. Contractor Monitoring Checklist<sup>3</sup> (Sheet 1)

### FTA Drug and Alcohol Contractor Checklist

Contractor: \_\_\_\_\_

Substance Abuse Program Manager: \_\_\_\_\_

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

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

#### Management Training

1. Did a representative of your company attend any management training on how to set up a substance abuse testing program? If so, please provide the following information:

Type of Training	Date of Training	Location of Training	Name of Instructor

#### Policy

2. Was your company policy presented to the FTA Grantee for review and approval?

3. Which Company representative/staff reviewed the policy (include titles)?

\_\_\_\_\_

4. Did legal counsel review your policy? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Please attach a copy of your recent policy.

6. Has your Governing Board approved your **revised policy**? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when \_\_\_\_\_

**Please attach a copy of your Governing Board approval.**

#### Reasonable Suspicion Training

7. Did any of your transit supervisors attend a qualified Reasonable Suspicion Training Program:

Yes \_\_\_\_\_ No \_\_\_\_\_

(60 minutes of the signs and symptoms of drugs and 60 minutes on the signs and symptoms of alcohol)

If yes, please list attendees below.

<sup>3</sup> Ohio Department of Transportation

# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure C-5. Contractor Monitoring Checklist (Sheet 2)**

Employee	Length of Training	Date & Location of Training	Name of Instructor

### Employee Training

Please provide the following information on the substance abuse awareness training program to your employees.  
(Please attach agenda)

Employee	Length of Training	Date & Location of Training	Name of Instructor

8. Have you had new hires since employee training was conducted?      Yes \_\_\_\_\_      No \_\_\_\_\_

9. Did you provide the new hires with substance abuse awareness training?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information for each new hire.

Employee	Length of Training	Date & Location of Training	Name of Instructor

If no, when will the training be conducted? \_\_\_\_\_

10. Please describe the method of instruction and content of new hires' substance abuse awareness training.

**Collection Site:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

**DHHS certified Lab:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

(Please attach copy of DHHS certificate)

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure C-5. Contractor Monitoring Checklist (Sheet 3)

### Medical Review Officer (MRO)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

(please attach resume and a copy of license and other qualifications)

### Substance Abuse Professional (SAP)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

(please attach resume and a copy of license and other qualifications)

11. How are blind sample tests performed?

12. Do you inspect your collection site facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Date of last inspection: \_\_\_\_\_

14. Do you monitor canceled tests? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Number of canceled tests \_\_\_\_\_

16. Reasons for canceled tests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. What corrective measures have been taken to minimize the number of canceled tests?

\_\_\_\_\_

\_\_\_\_\_

### Equipment

18. Is alcohol testing contracted out? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information on the vendor/agency.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure C-5. Contractor Monitoring Checklist (Sheet 4)

Type of device used (specify Make and Model #) \_\_\_\_\_  
\_\_\_\_\_

19. Are non-evidential testing devices being used? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Describe the procedures used for conducting alcohol testing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Type and location of primary EBT: \_\_\_\_\_

22. Type and location of backup EBT: \_\_\_\_\_

23. Provide list of certified Breath Alcohol Technicians (BAT) or Screen Test Technicians (STT):

Name	Date of Certification	Date of Last Training

24. Please attach a copy of the BAT/STT training certificate.

### Random Selection Process

Please describe the random selection process.

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

25. Who selects numbers?

26. How often are selections made (daily?, weekly?, Monthly?, Quarterly?)

27. How soon after selections are made are the tests performed?

28. Who notifies employee of test requirement? During what part of the employees' Shift are tests conducted? Beginning? \_\_\_\_\_ Middle? \_\_\_\_\_ Combination? \_\_\_\_\_

29. What type of employee identification is being used for random testing? \_\_\_\_\_  
\_\_\_\_\_

30. Number of safety-sensitive employees \_\_\_\_\_

31. Required number of tests needed to be performed to meet the regulatory requirement for both drug testing (50%) \_\_\_\_\_ and alcohol testing (10%) \_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure C- 5. Contractor Monitoring Checklist (Sheet 5)

32. Please list all agencies or departments that are included in your random testing pool. For each agency indicate the name, title, and phone number of the person who oversees it:

Agency/Department	Contact Person	Title	Phone #

### Turnkey Participants

33. If you hired a contractor to provide all or part of the testing services for you, please identify the service provider:

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

34. Please describe the procedures for monitoring turnkey contractor: \_\_\_\_\_

\_\_\_\_\_

### Consortium Participants

35. If you are part of a consortium. Please provide the following information.

Consortium Program Manager \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

36. Please provide a description of the consortium (who is involved, who oversees, etc.)

\_\_\_\_\_

### Consortium Participants

37. If you are part of a consortium, please provide the following information.

Consortium Program Manager \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure C-5. Contractor Monitoring Checklist (Sheet 6)

38. Please describe the consortium (who is involved, who oversees, etc.)

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39. Please describe the distribution of responsibilities within the consortium (who is responsible for what).

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### Record Keeping

40. Where are the drug and alcohol testing records stored? \_\_\_\_\_

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41. Who has access to these records? \_\_\_\_\_

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42. Do you maintain the following records?

- a. Data on test results that have a BAC of 0.02 or greater
- b. Employer's copy of the alcohol test form
- c. Data on test refusals
- d. Documents presented by a covered employee to dispute the result of an alcohol test
- e. Data on referrals to SAP
- f. Record pertaining to determination by a SAP concerning a covered employee's need for assistance
- g. Records concerning a covered employee's compliance with the recommendations of the SAP
- h. Calibration documentation for evidential breath testing device
- i. Annual MIS report
- j. Records pertaining to evaluations
- k. Data regarding training of employees
- l. Data regarding training of BATs
- m. Collection process (including logbooks, if used)
- n. Data on test results that are less than 0.02

### Reporting

43. Please indicate the dates the annual MIS reports were sent to the grantor.

### Certification of Compliance

44. Please attach your certification of compliance.





# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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### **Appendix D. Example Specimen Collection Forms and Lists**

This appendix contains best practice examples of forms and lists that have been used successfully to assist with management of urine and breath collection operations. Each of these examples is referenced and described in Section 4.3. The examples appear in the following figures:

- D-1. Employee Instructions for Collection Process
- D-2. Drug Test Collection Form
- D-3. Shy Bladder Form
- D-4. Shy Lung Form
- D-5. Collection Site Checklist

# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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**Figure D-1. Employee Instructions for Collection Process<sup>1</sup>**

### **Employee Instructions for Collection Process**

---

**PLEASE TAKE A FEW MINUTES TO READ THE FOLLOWING INFORMATION THAT DESCRIBES YOUR ROLE IN THE COLLECTION PROCESS**

1. Present a required Photo I.D. to the Collector. If you do not have a Photo I.D., an employer representative will be asked to identify you.
2. Remove any unnecessary garments (coats, jackets, hats, etc.). All purses and briefcases must remain with outer garments.
3. Empty your pockets, and show the contents to the Collector.
4. You will be provided a sealed specimen bottle, and the Collector will unwrap it in your presence.
5. You should observe the entire collection procedure. The Collector will check the specimen for its volume, temperature, and color. The Collector will then seal the bottle.
6. Make sure you have initialed the seal on the specimen bottle.
7. You should complete the information on the Custody form as instructed by the Collector. You will be given a copy after completion.
8. The results of the laboratory analysis will be forwarded to the Medical Review Officer (MRO). If the lab results are negative, the MRO will notify your employer. If the lab results are positive, the MRO will contact you at the phone number(s) you provided, to give you the opportunity to discuss the test results and to submit information concerning the authorized use of the drug(s) in question.

