

# FTA Drug and Alcohol Management Information System (MIS)

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U.S. Department of Transportation  
Federal Transit Administration



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# FTA Drug & Alcohol Project Offices



**FTA D&A Hotline**  
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# Management Information System (MIS)

<https://transit-safety.fta.dot.gov/DrugAndAlcohol/DAMIS>

What is the MIS Requirement?

The DOT and FTA requirement to submit annual compiled drug and alcohol testing data to FTA by March 15th of the next calendar year.  
(49 CFR 655.72(b))

 United States  
Department of Transportation

2025 Drug & Alcohol Testing Management Information System



# Help

- How to set up a Login.gov account.
- How to Submit your MIS Report.
- How Do I Begin?
  - Step-by-Step Guide of Login requirements
  - DAMIS Internet Reporting
  - MIS Instructions
  - MIS Reporting Guidance

<https://transit-safety.fta.dot.gov/DrugAndAlcohol/DAMIS>



# Contacts

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## MIS – Uses

- Establish Annual FTA Random Minimum Testing Rates
  - Currently - 50% Drug and 10% Alcohol
- Audit Planning
  - Who to Audit
  - Employer Contact Information
  - Contractors / Subrecipients
  - C/TPA
  - # of Records to Review / Tests Conducted
- Impact of Rule Change or Legislation
  - Opioids, Fentanyl

- Testing Trends
- Areas / Subjects Requiring Attention
  - Cancelled Tests for Pre-Employment, Return-to-Duty, Refusals, CDL / NR
- Public Drug & Alcohol Testing Results
  - Posted on ODAPC website



### Pub. L 115-271

“Establish and make publicly available on its website a database of the drug and alcohol testing data reported by employers for each mode of transportation; and (2) update the database annually.”

# MIS – Determine Who to Audit

- MIS "Red Flags"
  - Submitted on time? Contractors & Subrecipients?
  - PA Alcohol = PA Drug? Is PA Alcohol Greater?
  - Meet Minimum Random Requirements?
  - Did DAPM Change?
  - Are all contractors accounted for? Does MIS match National Transit Database (NTD)? Does it match transit website?
  - Return-to-Duty tests without Follow-Up tests
  - Return-to Duty tests without any Positives or Refusals (check previous year also)
  - Duplicate Data – usually contractor with multiple transit contracts
  - Unusually high ‘Cancelled Tests’, ‘Other Refusals to Submit to Testing’
- Same items may generate an inquiry as part of MIS validation
  - Inquiry = phone call or email



# The Regulations

## 49 CFR Part 655.72(a) (FTA)



- “Each recipient shall annually prepare and maintain a summary of the results of its anti-drug and alcohol misuse testing programs performed under this part during the previous calendar year.”

## 49 CFR Part 40.26 (DOT)



- “As an employer, when you are required to report MIS data to a DOT agency, you must use the U.S. [DOT] Drug and Alcohol Testing MIS Data Collection Form to report that data.”
- “You must submit the MIS report in accordance with rule requirements (e.g., dates for submission; selection of companies required to submit, and method of reporting) established by the DOT agency regulating your operation.”

# Applicability

- Who Must Submit an MIS report?
  - All Employers subject to 49 CFR Part 655.
    - Any part of the previous CY.
    - Each Employer must submit an individual MIS report.



**Recipients /  
Grantees**



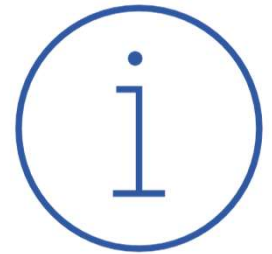
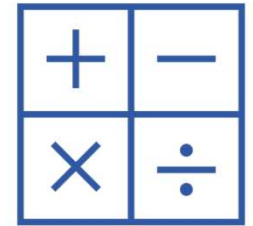
**Contractors**



**Subrecipients**

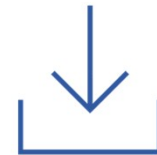
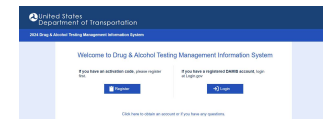
# What does each employer submit?

- Calendar Year (e.g., January 1, 2025 – December 31, 2025)
  - Compiled results of all FTA-authorized drug and alcohol testing
    - Employee Category & Test Type
    - Drug type(s) for verified positives
  - Compiled cancelled tests
    - Cancelled tests are not a ‘test result’
  - Average number of covered employees (safety-sensitive) in random testing pool (math required)
    - Employee Category
  - Employer Information
    - Company Name, Address, Certifying Official, C/TPA, etc.



# Requirements

- Prepare testing results data for Calendar Year (1/1 – 12/31).
- Submit to FTA by March 15th - previous CY testing results.
  - CY 2025 Testing Results were due March 15, 2026
- Must submit only through DAMIS Reporting System.
  - <https://damis.dot.gov>
- Certify data for accuracy and completeness.
  - Certifying Official
- Must retain a copy of MIS for 5 years.
  - Paper, pdf, electronic file
  - Grantees should maintain a copy of all contractors / subrecipients.



# FTA Recipient/Grantee – Responsibilities

- Each FTA Recipient/Grantee must submit a MIS report.
  - Even if a pass-through (0 safety-sensitive employees).
    - Does not directly perform safety-sensitive functions.
  - Submit zeroed out report.
- Must ensure FTA has accurate and current list of all safety-sensitive contractors & subrecipients from previous CY (include subcontractors).
- Must review and approve each contractor & subrecipient MIS report (accuracy).
- Recommendation: save pdf for all contractors/subrecipients.

The screenshot shows the 'Account Maintenance' page in the ONE DOT system. The page header includes 'Working Better Together' and 'ONE DOT' with a 'Logout' button. Navigation tabs include 'Download User Data', 'Enter Data From Paper', 'Reports', 'Account Maintenance', and 'User Feedback'. The current active data year is 2024.

The main content area is titled 'Account Maintenance' and features a 'New Search' button and a filter dropdown set to '-- ANY STATUS --'. Below this is a table with columns: Task, ID, Company, Status, and Company Users.

Task	ID	Company	Status	Company Users
<b>Grantee</b>				
--Select--	Go	777-777-777-G	VOlpe FTA Test Co FS	Data is Incomplete 12/05/2024
		Primary Grantee Self		felicity.shanahan@dot.gov Registered Login olga.nosalova@dot.gov Registered Login Add/Edit Users
<b>Contractors/Subrecipients belong to VOlpe FTA Test Co FS</b>				
--Select--	Go	777-777-777-S	VOlpe FTA Test Sub FS	No Data Has Been Entered
		Primary Grantee 777-777-777-G		Add/Edit Users ! This company will not be able to report until a user is assigned.
--Select--	Go	777-777-777-C	VOlpe FTA Test Contr 1 FS	No Data Has Been Entered
		Primary Grantee 777-777-777-G		Add/Edit Users ! This company will not be able to report until a user is assigned.

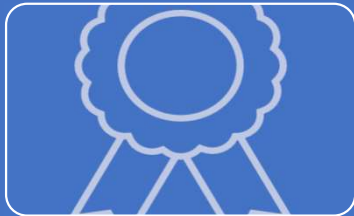
Status

Company Name	Data	Status	Users		
<b>You are a grantee. Each grantee is responsible for ensuring the accuracy and timeliness of each MIS report submitted.</b>					
<b>US DOT / Volpe Center Cambridge, MA</b>  Grantee (Direct Recipient of FTA Funds)	<b>The data has been submitted. You will have to re-sign if you make changes.</b> <a href="#">Enter or Edit your Data</a> <a href="#">View Your Data (Read Only)</a> <a href="#">MIS Data Collection Forms (PDF Format)</a>	Signed, Accepted by Grantee 01/26/2026 08:30:31 AM  Signed on 01/13/2026 06:53:48 AM	<table border="1"> <tr> <td>felicity.shanahan@dot.gov</td> <td>Registered</td> </tr> </table> <a href="#">Add/Edit Users</a>	felicity.shanahan@dot.gov	Registered
felicity.shanahan@dot.gov	Registered				
<b>You are the grantee for these subrecipients/contractors:</b> (Please contact the FTA Drug and Alcohol Project Office at 617-494-6336 if this list is incorrect)					
<b>Volpe FTA Test Cont 2 FS Orange, NC</b>  Contractor to Grantee / Subrecipient of FTA Funds	<a href="#">View MIS Data (Read Only)</a> <a href="#">MIS Data Collection Forms (PDF Format)</a>	Signed, Pending Grantee Review 02/19/2026 07:20:22 AM  Signed on 02/19/2026 07:20:22 AM  Accept Reject Not Reviewed	<table border="1"> <tr> <td>fta.damis@dot.gov</td> <td>Registered</td> </tr> </table> <a href="#">Add/Edit Users</a>	fta.damis@dot.gov	Registered
fta.damis@dot.gov	Registered				
<b>Volpe FTA Test Contr 1 FS , unknown</b>  Contractor to Grantee / Subrecipient of FTA Funds	<a href="#">View MIS Data (Read Only)</a> <a href="#">MIS Data Collection Forms (PDF Format)</a>	Data is Incomplete 02/19/2026 07:22:55 AM	<table border="1"> <tr> <td>damis@dot.gov</td> <td>Registered</td> </tr> </table> <a href="#">Add/Edit Users</a>	damis@dot.gov	Registered
damis@dot.gov	Registered				
<b>Legend</b>	<span style="color: green;">●</span> Signed, Accepted by Grantee	<span style="color: orange;">●</span> Data is Incomplete or Signed, Pending Grantee Review	<span style="color: red;">●</span> No Data Has Been Entered or Rejected by Grantee		

## “Ensure Accuracy and Timeliness” – 655.72(c)

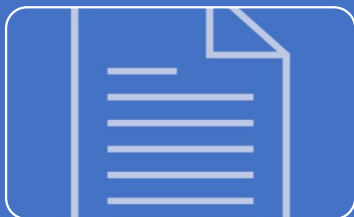


Grantee oversight – ensure contractor/subrecipient reports are correct, complete, & submitted on time



All MIS reports are ‘Certified’ for completeness and accuracy

- Certifying Official - company official certifying the accuracy of the report
  - ‘Company Official’ – Must be Employee
  - May not be TPA or Consultant



MIS Report - Official Federal Form (OMB No. 2105-0529)

# FTA-Covered Employers (Grantees/Recipients, Subrecipients, and Contractors)

Each FTA-Covered Employer must submit individual MIS

- No consortium reports
- No multiple employer reports
  - No combined reports
- No national contractor reports – report for each individual contract

Employer with mid-year start or end date

- Submit partial year report.
- Usually contractors
  - Grantee must obtain data from terminated contractor.

# FTA-Covered Employers - Errors (Grantees/Recipients, Subrecipients and Contractors)

- If errors (CCF & ATF) detected while completing report or compiling data
  - Must fix errors on CCF/ATF
  - 40.205(b)(4) states “You must mark the CCF in such a way (e.g., stamp noting correction) as to make it obvious on the face of the CCF that you corrected the flaw.”

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **0000001**      ACCESSION NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

<p>A. Employer Name, Address, I.D. No.</p>   <p>C. Donor SSN, Employee I.D., or CDL State and No.</p> <p>D. Specify Testing Authority: <input type="checkbox"/> HHS   <input type="checkbox"/> NRC   Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA   <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 &amp; COC Only   <input type="checkbox"/> Other (specify) _____</p> <p>G. Collection Site Address: _____</p>	<p>B. MRO Name, Address, Phone No. and Fax No.</p>   <p>Collector Contact Info: Phone _____          Fax _____          Other _____</p>
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12/9/24  
MR

OMB No. 0930-0158

# Reporting Rules (Grantees/Recipients, Subrecipients and Contractors)

1

Report only FTA-Authorized test results.

2

Do not report non-DOT test results.

3

Do not double report any testing results.

4

Report only the testing event result of record.

5

Report what happened... not what should have happened.

