

Beginner DAPM

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U.S. Department of Transportation
Federal Transit Administration

Disclaimer

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Agenda

Overview

- Regulations
- Employer's Role
- Key Terms

Key Concepts

- Why We Test
- Three Kinds of Test
- Legal Background

Part 655:

- Program Requirements
- Prohibitions
- Test Types
- Records Retention & Release
- D&A Management Information System (MIS)



Agenda, cont.

Part 40

- Purpose
- Subparts & Key *Employer* Subparts
- Alcohol Testing
- Drug Testing
- Processing of Results
- Testing Problems & Refusals
- Section 40.25 (Previous-Employer Checks)
- Public Interest Exclusions (PIEs)

Vendors

- “Service Agents”
- Employer’s Responsibility & Role
- Common Oversight Methods

Next Steps

Housekeeping

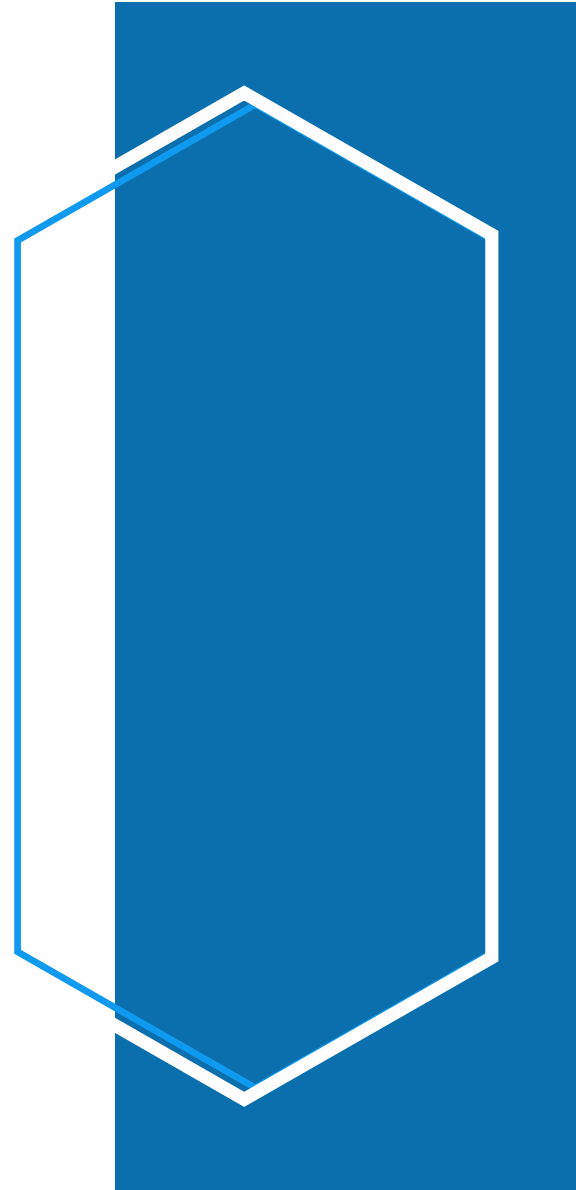
- Two fifteen-minute breaks
- Lunch: Noon to 1:30
- Questions at the end of each section, and at the end of the day

Overview

Regulations, Role of the Employer, Key Terms



U.S. Department of Transportation
Federal Transit Administration



The Omnibus Transportation Employee Testing Act

- Passed by Congress in 1991
- Directed DOT to:
 - Implement testing
 - Include strong safeguards
 - Require HHS-approved labs
 - Conduct split-specimen testing
 - Test in six specific circumstances



49 CFR PART 655

- Published by the Federal Transit Administration (FTA)
- Full Title: **Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations**
- Who is subject to testing (e.g., operators)?
- When testing must take place (e.g., after an accident).

FMCSA, FRA, FAA, PHMSA, and USCG Regulations

- Each DOT mode regulates who must be tested, and under what circumstances.
 - FTA → 49 CFR Part 655
 - FMCSA → 49 CFR Part 382
 - FRA → 49 CFR Part 219
 - FAA → 14 CFR Part 120
 - PHMSA → 49 CFR Part 199
 - USCG → 46 CFR Parts 16 and 4
 - USCG is not within USDOT, but follows Part 40 for drug testing.

49 CFR PART 40

- Published by USDOT's Secretary's Office (ODAPC)
- Full Title: Procedures for Transportation Workplace Drug and Alcohol Testing Programs
- How to conduct drug and alcohol testing
- How to return an employee to duty after a violation

The Role of the Regulated Employer

- Implement a policy prohibiting drug use and alcohol misuse.
- Perform previous-employer checks for new hires/transferees.
- Conduct all required testing.
- Take action as necessary.
- Oversee contractors and vendors.
- Report testing summaries to DOT.

The Role of the Regulated Employer: Covered Employers

- Recipients of FTA Transit Funds (i.e., Grantees)
 - 5307: Urbanized Area Formula (Operating & Capital)
 - 5309: Transit Capital Investment (Capital)
 - 5311: Formula Grants for Rural Areas (Operating and Capital)
 - Serving population less than 50,000
- Subrecipients and Contractors of FTA Grantee, when:
 - Recipient (grantee) uses the subrecipient/contractor to provide some or all of its safety-sensitive activities
 - Subrecipient/contractor uses vehicles purchased with FTA capital funding

(§ 655.3)

The Role of the Regulated Employer: Which functions are covered?

- Operating a revenue service vehicle, including when not in revenue service
- Operating a non-revenue service vehicle, when required to be operated by a Commercial Driver's License (CDL) holder
- 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

(§ 655.4)

The Role of the Regulated Employer: Others who are covered?

- Volunteers who perform a safety-sensitive function if:
 - Required to have a CDL to operate the vehicle; or
 - Receive payment in excess of actual expenses

(§ 655.4)

The Role of the Regulated Employer: Who is exempt?

- Maintenance contractors performing services:
 - For 5311 grantees
 - For 5307 or 5309 grantees serving areas with a population less than 200,000
 - On a one-time or limited, ad-hoc basis
 - Sub-contractors of maintenance contractors are also exempt
- Commuter rail operators
 - Federal Railroad Administration (FRA)
- Ferryboat operators
 - Covered by United States Coast Guard drug testing program
 - Still subject to FTA Random Alcohol Testing

(§ § 655.3, 655.4)

Common Acronyms

DER	=	Designated Employer Representative
DAPM	=	Drug and Alcohol Program Manager
BAT	=	Breath Alcohol Technician
ATF	=	Alcohol Testing Form
EBT	=	Evidential Breath Testing
CCF	=	Custody and Control Form
MRO	=	Medical Review Officer
SAP	=	Substance Abuse Professional
CFR	=	Code of Federal Regulations
CPL	=	Conforming Products List
ODAPC	=	Office of Drug and Alcohol Policy and Compliance (OST)

Key Definitions

- **DER**: An employee authorized to take immediate action to remove employees from safety-sensitive duties, also receives test results
- **DAPM**: An individual responsible for the implementation of the drug and alcohol testing program
- **CCF**: The Federal Drug Testing Form, used to document every collection for DOT drug testing
- **ATF**: The DOT form, used to document every DOT alcohol test
- **EBT**: A device approved by NHTSA for the evidential testing of breath
- **BAT**: A person who instructs and assists employees in the alcohol testing process and operates an EBT

(§ § 655.4, 40.3)

KEY CONCEPTS

Why We Test

Three Kinds of Tests

Legal Background



U.S. Department of Transportation
Federal Transit Administration



Why We Test

FTA's rule sets forth various prohibitions, then uses testing to determine whether an employee has violated those prohibitions.

- Prohibitions

- Drug use at all times
- Alcohol use...
 - Prior to s.s. function
 - During performance of s.s. function
 - After an accident

- Testing

- Before covered employment
- Randomly
- Responsively

*Part 655,
Subparts C & D*

Three Kinds of Test

- “Gatekeeper” Tests - Pre-safety-sensitive function tests
 - Pre-employment
 - Return-to-duty
- “Preventative” Tests - Deter prohibited behaviors
 - Random
 - Follow-up
- “Responsive” Tests - Detect employee violations
 - Post-accident
 - Reasonable-suspicion
 - Follow-up



Legal Background

- Public Safety vs. Employee Privacy
- Courts have consistently upheld DOT's requirements and procedures
 - Skinner v. Railway Executive's Assoc. (1989)
 - E.g., 2009 Court of Appeals' unanimous upholding of direct observation for return-to-duty and follow-up tests





PART 655

Program Requirements, Prohibitions, Test Types,
Records Retention & Release, Management
Information System



Program Requirements: FTA D&A Policy – What is it?

- Published description on prohibited workplace drug use and alcohol misuse
 - Provides clear, concise guidelines to employees regarding the DOT/FTA substance abuse prevention program
 - Informs employees of prohibited conduct/behavior
 - Defines consequences for violations
 - Describes circumstances for testing
 - Provides a rulebook for the DAPM, employer, and employees

FTA D&A Policy: Required Info

- §655.15 Policy Statement Contents
- Checklist available <https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/Checklist/PolicyReqsChecklist.docx>
- Important 2023 update:
 - 6/1/2023 – Policy must be compatible with DOT’s approval of oral fluid drug tests (DOT does not “mandate urine drug testing”; drug testing refusals should not be specific to urine specimens)

FTA D&A Policy: Required Info

- You Decide:
 - Negative-dilute → accept result or retest?
 - Pre-employment Alcohol Testing?
 - Zero tolerance or second chance?
 - Company consequences beyond FTA regulatory requirements?

FTA D&A Policy: Allowed Provisions

- May include Drug Free Workplace Act
- May include Prescription/Over-the-Counter drug policy (encouraged)
- FTA-Required Provisions vs. Employer Provisions
 - Must not conflict
 - Must clearly differentiate (e.g., bold or italics... plain language even better!)

FTA D&A Policy: Distribution

- §655.16: requirement to disseminate policy
 - Must provide written notice to all covered employees of the policy
 - Can be physical, email, intranet, etc.

Program Requirements: Education & Training

- Display and Distribution of Materials - §655.14(a)
 - Informational materials about the effects of drugs and alcohol
 - Community service hotline for employee assistance



Training: All Covered Employees

- Minimum of 60 minutes on drugs - §655.14(b)
 - Effects and consequences of prohibited drug use on personal health, safety, and the work environment.
 - Signs and symptoms that may indicate prohibited drug use.
 - Additional training (policy, alcohol, etc.) does not count towards 60 minutes.
 - FTA video available: <https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/DrugAwarenessVideo/Default.aspx>

Training: Supervisors

- §655.14(b)(2): Supervisors and/or company officials authorized to make reasonable suspicion determinations must receive:
 - Minimum of 60 minutes on physical, behavioral, and performance indicators of probable drug use.
 - Minimum of 60 minutes on physical, behavioral, and performance indicators of probable alcohol misuse.
- Training must occur prior to making any reasonable suspicion referrals.
 - FAQ: “How often do we need to do this training?”
A: “One time.”

Training: Record Keeping

- Maintain documentation of training - 2 years minimum
 - Date and time it took place
 - Who attended
 - What topics were covered
 - Copy of certificate (if given)

(§ 655.71)



Prohibited Substances: Drugs

- Use of these drugs is prohibited at all times:**
 - Marijuana
 - Cocaine
 - Phencyclidine (PCP)
 - Opioids*
 - Amphetamines
- Covered employees may be tested for drugs anytime they are on duty.

*Policies listing “opiates” as a prohibited/tested substance must be updated to list “opioids” instead.

