

**Public Transportation
FTA | DOT Onboarding**

FTA Drug and Alcohol
Program National
Conference
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Texas

FTA Regulations 49 CFR Part 655
PREVENTION OF ALCOHOL MISUSE AND PROHIBITED DRUG USE IN TRANSIT OPERATIONS

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*Employee Onboarding Under
Part 655*

Pre-employment Testing

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PURPOSE

49 CFR Part 655

Federal Transportation Administration (FTA) requires employers and contractors that receive financial assistance from the **FTA** implement programs, as specified in 49 CFR **Part 655**, that are designed to help prevent accidents, injuries, and fatalities resulting from the misuse of alcohol and use of prohibited drugs by employees who perform safety-sensitive functions.

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General Overview

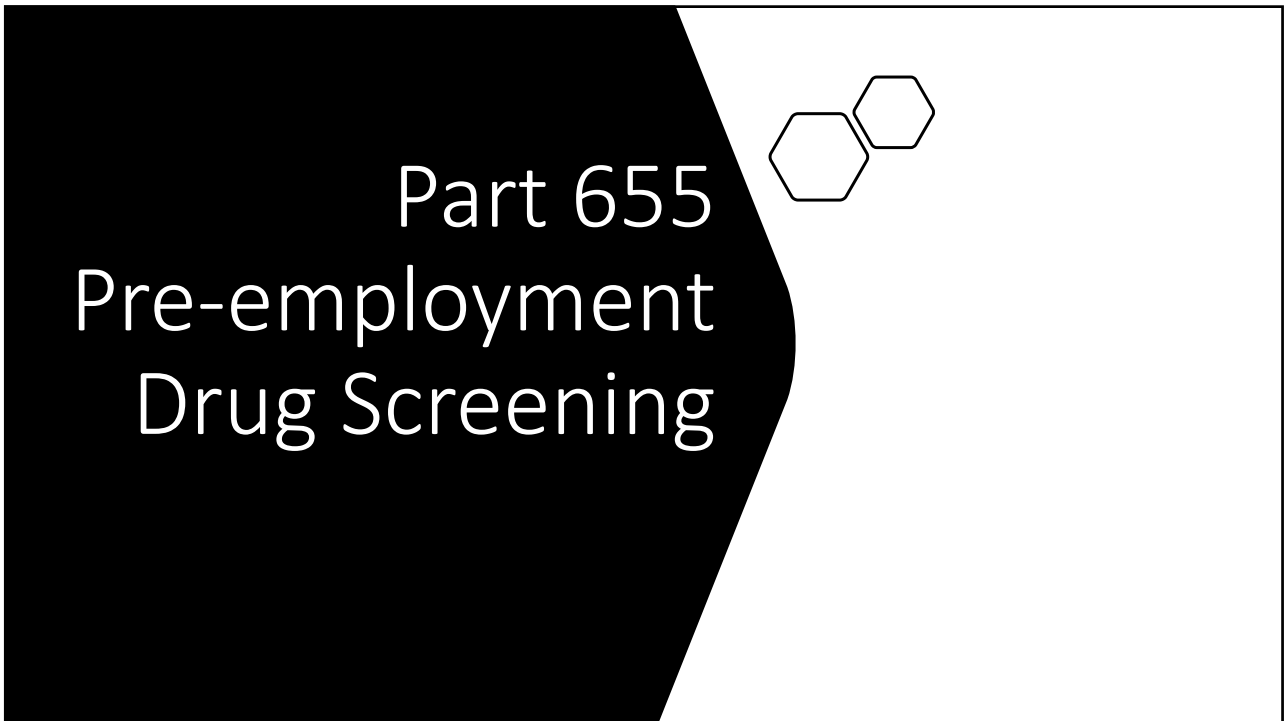
Part 655 includes 9 subparts

1. [Subpart A of this part](#) covers the general requirements of FTA's drug and alcohol testing programs.
2. [Subpart B of this part](#) specifies the basic requirements of each employer's alcohol misuse and prohibited drug use program, including the elements required to be in each employer's testing program.
3. [Subpart C of this part](#) describes prohibited drug use.
