Is Your Drug and Alcohol Testing Program In Compliance With DOT Regulations?

By
Jeff Waxman
Illinois Department of Transportation
Project Manager
CVP/Bureau of Transit Operations
1/4/87 Amtrak Chase, Maryland
Train Collision
8/28/91 NYC Union Square Derailment
Workplace Impacts of Substance Abuse

- 3.5 X more workplace accidents
- 2.7 X more absences
- 3 X more medical benefits usage
- 10-20% decreased productivity
- Increased loss/shrinkage
- Higher Incidence of workplace violence
DOT Agencies

- Federal Aviation Administration - (FAA).
- Federal Motor Carrier Safety Administration - (FMCSA).
- Federal Railroad Administration - (FRA).
- Federal Transit Administration - (FTA).
- Pipeline and Hazardous Materials Safety Administration (PHMSA).
- United States Coast Guard - (USCG).
Applicable Regulations


- 49 CFR Part 655 - Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations - Operator’s that receive FTA Section 5307, 5309, or 5311 funding.

- 49 CFR Part 382 - Controlled Substances and Alcohol use and Testing - Federal Motor Carrier Safety Administration (FMCSA). Operator’s that don’t receive FTA operating assistance funding that have vehicles that require the driver to have a Commercial Driver’s License (CDL).
Drug Free Workplace Act
Requirements

• Publish statement prohibiting the use/abuse of controlled substances in the workplace;
• Establish an on-going drug free awareness program;
• Provide each employee a copy of the employer’s substance abuse policy;
• Employee notifies the employer within 5 days of his/her criminal drug statute conviction for a violation occurring in the workplace;
• The appropriate agency (FMCSA, FTA) must be notified within 10 days and the employer must take appropriate action against a convicted employee within 30 days of the conviction.
Drug and Alcohol Testing Policy

• Must be adopted by the local governing board of the employer or operator. (This is for transit operator’s that receive FTA Funding);

• Effective Date of the policy;

• The name of the Designated Employer Representative (DER), and Alternate DER, and Contact Information;

• The name, address and phone number of the drug and alcohol testing consortium (if applicable).
Drug and Alcohol Testing Policy continued

- The name, address and phone number of the drug and alcohol testing collection site;
- The name, address and phone number of the Department of Health and Human Services (DHHS) Laboratory where the specimens are tested;
- The name address and phone number of the Medical Review Officer (MRO);
- The name, address, and phone number of the Substance Abuse Professional (SAP);
- The names, addresses, and phone numbers of treatment centers.
1. Operating a revenue service vehicle including operation when the vehicle is not in revenue service.
2. Operating a non revenue service vehicle when operation of such vehicles require the driver to hold a Commercial Drivers License (CDL).
3. Controlling the dispatch or movement of a revenue service vehicle. (To be determined by the employer)
4. Maintaining a revenue service vehicle or equipment used in revenue service.
5. Carrying a firearm for transit security purposes.
FTA Safety Sensitive Functions continued

Volunteers

1. The volunteer is required to hold a Commercial Drivers License (CDL) to operate the vehicle; or

2. The volunteer performs a safety-sensitive function for an entity subject to these provisions and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity.
FMCSA Safety Sensitive Functions

- All time at an employer or shipper plant, terminal, facility or other property, or any public property waiting to be dispatched unless the driver has been relieved from duty by the employer.
- All time inspecting equipment as required by 49 CFR Parts 392.7 and 392.8 or otherwise inspecting, servicing or conditioning any commercial vehicle at any time.
- All time spent at the driving controls of a commercial vehicle in operation.
- All time other than driving time, in or upon any commercial motor vehicle except time resting in a sleeper berth (a berth conforming to requirements of 49 CFR Part 393.76).
FMCSA Safety Sensitive Functions continued

- All time loading and unloading a vehicle, supervising or assisting in the loading and unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or giving or receiving receipts for shipments loaded or unloaded.

- All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.
Education and Training

• Display and distribution to every covered employee of informational material and a community service hotline telephone number for employee assistance if available.

• Covered Employees under the FTA must receive 60 minutes of training on the effects of alcohol misuse and prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use.
Education and Training continued

• Covered Employees under the FMCSA must receive written materials concerning the effects and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or a controlled substance problem (the driver's or a co-worker's); and available methods of intervening when an alcohol or a controlled substance problem is suspected, including confrontation, referral to any employee assistance program and or referral to management.