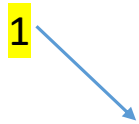
6

Call the FTA D&A Hotline for situations (617) 494-6336.



# What do I count?

1



## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 0000001

ACCESSION NO.

### STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

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 Address:

Collector Contact Info: Phone \_\_\_\_\_

Fax \_\_\_\_\_

Other \_\_\_\_\_

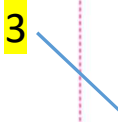
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

URINE

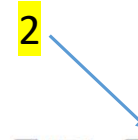
ORAL FLUID

OMB No. 0930-0158

3



2



# Prepare Your Data

Most Data comes from  
ATFs, CCFs, MRO Results

- Employer
- Testing Authority (FTA)
- Reason for Test
- Test Result
  - If Drug Positive – Which drug(s)
  - If Refusal – Reason for Refusal
- Cancellations

Employer Determines

- Refusal – ‘Other’ Refusal
- Employee Category \*\*
- Total # of Employee Categories
- Total # of Employees (Random Pool)
- Total # of Employees in each Employee Category

# Where to Find Drug Testing Results?

- MRO Report –
  - Drug Result, Refusal, Cancellation
- Custody and Control Form (CCF) –
  - Drug Result, Refusal, Cancellation

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

*In accordance with applicable federal requirements, my verification is:*

**NEGATIVE**     **POSITIVE** for: \_\_\_\_\_

DILUTE

**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 the 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 2 - MEDICAL REVIEW OFFICER COPY

# Where to Find Alcohol Testing Results?

- Alcohol Testing Form (ATF)
  - Initial Screening Result
  - Confirmation Test Result

**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 # <i>OR</i> Lot # & Exp Date	Activation Time	Reading Time	Result

*Print Screening Results Here or Affix with Tamper Evident Tape* ★

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

# Calculate – “Employees Subject to Testing”

The screenshot shows the '2024 Drug & Alcohol Testing Management Information System' interface. The user is logged in as 'mike'. The main navigation bar includes 'Employer Information', 'Covered Employees', 'Drug Testing Data', 'Alcohol Testing Data', and 'Wrap Up'. A 'Back to Status' button is visible in the top right. The central content area displays a table titled 'II. Employees Subject to Testing'. The table has two columns: 'Employee Category' and 'Total Number of Employees in this Category'. The categories listed are Revenue Vehicle Operation, Revenue Vehicle & Equipment Maint., Revenue Vehicle Control/Dispatch, CDL/Non-Revenue Vehicle, and Armed Security Personnel. The total number of employees in all categories is 0. Navigation buttons for '<< Employer Information' and 'Drug Testing Data >>' are located below the table.

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Operation	
Revenue Vehicle & Equipment Maint.	
Revenue Vehicle Control/Dispatch	
CDL/Non-Revenue Vehicle	
Armed Security Personnel	
<b>Total Number of Employees in all Categories:</b>	<b>0</b>

Average number of FTA-Covered Employees in your Random Testing Pool(s), for each employer, at the time of the Random Selection.

Example – Using Quarterly Random Selections

1st Quarter = 56

2nd Quarter = 61

3rd Quarter = 63

4th Quarter = 60

TOTAL = 240 FTA-Covered Employees / 4 Quarters = 60

60 = “Total Number of Employees in All Categories”

# Distribute “Total Number” Value Across Employee Categories

60 = “Total Number of Employees in All Categories”



Once ‘Total Number of Employees in All Categories’ is calculated you determine the number of employees across each of the five employee categories.

Revenue Vehicle  
Operation

Revenue Vehicle  
& Equipment  
Maintenance

Revenue Vehicle  
Control /  
Dispatch

CDL Non-  
Revenue Vehicle

Armed Security  
Personnel

# Distribute “Total Number” Value Across Employee Categories

If a single covered employee works in multiple employee categories, determine in which category they work the most and report in that employee category. DAMIS does not accept fractions. Do not include one employee in multiple employee categories.



Once ‘Total Number of Employees in All Categories’ is calculated you determine the number of employees across each of the five employee categories.

Revenue Vehicle Operation	Revenue Vehicle & Equipment Maintenance	Revenue Vehicle Control / Dispatch	CDL Non-Revenue Vehicle	Armed Security Personnel
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# Employee Common Errors (Audits & MIS)

Note: 40.205(b) requires that you correct drug testing errors, when discovered

- Incorrect Testing Authority on CCF (e.g., FMCSA - when it should be FTA).
- Report non-testing events as 'Cancelled'.
- Don't report C/TPA – leave blank.
  - Consortium / Third Party Administrator
- Pass-through (Grantee) reports 'contractor' testing results as their own.
  - Should submit 'zeroed-out' report.

## Common Errors (Audits & MIS)



Calculating 'Covered Employees' incorrectly...

By reporting 'Total' number of employees/individuals.

By reporting non-Safety Sensitive employees.

By reporting all employees in DOT random pool.



Reporting Return-to-Duty, when it should be Pre-Employment

## Compile Data – Suggested Method



Do not rely solely on semi-annual lab reports.

Does not include verified (by MRO) results.

Includes Lab positives.



Do not rely solely on TPA.

Review, confirm and certify.

You (the Grantee) are responsible, you cannot contract out responsibility.



Suggestion:

Count physical records, ATFs and CCFs, MRO Reports.



Whatever method “ensures accuracy.”

# Two Tests – What to Report?

Some events require a second test

## General Rules:

- Cancelled Tests are Reported – ‘Cancelled Results’
- Result of a Retest is Reported – Initial Result is Not

## Examples:

- Drug Test cancelled, MRO requires second test (DO)
  - Cancelled Test and Result of Retest both reported
- Drug Test cancelled due to a Fatal Flaw (PE, RTD & FU)
  - Cancelled Test and Result of Retest both reported
- Urine collection should have been conducted under DO, but was not
  - Only the result of Retest is reported
- Negative Dilute – employer’s decision (policy) to retest
  - Only Retest is reported
- Negative Dilute – required Retest (DO)
  - Only Retest is reported

# FAQs



How do I report a pre-employment if applicant did not show up for test?

It is a non-event. Do not report it on MIS.



Do I report a pre-employment test result if we did not hire the applicant?

Yes, report all FTA-authorized testing events.



I have multiple contractors in same random pool, can I submit one MIS for all?

No, each FTA-covered employer must submit an individual MIS.



We conduct FTA and FMCSA testing, should I submit all test results?

No, submit to FTA only FTA authorized test results.

# FAQs



Our contract changed mid-year, how do I report?

- 1) Request an account for the new contractor.
- 2) Submit an MIS for each contractor (get data from 'old' contractor).



Some contract employees work across several FTA contracts, what do I do?

Contact the FTA D&A Hotline.  
(617) 494-6336 or [fta.damis@dot.gov](mailto:fta.damis@dot.gov)



An applicant sent for pre-employment, arrived at the collection site but left before beginning the collection.

There is nothing to report, do not report cancellation or refusal.



We conducted a Random test in December (2025) but received the verified result in January (2026). Which year do we report this in MIS?

The year the test was conducted – 2025.

## FAQs



We performed a DOT/FTA test when we should not have. What do I do?

Report the test result on MIS.



We conducted a FTA/DOT test on the wrong safety-sensitive employee. What should I do?

Report the test result on MIS.



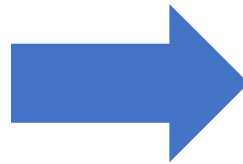
We did a DOT pre-employment on an applicant, but the assigned the applicant to a non-safety-sensitive job. Do I report the PE?

Yes, report DOT/FTA tests conducted.

# Request for Reporting Extension



**Can we get an extension?  
Please!**



No extensions are granted. MIS reports are due to FTA March 15.

# MIS Record Retention – 5 Years

655.71

“An employer shall maintain records of its anti-drug and alcohol misuse program.”

- Copies of annual MIS report submitted to FTA.
  - Paper, PDF or Other Electronic Format



# Notification Letter

Letter mailed (USPS) - FTA Recipients/Grantees

E-mail to Registered E-mail (Login.Gov)

Receive Late December / Early January

- Letter to Attention: Certifying Official from previous years MIS
- E-mail to 'Registered' E-mail

Contents of Letter / E-mail

Due date: March 15th

DAMIS website: (<http://damis.dot.gov>)

Instructions: Check contractors & subrecipients

Where to find additional instructions & assistance

# Notification Letter – Grantee Instructions: Check contractors & subrecipients

## Your FTA-Covered Contractors/Subrecipients:

- The Status Screen lists all your known FTA-covered contractors/subrecipients (based on your previous year's MIS submission)
- The Grantee should inform FTA if the list is not complete or accurate. To add or remove contractors/subrecipients, contact FTA's Drug and Alcohol Project Office at [fta.damis@dot.gov](mailto:fta.damis@dot.gov) or (617) 494-6336.
- Contractors/sub-recipients are not sent a Notification Letter / E-mail.

It is the responsibility of the Grantee for each contractor/sub-recipient:

Review submission, ensure the accuracy and timeliness of each submission, and 'approve' or 'reject' the submission.

**We no longer send out usernames, passwords or activation codes!**

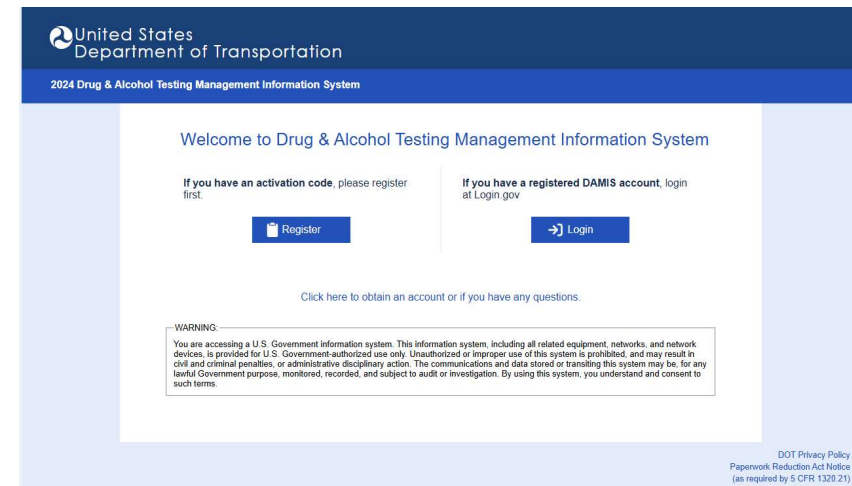
# Grantees - How to Update Contractor & Subrecipients

- Log into DAMIS application – Status Screen
  - Review list of Contractors & Subrecipients.
  - Ensure it reflects reality of previous calendar year.
  
- Contact FTA D&A Hotline
  - Call: (617) 494-6336
  - E-Mail: [fta.damis@dot.gov](mailto:fta.damis@dot.gov)  
(Compile all revisions in a single e-mail)



# DAMIS – Reporting Application

- Goes online on January 1<sup>st</sup>.
  - Cannot login prior to January 1<sup>st</sup>.
  - Will shutdown several months after March 15<sup>th</sup>. (~September)
- Employer Information auto-filled from previous year's MIS.
  - Unless you provide different contact data.
  - Certifying Official must be an employee.
- Some math required - totals calculated and filled
  - Must calculate number of Safety-Sensitive Employees.
- Can revise your MIS after initial submission.
- FTA records initial 'submit' date.