**If your policy states something like “performing functions while having a drug metabolite level higher than the minimum thresholds established in Part 40,” your policy is not compliant.

(§ 655.21)

Prohibited Alcohol Use

- Alcohol use is prohibited:
 - While performing a safety-sensitive function.
 - Within 4 hours prior to performing a safety-sensitive function.
 - While on-call to perform a safety-sensitive function.
 - Allow employee the opportunity to acknowledge alcohol use.
 - Within 8 hours following an accident requiring an FTA post-accident test, or until the test has been conducted.
- Covered employees may be tested for alcohol just before, during, or just after the performance of safety-sensitive functions.
- Covered employees are also prohibited from performing a safety-sensitive function when their alcohol concentration is 0.04 or higher.

(Part 655, Subpart D)

Prohibited Behaviors: Refusals

As a covered employee, you have refused to test if you:

- Fail to appear for a test within a reasonable time.
- Fail to remain at the testing site until the testing process is complete.
- Fail to provide a specimen.
- Fail to permit monitoring or direct observation, as required.
- Fail to provide a sufficient quantity of specimen without a valid medical explanation.
- Fail or decline to take a second test as directed by the collector or employer.

Consequences for refusing to test are the same as for a positive test (i.e., removal from duty and SAP referral).

(§ § 40.191,40.261)

Refusals, cont.

- Fail to cooperate with the testing process (e.g., fail to wash hands)
- Admit adulteration or substitution of specimen to the collector/MRO
- Provide an adulterated or substituted specimen, as verified by the MRO
- Refuse to sign the certification at Step 2 of the ATF
 - Not a refusal to decline to sign Step 5 of the CCF
- Fail to remain readily available following an accident

Consequences for refusing to test are the same as for a positive test (i.e., removal from duty and SAP referral)

(§ § 40.191,40.261)

Pre-Employment Testing

- ✓ Three Situations
- ✓ Drug test required, alcohol test optional
- ✓ Unique test refusals

Pre-Employment Testing: Three Situations

- Applicant
- Current employee transfers to a safety-sensitive position.
- Current employee returning from extended leave:
 - No SS duties for 90+ consecutive days, **AND** removed from random testing pool
 - So really... the critical factor is 90 days of pool absence.
 - Do not confuse return-to-duty tests with pre-employment tests.
 - Return-to-duty tests are preceded by a positive/refusal, and are directly observed.

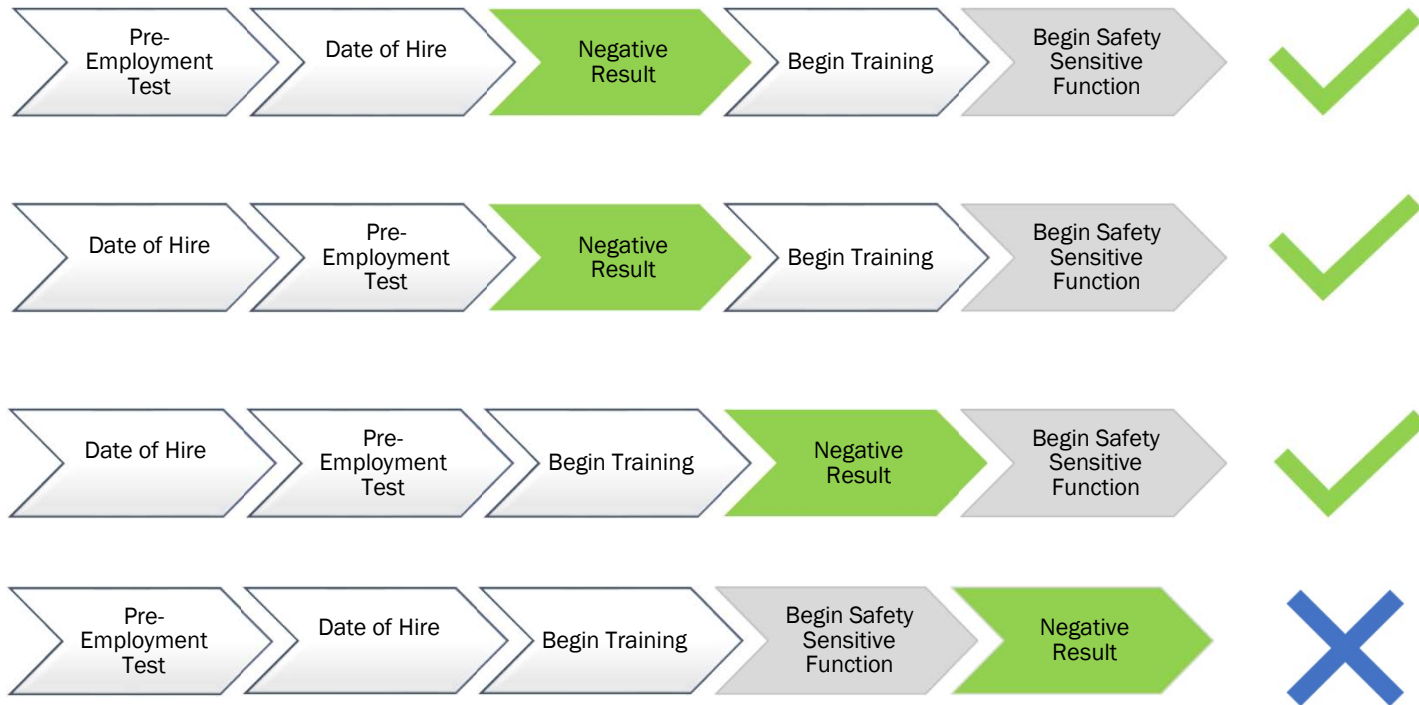
(§ § 655.41, 655.42)

Pre-Employment Testing: Drugs

- DOT drug test required for all FTA safety-sensitive positions
 - Verified negative result required prior to first SS duty
 - Includes training, in the yard, or any other movement or control of the vehicle
 - Not more than 90 days between PE test and first SS duty (and inclusion in random pool)

(§ 655.41)

Pre-Employment Testing: Drugs – Four Examples



Pre-employment Testing: Drugs

- What happens if...
- A PE test is cancelled?
 - A second test must be conducted
- A PE test is negative dilute?
 - May conduct a second test (refer to your policy)
 - Employee may begin SS functions
 - Must follow policy either way



Pre-Employment Testing: Alcohol

- DOT alcohol tests are optional
 - Must follow Part 40 procedures
 - Only after contingent offer of employment
 - Must be applied to all equally*
- BAC < 0.02 result required prior to first SS duty

*Only applies to DOT-covered SSEs!

(§ 655.42)



Pre-Employment Testing: Refusals

- Different than other test types (random, post-accident, etc.)
- Not a refusal if applicant:
 - Fails to appear for testing
 - Leaves the collection site prior to commencement of test:
 - A drug test commences when donor accepts or selects the specimen cup/ collection device.
 - An alcohol test commences when donor accepts or selects the mouthpiece.

(§ § 40.191,40.261)

Reasonable Suspicion Training

- ✓ Goals
- ✓ Authorization to Refer
- ✓ Testing – Why?
- ✓ Testing – When?

Reasonable Suspicion Testing – Goals

- Goal: Detection of any sign/symptom of drug use and/or alcohol misuse
- Accurately diagnosing specific substance use is not important
 - Are there signs and symptoms of drug use or alcohol misuse?
- May authorize a drug test, alcohol test, or both

Reasonable Suspicion Testing

- A safety-sensitive employee must submit to a drug and/or alcohol test when the employer has a reasonable suspicion that the employee has used a prohibited drug or misused alcohol



(§ 655.43)

Authorized to Make a Referral

- Who should be authorized to make a referral?
 - Company officials who will be in contact with safety-sensitive employees
 - Dispatchers
 - Street supervisors
 - Maintenance supervisors
- Employees (not authorized) should know who to contact if suspicious

Authorized to Make a Referral

- Training required:
 - 60 minutes – physical, behavioral, and performance indicators of probable drug use
 - 60 minutes – physical, behavioral, and performance indicators of probable alcohol misuse
 - Maintain documentation of training for at least 2 years

(§ 655.14(b)(2))

Reasonable Suspicion Testing – Why?

- Determination to test:
 - Based on specific, contemporaneous, articulable observations
 - Appearance, behavior, speech, or body odor of employee
 - Decision to administer test must be documented.
 - Including any signs or symptoms observed
 - Sample Reasonable Suspicion Determination Form:
<https://transit-safety.fta.dot.gov/drugandalcohol/tools>
- Observation by a trained company official or supervisor
 - Only one trained company official/supervisor is required.

(§ 655.43)

Reasonable Suspicion Testing – Why?

- You detect odor of alcohol?
- Receive anonymous phone tip?
- Employees in verbal or physical fight?
- A notable conduct or safety violation?
- Documentable change in job performance?
- Workplace accident?
- Covering yourself or the company?

Reasonable Suspicion Testing – When?

- Drugs – anytime on duty
- Alcohol – only if observations are made just before, during, or just after the performance of safety sensitive functions
- Employees must proceed immediately to collection site for testing (should be transported)
- Time limits for alcohol tests
 - 2 hours – document reason for delay
 - 8 hours – cease if no test

(§ 655.43)

Reasonable Suspicion Testing – Key Points

- Physical signs and symptoms observed
- Ordered by trained company official/supervisor
- Drugs (anytime on duty), alcohol (just before, during, just after SS function)
- Document, document, document!

Post-Accident Testing

- ✓ What is an accident?
- ✓ Testing decision
- ✓ Who to test?
- ✓ When to test?
- ✓ Acceptance of other test results



Post-Accident Testing Criteria

- FTA defines an accident as...
- An occurrence associated with the operation of a vehicle in which one or more of the following occur:
 - An individual dies.
 - An individual suffers a bodily injury and immediately receives medical treatment away from the scene.
 - One or more vehicles (including third-party vehicles) incurs disabling damage and must be towed away from the scene.
 - A rail car, trolley car or trolley bus, or vessel, is removed from operation.

(§ 655.4)

Post-Accident Testing Criteria

- What is a fatality?
 - Any individual dies at the scene
 - The death was associated with the occurrence



Post-Accident Testing Criteria

- What is medical treatment away from the scene?
 - Any individual goes directly from the scene to receive medical treatment
 - Transported by any means
 - Does not require verification by the employer

Post-Accident Testing Criteria

- What is disabling damage?
 - Vehicle cannot proceed under its own power without further damage.
 - Vehicle cannot be easily repaired at the scene (headlights/taillights, turn signals, horn, tires, mirrors, etc.).
 - Usually requires towing or transport away from the scene by another vehicle.
 - Determined by responding company official... not police or insurance agent.