**THANK YOU. YOUR COOPERATION IS GREATLY APPRECIATED.**

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<sup>1</sup> Ohio Department of Transportation

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure D-2. Drug Test Collection Form

### SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT NIDA DRUG TEST COLLECTION CHECKLIST

COLLECTOR		DONOR
___	1. Donor identify verified by photo I.D. or employer representative	___
___	2. Procedure explained to donor.	___
___	3. Donor removed coat, hat, etc. left outside collection area and emptied pockets, but retained wallet.	___
___	4. Donor washed hands prior to collection, in view of collector.	___
___	5. Collector placed bluing in toilet bowl and tank, and secured all water sources and possible adulterants from donor access.	___
___	6. Collection kit was opened in front of donor.	___
___	7. Donor was asked to furnish urine specimen. Collector waited outside restroom/stall door until donor exited. Donor was told not to flush toilet.	___
___	8. Specimen remained in full sight of BOTH collector and donor until completely packaged. If the specimen was transferred from one container to another, transfer was done in THE PRESENCE AND FULL VIEW OF THE DONOR.	___
___	9. In the presence of the donor, the collector checked the specimen for color, sign of contamination, temperature, and quantity. All of the above were conducted within 4 minutes of collection and documented on the chain of custody form.	___
___	10. Collector placed lid on container, and tightened it securely IN THE PRESENCE AND FULL VIEW OF THE DONOR.	___
___	11. Container was sealed with tamper evident tape in the donor's presence and full view. Donor initialed tape. Collector verified the information on the label as identical to the chain of custody form attached to the specimen bottles. DONOR MUST SIGN NAME THE SAME WAY EACH TIME.	___
___	12. Chain of custody form was signed by donor, and donor was given a copy.	___
___	13. Donor was allowed to wash hands.	___

**Donor and collector agree that all of the above procedures have been completed, and the urine submitted is that of the donor signed below and has not been tampered with.**

\_\_\_\_\_  
Collector Signature                      Date

\_\_\_\_\_  
Donor Signature                      Date

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

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

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure D-3. Shy Bladder Form<sup>2</sup>

### SHY BLADDER CHECK LIST

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#### DOT 3 Hour Time Limit Check List

Donor's Name: \_\_\_\_\_

Collector's Initials: \_\_\_\_\_

1. \_\_\_\_\_ The start time should be indicated on the COC. This starts with your first attempt. (Example: donor arrives at 12:00; he/she has until 3:00 to void.)
2. \_\_\_\_\_ The donor can have up to 40 ounces of fluids. The actual total amount must be recorded under the remarks section, as well as the time of each attempt to void.
3. \_\_\_\_\_ If the donor cannot void in three hours, call the company representative and explain to them that the DOT regulations require the donor have a physical examination to determine if there is a physical reason for this.
4. \_\_\_\_\_ Can the evaluation be performed at the testing facility? If so, schedule the evaluation as soon as possible.
5. \_\_\_\_\_ If the inability to void is not a result of a physical or pre-existing psychological disorder, the test will be considered a test refusal. If there is a medical condition, the test is cancelled unless it is a pre-employment test. The doctor should determine if the medical problem is a result of a long-term or permanent disability. If a disability is found, the MRO should conduct an exam to identify any signs of illegal drug use (a blood test is permitted). If no illegal drug use is found, the test should be designated as negative.

If no Doctor is available:

1. \_\_\_\_\_ Make an appointment for the evaluation at a later date, but as soon as possible.
2. \_\_\_\_\_ Ask the employer what their procedure is.

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<sup>2</sup> Ohio Department of Transportation

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure D-4. Shy Lung Form<sup>3</sup>

### SHY LUNG CHECKLIST

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You need to try and get the donor to complete testing before getting this far. You may even want to let another BAT try and speak with and instruct the donor. Sometimes, another person's view can help.

Donor's Name: \_\_\_\_\_

Collector's Initials: \_\_\_\_\_

1. \_\_\_\_\_ Call the company contact and explain the situation. Just as in a drug screen situation, the donor must be examined to determine if there is a medical problem. Can the evaluation be performed at the testing facility?
2. \_\_\_\_\_ If it can be performed at the collection site, schedule the examination as soon as possible.
3. \_\_\_\_\_ If Doctor finds a medical problem, the test will be cancelled and the company informed. The Doctor must provide written documentation to the company explaining the reason.

If no Doctor is available:

1. \_\_\_\_\_ Make an appointment for the evaluation at a later date, but as soon as possible.
2. \_\_\_\_\_ Ask the employer what their procedure is.

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<sup>3</sup> Ohio Department of Transportation

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure D-5. Collection Site Checklist<sup>4</sup> (Sheet 1)

### COLLECTION SITE CHECKLIST

System Name \_\_\_\_\_  
Collection Site \_\_\_\_\_  
Date \_\_\_\_\_

#### Drug Testing Procedures

##### SPECIMEN COLLECTION

Does the collection site(s) meet the Department of Transportation requirements published in 49 CFR Part 40, *Procedures for Transportation Workplace Drug and Alcohol Testing Programs*?

Does the collection site check the donor's ID? Does the collection site have a procedure in place to confirm donor identity when no ID is presented (i.e., supervisor attests to identity)?

Does the collection site:

- Provide a privacy enclosure for urination, a void receptacle, a suitable clean writing surface, and a water source for hand washing, which, if practicable, should be outside the privacy enclosure?;
- Secure the privacy enclosure when not in use or, if this is not possible (e.g., when a public restroom is used), visually inspect it prior to specimen collection to ensure that unauthorized persons are not present and that there are no unobserved entrance points?;
- Have restricted access during specimen collection?;
- Add a bluing agent to the toilet water to prevent dilution of the specimen;
- Secure the toilet tank top or blue tank water;
- Turn off, tape, or prevent the use of other sources of water (e.g., sink or shower) that are located in the privacy enclosure where urination occurs;
- Remove all potential adulterants; and
- Secure areas suitable for concealing contaminants such as trash receptacles, paper towel holders, etc.?

Does the collection site have a procedure in place for notifying the employer if the employee does not report for the test in the designated time frame?

Do you have a procedure to notify the collection site of the identity and contact information of the Designated Employer Representative (DER)?

Does the collection site use the correct USDOT Chain of Custody and Control forms for DOT/FTA tests (and only DOT tests)?

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<sup>4</sup> Ohio Department of Transportation

# Best Practices

## FTA Drug and Alcohol Testing Program

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**Figure D-5. Collection Site Checklist (Sheet 2)**

Is the specimen and CCF under the control of the collector throughout the collection process? Is the collector the only person that handles the specimen before it is sealed?

Are “limited access” signs posted in areas of public access?

Does the collection site restrict access to specimens and specimen collection materials?

Are collection sites available to perform collections during all days and hours that the transit system performs safety-sensitive job duties?

Do collectors recheck the privacy enclosure following the collection process?

### **Split Sample**

Is the split specimen procedure being utilized at the collection site? After the specimen has been collected, it must be divided into two specimen bottles (30 ml of urine in one primary specimen bottle and 15 ml in the split specimen bottle) in the presence of the donor. If the primary test returns a positive test result, the employee can request that the split sample be tested at a separate DHHS laboratory.

Are procedures in place to have a split sample transferred to a second HHS lab for analysis? Have you established a business relationship with the second HHS lab to ensure that split specimens will be processed in a timely manner and that the employer will provide payment for the split analysis (subject to reimbursement by the employee)?

### **Insufficient Volume of Specimen**

Is the collection site following the correct procedures if the employee being tested is unable to produce a sufficient amount of urine for the test?