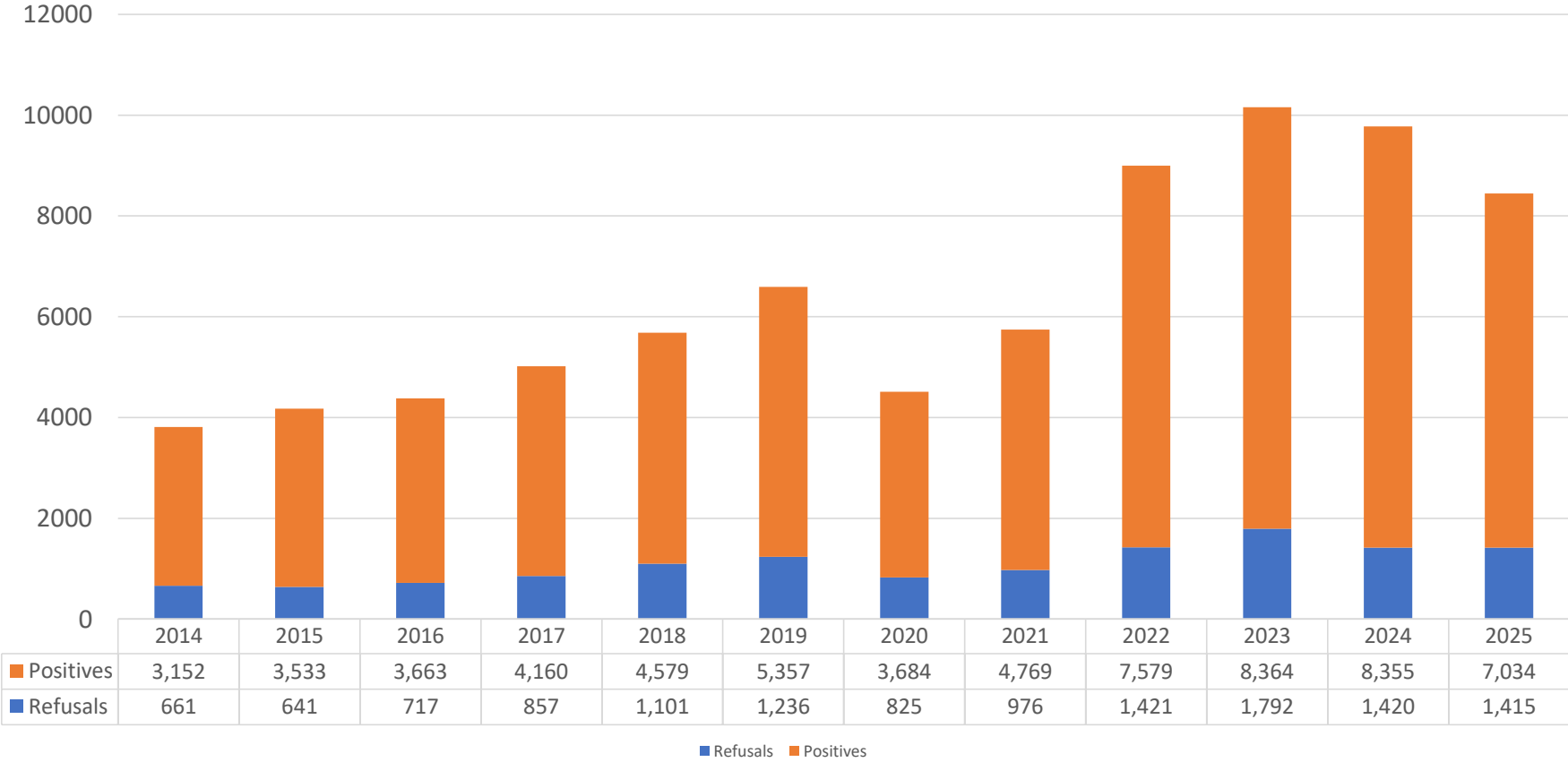
<https://DAMIS.DOT.GOV>

# DAMIS (Drug and Alcohol Management Information System)

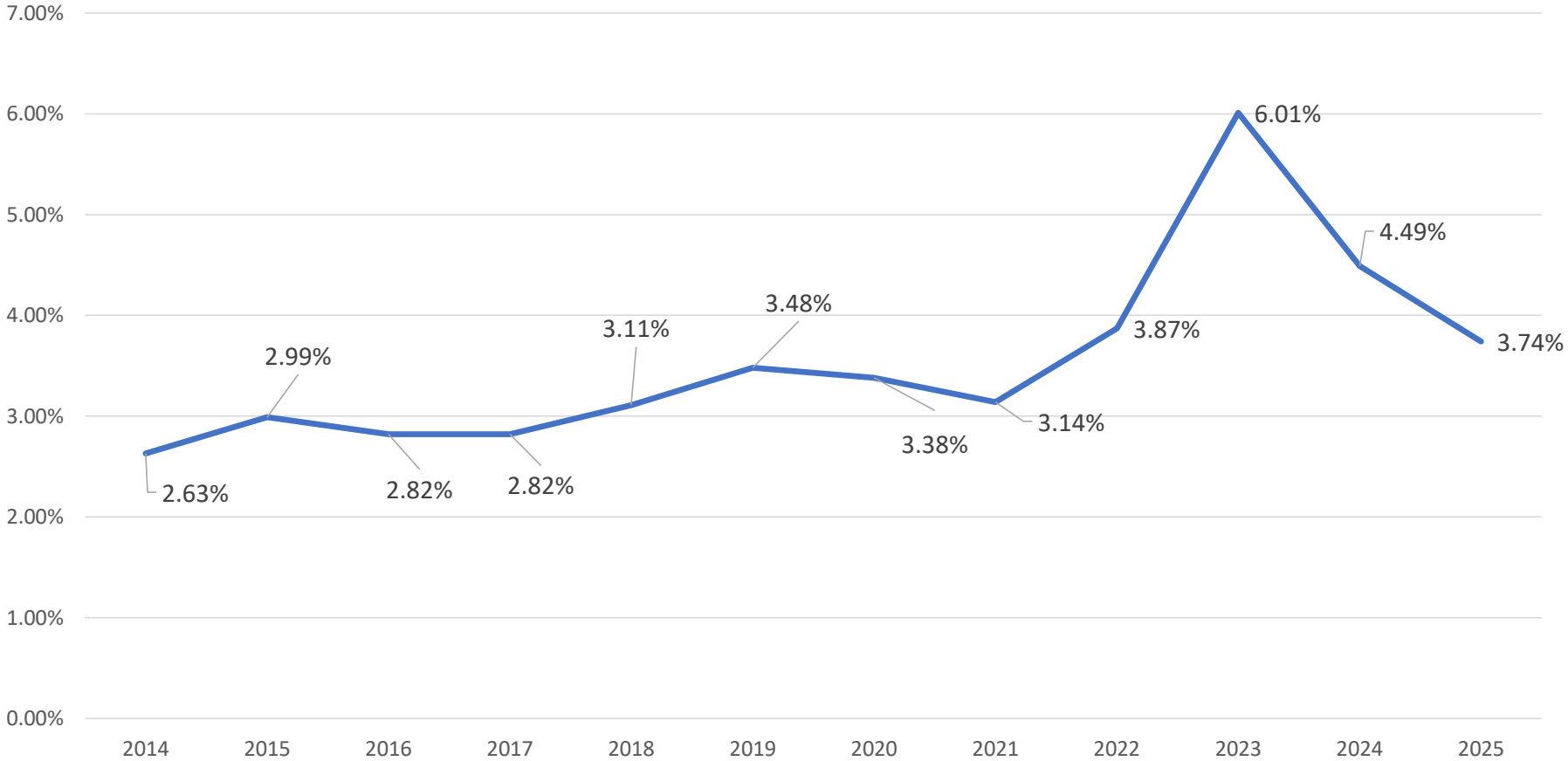


<https://damis.dot.gov>

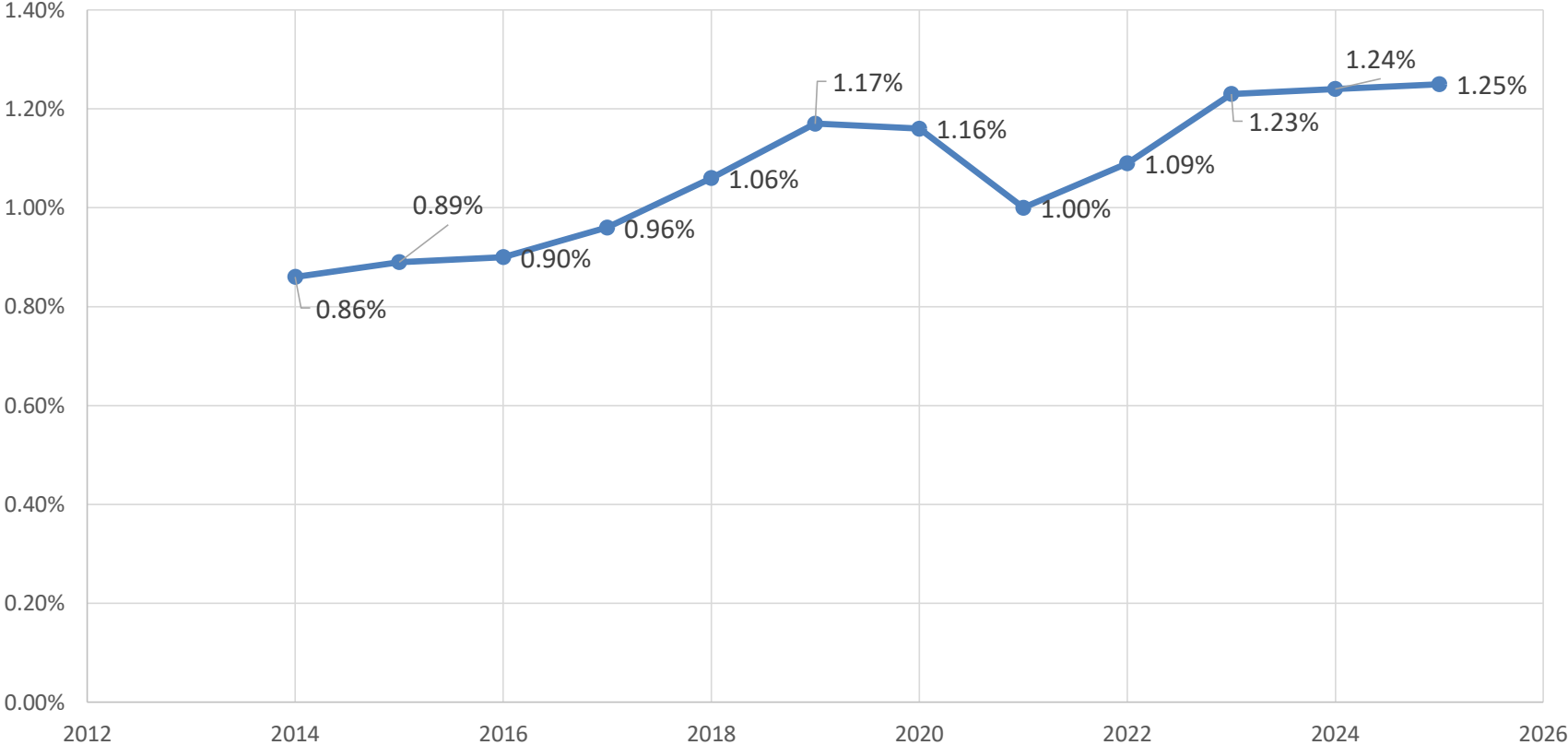
# FTA Drug Violations (2014 – 2025)