(§ 655.4)

Post-Accident Testing Criteria

- Factors that do not trigger DOT-FTA Post-Accident testing:
 - Dollar amount of damage
 - Driver citation (that's FMCSA/Part 382)
 - Insurance or company requirement
 - “Just to be safe”
 - At fault vs. preventable

Post-Accident Testing – Who to Test

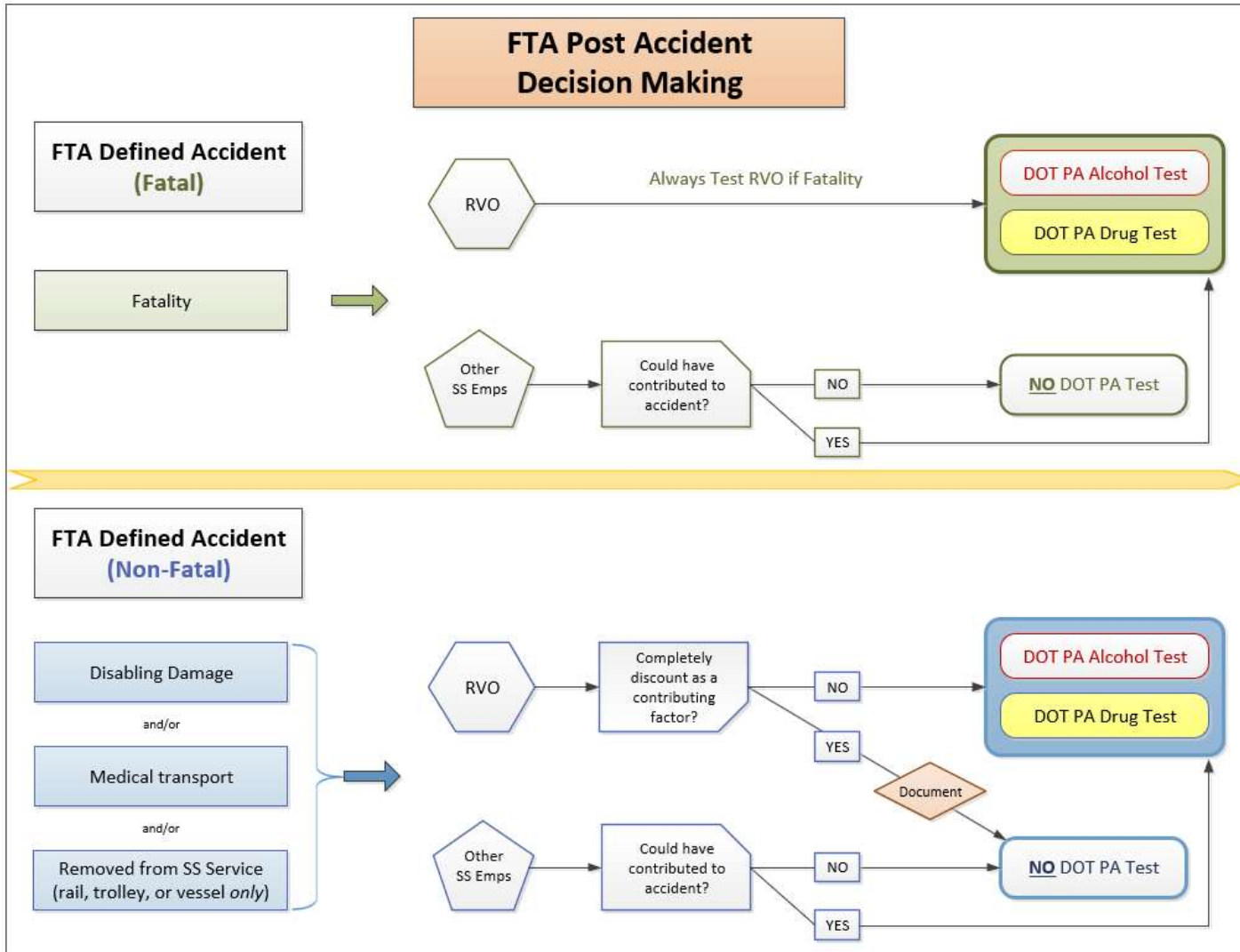
- Fatality:
 - Each surviving covered employee operating the public transit vehicle at the time of the accident.
 - Any other covered employee whose performance could have contributed to the accident.
- No fatality:
 - Each covered employee operating the vehicle at the time of the accident – **unless** the employee's performance can be completely discounted as a contributing factor.
 - Any other covered employee whose performance could have contributed to the accident.

(§ 655.44)

Post-Accident Testing Decision

- Decision to test/not to test:
 - Made by employer (company official, supervisor) at the scene.
 - Use best information available at the time.
 - Use any and all information on-site.
 - Do not 'reverse' decision based on facts that may emerge later.
 - e.g., after reviewing video the next day.
 - Document decision-making process.

(§ 655.44)



Post-Accident Testing – When to Test

- Alcohol and drug tests must be performed as soon as possible.
 - Always treat injuries and cooperate with law enforcement first.
- Clock starts at the time of the accident
 - **Alcohol test** (conducted first)
 - If no test within 2 hours – document
 - Cannot test after 8 hours
 - **Drug test**
 - Cannot test after 32 hours
- Employee must give consent (cannot test if deceased/unconscious)

(§ 655.44)

Acceptance of Other Test Results

- Can use results from Federal, State, or Local officials in limited cases (if results are released)
 - Urine, blood, breath
- Must document why FTA test could not be performed within required time period

(§ 655.44)



Post-Accident Testing – Key Points

- Establish that at least 1 of the 3 criteria is met. FTA testing is either REQUIRED or PROHIBITED.
- Test any covered employee who could have contributed – ALWAYS alcohol and drug.
- Document, document, document!



Random Testing

- ✓ Minimum testing rates
- ✓ Random selection
- ✓ Consortium
- ✓ Random testing
- ✓ Records Review



Minimum Random Testing Rates

- Alcohol: 10% of total average covered employees*
- Drugs: 50% of total average covered employees*
- Testing above minimum rates is allowed.
 - Does not need to be stated in the D&A policy.

*Rates are subject to change (published in Federal Register each year).

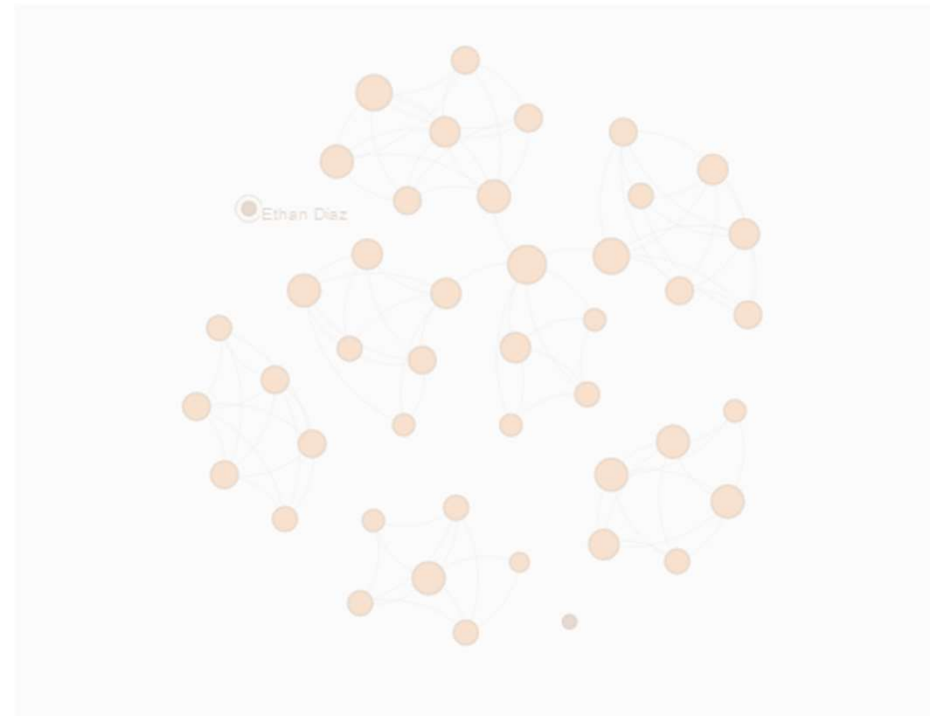
(§ 655.45)

Random Selection: Who gets selected?

- The random pool must be kept up-to-date.
 - New hires
 - Terminations
 - Transfers to safety-sensitive positions
 - Long-term leave (FMLA, Workers' Comp, etc.)
 - Optional to remove; allowable to leave in pool
- Only DOT safety-sensitive employees.
 - May include other modes (FMCSA, FAA, FRA, PHMSA, USCG).

Random Selection Method

- Each employee must have equal chance of being selected.
- Scientifically valid selection method:
 - Random number generator (e.g., Microsoft Excel)
 - Random selection applications (commercial)
- The human hand may not be involved.
 - Cannot pull name out of hat.
 - Cannot select type of test after selection.



(§ 655.45)

Random Selection – Using Alternates

- Alternates may only be used if the originally selected employee cannot be tested during entire selection period.
 - Must have a legitimate reason for excusing the original employee (document excusal).
 - e.g., FMLA, LoA
- Alternates...
 - **Must be identified as an alternate.**
 - If multiple alternates are generated, use in the order listed.
 - The test type (Drug/Alcohol/Both) must be decided via random process; if not, you must use the same test type(s) as assigned to the excused employee.

Making Random Selections: Myths & Confusions

- Random testing does not test everyone.
 - Randomization is NOT systematic testing.
- There is no Maximum level of testing.
 - There are only minimums.
- You can alter the frequency of random draws.



Random Selection Lists

- Restrict access to selection list (only you or your designee).
- Keep list secure (locked cabinet, password-protected, etc.).
- If random selection by TPA or other service provider:
 - Selection must occur just prior to new testing period.
 - DER should select date and transmission method.
 - List transmitted to DER in a secure, confidential manner.

Life of the Selection List

- When a new testing period begins, the previous list becomes invalid.
 - Do not test individuals from previous lists.
- Keep selection list (along with master roster used to generate list) for at least two years.

Consortium

- A consortium is a pool of safety-sensitive employees from several smaller distinct groups:
 - Multiple employers
 - FTA grantee with contractors and/or subrecipients
 - State DOT with subrecipients
 - National contractor with multiple locations



Consortium

- A consortium must be compliant with testing minimums.
 - Individual employers might end up with testing rates above or below minimums at year-end.
 - Request documentation of annual testing rates from consortium.
 - May include employees covered by multiple DOT agencies.
 - Test at highest applicable rate.

(§ 655.45)

Random Testing

- Testing must be unannounced and unpredictable.
- Spread testing reasonably throughout:
 - All times of the day that SS functions are performed.
 - Not only during DER's workday.
 - All days of the week that SS functions are performed.
 - All weeks of the month, and months of the year.
- An employee notified must proceed immediately for testing.
 - Track when they arrive.