- Discard the original specimen.
- Obtain another urine sample within three hours of the previous test. The employee cannot drink more than 40 ounces of fluid during the three hours.

Does the employer direct the employee to have a medical examination within 5 days if 45 ml cannot be provided within three hours?

Does the medical physician provide the MRO with a statement indicating whether or not the insufficient specimen was the result of a genuine medical condition?

Does the MRO notify the employer in writing of the medical examination conclusion?

If there is no medical explanation for the insufficient specimen, is the test regarded as a refusal to be tested?

# Best Practices

## FTA Drug and Alcohol Testing Program

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**Figure D-5. Collection Site Checklist (Sheet 3)**

For a pre-employment test that results in insufficient volume, is a contingent offer of employment made prior to the medical evaluation?

For a pre-employment insufficient volume test, does the medical evaluation determine if the shy bladder was due to a long-term or permanent disability? Does the medical examination look for signs of illegal drug use? If no signs of illegal drug use are found, does the MRO verify the test as negative?

### **Observed Collections**

As of August 31, 2009, USDOT requires mandatory direct observation for all return-to-duty and follow-up testing. Are procedures in place to require the collection site personnel to conduct a mandatory, directly observed collection immediately after the first collection in the following circumstances?

- The employee's urine sample is outside the normal temperature range;
- The collection site person observes conduct that clearly and unequivocally indicates an attempt to adulterate or substitute the sample;
- Following a positive, adulterated, or substituted test, the split sample is not available for testing; or
- The specimen is invalid with no medical explanation.

Does the transit system have a procedure to determine if a directly observed collection will be conducted in the following circumstances?

- The employee has previously been determined to have used a controlled substance without medical authorization and the particular test is being conducted under the FTA regulation as a return-to-duty or follow-up test.

Does the collection site have both genders available if a directly observed collection is required?

Is the employee told the reason for a directly observed collection if one is performed?

### **Privacy/Confidentiality**

Does the collection site have adequate measures in place to protect the privacy of the employee and the integrity of the collection process?

Does the collection site and Medical Review Officer have adequate measures in place to communicate confidential matters to designated individuals at the employer?



# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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### **Appendix E. Example Medical Review Forms and Lists**

This appendix contains best practice examples of forms and lists that have been used successfully to assist with management of the medical review process. Each of these examples is referenced and described in Section 4.4. The examples appear in the following figures:

- E-1. Roles and Responsibilities of Medical Review Officer
- E-2. MRO Checklist
- E-3. MRO/Donor Interview Checklist
- E-4. Request To Test Split Sample
- E-5. Failure To Make Contact Notification
- E-6. MRO Verification Flow Chart

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure E-1. Roles and Responsibilities of Medical Review Officer<sup>1</sup>

### ROLES AND RESPONSIBILITIES MEDICAL REVIEW OFFICER

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- Detailed knowledge of testing procedures defined in 40 CFR Part 40, as amended.
- Detailed knowledge of laboratory analysis procedures and report interpretation
- Receive test results from the laboratory and verify lab report and assessments-
  - Specimen identification
  - Certifications (donor, collector, certifying scientist)
  - Chain-of-custody complete
  - Administration items complete
- Review and interpret each confirmed positive test result.
- Notify donor of positive test result and provide an opportunity for donor to discuss positive test results, and discuss as needed.
- Review donor's medical history and medical records as appropriate.
- Notify DPC and SAPM of verified positive test.
- Process donor's request for analysis of the split specimen.
- When applicable, provide input to SAP on return-to-duty decision.
- Conduct medical assessment on applicants with insufficient volume due to a long-term or permanent disability.
- Conduct physical examinations for evidence of illegal drug use on employee with an opiate positive test when analytical results are inconclusive.
- Administratively review each negative test result.
- Order re-tests as appropriate when the accuracy or validity of a positive test result is questionable.
- As appropriate, order a full adulteration panel including specific gravity, creatinine concentration, and PH when the integrity of the specimen is in question (i.e., temperature out of range, collector observes questionable behavior).

**Request laboratory to conduct confirmatory analysis for methamphetamine to distinguish use with the active ingredient in over-the-counter medications.**

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<sup>1</sup> City of Albuquerque





# Best Practices

## FTA Drug and Alcohol Testing Program

**Figure E-2. MRO Checklist (Sheet 3)**

**Prescription Drugs:**

	Rx	Rx	Rx	Rx
Rx #				
Date				
Doctor				
Quantity				
Drug				
Pharmacy				
Phone				
Rx Phone				

**Over-the-Counter Drugs:**

Drug Name			
Quantity			
Usage			
Comment			

**Diet:**

Product			
Quantity			
Usage			
Comment			

**Dental, ENT, Ophthalmologic, Other Procedure:**

Procedure		
Date		
Doctor		
Comment		
Phone		

Yes     No    20. Inquire about illicit drug usage: \_\_\_\_\_  
 \_\_\_\_\_

Yes     No    21. Request for Medical Records when appropriate: \_\_\_\_\_  
 \_\_\_\_\_

Yes     No    22. Request an exam on in-person interview when appropriate -  
     Appointment Date: \_\_\_\_\_  
     Appointment Time: \_\_\_\_\_  
     Physician: \_\_\_\_\_

Yes     No    23. If there is no legitimate medical explanation, tell the donor your conclusion:  
     Notification Date: \_\_\_\_\_                      Time: \_\_\_\_\_



# Best Practices

## FTA Drug and Alcohol Testing Program

Figure E-3. MRO/Donor Interview Checklist<sup>3</sup>

### MRO/Donor INTERVIEW CHECKLIST

- \_\_\_ 1. Identify yourself as a physician serving as the Medical Review Officer (MRO) for the City of Albuquerque with the duty of receiving and reviewing drug test results. Clearly state that you have been designated the MRO for the City of Albuquerque drug testing program.
- \_\_\_ 2. Establish identity of the donor (i.e., full name, social security number of donor I.D. number, date of birth.)
- \_\_\_ 3. Inform donor that medical information discussed during the interview is confidential, and may only be disclosed under very special circumstances.
- \_\_\_ 4. If the donor holds a medical certificate under a DOT agency rule, advise the donor that information regarding test results and information supplied by the donor will be provided to the DOT Agency as required by appropriate regulations.
- \_\_\_ 5. Tell the donor are calling about the specific drug test he/she underwent on the specific date and at the specific location. Inform the donor what drug(s) the specimen tested positive for.
- \_\_\_ 6. Briefly explain the testing process, discussing screening and confirmation testing, and laboratory reporting.
- \_\_\_ 7. If the donor request the quantitative levels of the confirmed results, provide them if available. If the quantitative levels are unavailable, the MRO should request them. However, this does not delay his/her verifications decision pending receipt of the quantitative data.
- \_\_\_ 8. Ask for recent medical history, when appropriate.
  - \_\_\_ Prescription drugs
  - \_\_\_ OTC Drugs
  - \_\_\_ Dental, ENT, Ophthalmologic, or other medical procedures.
  - \_\_\_ Food Ingestion
- \_\_\_ 9. Request donors provide medical records or documentation of prescription for controlled substance when appropriate. Set a specific deadline for receipt of the medical records.
- \_\_\_ 10. Request donors undergo a medical examination or evaluation, when appropriate. Make arrangements for medical evaluation.
- \_\_\_ 11. Notify the donor that he/she may request the split specimen be tested, and Explain this process to him/her. Provide information about payment for the split specimen test in accordance with employer's policy, if appropriate. Tell the donor that the split specimen test will not delay reporting of the initial test result to their employer.
- \_\_\_ 12. If the verification process is complete, inform the donor that they are to report to their Department Program Coordinator.
- \_\_\_ 13. If the test result was verified positive, inform the donor that they are to report to their Department Program Coordinator.
- \_\_\_ 14. Offer to answer any further questions.
- \_\_\_ 15. Give your name and phone number in case the donor has any further questions.