4. [Subpart D of this part](#) describes prohibited alcohol use.
5. **[Subpart E of this part](#) describes the types of alcohol and drug tests to be conducted.**
6. [Subpart F of this part](#) addresses the testing procedural requirements mandated by the Omnibus Transportation Employee Testing Act of 1991, and as required in [49 CFR Part 40](#).
7. [Subpart G of this part](#) lists the consequences for covered employees who engage in alcohol misuse or prohibited drug use.
8. [Subpart H of this part](#) contains administrative matters, such as reports and recordkeeping requirements.
9. [Subpart I of this part](#) specifies how a recipient certifies compliance with the rule.

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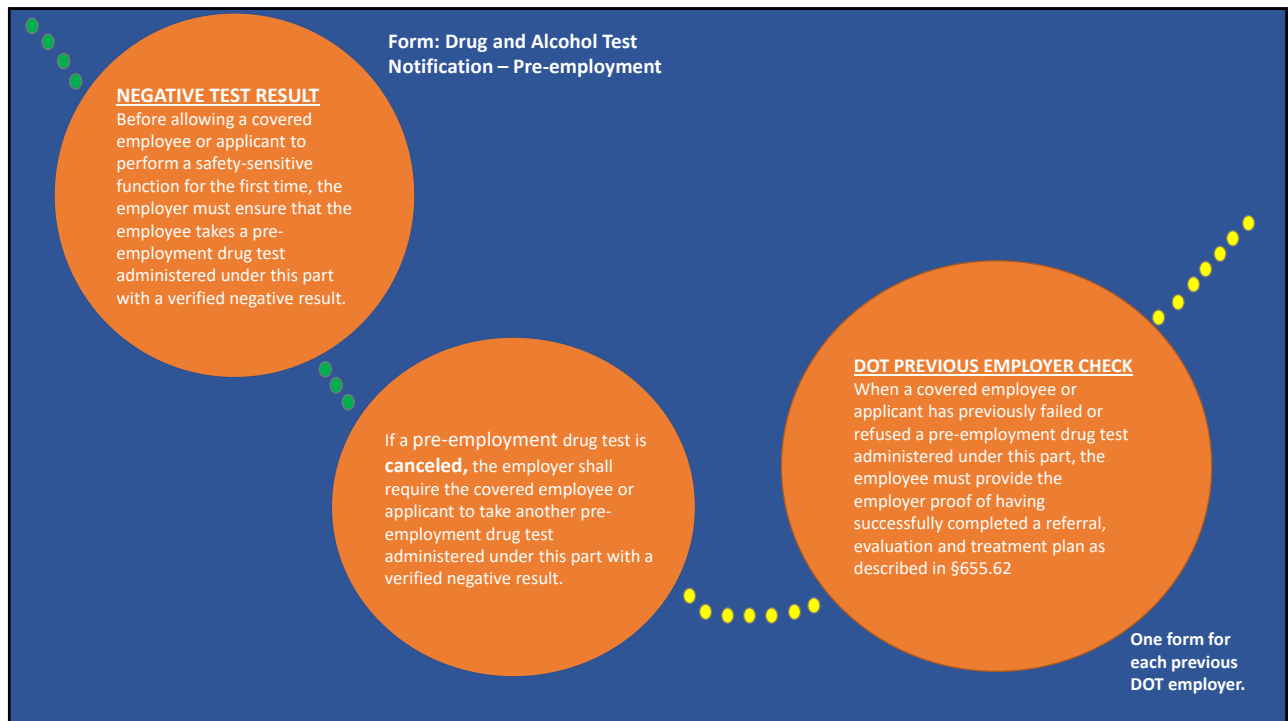


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Part 655 must be read in conjunction with [49 CFR Part 40](#), Procedures for Transportation Workplace Drug and Alcohol Testing Programs.

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Form: Drug and Alcohol Test Notification – Pre-employment

NEGATIVE TEST RESULT
Before allowing a covered employee or applicant to perform a safety-sensitive function for the first time, the employer must ensure that the employee takes a pre-employment drug test administered under this part with a verified negative result.