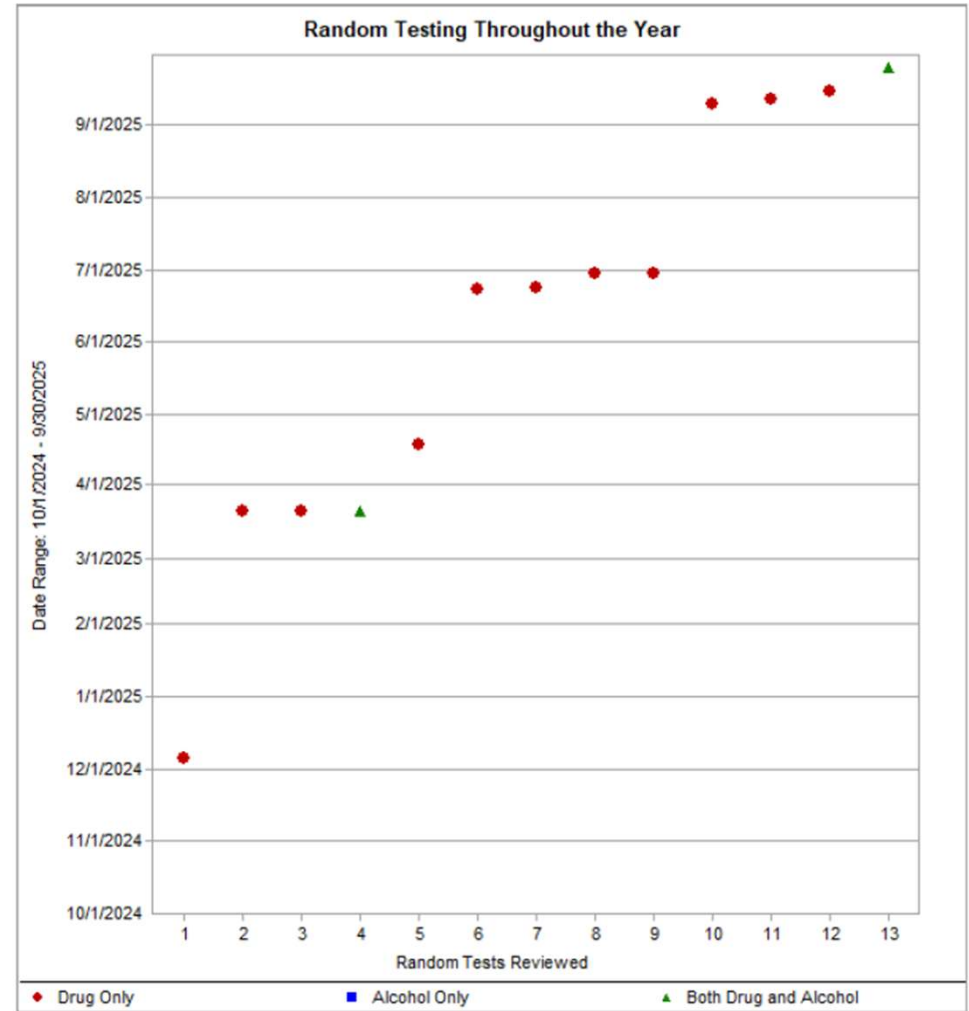
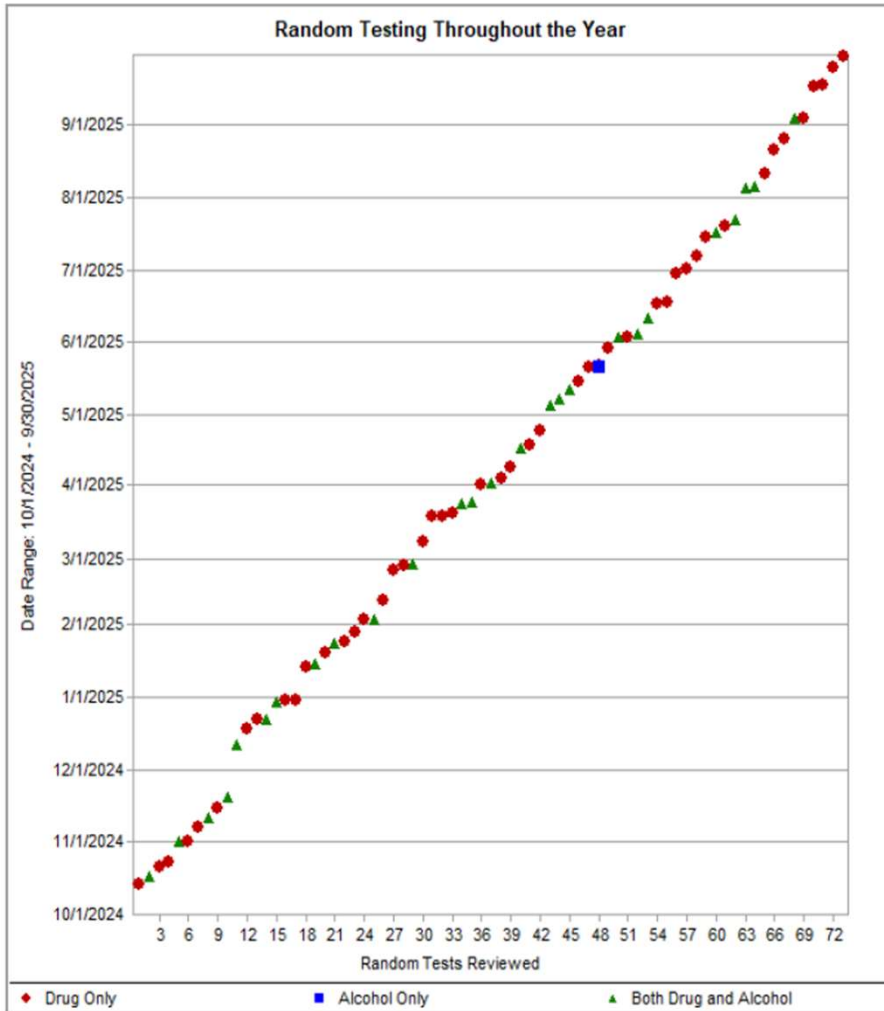
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Random Testing

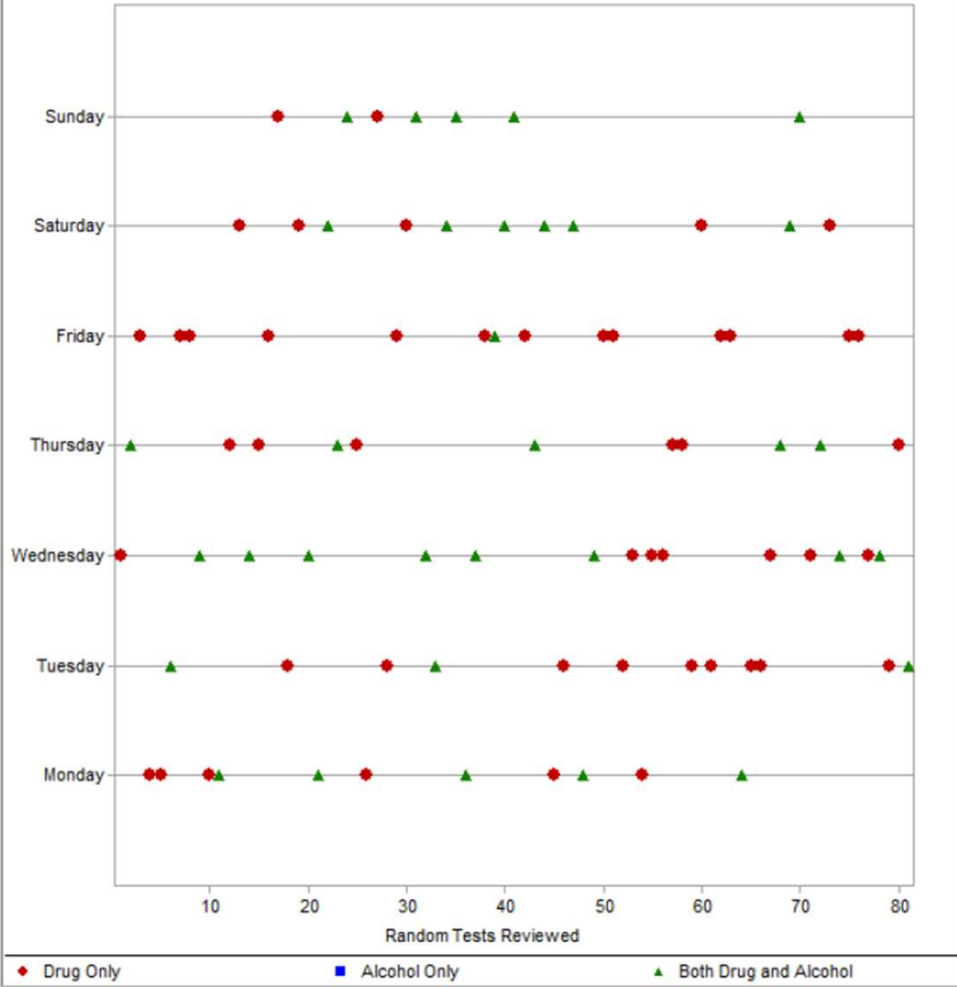
- What happens if the collection site closes early?
 - Back-up collection site
 - After-hours agreement
 - May pay a premium
 - Hospital
 - Ensure DOT qualified collectors
 - Agreement with individual collector