• Supervisors and/or other company officers authorized by the employer to make reasonable suspicion determinations shall receive at least 60 minutes of training on the physical, behavioral and performance indicators of probable drug use, and at least 60 minutes of training on the physical, behavioral, speech and performance indicators of probable alcohol misuse.
• Company Policy on use of prescription and over the counter medication.

• Other on Going Awareness Training:
  - Posters in common areas such as break rooms on the effects of alcohol and drugs.
  - Brochures available on treatment centers.
  - Employee Assistance Program brochures available.
Drugs Tested For

- Marijuana
- Cocaine
- Opiates  
  (Narcotics such as heroin, morphine, and codeine)
- Phencyclidine (PCP)
- Amphetamines and methamphetamines
Initial Cut off Levels

- Marijuana metabolites: 50 ng/ml
- Cocaine metabolites: 150 ng/ml
- Opiate metabolites-
  - Codeine/Morphine*: 2000 ng/ml
  - 6-Acetylmorphine: 10 ng/ml
- Phencyclidine: 25 ng/ml
- Amphetamines**-
  - AMP/MAMP***: 500 ng/ml
  - MDMA****: 500 ng/ml

* Morphine is the target analyte for codeine/morphine testing.

** Either a single initial test kit or multiple initial test kits may be used provided the single use test kit detects each target analyte independently at the specified cutoff.

*** Methamphetamine is the target analyte amphetamine/methamphetamine testing.

**** Methylenedioxymethamphetamine (MDMA)
Confirmation Cutoff Levels

- **Marijuana metabolites**
  Delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA): 15ng/ml
- **Cocaine metabolites**
  Benzoylecgonine: 100ng/ml
- **Opiate Metabolites**
  Morphine: 2000ng/ml
  Codeine: 2000ng/ml
  6-Acetylmorphine: 10ng/ml
- **Phencyclidine:** 25ng/ml
- **Amphetamine:** 250ng/ml
- **Methamphetamine**: 250ng/ml
- **MDMA:** 250ng/ml
- **MDA (Methylenedioxymethamphetamine):** 250ng/ml
- **MDEA (Methylenedioxymethylamphetamine):** 250ng/ml

* To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100 ng/ml
Prohibited Behavior

• Consumption of prohibited drugs at all times.
• Consumption of alcohol while on duty.
• Consumption of alcohol for all covered employees reporting for duty or remaining on duty requiring the performance of safety-sensitive functions if the alcohol concentration is 0.02 or greater.
• Consumption of alcohol 4 hours prior to duty.
• Consumption of alcohol during on call hours.
• Consumption of alcohol within 8 hours following an accident or until a post accident test is completed.
Testing Categories

- Pre-employment
- Random
- Post Accident
- Reasonable Suspicion
- Return to Duty
- Follow Up
Pre-Employment Testing

Purpose:
To identify those applicants who have consumed a prohibited substance or misused alcohol in the recent past and as such, exhibit a high risk behavior that has the potential to impact the workplace and may present an unacceptable safety risk.

Who:
- All applicants for safety sensitive positions.
- All transfers into safety sensitive positions.
- All employees on any type of leave more than 90 days, and the employee has not been in the employer’s random selection pool during that time (under FTA mode).

All applicants and current employees transferring into safety sensitive positions cannot perform safety sensitive functions until the employer receives a verified negative drug test result.
Pre-Employment - Alcohol Testing

- Not required, but may be done under the employers own authority.
- The employer must conduct a pre-employment alcohol test before the first performance of safety sensitive functions of every covered employee (Applicant or employee transferring into a safety sensitive position).
- The employer must treat all covered employees performing safety - sensitive functions the same for the purpose of pre-employment alcohol testing (i.e., you must not test some covered employees and not others).
- The employer must not allow a covered employee to begin performing safety sensitive functions unless the result of the employee’s test indicates an alcohol concentration of less than 0.02.
Pre-Employment Testing Exceptions under FMCSA

- If the driver has participated in a qualified drug and alcohol testing program that meets the requirement of 49 CFR Part 382 and 40 within the previous 30 days and while participating in that program.
- Was drug tested within the past six (6) months (from the date of application with the employer).
- Has participated in a random drug and alcohol testing program for at least (12) months (from date of application with the employer).
- Employer must ensure that no previous employer of the driver of whom the employer is aware of has records of a violation of 49 CFR Part 382 of the drug and alcohol testing rule of any other DOT agency within the previous six (6) months.
- If the employer cannot verify the above information, the employer shall conduct a pre-employment test on the driver.
Random Testing

• Random Testing serves as a very strong deterrent for safety sensitive employees beginning or continuing prohibited drug use or alcohol misuse.