If a pre-employment drug test is **canceled**, the employer shall require the covered employee or applicant to take another pre-employment drug test administered under this part with a verified negative result.

DOT PREVIOUS EMPLOYER CHECK
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 §655.62

One form for each previous DOT employer.

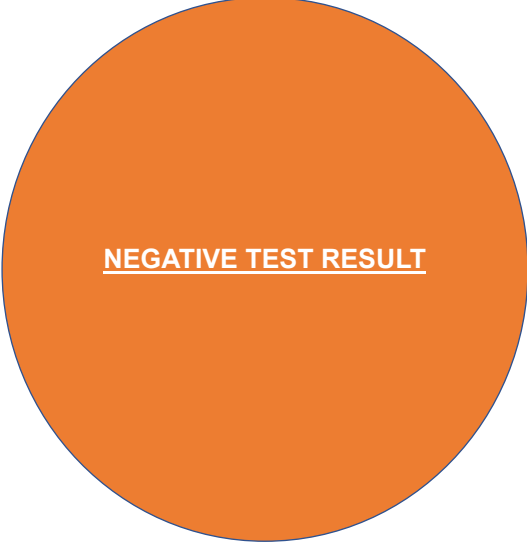
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NEGATIVE TEST RESULT

Before allowing a covered applicant or employee transferring from a non-safety-sensitive position to a safety-sensitive to perform a safety-sensitive function for the first time, the employer must ensure that the applicant or employee takes a pre-employment drug test administered under 49CFR Part 655 with a verified negative result.

An employer may, but is not required to, conduct pre-employment alcohol testing under this part. If an employer chooses to conduct pre-employment alcohol testing, the employer must comply with the same procedures for the pre-employment drug test.

*The employer must treat all applicants performing safety-sensitive functions the same for the purpose of pre-employment alcohol testing (i.e., you must not test some covered employees and not others).

A negative alcohol test required.

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If conducting pre-employment alcohol tests, the employer must conduct the pre-employment test after making a **contingent offer** of employment or transfer, subject to the employee passing the pre-employment alcohol test.

You are hired!

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Sample Notification for Testing Form

EMPLOYER NAME/LOGO

Drug and Alcohol Testing Notification

The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Part 653) requires all safety-sensitive employees must submit to drug and alcohol testing as a condition of employment in a safety-sensitive position.

Employee Information:
 Employee Name: _____
 Employee ID/SSN: _____
 Date of Notification: _____ Time of Notification: _____ AM/PM
 Employee Transported? NO YES Transported by: _____

Collection Site Information:
 Name: _____
 Address: _____
 City, State, Zip: _____

Order for Testing:
 Type of Test: All Drug Both
 Testing Authority: FTA Non-DOT
 Test Type: Pre-Employment Random Post-Accident
 Reasonable Suspicion Return-to-Duty Follow-up
 Observed Collection: YES NO

To be filled out by Collection Site Personnel:
 Time of Arrival: _____ AM/PM Collector Name: _____

Return this form with the Employee Copy of CCF and/or ATF to:
 DER Name: _____
 Employee Address: _____
 Employee City, State, Zip: _____

RECOMMENDATION(S)

- Notify the applicant or transferee of pre-employment testing requirement; hiring is contingent on the test result.
- A Notification Form is used as a form of communications with the contract collection location(s) for your organization.
- Notification form identifies the company; provides applicant name; date of notification, test type and the date you gave the form to the prospective employee.