Records Review: Graph Analysis

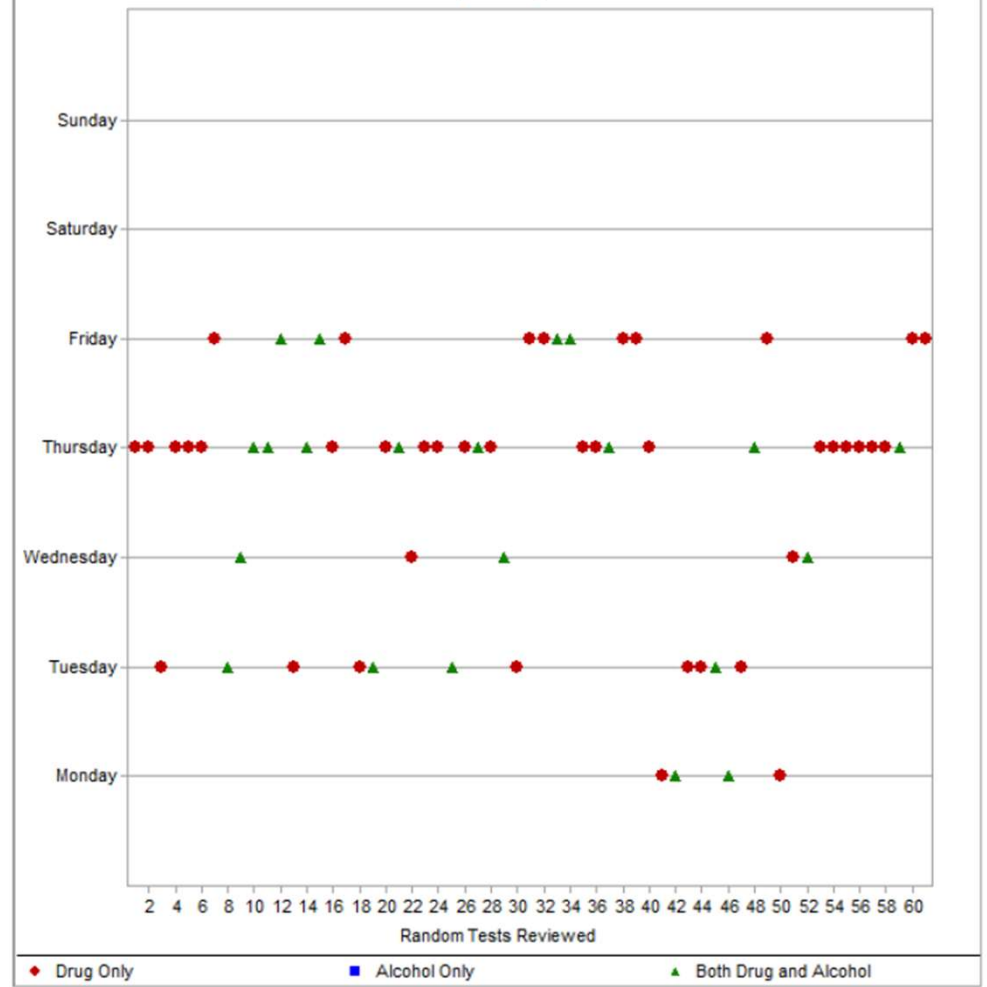


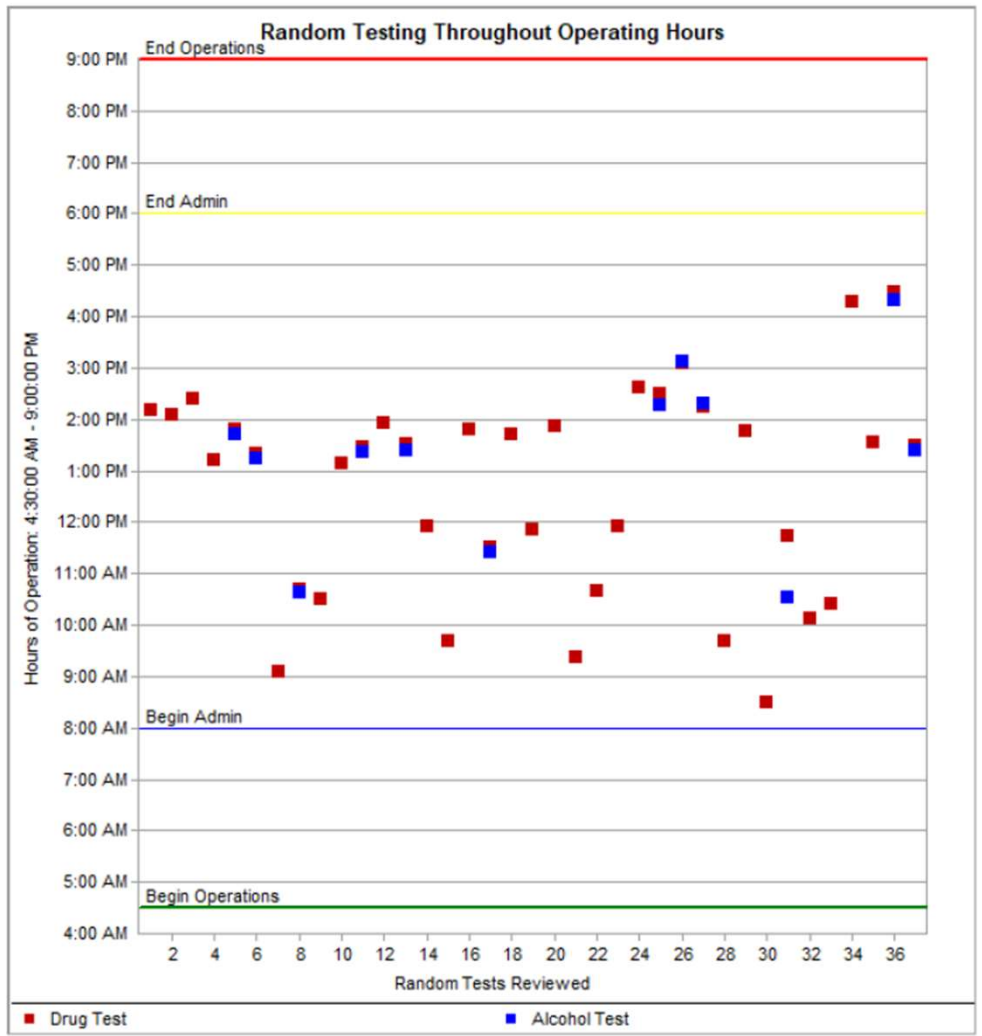
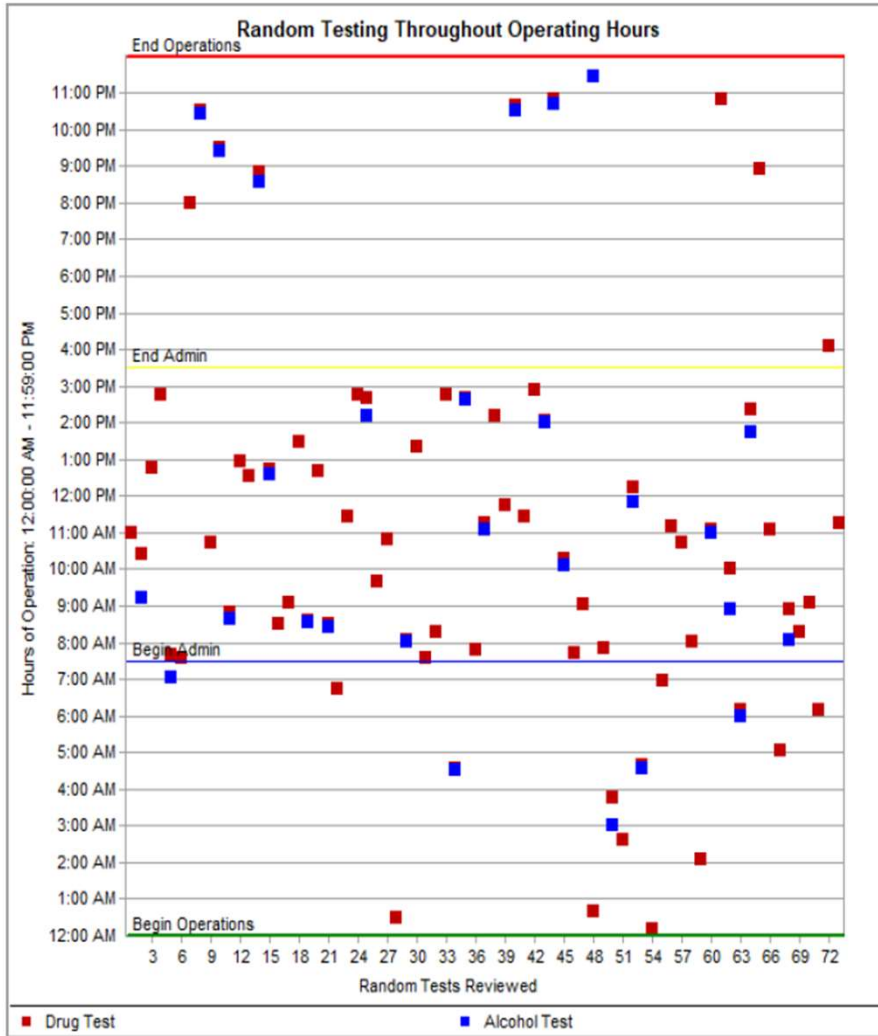


Random Testing Throughout the Week



Random Testing Throughout the Week





Records Review – Graphic Analysis

- Create your own random testing charts using Microsoft Excel
 - <http://transit-safety.fta.dot.gov/drugandalcohol/tools/>



Random Testing – Key Points

- At least 50% for drugs, 10% for alcohol
- Update random pool before selection; keep list secure
- Spread testing reasonably and unpredictably
- Employees must proceed immediately

Return-to-Duty & Follow-up Testing

- ✓ Zero tolerance vs. second chance policy
- ✓ Return-to-duty testing
- ✓ Follow-up testing



Zero Tolerance vs. Second Chance

For both “Zero Tolerance” and “Second Chance”:

- If a covered employee does any of the following...
 - refuses a test
 - has a verified positive drug test result
 - has a confirmed alcohol test result of 0.04 or greater

...the employee must be removed from safety-sensitive duty immediately and referred to a qualified substance abuse professional.

(Part 655, Subpart G)

Zero Tolerance vs. Second Chance

- Zero tolerance: employee is terminated
 - Contact information for at least two DOT-qualified SAPs (or a SAP network) must be provided
- Second chance: employee may be allowed to return to safety sensitive duty after completion of the return-to-duty process

(§ 40.287)

Return-to-Duty Testing

- Return-to-duty means second chance.
 - Not conducted if an employee is returning from long-term leave (FMLA, Workers' Comp, etc. → pre-employment).
- Conducted after employee successfully completes SAP's treatment and/or education requirements.
- The test is the employer's responsibility.
 - Employer decides if and when the test will take place.

(§ 40.305)

Return-to-Duty Testing

- Testing is required in order to return an employee to DOT safety-sensitive duty.
- Test can be for drugs, alcohol, or both.
 - It is the SAP's decision.
- The drug test must be directly observed.
 - If not directly observed, employee must be sent back for a second test.
- A verified negative result is required to return.

(§ 40.305)

Follow-Up Testing

- Conducted once employee returns to safety sensitive functions
- According to SAP's written follow-up testing plan
 - Minimum 6 tests in first 12 months
 - Maximum: 60 months (5 years) of testing
 - Duration paused for breaks in service
 - Can be for drugs, alcohol, or both
 - Only the original SAP can revise plan



(§40.307)

Follow-Up Testing

- Testing schedule:
 - Must be unannounced and unpredictable.
 - Drugs – any time employee is on duty.
 - Alcohol – immediately before, during, or after safety-sensitive duty (just as for random and reasonable-suspicion tests!)
- All drug tests must be directly observed.
- Employee remains in random testing pool.
 - A random test is not a substitute for a follow-up test.

(§ 40.307)

Return-to-Duty and Follow-Up Testing – Key Points

- Test after completion of the SAP's treatment plan.
- Follow-up schedule applied according to SAP's plan.
- Follow-up tests are unannounced and unpredictable.
- All tests are directly observed.

Records Retention & Release

- ✓ Storage
- ✓ Retention Period
- ✓ Confidentiality

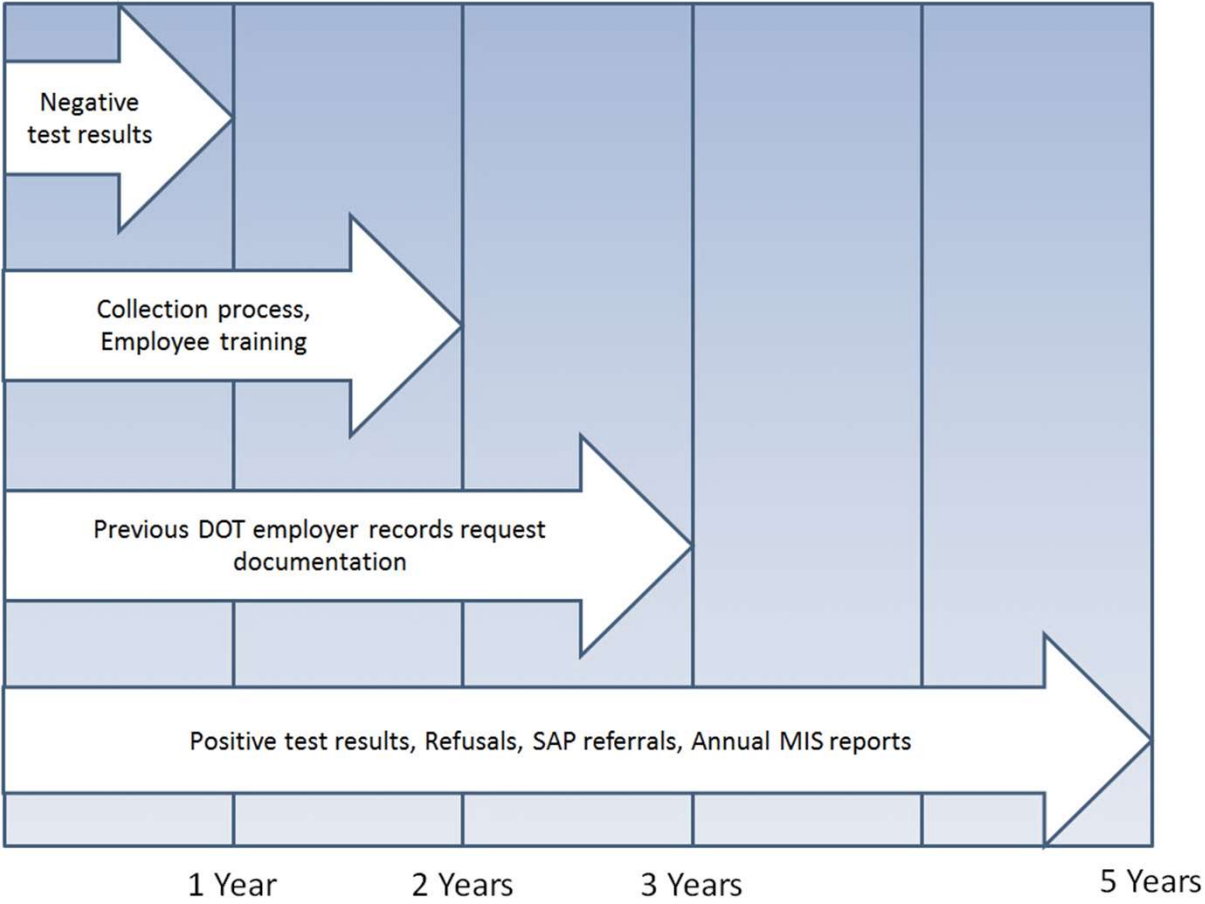


Records Storage

- Secure location – with controlled access
 - Locked cabinets
 - Electronic – password protected
 - Keep DOT records separate from non-DOT testing records, personnel records, etc.