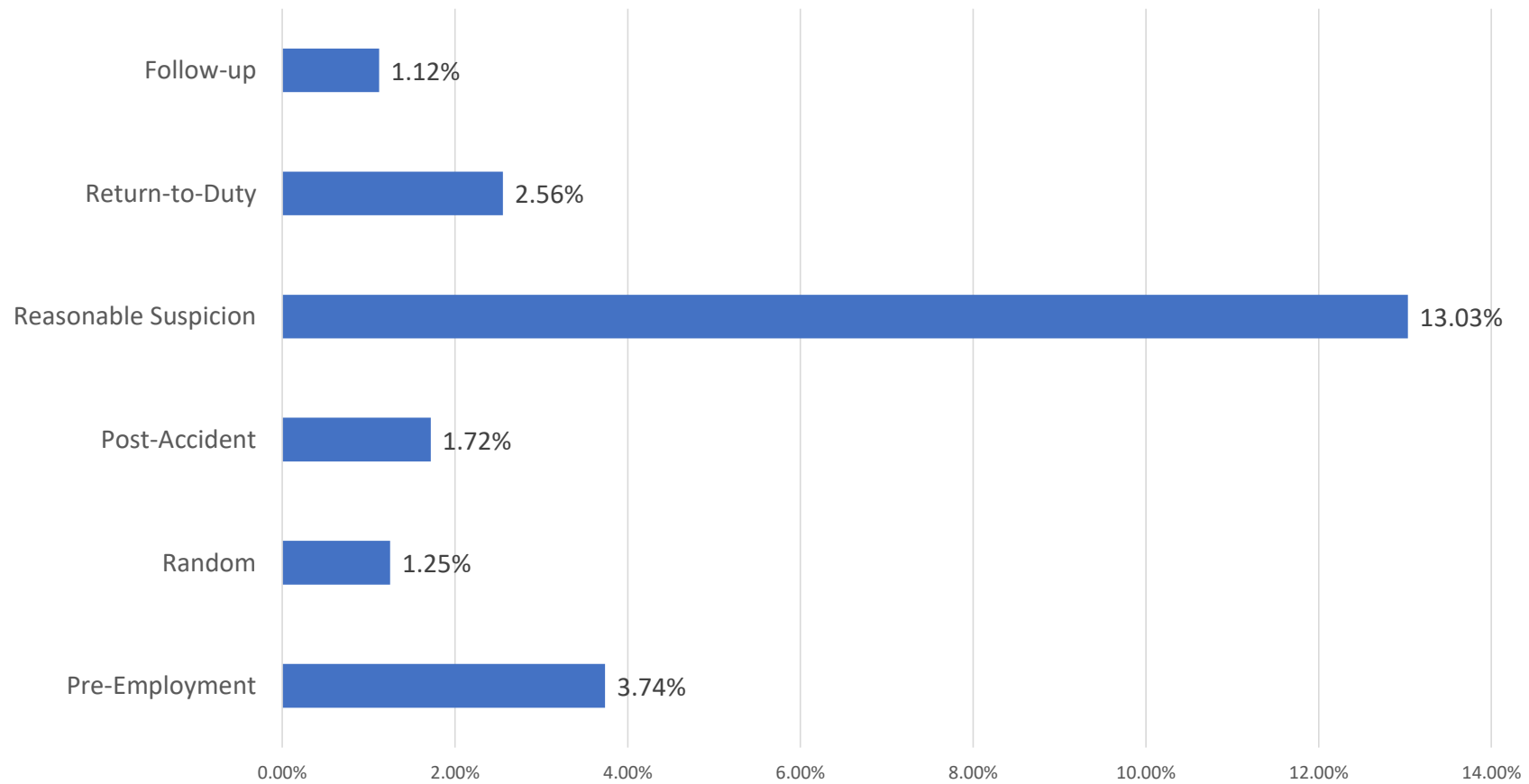
# FTA Pre-Employment Drug Positive Rate (2014 - 2025)



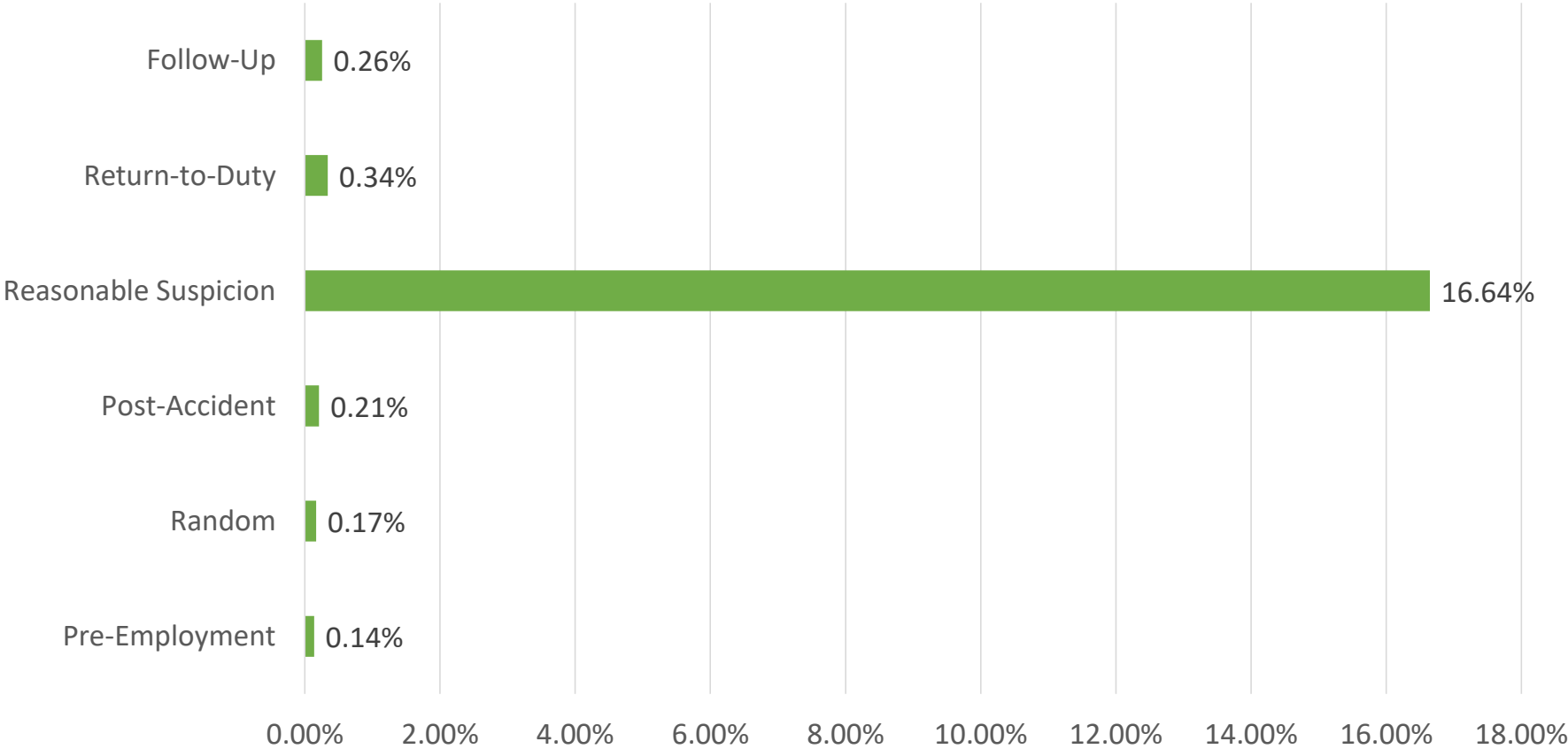
# FTA Random Drug Positive Rates (2014 - 2025)