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Reporting and Recording Negative Pre-Employment Drug Screens

PRE-EMPLOYMENT TEST RESULTS

	Applicant Employee Name	SS or Employee ID	Test Result	Collection Date	Test Expires
1/3/2023	Agho, [REDACTED]	TX1356 [REDACTED]	Negative	12/30/2022	3/30/2023 0:00
	Aiype, [REDACTED]	TX2284 [REDACTED]	Negative	12/29/2022	3/29/2023 0:00
	Benns, [REDACTED]	TX4446 [REDACTED]	Negative	12/29/2022	3/29/2023 0:00
	Brown, [REDACTED]	TX3825 [REDACTED]	Negative	12/20/2022	3/20/2023 0:00
	Chadwick, [REDACTED]	TX3698 [REDACTED]	Negative	12/29/2022	3/29/2023 0:00
	Davis, [REDACTED]	TX3687 [REDACTED]	Negative	12/29/2022	3/29/2023 0:00
	Evins, [REDACTED]	TX3356 [REDACTED]	Negative	12/23/2022	3/23/2023 0:00
	Floyd, [REDACTED]	Tx081 [REDACTED]	Negative	12/29/2022	3/29/2023 0:00
	Hunter, [REDACTED]	TX2865 [REDACTED]	Negative	12/21/2022	3/21/2023 0:00
	Jackson, [REDACTED]	TX4597 [REDACTED]	Negative	12/29/2022	3/29/2023 0:00
	Karanja, [REDACTED]	TX3953 [REDACTED]	Negative	12/29/2022	3/29/2023 0:00
	Latson, C [REDACTED]	TX2853 [REDACTED]	Negative	12/30/2022	3/30/2023 0:00
	Rivera, J [REDACTED]	Tx1146 [REDACTED]	Negative	12/28/2022	3/28/2023 0:00
	Sherow, [REDACTED]	TX3433 [REDACTED]	Negative	12/28/2022	3/28/2023 0:00
	Stidham [REDACTED]	Tx0826 [REDACTED]	Negative	12/28/2022	3/28/2023 0:00
1/5/2023	Bowie, [REDACTED]	TX4509 [REDACTED]	Negative	12/29/2022	3/29/2023 0:00
	Edgar, [REDACTED]	TX449 [REDACTED]	Negative	12/29/2022	3/29/2023 0:00
	Graham [REDACTED]	TX032 [REDACTED]	Negative	1/2/2023	4/2/2023 0:00
	Preston, [REDACTED]	TX285 [REDACTED]	Negative	1/3/2023	4/3/2023 0:00
	Todd, [REDACTED]	TX358 [REDACTED]	Negative	12/30/2022	3/30/2023 0:00

Excel Spreadsheet

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DOT PREVIOUS EMPLOYER CHECK

Previous DOT Employer checks are required for each DOT regulated employee and must be conducted within 30 days of hire.

- It must be conducted for each employer the applicant held a DOT regulated position in the last two (2) years.
- This information is obtained by contacting each previous employer.
- A release is required (applicant wet signature) is required before this type of investigation can proceed.

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One form for each
previous DOT
employer.

Sample Previous Employer Release of Information Form

EMPLOYER NAME LOGO

Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Section I: To be completed by the new employer and signed by the employee, and transmitted to the previous employer.

Employee Name: _____ SS-ID Number: _____

I hereby authorize release of information from my DOT-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.

Employee Signature _____ Date _____

I-A:

New Employer Name: _____

Designated Employer Representative: _____

Address: _____

Phone #: _____ Fax #: _____

I-B:

Previous Employer Name: _____

Designated Employer Representative: _____

Address: _____

Phone #: _____ Fax #: _____

Section II: To be completed by the previous employer and transmitted 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?	Yes ___ No ___

II-B:

Person providing information in Section II-A:

Name: _____ Title: _____

Phone #: _____ Date: _____

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It is very important for Previous DOT Employer forms to be received back to the prospective employer as soon as possible.

Your transit agency should set a guideline for ensuring Previous DOT Employer checks have been received back from the previous employer.



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When a covered employee or applicant has previously failed or refused a pre-employment drug test administered under 49 CRF part 655, the applicant(s) must provide the employer proof of having successfully completed a referral, evaluation and treatment plan.

DOT
Substance Abuse
Professional
Services

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EMPLOYEES TRANSFERRING
FROM NON SAFETY-SENSITIVE
TO SAFETY SENSITIVE

An employer may not transfer an employee from a non-safety-sensitive function to a safety-sensitive function until the employee takes a pre-employment drug test administered under Part 655 with a verified negative result.