**USE THE MRO VERIFICATION WORKSHEET TO DOCUMENT INTERVIEW**

<sup>3</sup> City of Albuquerque

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure E-4. Request To Test Split Sample<sup>4</sup>

### Split Sample Medical Review Officer Request to Retest Form

Date \_\_\_\_\_

Medical Review Officer: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

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

Employee SS #: \_\_\_\_\_

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

Employee Telephone No:      (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Date of original test: \_\_\_\_\_

I request that the split specimen of my urine sample provided on \_\_\_\_\_  
be tested for the presence of the following drugs: marijuana, cocaine, opiates, phencyclidine (PCP), and  
amphetamines consistent with the requirements specified in 49 CFR Part 40.

The split specimen will be packaged and sent to the following DHHS laboratory for analysis:  
(note: This is a different lab than the one which performed the analysis on the primary lab.)

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

I understand that I may be responsible for all costs of collection, storage, shipment, and examination relating to this  
retest.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Agency Drug Program Coordinator's Signature

<sup>4</sup> Ohio Department of Transportation.



# Best Practices

## FTA Drug and Alcohol Testing Program

Figure E-5. Failure To Make Contact Notification <sup>5</sup>

DATE FAXED TO COMPANY \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
DONOR NAME: \_\_\_\_\_  
SSN / EMPLOYEE NUMBER \_\_\_\_\_

The above listed employee must speak to an MRO and we have failed to make contact. Therefore, we need your assistance. Please have the donor contact \_\_\_\_\_ (name of MRO) at \_\_\_\_\_ (telephone number of the MRO) as soon as possible. It is important that the employee knows the name of the correct doctor for whom to ask.

In accordance with Federal Regulations, we are not permitted to start the "72-hour clock" until we know the donor has been successfully notified. However, in the event the MRO and the employer have been unsuccessful in contacting the donor, the result may be reported as a no contact result after 10 days. In order to start the "72-hour clock", we need to know that you have successfully made contact with the donor advising him/her to contact the MRO. Verbal contact must be made directly with the donor. Messages left with spouses and/or family members do not qualify as notification. Additionally, please note that leaving messages on answering machines, voice mails, pager systems, etc. are likewise not acceptable, as notification.

Please fill in the information below and fax this page to \_\_\_\_\_ (contact person at MRO's office) at \_\_\_\_\_ (fax number of contact person) as soon as contact with employee is made.

**REMEMBER, THE "72-HOUR CLOCK" MAY NOT START UNTIL WE ARE PROPERLY NOTIFIED THAT THE DONOR HAS BEEN INFORMED TO CONTACT THE MRO.**

If you require additional information or have questions pertaining to this correspondence, please call \_\_\_\_\_ (contact person at MRO's office) at \_\_\_\_\_ telephone number of contact person).

**Please print:**

I, \_\_\_\_\_, (employer/supervisor) hereby attest that \_\_\_\_\_ (insert name of employee) has been notified to contact the MRO as soon as is possible. I attest that verbal contact was made directly with the donor on \_\_\_\_\_ (date of contact) and understand that the "72-hour clock" starts from this date.

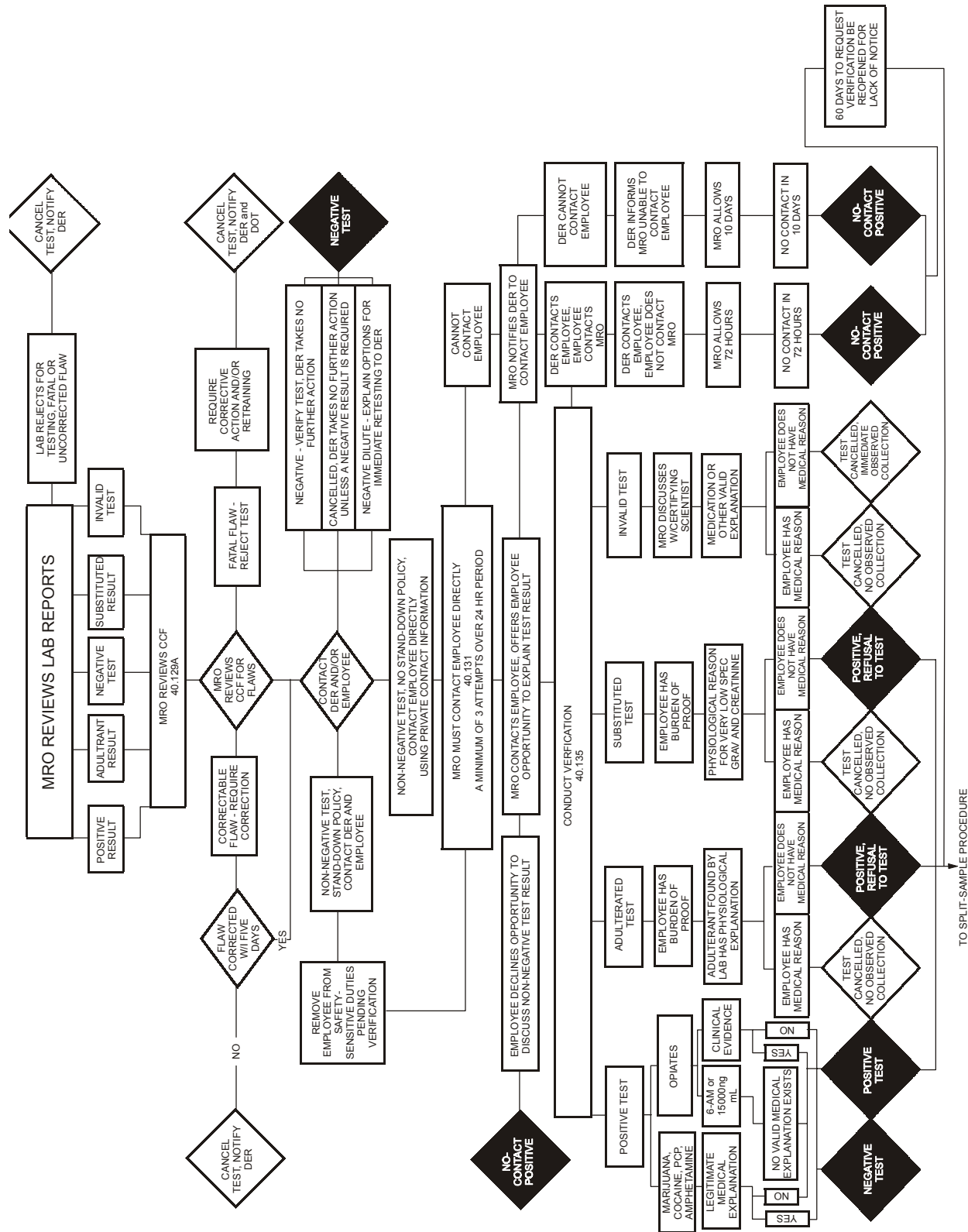
\_\_\_\_\_  
(Signature of authorized supervisor or employer) Date \_\_\_\_\_

<sup>5</sup> Prepared by University Services, Arsenal Business Center, Building 4, 5301 Tacony St., Philadelphia, PA, 19137, 215 743 4200, for the Monroe County Transportation Authority, East Stroudsburg, PA.