(§ 655.71)

Minimum Retention - Summary



(§ 655.71)

Confidentiality

- The employer may release drug and alcohol information to the following:
 - Employee/Third Party (specific written consent)
 - State safety oversight agency (SSOA)
 - Grantee required to certify compliance
 - DOT Agency and Office of the Secretary (OST)
 - Lawsuit or grievance or other proceeding undertaken by the employee or on their behalf
 - e.g., worker's compensation, unemployment compensation
 - National Transportation Safety Board (NTSB) as part of an accident investigation

(§655.73)

Management Information System (MIS)

- ✓ FTA reporting requirements
- ✓ Reporting responsibilities
- ✓ Multi-modal employers
- ✓ How to submit



MIS – FTA Reporting Requirements

- Prepare and maintain annual summary of testing results.
- The MIS report is “employer based.”
 - Each employer submits a separate MIS with FTA results.
 - No consortium reports
 - No combined reports
- Submit results to FTA.
 - Submit when requested (e.g., annual reporting, audit, triennial, etc.).
 - March 15 for annual MIS
- Ensure accuracy and timeliness.
 - Grantees → contractors, subrecipients, TPAs, etc.

(§ 655.72)

Reporting Responsibilities

- Grantees – Direct Recipients, State DOTs, etc.
 - Ensure FTA has record of all subrecipients and covered contractors.
 - FTA requests this information in December.
 - Pass-through agencies – MPOs, county or city governments must still submit annual MIS.
 - Likely “zeroed out” (no safety-sensitive employees or tests).
 - May NOT include contractor/subrecipient results.



MIS – Multi-Modal Employers

- When an employer is regulated by multiple DOT agencies, but: **individual employees perform duties regulated by a single DOT agency.**
 - Ex: Employer operates transit buses (FTA) and school buses (FMCSA), but each employee operates only one type of bus.
 - Submit separate agency-specific MIS forms.
 - Do not double report.

(§ 655.72)

MIS – Multi-Modal Employers

- If regulated by multiple DOT agencies, and: individual employees perform duties regulated by multiple DOT agencies.
 - Ex: Employer operates transit buses (FTA) and school buses (FMCSA), and an employee could operate either vehicle.
 - Report employees under DOT agency for which majority of safety sensitive duties are conducted; 51/49.
 - If 50/50, choose one.
 - Note: FTA-covered ferry operators should report full number of covered employees to both FTA and USCG.

(§ 655.72)

MIS Annual Report: How to Submit

- Internet-based online reporting:
 - <https://damis.dot.gov>
- Login information:
 - Grantees – Look for reporting email in late December with instructions.
 - New users require activation codes to access DAMIS through login.gov.
 - Activation codes are not need for existing “registered” users.
- Deadline is March 15th each year.

MIS Reporting Questions?

- FTA Drug and Alcohol Hotline (Volpe Center)
 - Call (617)494-6336
 - Email fta.damis@dot.gov
- Online guidance:
 - <http://transit-safety.fta.dot.gov/DrugAndAlcohol/DAMIS>

PART 40

Purpose, Subparts, Key Employer Subparts, Tests and Results Processing, Testing Problems & Refusals, Section 40.25 (Previous-Employer Checks), Public Interest Exclusions (PIEs)



Part 40's Purpose

- Part 40's title is "Procedures for Transportation Workplace Drug and Alcohol Testing Programs."
- Section 40.1(a) states: "This part tells all parties who conduct drug and alcohol tests required by Department of Transportation (DOT) agency regulations how to conduct these tests and what procedures to use."
- It is an umbrella regulation that tells employers and their vendors – across all regulated modes – how to conduct drug and alcohol testing.

Eighteen Subparts

- Subpart A—Administrative Provisions
- Subpart B—Employer Responsibilities
- Subpart C—Specimen Collection Personnel
- Subpart D—Collection Sites, Forms, Equipment and Supplies Used in DOT Urine and Oral Fluid Collections
- Subpart E—Specimen Collections
- Subpart F—Drug Testing Laboratories
- Subpart G—Medical Review Officers and the Verification Process
- Subpart H—Split Specimen Tests
- Subpart I—Problems in Drug Tests
- Subpart J—Alcohol Testing Personnel
- Subpart K—Testing Sites, Forms, Equipment and Supplies Used in Alcohol Testing
- Subpart L—Alcohol Screening Tests
- Subpart M—Alcohol Confirmation Tests
- Subpart N—Problems in Alcohol Testing
- Subpart O—Substance Abuse Professionals and the Return-to-Duty Process
- Subpart P—Confidentiality and Release of Information
- Subpart Q—Roles and Responsibilities of Service Agents
- Subpart R—Public Interest Exclusions

Key Subparts for the Transportation Employer

- Subpart B – Employer Responsibilities
- Subpart E – Specimen Collections
- Subpart I – Problems in Drug Tests
- Subpart L – Alcohol Screening Tests
- Subpart M – Alcohol Confirmation Tests
- Subpart N – Problems in Alcohol Testing
- Subpart O – Substance Abuse Professionals & Return-to-Duty Process

Oral Fluid Testing

- In 2023, DOT approved oral fluid drug testing.
- Two laboratories must receive HHS-certification.
 - Oral fluid testing is not available until two labs are certified.
- Oral fluid testing is optional for all drug testing events.
 - Employers may conduct all urine tests, all oral fluid tests, or a mix of both specimen types.

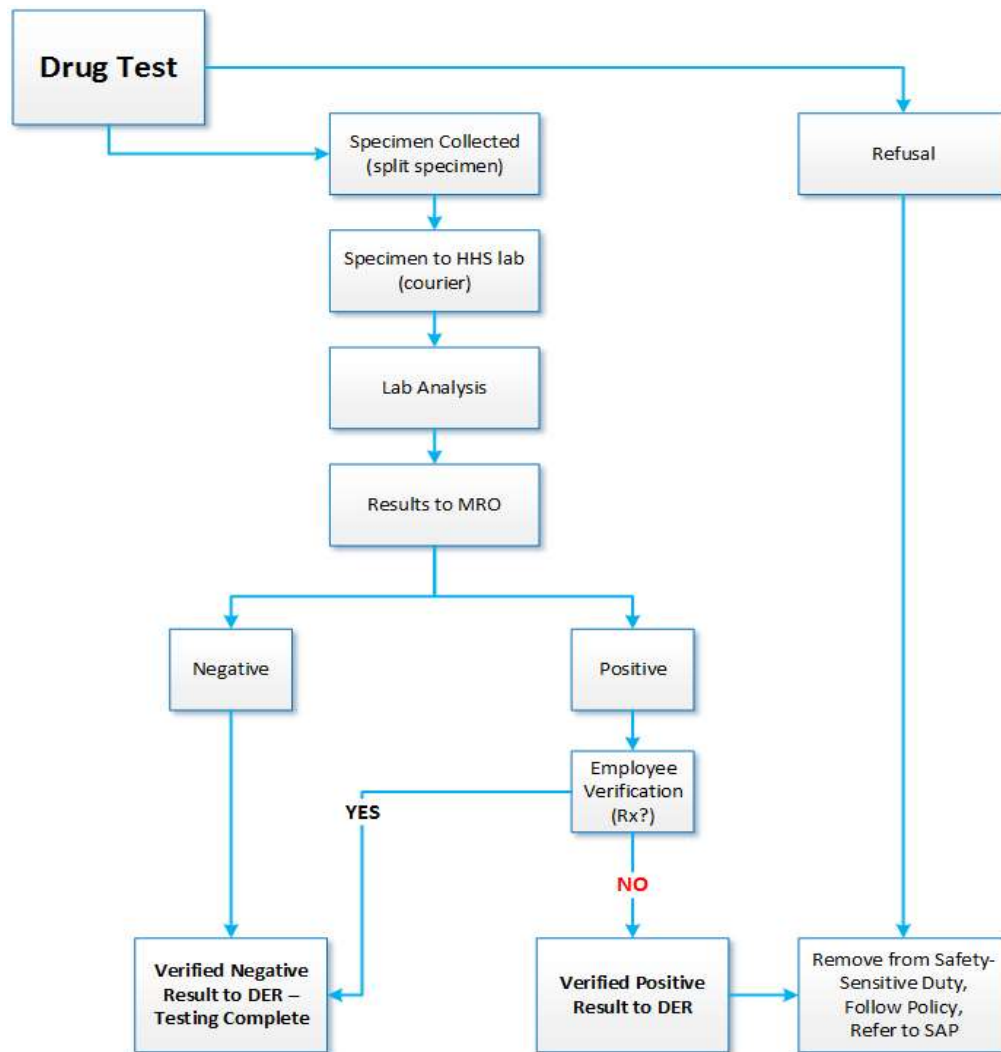
Oral Fluid Testing

- When oral fluid testing is available, work with service agents to determine if/when oral fluid tests will occur. Consider:
 - Oral fluid tests are directly observed
 - Oral fluid tests generally have a shorter window of detection than urine tests
 - Oral fluid tests are not impairment tests
 - Oral fluid tests can be used as an alternative to “shy bladder” procedures (and urine tests as an alternative to “dry mouth” procedures)

Drug Test Results: Employer Action

- Notification of a verified positive drug test result or refusal to test:
 - Immediately remove the employee from safety-sensitive duties.
 - By DER (Designated Employer Representative)
 - Refer employee (or applicant) to qualified SAP.