# FTA Drug Positive Rates (2025) – All Test Types



# FTA Alcohol Violation Rates (2025) – All Test Types

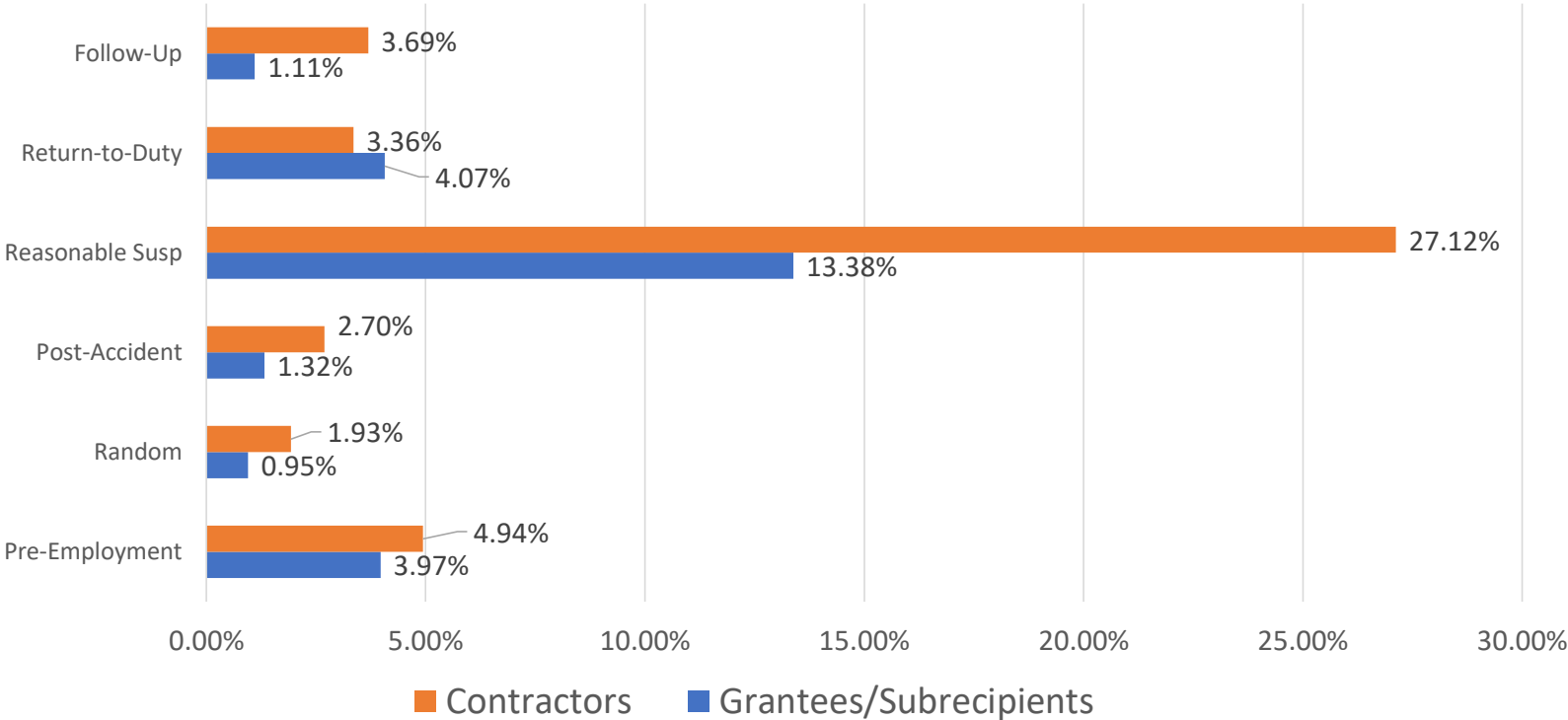




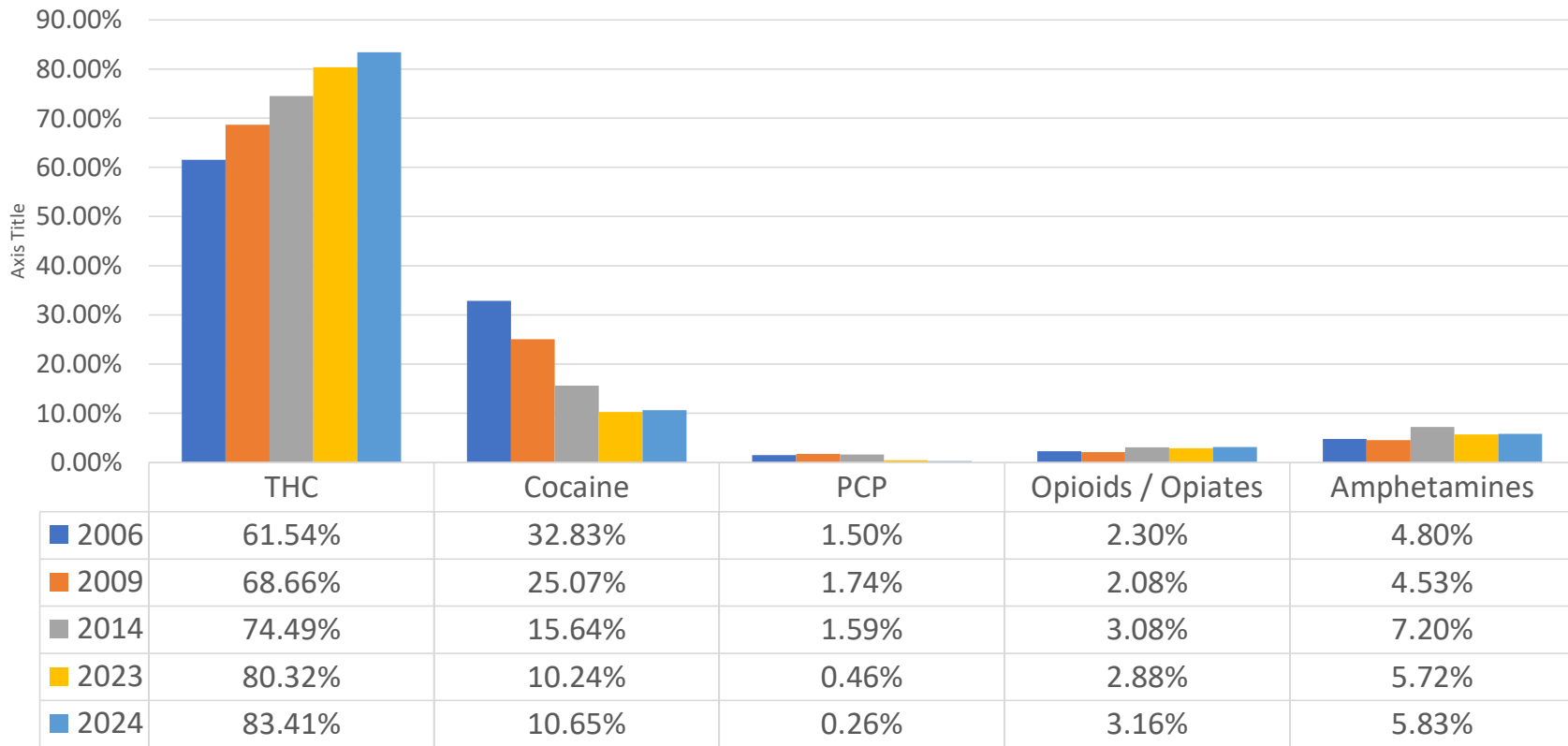
## FTA Pre-Employment Alcohol

- 546 FTA Covered-Employers Conducted an FTA Pre-Employment Alcohol Test.
  - 356 Grantees or Subrecipients (19,209 Pre-Employment Alcohol Tests)
  - 190 Contractors (5,497 Pre-Employment Alcohol Tests)
- Violation Rate
  - 0.13%– Grantees / Subrecipients
  - 0.20% - Contractors
  
- 291 # of Alcohol Pre-Employment = # of Drug Pre-Employment
- 217 # of Alcohol Pre-Employment < # of Drug Pre-Employment
- 32 # of Alcohol Pre-Employment > # of Drug Pre-Employment
- 6 No Drug Pre-Employment Conducted

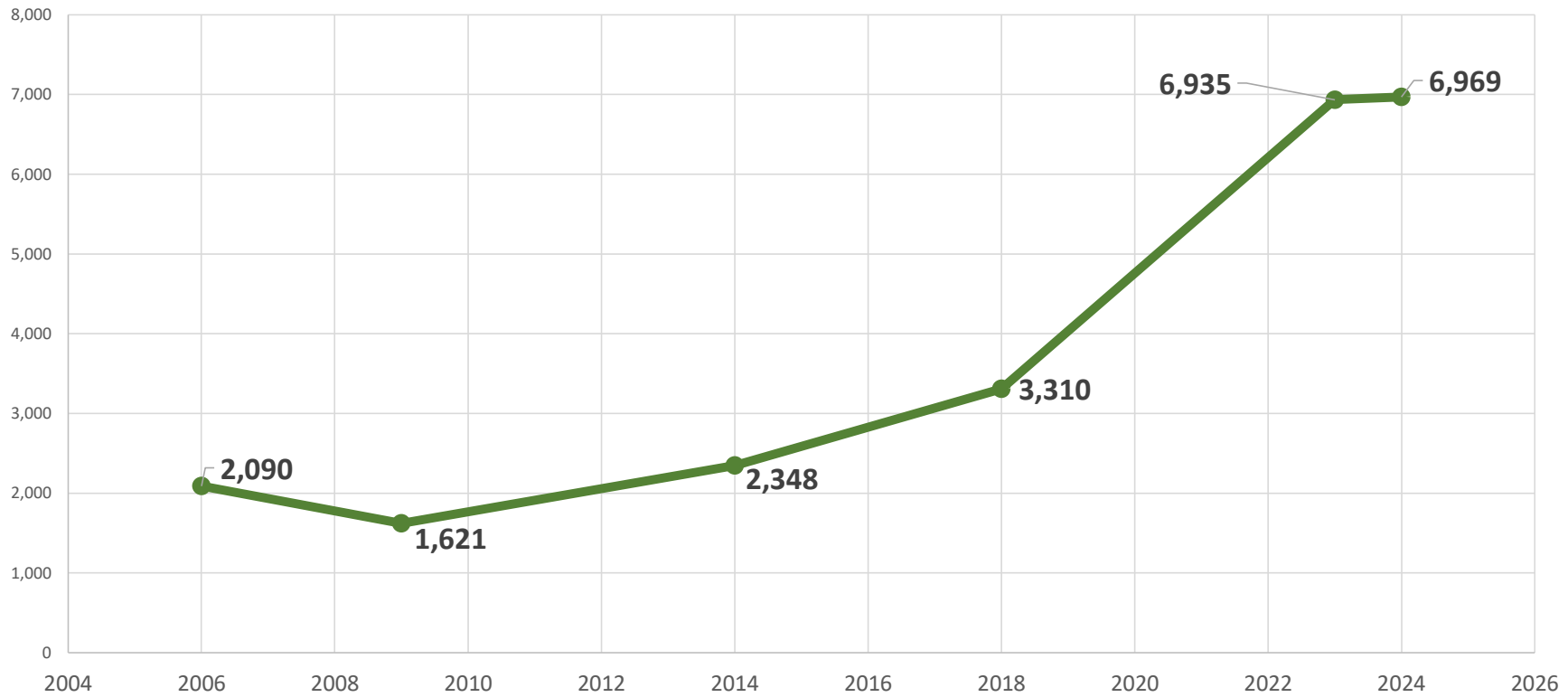
# FTA Drug Positive Rate (2024) – By Test Type (Contractor vs. Grantee/Subrecipient)



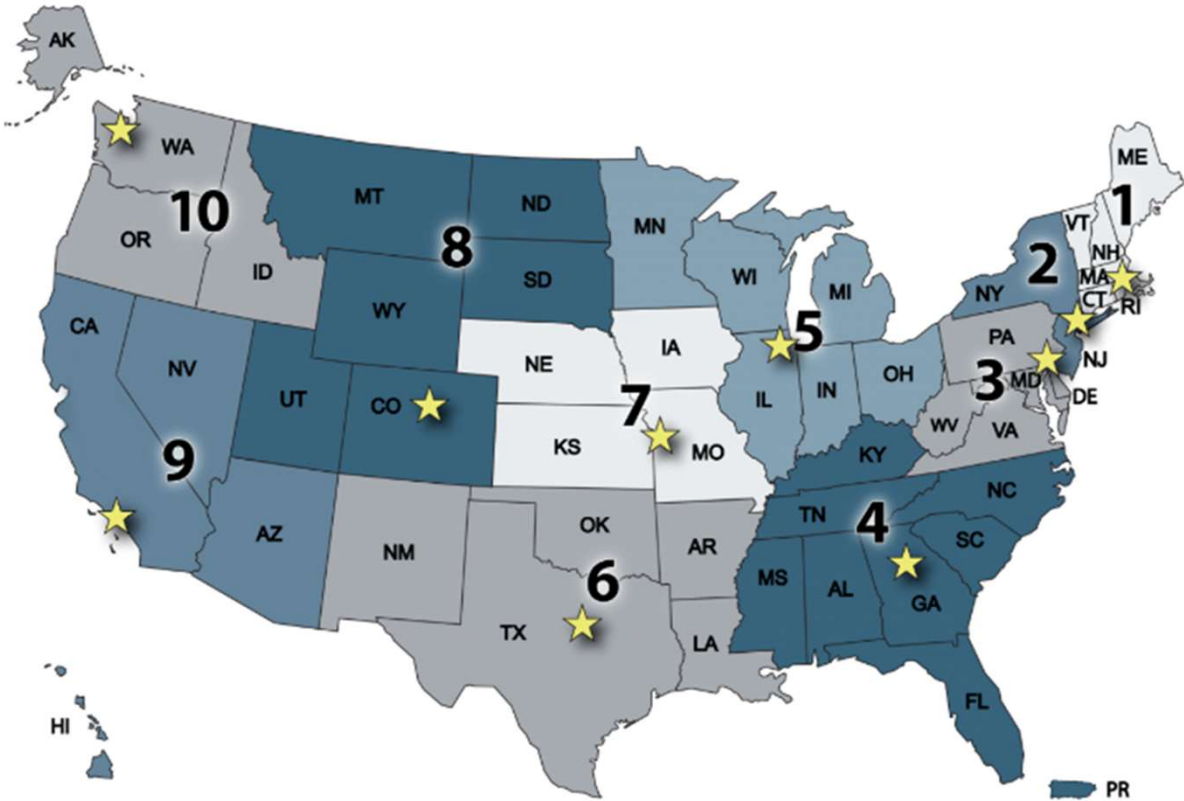
# FTA Percent Of Positive By Drug Type – (2006, 2009, 2014, 2023, 2024)