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure E-6. MRO Verification Flow Chart<sup>6</sup> (Sheet 1)

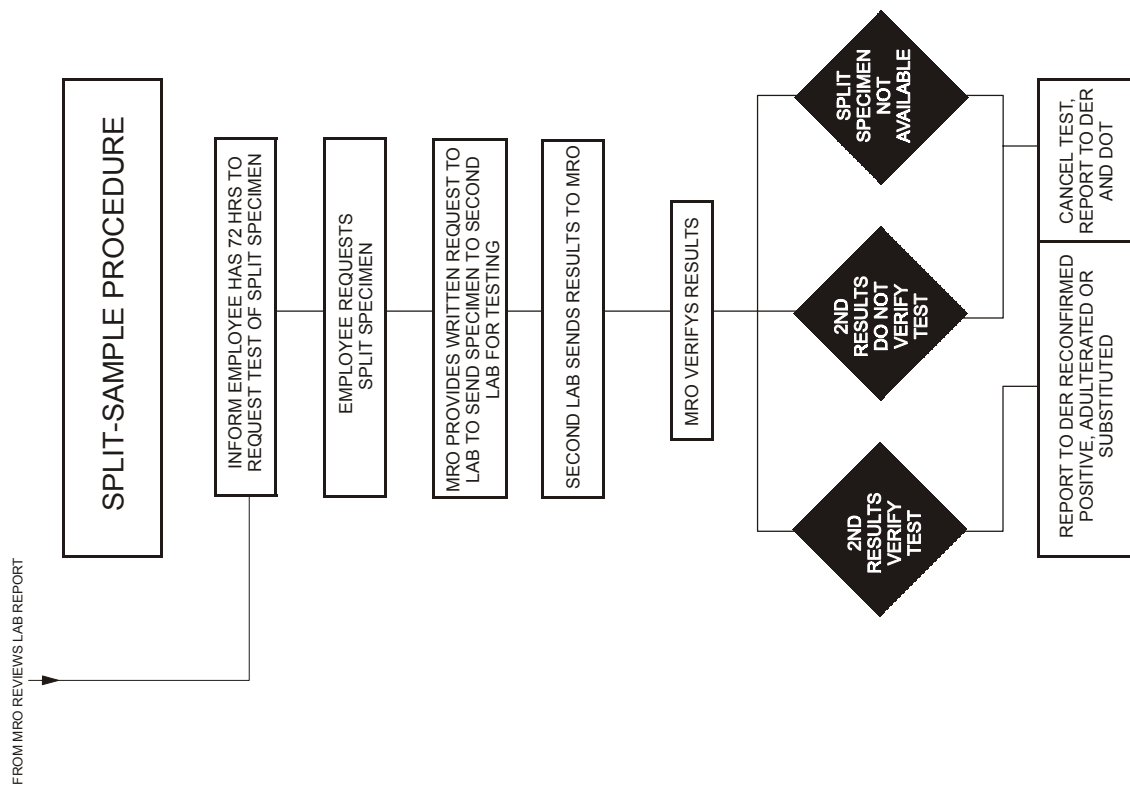


<sup>6</sup> Prepared by the Ketrion Division of the Bionetics Corporation

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure E-6. MRO Verification Flow Chart (Sheet 2)





# **Best Practices**

## **FTA Drug and Alcohol Testing Program**

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### **Appendix F. Example Referral, Evaluation, and Treatment Forms**

This appendix contains best practice examples of forms that have been used successfully to assist with management of the referral, evaluation, and treatment process for safety-sensitive employees who test positive for drugs or alcohol or otherwise violate provisions of Parts 40 or 655. Each of these examples is referenced and described in Chapter 5. The examples appear in the following figures:

- F-1. Referral to Substance Abuse Professional
- F-2. Substance Abuse Program Treatment Referral Form
- F-3. Agreement for Continuation of Employment
- F-4. Return-to-Work Agreement
- F-5. Return-to-Duty and Post Rehabilitation Worksheet
- F-6. SAP Client Evaluation
- F-7. Mandated Individual Treatment Plan
- F-8. SAP Return to Work Evaluation
- F-9. Follow-Up Assessment
- F-10. Return to Duty Testing Flow Chart
- F-11. Follow-Up Testing Flow Chart

# Best Practices

## FTA Drug and Alcohol Testing Program

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### Figure F-1. Referral to Substance Abuse Professional<sup>1</sup>

#### SUBSTANCE ABUSE PROFESSIONAL REFERRAL

I acknowledge that I have received a referral to a Substance Abuse Professional as required by FTA regulations.

The cost of this service will be borne by:       the City       the employee

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 Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

---

<sup>1</sup> City of Albuquerque

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure F-2. Substance Abuse Program Treatment Referral Form

**SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT**

1330 Broadway, Suite 907, Oakland, 94612  
(510) 464-6205, (510) 464-6198  
Fax # (510) 464-6255

**SUBSTANCE ABUSE PROGRAM  
TREATMENT REFERRAL FORM**

Date \_\_\_\_\_ Referred To: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee Name \_\_\_\_\_ M/F Birthday \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Job Title: \_\_\_\_\_ Shift \_\_\_\_\_ Days Off \_\_\_\_\_

Self-Pay: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Plan # \_\_\_\_\_

Group: \_\_\_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

---

BART Pay: \_\_\_\_\_

**(If BART Pay, Submit Claims to Barbara George, BART EAP, 1330 Broadway, Suite 907, Oakland, 94612.)**

Circumstances under which employee is being referred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SAP Findings and Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please call \_\_\_\_\_ Phone \_\_\_\_\_

with findings, recommendations, and name and phone number of the assigned case manager.





# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure F-4. Return-to-Work Agreement<sup>3</sup>

### POST DRUG and/or ALCOHOL TESTING RETURN-TO-WORK AGREEMENT

THIS AGREEMENT is entered into by and between \_\_\_\_\_  
AND \_\_\_\_\_. \_\_\_\_\_ is committed to providing channels of assistance for employees seeking rehabilitation. However, the employee seeking rehabilitation must be committed in his/her efforts to remain free of drug use and alcohol misuse. Therefore, as part of the commitment, it is understood that the employee's continuation of employment at \_\_\_\_\_, for matters relating to the Drug Abuse and Alcohol Misuse Prevention Program, is based upon and constrained by the following terms:

1. \_\_\_\_\_ and \_\_\_\_\_ mutually agree that your continuation of employment for the next five years is contingent upon your satisfactorily meeting the terms outlined in this agreement and that failure to do so may subject you to disciplinary action up to and including termination of employment with \_\_\_\_\_.
2. During this period, you will be subject to unannounced follow-up testing with a minimum of six (6) tests the first year. Such tests are in addition to any tests that may be necessitated by \_\_\_\_\_ Drug Abuse and Alcohol Misuse Prevention Program or any tests required by a substance abuse professional (SAP) as part of their program to monitor the employee's compliance with his/her recommendations. You will be subject to disciplinary action up to and including discharge if you refuse to submit to testing or if you test positive for drugs and/or alcohol during this time period.
3. If you are absent from work during this period and it is determined that the absence is a result of, or related to, the use of drugs or misuse of alcohol, then \_\_\_\_\_ may take disciplinary measures up to and including discharge.
4. If you violate the conditions of \_\_\_\_\_ Program, the SAP's program, refuse to be tested, or have a positive drug test or an alcohol test with a concentration of .04 or greater under any testing circumstance within the five year period, you will be discharged.