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90- DAY RULE

When a covered employee or applicant has not performed a safety-sensitive function for 90 **consecutive** calendar days regardless of the reason, and the employee has not been in the employer's random selection pool during that time, the employer shall ensure that the employee takes a pre-employment drug test with a verified negative result.

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If a pre-employment drug test is **canceled**, the employer shall require the covered employee or applicant to take another pre-employment drug test administered under this part with a verified negative result.

A pre-employment Drug Screening can only be canceled by a Medical Review Officer (MRO). When a test is canceled the Designated Employer Representative will be contacted by the MRO and given specific instructions on how the individual must retake the test.

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Connecting the DOTS

NEGATIVE TEST RESULT

DOT PREVIOUS EMPLOYER CHECK

EMPLOYEES TRANSFERRING FROM NON SAFETY-SENSITIVE TO SAFETY SENSITIVE

90- DAY RULE

If a pre-employment drug test is **canceled**, the employer shall require the covered employee or applicant to take another pre-employment drug test administered under this part with a verified negative result.

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60-Minute Drug Awareness Training
REQUIRED

FTA Drug Abuse Awareness Video



Recommendation: **Short quiz for new hires to complete after viewing the FTA video.**

Agency Board Approved Policy



FORM: Signature of Receipt of Drug and Alcohol Policy

COMPANY SPECIFIC
Board Approved
**DRUG AND ALCOHOL
POLICY**

A background image showing three construction workers in hard hats and safety gear, looking at a document together.

FORM: Signature of Receipt of Drug and Alcohol Policy

METRO
New Employee Drug and Alcohol Program Notification and Acknowledgment of Receipt Form

Please Print
 Employee Name: _____ Employee #: _____
 Employee Title/Position: _____ Department: _____
 Safety- Sensitive Non-Safety Sensitive

DRUG FREE WORKPLACE STATEMENT
 As a recipient of Federal funds, METRO is subject to the provisions of the Drug-Free Workplace Act of 1988. This Act requires METRO to take specific actions to promote a drug-free workplace. Those actions include publishing and distributing a written policy that prohibits substance abuse, notifying employees that it is unlawful to manufacture, distribute, dispense, possess, or use a controlled substance in the workplace and establish employee awareness programs to educate employees on the dangers of using drugs and alcohol. The information is provided by METRO's Board adopted Drug and Alcohol Policy for Employees in Safety-Sensitive Job Functions.
 The Drug-Free Workplace Act of 1988 requires that each employee notify METRO within five (5) days of any criminal drug offense conviction for a violation occurring in the workplace. METRO requires you to contact your immediate supervisor of the violation. The supervisor is also responsible for notifying Human Resources upon notification of an occurrence. Failure to report any such conviction will result in termination of employment from METRO.
 As a condition of employment, you must agree to abide by the terms of the Drug-Free Workplace Act of 1988. Please sign below indicating receipt of the Drug-Free Statement, and your agreement to comply with the policy and notification requirements. Failure to return a signed copy of this acknowledgement will result in disciplinary actions, up to and including termination of employment. Employee Initials: _____

DRUG AND ALCOHOL AWARENESS TRAINING CONFIRMATION
 On this date _____, 20____ I attended METRO's Drug and Alcohol Awareness New Employee Training (50 Minutes) and received a copy the
 Check one:
 Drug and Alcohol Policy for Safety Sensitive Employees
 Drug and Alcohol Policy for Non Safety Sensitive Employee Initials: _____

RECEIPT OF DRUG AND ALCOHOL POLICY
 I _____ have received a copy of METRO's Drug & Alcohol Policy adopted by the Board of Directors of May 31, 2012. I understand that it is my responsibility to read and abide by the requirements contained in policy I received. Employee Initials: _____
 I acknowledge the information above has been reviewed and presented to me on _____ (Date)
 Employee Signature: _____ Employee ID#: _____
 Compliance Drug and Alcohol Representative Signature: _____

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Records Management of Pre- Employment Drug Screens and other documents



Pre-Employment test package for individual should include:

- Testing Notification form
- Chain of Custody Testing Form
- Result of Drug Screen

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a quick recap!