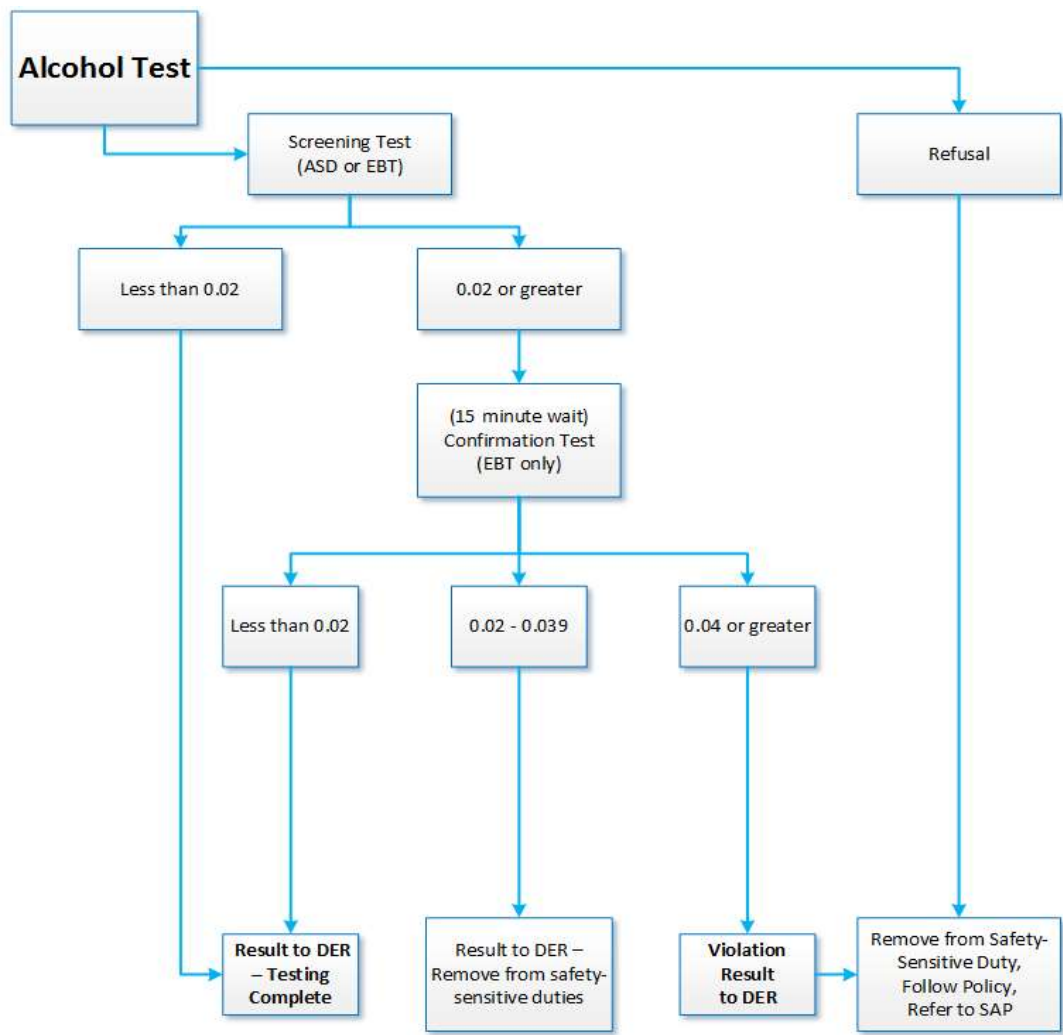
(Part 655, Subpart G)



Alcohol Test Results: Employer Action

- Confirmation result of 0.04 or greater or refusal to test:
 - Immediately remove the employee from safety-sensitive duties.
 - By DER
 - Refer employee to qualified SAP.
- Confirmation result of 0.02-0.039:
 - Immediately remove the employee from safety sensitive duties for at least 8 hours or until next scheduled shift.
 - NO SAP referral.
 - May apply disciplinary policy under own authority.

(§ § 655.62, 655.35)



Problems in Testing & Testing Refusals

- Refusal to test (see slides 33-34)
 - Make determination.
 - Take action (same DOT consequences as positive).
- “Shy Bladder & Dry Mouth” (§40.193) and “Shy Lung” (§40.265)
 - Five days for medical evaluation (employee keeps working)
 - For drug test, physician must be acceptable to MRO.
- Dilute-negative drug test
 - You must have a policy in place.
- Cancelled test
 - Neither positive nor negative; can't count toward MIS total.

Previous Employer Records Check

- As a potential employer, you must:
 - Obtain written consent from applicants to obtain drug and alcohol testing information from each DOT employer during previous two years
 - Contact previous employers – written consent must accompany the request
 - Separately, ask applicant/transferee whether he or she has tested positive or refused a DOT pre-employment test in the previous two years -§40.25(j)

Previous Employer Records Check

- Request this information from any previous DOT employers:
 - Alcohol test results higher than 0.04
 - Verified positive drug tests
 - Test refusals
 - Other violations of the DOT drug and alcohol regulation
 - If applicable, documentation of successful completion of return-to-duty process

(§ 40.25)



A Note on Consent

- Can't do it! (see §40.27)
- There's always consent, but it's between DOT and Donor

Central Area Transit

CONSENT TO CONDUCT DRUG & ALCOHOL TESTING

I hereby give my permission for Central Area Transit (CAT) to conduct a drug and/or alcohol test(s) as outlined in the Employer's Drug and Alcohol Testing Policy. I am aware that this testing will be done by means of urine and breath sampling, unless otherwise stated...

I agree to hold harmless the following companies, contractors and individuals and their respective employees, vendor, and contractors: CAT; its Drug and Alcohol Program Manager; and any and all other company personnel; CAT's Third Party Administrator; the Medical Review Officer; the collection site; and the clinical laboratory; from any and all claims or liabilities...



Public Interest Exclusions (PIEs)

- Used by DOT to protect public interest
- Used to remedy serious (generally ongoing) noncompliance
- Bars service agent from participating in DOT testing
 - Can apply to all divisions/affiliates/departments
- Can last up to five (5) years

(Part 40, Subpart R)

VENDORS

“Service Agents,” Employer’s Responsibility & Role,
Common Oversight Methods



U.S. Department of Transportation
Federal Transit Administration



Service Agents

- Includes (but not limited to):
 - TPA
 - MRO
 - SAP
 - Collectors
 - BATs/STTs
 - Consultants
- All must follow Part 40 guidance.
- May not act as employer/DER.
- Must (individually) subscribe to ODAPC's email list serve.



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(§ 40.3)

Employer's Responsibility & Role

- §40.15(c) states:

“You remain responsible for compliance with all applicable requirements of this part and other DOT drug and alcohol testing regulations, even when you use a service agent.”

- You are responsible for obtaining information (§40.17)
- You are responsible for ensuring your vendors are qualified (§40.15(b))
 - You may require they show you documentation to this effect

Common Oversight Methods

- If your vendors are not compliant, you are not compliant.
- Specifics are not prescribed by DOT.
 - DOT allows you to request qualifications, exam certifications, etc.
- Best Practices (for Collection Site oversight)
 - Perform periodic on-site reviews.
 - Review testing records – CCFs and ATFs.
 - Require correction/cancellation when appropriate.



Collection Sites – On-Site Review

- Mock collection
 - Instructional video available at ODAPC website.
 - Review drug testing process in §40.61 – §40.79.
 - Review instructions for completing the CCF found at HHS and DOT websites.
 - Review alcohol testing process in §40.241 – §40.255.
 - Review steps on the back of ATF (Copy 3).

Collection Sites – On-Site Review

- Review:
 - Collector Qualifications – § 40.33 & §40.35
 - BAT / STT Qualifications – §40.213
 - EBT on NHTSA Conforming Products List?
 - Ensure EBT prints
 - Calibration Logbook – Follows Quality Assurance Plan (QAP) for the device (§40.233)
 - Clock on EBT is correct – Daylight Saving

Collection Site Integrity – The Risks

- Substitution of specimen
 - Donor's ability to dispose of or conceal paraphernalia brought into the enclosure
 - Donor's ability to access paraphernalia already in the enclosure
 - Hiding places even for small objects
- Dilution of specimen
- Adulteration of specimen



(§ 40.43)

Collection Site Integrity – The Solutions

- Secure all water sources.
- Remove sources of adulterants.
- Eliminate undetected access.
- Secure/eliminate areas for hiding/concealing.
 - Ledges, cabinets, trash receptacles, under sink areas, drop-ceiling tiles

(§ 40.43)




Collection Site – CCF Review


- Step 1
 - A: Employer name, address, phone number – required information
 - TPA information allowed – must transmit to employer
 - B: MRO – current contact information
 - D: DOT Agency – FTA, not FMCSA (most common error)
 - E: Reason for test

Collection Site – CCF Review

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



Quest Diagnostics®
800-877-7484
www.questdiagnostics.com/mydrugtest



10906648 0587582
10906648 0587582

10906648
0587582

SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address, I.D. No.</p> <p>MetroTran 2 Park Plaza #305 Boston, MA 02116 Ph: 617-314-9208 Fx: 617-314-9216</p>	<p>B. MRO Name, Address, Phone No. and Fax No.</p> <p>Dr. John C. Spelman, MD 1 Medical Way, Suite 555 Williamstown, MA 01267 Ph: 413-555-9292 Fx: 413-555-9393</p>
---	--

C. Donor SSN, Employee I.D., or CDL State and No. _____

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

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

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

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OMB No. 0930-0158

Collection Site – CCF Review

- Step 2
 - Indicate Urine or Oral Fluid*
 - Directly observed:
 - Always for return-to-duty and follow up tests.
 - Other reasons per §40.67.
 - Observed not checked when required?
 - Call collection site... if not observed, send donor back immediately.
 - Remarks required if:
 - Shy bladder
 - Directly observed by an individual other than the collector
 - Temperature out of range
 - Employee not cooperating (won't sign CCF, print name, etc.)

Collection Site – CCF Review

st Diagnostics Incorporated	STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate)		<input checked="" type="checkbox"/> URINE	<input type="checkbox"/> ORAL FLUID
	Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.			
	URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark			
	ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed			
REMARKS:				

Collection Site – CCF Review

- Step 3
 - Specimen is split into two bottles.
 - Collector affixes seals to bottles.
 - Collector writes date on seals.
 - Collector instructs donor to initial each seal.
 - Fold back page 1 and donor completes Step 5.



Collection Site – CCF Review

STEP 3: Collector affixes seal(s) to bottle(s) / tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

- Step 3: Collector affixes seal(s) to bottle(s) / tube(s). Collector dates seal(s). Donor initials seal(s). Donor complete STEP 5 on Copy 2 (MRO Copy).



Collection Site – CCF Review

- Step 5
 - Employee's name, email, telephone number, and date of birth
 - Date of test
 - Employee signature
 - If no signature, this must be documented in the remarks section.

Collection Site – CCF Review

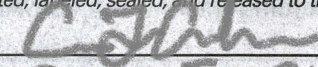
- Step 4
 - §40.209(b)(8) – Must include courier name
 - “Courier” not allowed - must be specific (e.g., FedEx, DHL, etc.)