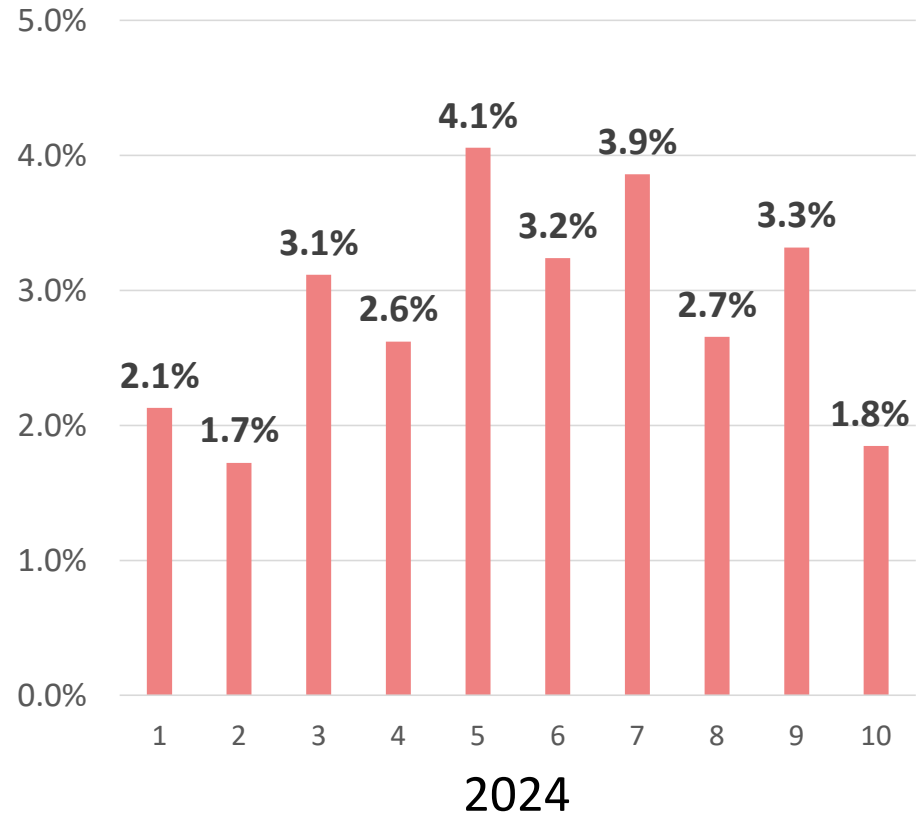
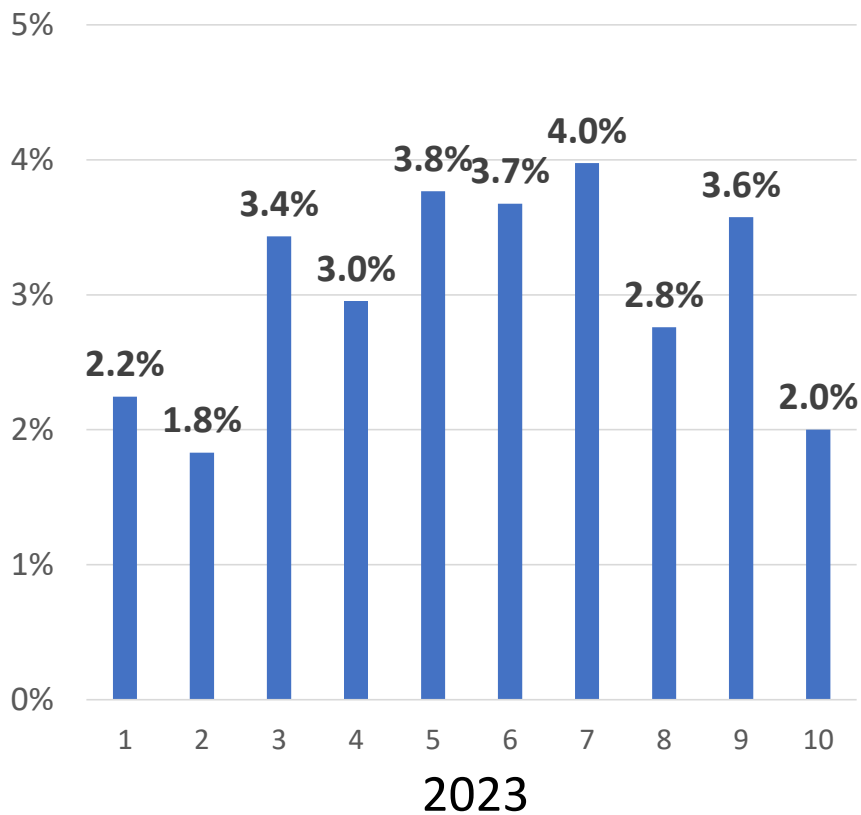
# THC# Of Positives By Year (2006, 2009, 2014, 2023, 2024)



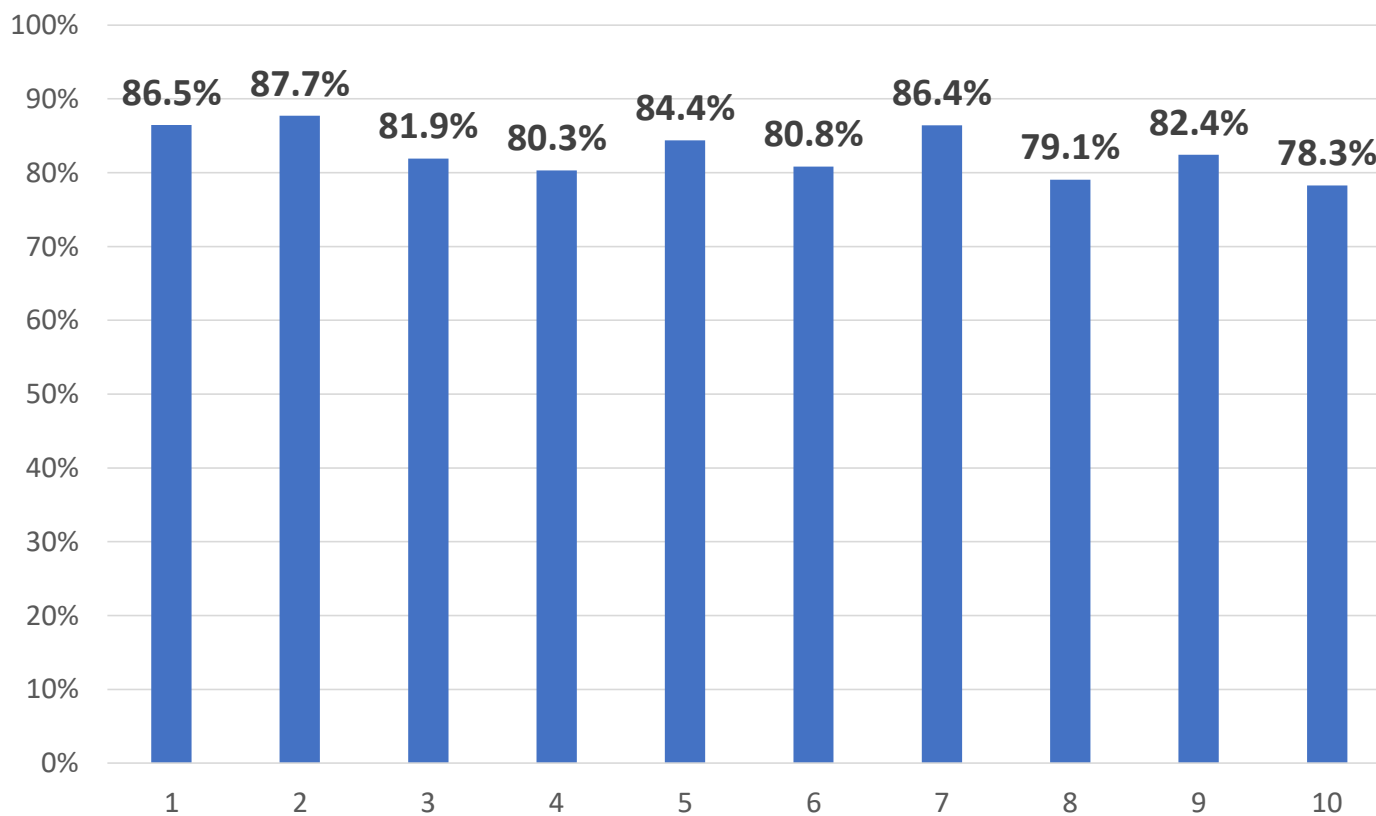
# FTA Region Map



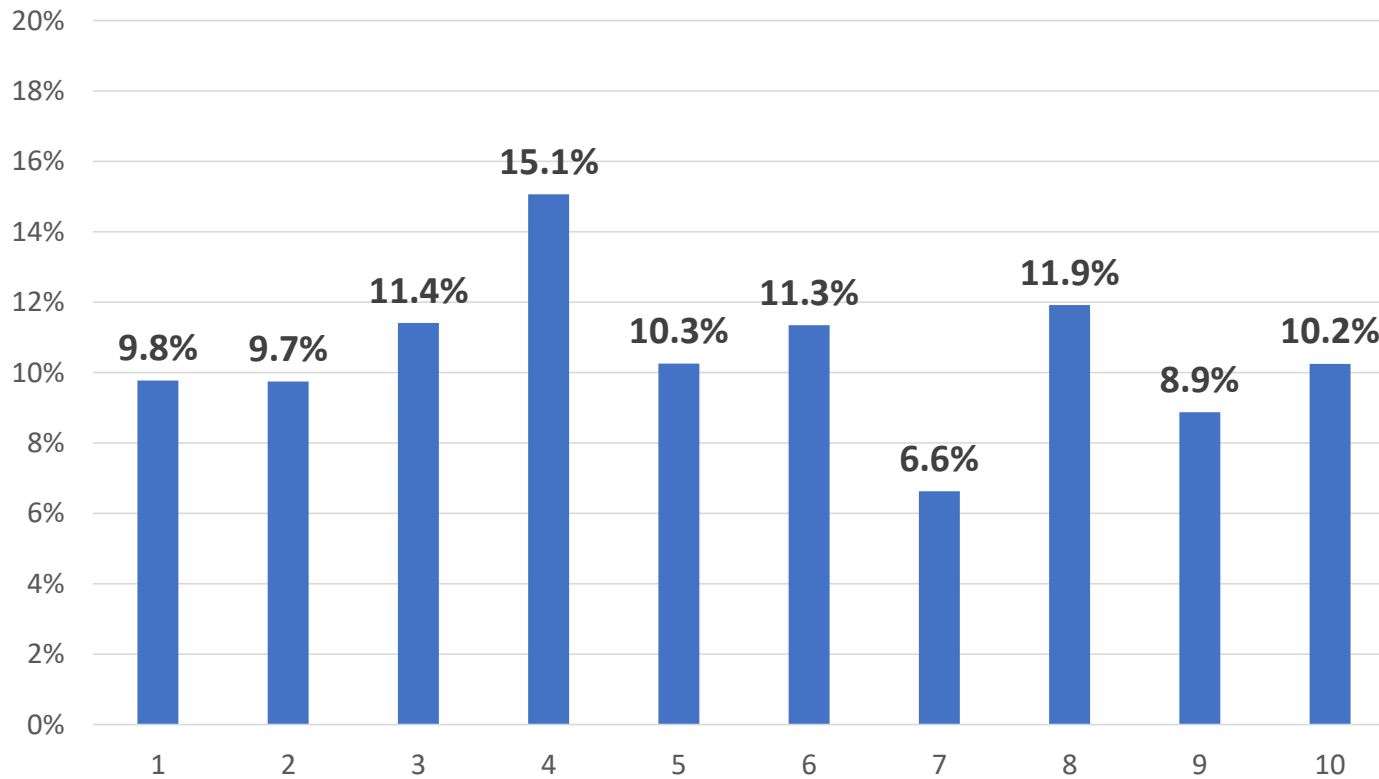
# Positive Rates – All Test Types – By FTA Region (2023 & 2024)



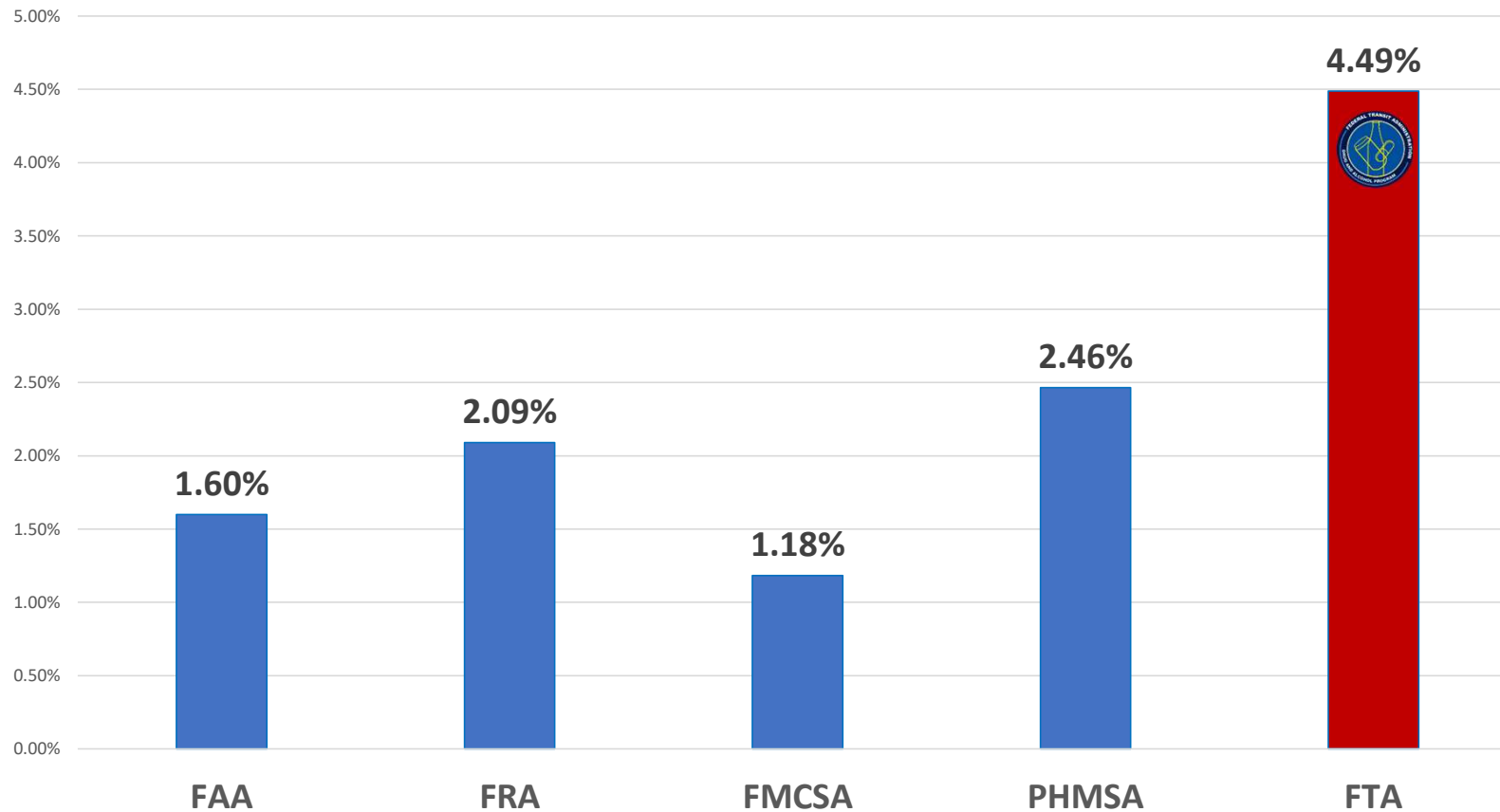
# Percent Of Positive That Contain THC – By FTA Region