• Random testing can be used to detect drug and alcohol use for the purpose of removing identified users from safety sensitive positions.

Statutory Requirements:
• 25% of all safety sensitive employees must be tested annually for drugs under the FTA Mode.
• 50% of all safety sensitive employees must be tested annually for drugs under the FMCSA Mode.
• 10% of all safety sensitive employees must be tested annually for alcohol under the FTA and FMCSA Modes.
• Testing must be spread throughout the year.
• These rates may be increased to ensure unpredictability.
Random Testing continued

• Selections must be made by a scientific valid method.
• Each employee must have an equal chance of being selected each draw.
• Testing must be unannounced.
• Testing must occur immediately after notification.
• Drugs may be tested for anytime an employee is on duty.
• Alcohol may be tested for immediately prior to the performance, during the performance or immediately following the performance of a safety sensitive function.
Random Testing continued

- Random Testing Problems:
  - Testing not being spread out through the selection period.
  - Testing not being done on all days and hours of operation.
  - Group Testing.
  - Employees knowing in advance of random test.
  - Selections not being made by a scientific valid method.
### Random Drug & Alcohol Testing Scatter Sheet #2

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<thead>
<tr>
<th>Time of Test</th>
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**Note:** Time slots marked with an 'X' indicate a test was scheduled or completed at that time.
Post Accident Testing

- An occurrence associated with the operation of a vehicle, whether or not the vehicle is in revenue service.
- Fatality (Testing is mandatory).
- Anytime an individual requires medical treatment away from the scene of the accident.
- If one or more vehicles receives disabling damage.
- On non-fatal accidents, the decision to test is based on whether or not the covered employee contributed to the accident based on the best available information at the time - FTA Mode.
- If a driver receives a citation for a moving traffic violation for the above type of non-fatal accidents - FMCSA mode.
Post Accident Testing continued

• All surviving covered employees on duty in the vehicle at the time of the accident.
• Any other covered employees whose performance could have contributed to the accident.
• Use Post Accident Decision making form to determine if a post accident drug and alcohol test has to be conducted.
• The decision to test will be based on the best available information at the time of the determination.
• The requirement to perform testing should in no way delay the necessary medical attention or interfere with a law enforcement investigation.
• Employees subject to testing must remain readily available for testing which means notifying the employer of their location at all times if they leave the scene prior to being tested.
Post Accident Testing continued

• If the alcohol test is not administered within two (2) hours after the accident occurred, it must be documented as to the reason(s) why it was not administered within this time frame.

• If an alcohol test is not administered within eight (8) hours, the employer:
  • shall cease attempts to administer the alcohol test, you must document the reason(s) why the test was not administered within this time frame.
  • The drug test is to be administered as soon as practicable, but no later than Thirty Two (32) hours after the accident.
Post Accident Testing continued

• The results of a blood, urine or breath test for the use of prohibited drugs or alcohol misuse conducted by Federal, State, or local officials having independent authority for the test shall meet the requirements of post accident testing provided the such test conforms to the applicable Federal, State or local testing requirements and the test results are obtained by the employer.
Exhibit F

POST-ACCIDENT SUBSTANCE-ABUSE TESTING DECISION MAKER

Accident Information

Operator’s Name: ___________________________ Accident Report Number: ___________________________

Date of Accident: ___________________________ Time of Accident: __________

Location of Accident: ___________________________

Date of Breath/Alcohol Test: __________

Date of Drug Test: __________

Brief Description of Accident: ___________________________

Decision Questions

Was there a fatality? Yes __________ No __________ If yes, Post-Accident testing required.

If the accident was non-fatal and involved a truck vehicle (bus, van, schoolbus, and sewer line), ask the following question:

1. Has any individual suffered a bodily injury and immediately received medical treatment away from the scene of the accident? Yes __________ No __________

2. Did any vehicle involved incur disabling damage and transported away from the scene by a tow truck or any other vehicle? Yes __________ No __________

If “yes” is checked for questions 1 or 2, a Post-accident Drug and Breath/Alcohol test is required unless it is determined, using the best information available at the time of the decision, that the employee’s performance can be completely discounted in a contributing factor to the accident.