Collection Site – CCF Review

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

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X  Signature of Collector	01/22/23 1:02 AM Date (Mo./Day/Yr.) Time of Collection	SPECIMEN BOTTLE(S) / TUBE(S) RELEASED TO:	
		<input type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other	Careless Couriers Name of Delivery Service
Cici F. Chequer (Print) Collector's Name (First, MI, Last)			

STEP 5: COMPLETED BY DONOR

Collection Site – CCF Review

- General:
 - DOT CCF?
 - “Federal Drug Testing Custody and Control Form”
 - All fields complete
 - Dates are correct and consistent
 - Writing is legible
 - You received the correct copy (Copy 4 – Employer)
 - If applicable, alcohol test before drug

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

10906648 0587582 SPECIMEN ID NO. 10906648 0587582

Quest Diagnostics® 800-877-7484 www.questdiagnostics.com/mydrugtest

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

A. Employer Name, Address, I.D. No. MetroTran, 2 Park Plaza #305, Boston, MA 02116, Ph: 617-314-9208, Fx: 617-314-9216

B. MRO Name, Address, Phone No. and Fax No. Dr. John C. Spelman, MD, 1 Medical Way, Suite 555, Williamstown, MA 01267, Ph: 413-555-9292, Fx: 413-555-9393

C. Donor SSN, Employee I.D., or CDL State and No.

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

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

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

G. Collection Site Name: Yardham OccMed, Address: 2 Oak St, Louisville, KY 40995, City, State and Zip: Louisville, KY 40995, Collection Site Code: Collector Contact Info: Phone: 606-555-1111, Fax: 606-555-2222, Other:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) URINE ORAL FLUID

Collection: Split Single None Provided, Enter Remark

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? Yes No, Enter Remark Observed, Enter Remark

ORAL FLUID: Split Type: Serial Concurrent Subdivided, Each Device Within Expiration Date? Yes No, Volume Indicator(s) Observed

REMARKS:

STEP 3: Collector affixes seal(s) to bottle(s) / tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X Cici F. Cheever, Signature of Collector, Date (Mo./Day/Yr.): 01/22/23, Time of Collection: 1:02 AM

SPECIMEN BOTTLE(S) / TUBE(S) RELEASED TO: Quest Diagnostics Courier, FedEx, Other: Careless Couriers, Name of Delivery Service

STEP 5: COMPLETED BY DONOR

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

X Joe P. Giver, Signature of Donor, (PRINT) Donor's Name (First, MI, Last), Date (Mo./Day/Yr.): 1/22/23

Email address: jpg@p.com, Daytime Phone No.: 617555-7222, Evening Phone No.: 617555-8911, Date of Birth: 7/9/85

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN URINE ORAL FLUID

In accordance with applicable federal requirements, my verification is:

NEGATIVE DILUTE POSITIVE for:

REFUSAL TO TEST because - check reason(s) below: TEST CANCELLED

ADULTERATED (adulterant/reason): SUBSTITUTED OTHER

REMARKS:

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

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

RECONFIRMED for: TEST CANCELLED

FAILED TO RECONFIRM for:

REMARKS:

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

COPY 4 - EMPLOYER COPY

Collection Site – CCF Review

- What if errors are found?
 - Employer must correct error – contact collection site
 - Missing information (collector)
 - Supply missing information in writing
 - Supply statement that information is correct and accurate
 - Same business day

(§ 40.205)

Collection Site – CCF Review

- What if errors are found?
 - Non-DOT form for a DOT test (collector)
 - Supply affidavit (memorandum)
 - Non-DOT form contains all required info
 - Form used inadvertently or as a method to complete test
 - Steps to prevent further use of non-DOT form
 - Split specimen, sent to a HHS lab



Collection Site – CCF Review

- What if errors are found?
- Employer may correct some errors – mark correction on CCF.
 - Incorrect/Missing DOT Agency (most common error)
 - Incorrect/Missing Test Type
 - DOB and Current Date reversed
 - Circle/cross out, initial, date

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address, I.D. No. ABC Transportation 124 Transit Way Cambridge, MA 02142 12-212445-AS-2142</p>	<p>B. MRO Name, Address, Phone No. and Fax No. Dr. Alanna Booker 21521 Corporate Drive Manson, WA, 98831 PH: 509-887-3311 FAX: 509-887-1521</p>
<p>C. Donor SSN, Employee I.D., or CDL State and No. 1682</p>	
<p>D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> PHMSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input checked="" type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG</p>	
<p>E. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____</p>	
<p>F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____</p>	
<p>G. Collection Site Address: UP4ME 106 Massachusetts Ave Boston, MA 02134</p>	<p>Collector Contact Info: Phone _____ Fax _____ Other _____</p>

10/21/25

Collection Site – ATF Review

- Step 1

(The instructions for completing this form are on the back of Copy 3)

Tamper Evident Tape

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, Zip _____

DER Name and Telephone No. _____
DER Name _____ DER Phone Number _____

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

- A: Correct employee's name.
- C: Correct employer name and address, accurate DER information.
- D: Include reason for test.

Collection Site – ATF Review

- Step 2

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee

_____/____/____
Date Month Day Year

*Print Confirmation
Results Here or Affix
with Tamper Evident
Tape*

- Employee signs and dates the form
 - No signature = refusal to test
 - Your BATs must know this!



Collection Site – ATF Review

- Step 3
 - BAT signs and dates ATF
 - 15-min. wait – checked only if a confirmation test conducted.
 - Screening test result may be hand-written if device not designed to print.

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial #	QR Lot # & Exp Date	Activation Time	Reading Time	Result

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

REMARKS:

Alcohol Technician's Company _____ Company Street Address _____

(PRINT) Alcohol Technician's Name (First, M.I., Last) _____ Company City, State, Zip _____ Phone Number _____

Signature of Alcohol Technician _____ Date _____/_____/_____
Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

Print Additional Results Here or Affix With Tamper Evident Tape

Collection Site – ATF Review

- Step 4

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

_____/_____/_____
Signature of Employee Date Month Day Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

- Employee signs and dates if confirmation result 0.02 or higher.
 - If no signature – BAT remarks.

Collection Site – ATF Review

- General:
 - DOT ATF?
 - “U.S. Department of Transportation Alcohol Testing Form”
 - All necessary fields are complete.
 - Writing is legible.
 - Result affixed to form in a tamper evident way.
 - You received the correct copy (Copy 1 – Employer).
 - If applicable, alcohol test before drug.

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

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____ (Print) (First, M.I., Last)
 B: SSN or Employee ID No. _____
 C: Employer Name _____
 Street _____
 City, State, Zip _____
 DER Name and Telephone No. _____ () _____
 DER Name _____ DER Phone Number _____

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee _____ Date Month Day Year _____

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No
 SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

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

REMARKS:

Alcohol Technician's Company _____ Company Street Address _____
 (PRINT) Alcohol Technician's Name (First, M.I., Last) _____ Company City, State, Zip _____ Phone Number _____
 Signature of Alcohol Technician _____ Date Month Day Year _____

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date Month Day Year _____

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 – ORIGINAL – FORWARD TO THE EMPLOYER

Print Screening Results Here or Affix with Tamper Evident Tape

Print Confirmation Results Here or Affix with Tamper Evident Tape

Print Additional Results Here or Affix With Tamper Evident Tape

Collection Site – ATF Review

- What if errors are found?
- Employer must correct error – contact collection site.
 - Missing information (collector)
 - Supply missing information in writing.
 - Same business day
 - Non-DOT form for a DOT test (collector)
 - Supply affidavit (memorandum)
 - Non-DOT form contains all required info.
 - Form used inadvertently or as a method to complete test.
 - Steps to prevent further use of non-DOT form

(§ 40.271)

Next Steps

...for Program Improvement



U.S. Department of Transportation
Federal Transit Administration



Next Steps: Policy

- Use policy checklist.
- Send draft to FTA for courtesy review.
- Use FTA Policy Builder.

Next Steps: Self-audit

- What times are your earliest and latest random tests in the last 2 years?
- What day/time has no safety-sensitive employee ever been tested?
- Are your employees proceeding immediately to random tests?
- Are your post-accident tests conducted in a timely fashion?



Next Steps: Vendor Relations

- Visit your collection site.
- Examine your random selection program and request changes.



Next Steps: Plan and Create Systems

- Get in the loop on vendor billing.
- Require a signature confirming a negative drug test before an employee may begin safety-sensitive duties.

Technical Assistance



U.S. Department of Transportation
Federal Transit Administration



Help, please!

- FTA Drug & Alcohol Program Managers
 - fta-dapm@dot.gov
- FTA D&A Project Office (USDOT/Volpe Center)
 - Hotline: (617) 494-6336, fta.damis@dot.gov
 - Mike Redington: (617) 494-2197, michael.redington@dot.gov
 - Lori DeCoste: (617) 494-2379, lori.decoste@dot.gov
 - Felicity Shanahan: (617) 494-3915, felicity.shanahan@dot.gov
 - Alexa D'Adamo: (617) 494-2028, alexa.d'adamo@dot.gov

URL: [Transit-safety.fta.dot.gov](https://transit-safety.fta.dot.gov)

- Forms
 - Post-Accident, Reasonable Suspicion, Notification, Previous Employer
- Policy Help
 - Checklist, Sample Policies, Policy Tool
- Video
 - 1-hr Employee Training
 - Reasonable Suspicion
- Conference & Training Schedules
- Register for Newsletter

URL: www.transportation.gov/odapc

The screenshot shows the website for the Office of Drug & Alcohol Policy & Compliance. The header includes the U.S. Department of Transportation logo and navigation links for ABOUT DOT, PRIORITIES, and CONNECT. The main content area features a navigation menu on the left with categories like Drug and Alcohol Testing, Resources for Key Persons, and Regulations and Interpretations. The main heading is "Office of Drug & Alcohol Policy & Compliance" with a sub-heading "DOT COVID-19 Drug and Alcohol Testing Guidance...learn more". Below this is an "Overview" section, "Key Resources" with a list of links, "Most Viewed Pages" with a list of links, and "Most Viewed Documents" with a list of links. A "Contact Us" box is located at the bottom left, and a "Last updated" timestamp is at the bottom right.

U.S. Department of Transportation

Home > Office of Drug and Alcohol Policy & Compliance

Drug and Alcohol Testing

Resources for Key Persons >

Regulations and Interpretations >

Guidance >

Part 40 Federal Register Notices, Court Decisions, Legislation

FAQs

2023 DOT Random Testing Rates

Public Interest Exclusions

Important Links >

Documents and Forms

Videos, Posters and Brochures

News and Events

About Us >

Related Links

- [Divided Overdose Prevention Tool Kit](#)
- [Office of National Drug Control Policy](#)
- [SAMHSA Division of Workplace Programs](#)
- [DEA Drug Fact Sheets](#)

Tags

- [Drug and Alcohol Testing](#)

Contact Us

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United States
Email: dot@vncbmljdot.gov
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Phone: [202-366-3784](tel:202-366-3784) <

Alt Phone: [800-229-3784](tel:800-229-3784) <

Fax: [202-366-3982](tel:202-366-3982) <

If you are deaf, hard of hearing, or have a speech disability, please dial 7 1 1 to access telecommunications relay services.

Office of Drug & Alcohol Policy & Compliance

[DOT COVID-19 Drug and Alcohol Testing Guidance...learn more](#)

Overview

The Office of Drug and Alcohol Policy and Compliance advises the Secretary on national and international drug testing and control issues and is the principal advisor to the Secretary on rules related to the drug and alcohol testing of safety-sensitive transportation employees in aviation, trucking, railroads, mass transit, pipelines, and other transportation industries. The Office publishes regulations and provides official interpretations on drug and alcohol testing, including how to conduct tests, and the evaluation and treatment procedures necessary for returning employees to duty after testing violations. The Office also coordinates the Department's involvement with the President's National Drug Control Strategy annually.

Key Resources

- [How to Find a Substance Abuse Professional](#)
- [Preventing Substance Abuse Recalls with Knowledge](#)
- [Submitting 2022 Annual Drug and Alcohol Testing Data to DOT](#)
- [DOT Agency/USCG Drug and Alcohol Program Manager Information](#)
- [Subscribe to Read ODAPC List Serve Notices](#)

Most Viewed Pages

- [Drug and Alcohol Testing - 49 CFR Part 40](#)
- [Drug Testing Cutoffs](#)
- [Employee](#)
- [Substance Abuse Professional](#)
- [Documents and Forms](#)

Most Viewed Documents

- [Part 40 DOT - S Panel Notice](#)
- [DOT "Medical Marijuana" Notice](#)
- [DOT "CBD" Notice](#)
- [Urine Specimen Collection Guidelines](#)
- [Employee Handbook](#)

Last updated: Thursday, January 26, 2023

Thank you!

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