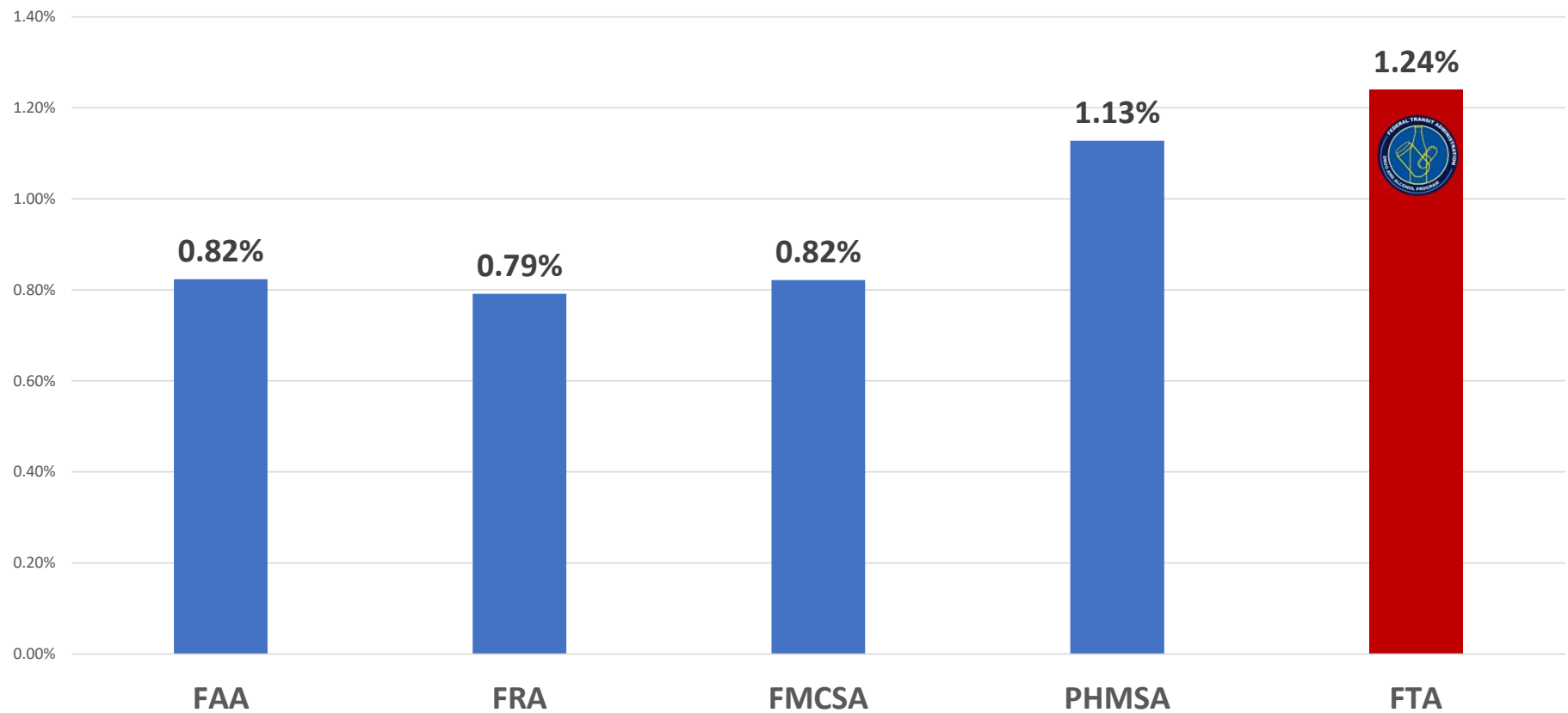
# Percent Of Positive That Contain Cocaine – By FTA Region



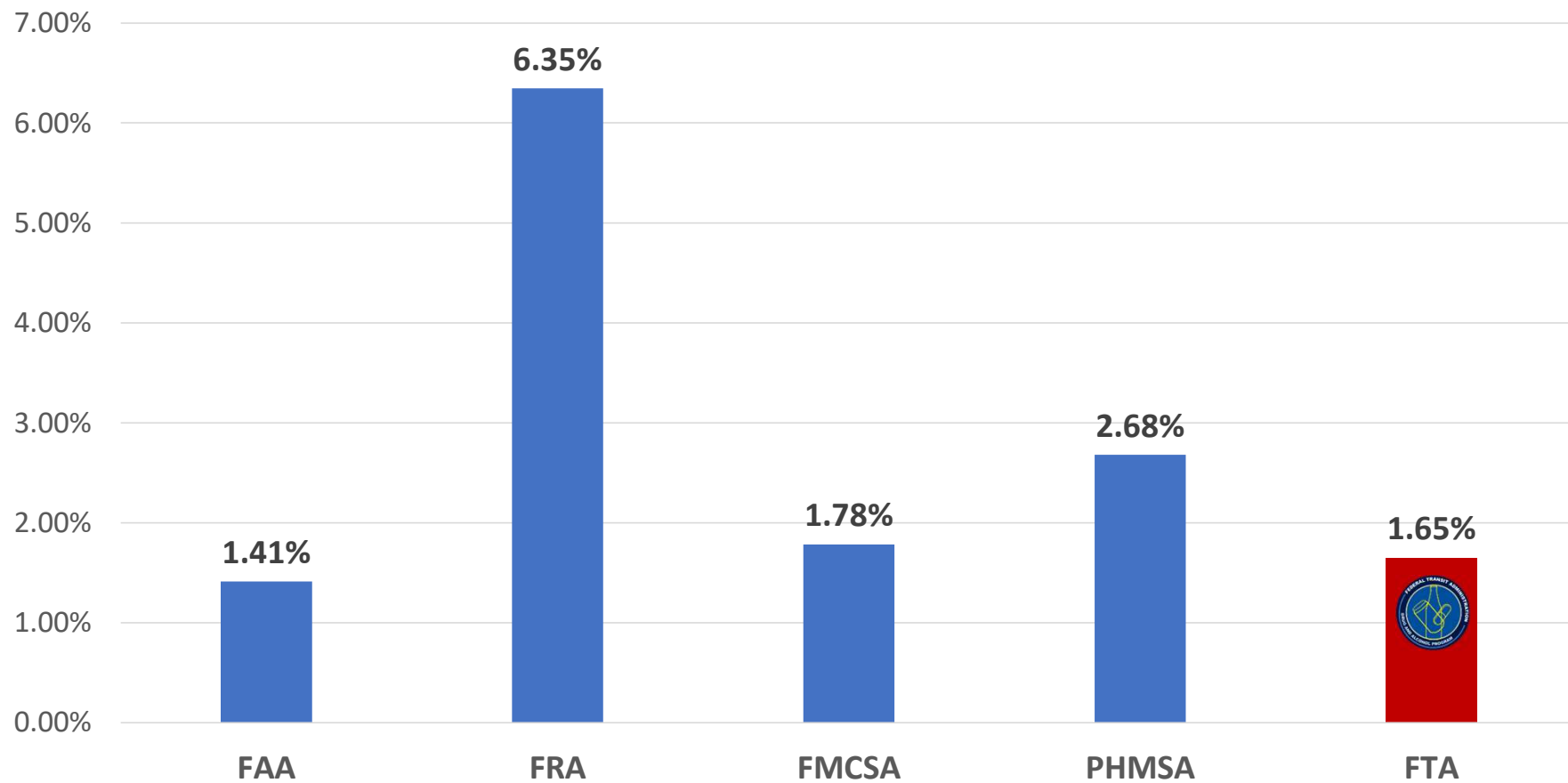
# Drug Positive Rates – DOT Agency Pre-Employment



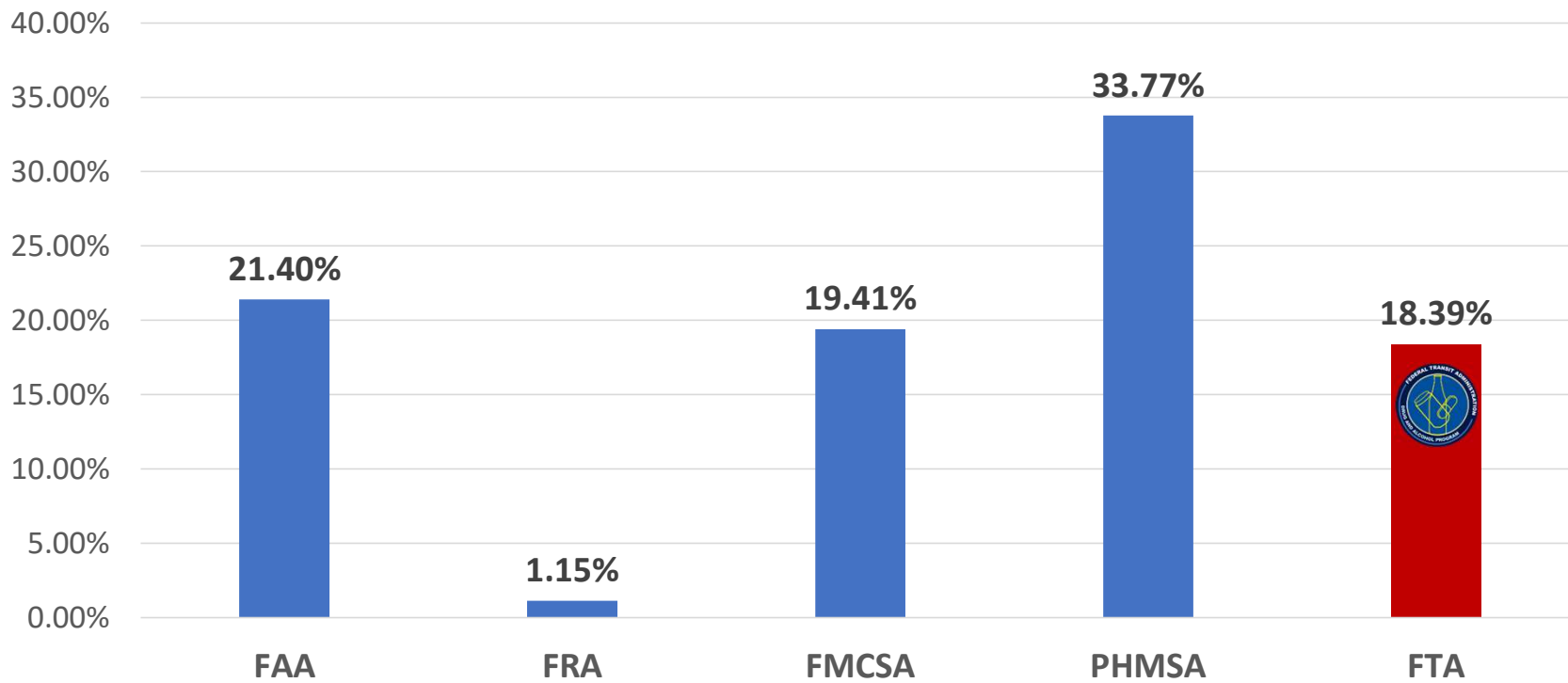
# Drug Positive Rates – DOT Agency Random