This Agreement is voluntarily entered into by all parties, and in consideration for continuation of employment, the above conditions are hereby agreed to.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

#### SIGNATURES:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Date

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<sup>3</sup> Ohio Department of Transportation

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure F-5. Return to Duty and Post Rehabilitation Worksheet<sup>4</sup>

### SAP RETURN TO DUTY AND POST REHABILITATION WORKSHEET

Employee: \_\_\_\_\_

Employee SSN or ID#: \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

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

Date of SAP Contact: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Date Test Verified: \_\_\_\_\_

Type of Test: \_\_\_\_\_ Random \_\_\_\_\_ Reasonable Suspicion \_\_\_\_\_  
\_\_\_\_\_ Post-Accident \_\_\_\_\_ Return-To-Duty \_\_\_\_\_ Follow-Up \_\_\_\_\_

Substances: \_\_\_\_\_

Treatment Plan Signed:  Yes  No Date: \_\_\_\_\_

Signed Release of Information:  Yes  No Date: \_\_\_\_\_

Rehabilitation Program Date Began: \_\_\_\_\_ Completed \_\_\_\_\_

Name & Address of Rehab Facility: \_\_\_\_\_  Outpatient  Inpatient

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Progress Assessment: \_\_\_\_\_

Rehab Testing

Date _____	Results _____	Date _____	Results _____
Date _____	Results _____	Date _____	Results _____
Date _____	Results _____	Date _____	Results _____
Date _____	Results _____	Date _____	Results _____
Date _____	Results _____	Date _____	Results _____

Discharge Diagnosis: \_\_\_\_\_

After Care Plan and Follow-Up: \_\_\_\_\_

Program Complete or Assessment: \_\_\_\_\_

Extension of Treatment \_\_\_\_\_

MRO Input \_\_\_\_\_

Return-to-Duty Test Date \_\_\_\_\_ Result \_\_\_\_\_

Return to Safety-Sensitive Duty Date \_\_\_\_\_

Return to Duty Contract Date \_\_\_\_\_

Follow-Up Testing Schedule (Complete on Back) \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Comments \_\_\_\_\_

<sup>4</sup> City of Albuquerque

# Best Practices

## FTA Drug and Alcohol Testing Program

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### Figure F-6. SAP Client Evaluation<sup>5</sup> (Sheet 1)

#### Substance Abuse Professional Client Evaluation

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

**Directions:** If one of the following statements says something that is true about you, put a check mark in the space for YES. If a statement says something that is not true about you, put a check mark in the space for NO. Please answer all the questions.

	YES	NO
1. Do you feel you are a normal drinker or drug user?	_____	_____
2. Have you ever awakened in the morning after some drinking or drug use the night before and found you could not remember a part of the evening before?	_____	_____
3. Does your spouse, parents, family (or friends) ever express worry or complain about your drug or alcohol use?	_____	_____
4. Can you stop drinking or using drugs without a struggle?	_____	_____
5. Do you ever feel bad about your alcohol or drug use?	_____	_____
6. Do friends or relatives think you are a normal drinker or drug user?	_____	_____
7. Do you ever try to limit your drinking or drug use to certain times of the day or to certain places?	_____	_____
8. Are you always able to stop drinking or using drugs when you want to?	_____	_____
9. Have you ever attended a self-help meeting of Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)?	_____	_____
10. Have you ever gotten into fights when drinking and/or using drugs?	_____	_____
11. Has drinking or using drugs ever created problems with you and your spouse/partner?	_____	_____
12. Has your spouse (or other family members) ever sought professional help about your alcohol or drug use?	_____	_____

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<sup>5</sup> Massachusetts Bay Transportation Authority (MBTA)

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure F-6. SAP Client Evaluation (Sheet 2)

Substance Abuse Professional Evaluation

Page Two

Employee # \_\_\_\_\_

	YES	NO
13. Have you ever lost friends or partners because of your drug or alcohol use?	_____	_____
14. Have you ever gotten into trouble at work because of your drug or alcohol use?	_____	_____
15. Have you ever lost a job because of your alcohol or drug use?	_____	_____
16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were using alcohol or drugs?	_____	_____
17. Do you ever use alcohol or drugs before noon time?	_____	_____
18. Have you ever been told you have medical problems with your liver?	_____	_____
19. Have you ever had withdrawal symptoms, severe shaking, hearing voices, and/or seen things that were not there, after using alcohol or drugs?	_____	_____
20. Have you ever gone to anyone for help about your drug or alcohol use?	_____	_____
21. Have you ever been in a hospital because of your drug or alcohol use?	_____	_____
22. Have you ever been in a psychiatric hospital or on a psychiatric ward in a general hospital where your drug or alcohol use was part of the problem?	_____	_____
23. Have you ever seen a mental health care professional, doctor, social worker or member of the clergy for help in addressing a mental health issue that was or could have been related to your alcohol and/or drug use?	_____	_____
24. Have you ever been arrested due to your alcohol or drug use?	_____	_____
25. Have you ever been arrested for drunk driving?	_____	_____
26. Have you ever experienced financial difficulties because of your alcohol and/or drug use?	_____	_____
27. Do you ever spend more money on drinking or drug use activities than you planned to?	_____	_____
28. Have you ever lied about your drinking or drug use?	_____	_____

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure F-6. SAP Client Evaluation (Sheet 3)

### Scoring Key: Substance Abuse Professional Evaluation

**Directions for scoring:** Add the point values for all items on which points are earned.

**Classification of client:** 0-2 (total score), client uses alcohol/drugs in social situations not presenting serious problem, but needs education. 3-5 (total score), client is demonstrating border line use, and should have an educational and treatment intervention referral. 6 and above (total score), client is demonstrating addictive behavior (past or present), and should be assessed for current use and treatment referral.

	YES	NO
1.	__2__	__2__
2.	__2__	__
3.	__1__	__
4.	__	__2__
5.	__1__	__
6.	__	__2__
7.	__2__	__
8.	__	__2__
9.	__5*__	__
10.	__1__	__
11.	__2__	__
12.	__2__	__
13.	__2__	__
14.	__2__	__
15.	__2__	__
16.	__2__	__
17.	__1__	__
18.	__2__	__
19.	__5__	__
20.	__5__	__
21.	__5__	__
22.	__2__	__
23.	__2__	__
24.	__2__	__
25.	__2__	__
26.	__2__	__
27.	__2__	__
28.	__2__	__

---

\*Discretion may be indicated in scoring this item to account for those who accompanied a family member to the meeting.

# Best Practices

## FTA Drug and Alcohol Testing Program

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Figure F-7. Mandated Individual Treatment Plan<sup>6</sup> (Sheet 1)

Date: \_\_\_\_\_

### MANDATED INDIVIDUAL TREATMENT PLAN

He/She has indicated by their Signature below, his/her need to participate in the MBTA Rehabilitation Program. Be advised that participation at ECS does not exempt the employee from performing his/her job responsibilities, nor does adherence to this treatment plan guarantee the employee a Return To Work Agreement or reinstatement to the Authority.

**Self Help Group Meetings:**

**Educational Group Meetings:**

**Individual Counseling:**

**Aftercare Program:**

**Other:**

I will participate in the MBTA Rehabilitation Program and agree to Comply with all conditions of my treatment plan.

I understand that an approved Leave of Absence (LOA) for Family Medical Leave Act (FMLA), extended illness, or Worker's Compensation does not preclude my participation in ECS. It is my responsibility to discuss any absences from group or individual treatment due to illness of FMLA with my counselor and the Manager of ECS.