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Federal Transportation Administration (FTA) requires employers and/or contractors that receive financial assistance from the FTA implement programs, as specified in 49 CFR Part 655

Subpart E of part 655 describes the types of alcohol and drug tests to be conducted.
PRE-EMPLOYMENT TESTING SPECIFICS

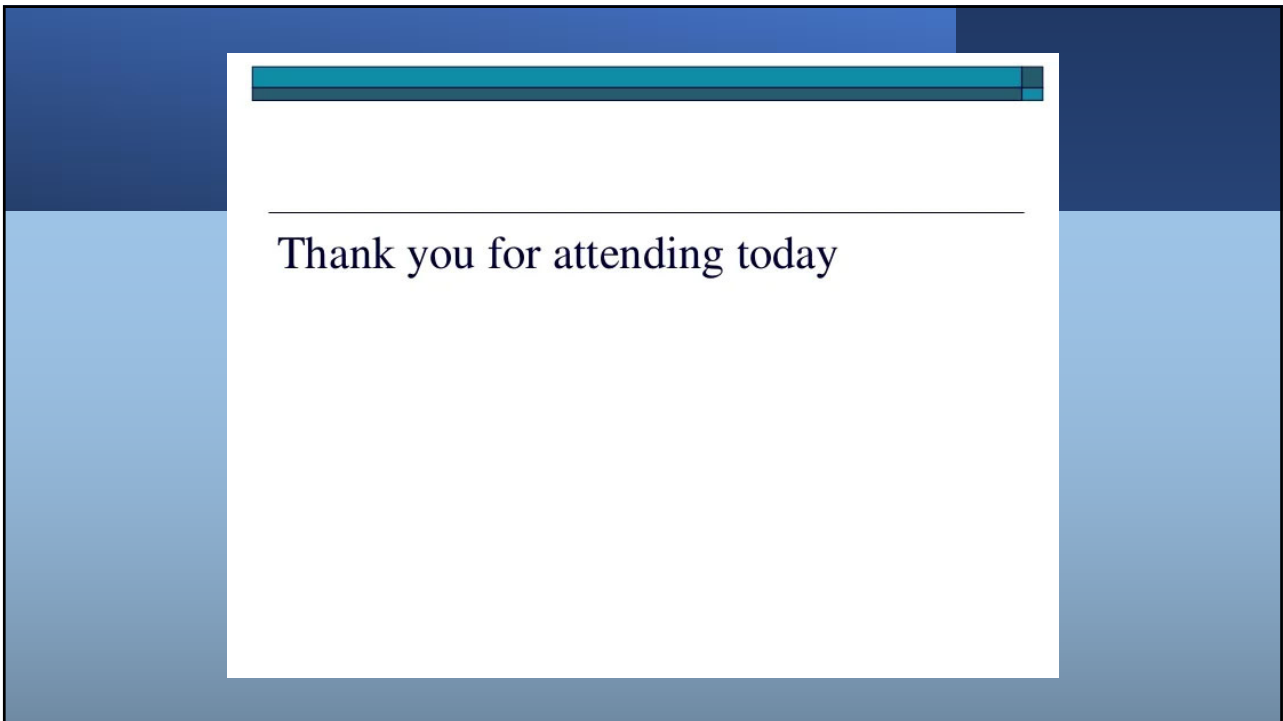
- Knowledge of FTA/DOT Drug and Alcohol Testing Regulations
- Company's Drug and Alcohol Policy
- Communications
- Consistent Processes & Procedures

The diagram consists of four interlocking blue gears arranged in a circle. The gears are labeled as follows: '90-Day Rule' (bottom left), 'PREVIOUS DOT EMPLOYER CHECKS' (top left), 'EMPLOYEES TRANSFERRING FROM NON-SAFETY-SENSITIVE TO SAFETY SENSITIVE' (top right), and 'Negative Drug Screen Result' (bottom right). Curved arrows connect the gears in a clockwise direction, indicating a cyclical process.

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