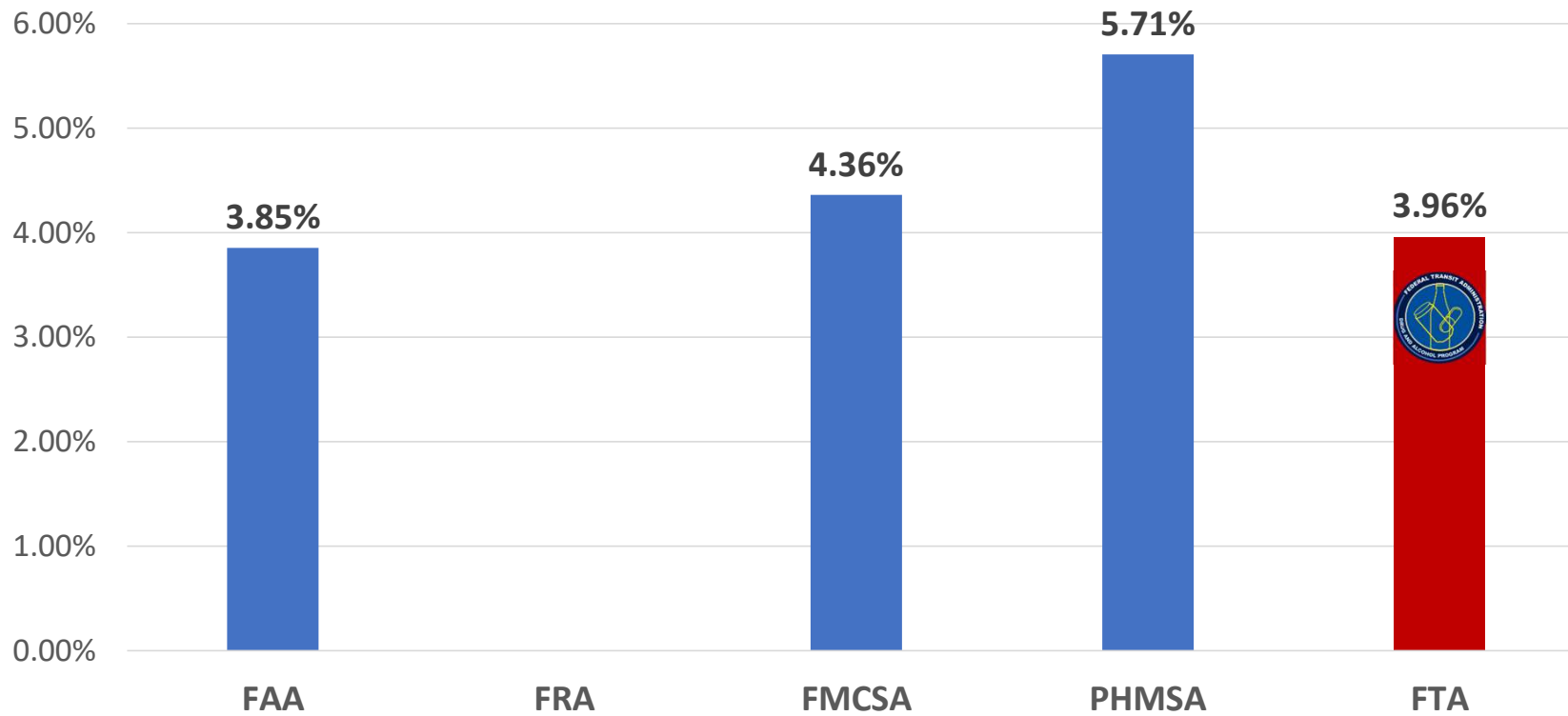
# Drug Positive Rates – DOT Agency Post-Accident



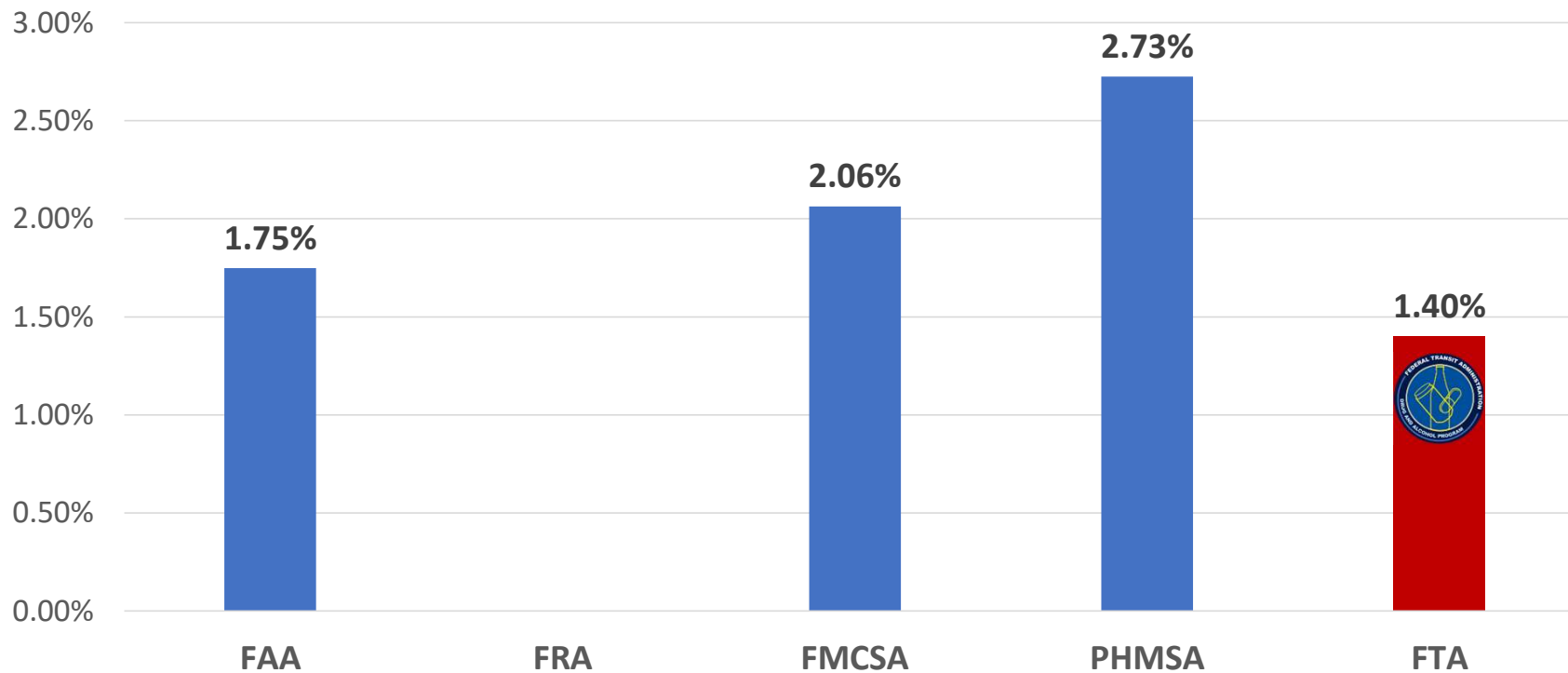
# Drug Positive Rates – DOT Agency Reasonable Suspicion



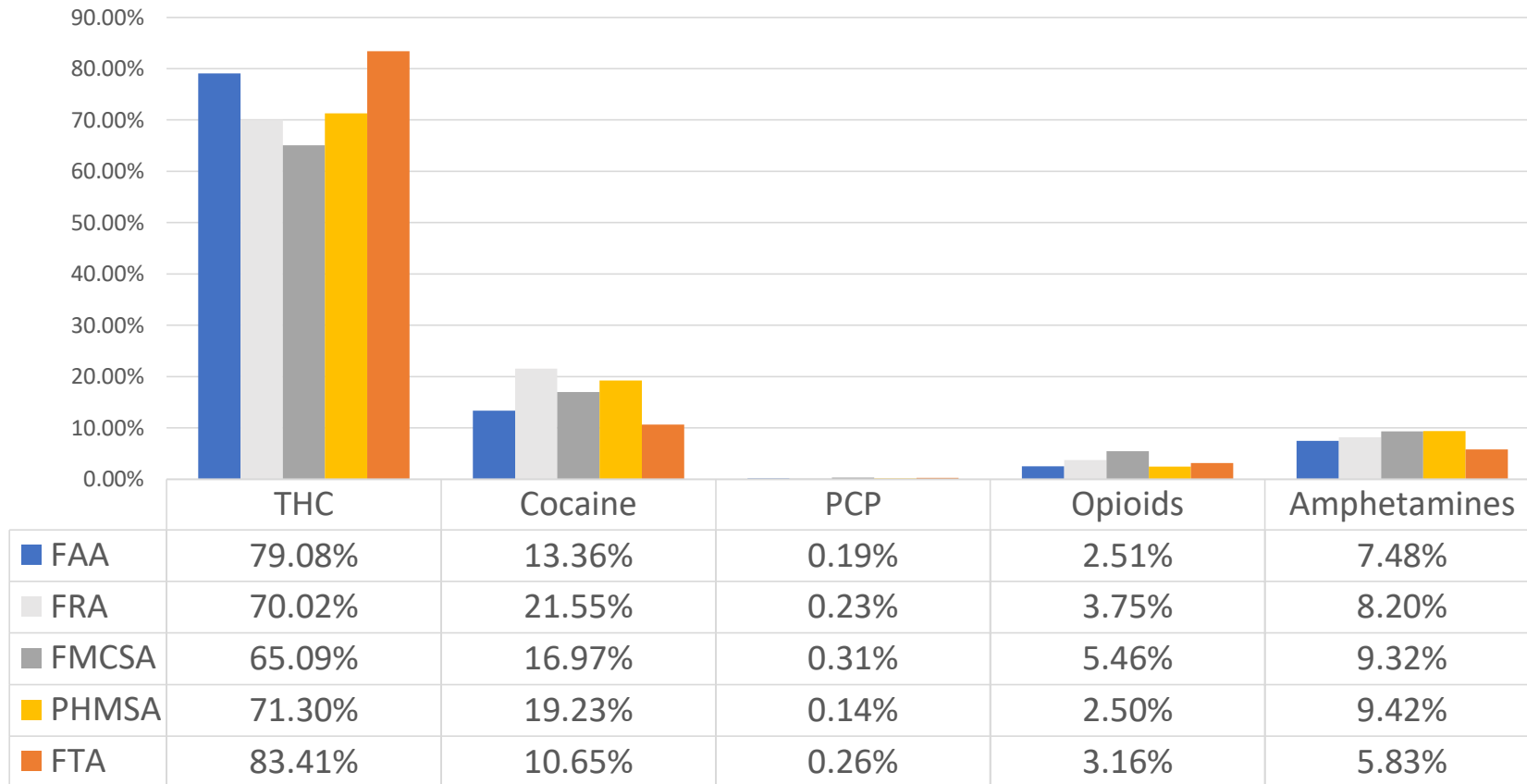
# Drug Positive Rates – DOT Agency Return-to-Duty



# Drug Positive Rates – DOT Agency Follow-Up



# Percent of All Drug Positives by Drug Type



# Thank you!

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