**I UNDERSTAND THAT I WILL BE SUBJECT TO PERIODIC DRUG AND ALCOHOL TESTING AT THE AUTHORITY'S DISCRETION.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

<sup>6</sup> Massachusetts Bay Transportation Authority (MBTA)

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure F-7. Mandated Individual Treatment Plan (Sheet 2)

### RETURN TO WORK SERVICE PLAN

Name	Date
<b>Education Group Meetings</b> List required meetings	_____ _____ _____
<b>EAP Group Meetings</b> List Required Meetings	_____ _____ _____
<b>Individual Counseling</b> List Counselor Name or Referral source. Also list Frequency of counseling required	_____ _____ _____

**After Program** (for clients being released from an input. treatment program)

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

Comments:

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

Client Initials \_\_\_\_\_ Counselor Initials \_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure F-7. Mandated Individual Treatment Plan (Sheet 3)

### INITIAL SERVICE PLAN

Name _____		Date _____
Employee # _____		
<b>Education Group Meetings</b> List Required Meetings	_____	_____
	_____	_____
	_____	_____
<b>EAP Group Meetings</b> List Required Meetings	_____	_____
	_____	_____
	_____	_____
<b>Individual Counseling</b> List Counselor Name or Referral source. Also list Frequency of counseling required	_____	_____
	_____	_____
	_____	_____

\_\_\_\_\_  
**EAP REPRESENTATIVE**

\_\_\_\_\_  
**Client Signature**

- Completed Intake \_\_\_\_\_
- Completed Assessment Group \_\_\_\_\_
- Completed Disease Concept Group \_\_\_\_\_
- Completed Denial Group \_\_\_\_\_
- Completed Self Help Information \_\_\_\_\_
- Completed SAP Evaluation (if needed) \_\_\_\_\_
- Completed MBTA Drug and Alcohol Training \_\_\_\_\_
  
- Second Review Scheduled \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_



# Best Practices

## FTA Drug and Alcohol Testing Program

Figure F-7. Mandated Individual Treatment Plan (Sheet 4)

### CONTINUING SERVICE PLAN II

Name	Date
<b>Education Group Meetings</b> List Required Meetings	_____
	_____
	_____
<b>EAP Group Meetings</b> List Required Meetings	_____
	_____
	_____
<b>Individual Counseling</b> List Counselor Name or Referral source. Also list Frequency of counseling required	_____
	_____
	_____

#### EAP REPRESENTATIVE

#### Client Signature

Completed 1 <sup>ST</sup> Review	_____	<input type="checkbox"/>
Completed Job Safety Group	_____	<input type="checkbox"/>
Completed Stress and Coping Tech. Group	_____	<input type="checkbox"/>
Completed Family Group	_____	<input type="checkbox"/>
Completed Road to Recovery	_____	<input type="checkbox"/>
Third Review Scheduled	_____	<input type="checkbox"/>

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure F-7. Mandated Individual Treatment Plan (Sheet 5)

### CONTINUING SERVICE PLAN III

<u>Name</u>	<u>Date</u>
<b>Education Group Meetings</b> List Required Meetings	_____
	_____
	_____
<b>EAP Group Meetings</b> List Required Meetings	_____
	_____
	_____
<b>Individual Counseling</b> List Counselor Name or Referral source. Also list Frequency of counseling required	_____
	_____
	_____

\_\_\_\_\_  
**EAP REPRESENTATIVE**

\_\_\_\_\_  
**Client Signature**

<b>Completed 2<sup>nd</sup> Review</b>	_____	<input type="checkbox"/>
<b>Completed Relapse Prevention Group</b>	_____	<input type="checkbox"/>
<b>Completed Aftercare Planning Group</b>	_____	<input type="checkbox"/>
<b>Transition Meeting Scheduled</b>	_____	<input type="checkbox"/>

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_

# Best Practices

## FTA Drug and Alcohol Testing Program

### Figure F-8. SAP Return to Work Evaluation<sup>7</sup>

#### Substance Abuse Professional Return to Work Evaluation

Case # \_\_\_\_\_ Employee Identification # \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Substance Abuse Professional: \_\_\_\_\_  
Print Name

Describe client's progress with treatment/education plan since being referred for services. What goals were achieved? What areas of concern were addressed? Number of groups attended?

---

---

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---

---

Describe client's attitude and compliance with treatment/educational referral including self-help groups, treatment referrals, and aftercare.

---

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Recommendations for Return to Work aftercare treatment/education and follow-up Drug and/or Alcohol Testing.

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---

# of Drug Tests      1<sup>st</sup> year \_\_\_ 2<sup>nd</sup> year \_\_\_ 3<sup>rd</sup> year \_\_\_ 4<sup>th</sup> year \_\_\_ 5<sup>th</sup> year \_\_\_

# of Alcohol Tests      1<sup>st</sup> year \_\_\_ 2<sup>nd</sup> year \_\_\_ 3<sup>rd</sup> year \_\_\_ 4<sup>th</sup> year \_\_\_ 5<sup>th</sup> year \_\_\_

\_\_\_\_\_  
Signature and License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone #

<sup>7</sup> Massachusetts Bay Transportation Administration (MBTA)

# Best Practices

## FTA Drug and Alcohol Testing Program

Figure F-9. Follow-Up Assessment<sup>8</sup>

### FOLLOW-UP ASSESSMENT

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

REASON FOR INITIAL ASSESSMENT: \_\_\_\_\_

DATE OF SPECIFIC VIOLATION: \_\_\_\_\_

DATE OF INITIAL ASSESSMENT: \_\_\_\_\_

TREATMENT PROVIDER: \_\_\_\_\_

PRIMARY COUNSELOR \_\_\_\_\_ PHONE: \_\_\_\_\_

LEVEL OF CARE: \_\_\_\_\_

DESCRIPTION OF INITIAL TREATMENT PLAN: \_\_\_\_\_

INCLUSIVE DATES OF THE TREATMENT PROGRAM: \_\_\_\_\_

DESCRIBE EMPLOYEE'S LEVEL OF PARTICIPATION IN THE TREATMENT PROGRAM: \_\_\_\_\_

PROVIDE CLINICAL CHARACTERIZATION OF EMPLOYEE'S INVOLVEMENT WHILE IN TREATMENT:

HAS EMPLOYEE DEVELOPED AN UNDERSTANDING OF THE CONSEQUENCES OF HIS/HER DRUG AND/OR ALCOHOL USE: YES \_\_\_\_\_ NO \_\_\_\_\_

HAS THE EMPLOYEE FULLY DEMONSTRATED SUCCESSFUL COMPLIANCE WITH THE INITIAL TREATMENT RECOMMENDATIONS: YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, DESCRIBE: \_\_\_\_\_

RECOMMENDATIONS FOR FOLLOW-UP TESTING: \_\_\_\_\_

RECOMMENDATIONS FOR FOLLOW-UP CARE: \_\_\_\_\_

RETURN TO WORK UA/BAT TEST DATE: \_\_\_\_\_

RETURN TO WORK AGREEMENT SIGNED: \_\_\_\_\_

RETURN TO WORK DATE: \_\_\_\_\_

SUPERVISOR NOTIFIED OF RTW \_\_\_\_\_ DATE: \_\_\_\_\_

SAP \_\_\_\_\_ PHONE: \_\_\_\_\_

<sup>8</sup> San Francisco Bay Area Rapid Transit (BART) District

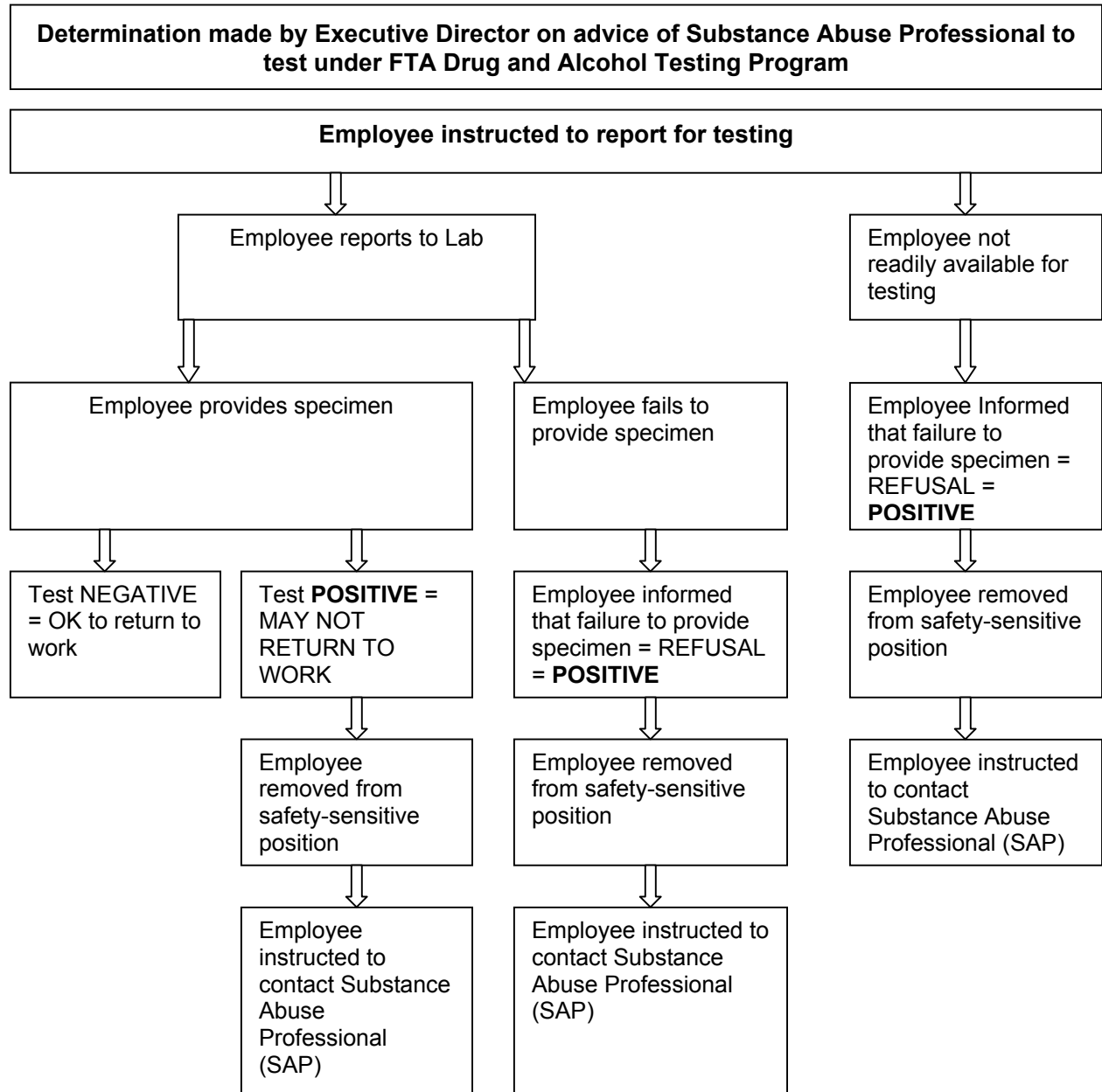
# Best Practices

## FTA Drug and Alcohol Testing Program

Figure F-10. Return to Duty Testing Flow Chart<sup>9</sup>

FTA DRUG & ALCOHOL TESTING PROGRAM

### Return to Duty Testing



<sup>9</sup> West Virginia Department of Transportation, Division of Public Transit

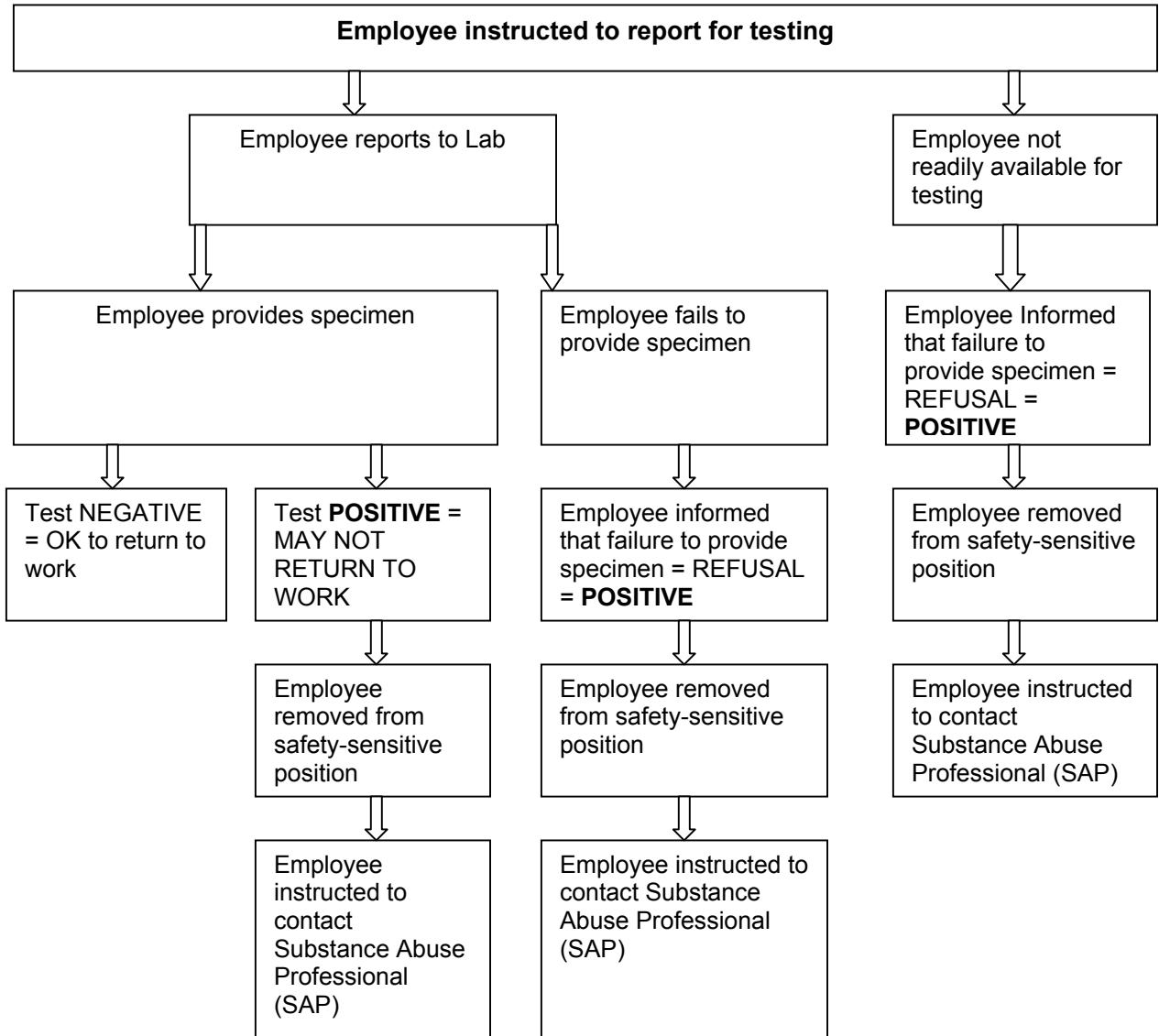
# Best Practices

## FTA Drug and Alcohol Testing Program

Figure F-11. Follow-Up Testing Flow Chart<sup>10</sup>

FTA DRUG & ALCOHOL TESTING PROGRAM

### Follow-up Testing



<sup>10</sup> West Virginia Department of Transportation, Division of Public Transit