3. Whether questions 1 or 2 were answered “yes” and a test was not conducted, please give reasons why:

4. Did the alcohol test occur more than two hours from the time of the accident? Yes __________ No __________

   If Yes, explain:

5. Did the alcohol test occurred because more than eight hours elapsed from the time of the accident, please explain:

6. Did the employee leave the scene of the accident without just cause? Yes __________ No __________

   If Yes, explain:

7. Did the drug test was performed because more than 72 hours passed after the time of the accident, explain why:

Authorized Signature: ___________________________ Date: ___________________________
Reasonable Suspicion Testing

Purpose:
To provide management with a tool to identify drug or alcohol affected employees who may pose a danger to themselves and others in their performance of safety sensitive functions.

An employee is reasonably suspected of prohibited drug use or alcohol misuse when one trained supervisor can:

• Substantiate specific behaviors, speech, or body odors that may indicate drug use or alcohol misuse.
• Identify job performance problems that may indicate prohibited drug use or alcohol misuse; and
• Actually observes physical indications that prohibited drug use or alcohol misuse may be occurring.
Reasonable Suspicion continued

- Reasonable suspicion determination cannot be based on heresay, it must be based on contemporaneous, articulable observations.

- If the alcohol test is not administered within two (2) hours after the observation occurred, it must be documented as to the reason(s) why it was not administered within this time frame.

- If an alcohol test is not administered within eight (8) hours, the employer shall cease attempts to administer the alcohol test, you must document the reason(s) why the test was not administered within this time frame.

- The drug test is to be administered as soon as practicable, but no later than Thirty Two (32) hours after the observation.

- Document Reasonable Suspicion Referrals.
Reasonable Suspicion Form

Section 1
Employee Name: ____________________________
Employee Job Title: ________________________ Division/Work Unit: ________________________
Date of Observation: ________________________ Time: ____________ am/pm
Location: _____________________________ Employee performing safety-sensitive duties? Yes or No

Section 2 Observations: Check ALL that apply

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<th>Behavior</th>
<th>Appearance</th>
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<td>dilated (large) pupils</td>
<td>slurred, thick</td>
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<td>drowsy, sleepy, lethargic</td>
<td>contracted (pinpoint) pupils</td>
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<td>hypertensive</td>
<td>glazed, watery eyes</td>
<td>slurred, thick</td>
</tr>
<tr>
<td>dilated, uncoordinated, talkative</td>
<td>compressed (pupil) pupils</td>
<td>slurred, thick</td>
</tr>
<tr>
<td>tremors, jerks</td>
<td>amnestic, catatonic</td>
<td>slurred, thick</td>
</tr>
<tr>
<td>hyperactive, agitated</td>
<td>unconfused, blink stare</td>
<td>slurred, thick</td>
</tr>
<tr>
<td>frequent use of mints, mouthwash, breath strips, eye drops</td>
<td>disheveled clothing</td>
<td>slurred, thick</td>
</tr>
<tr>
<td>inappropriate, uninhibited behavior</td>
<td>unkempt grooming</td>
<td>slurred, thick</td>
</tr>
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</tbody>
</table>

Section 3
The observations, as documented above, were made of the employee identified in Section 1.

________________________________________
Supervisor’s Name (Printed or typed) Signature Date

________________________________________
Additional Witness: Signature Date

________________________________________
Witness Name (Printed or typed) Signature Date

Section 4 Test Determination:
- Reasonable suspicion alcohol breath test
- Reasonable suspicion drug urine test
- Drug test conducted
- 12 hours elapsed
- Test required
- Test collection available
- Employee refused test
- Employee transported for medical care

Additional notes:

________________________________________

Section 5 Drug/Alcohol Test administered

Drug test: Date: __________ Pass or Fail

Additional notes:

________________________________________
Return to Duty Testing

Purpose:

To provide a degree of assurance to the employer that the individual is presently drug and alcohol free and is able to return to work without undue concern of continued drug abuse or alcohol misuse.

Following a positive drug or alcohol test, that individual may not be allowed to perform safety sensitive duties until:

- They have been assessed by an SAP.
- They have a negative return-to-duty test.
- Mandatory observed collection conducted for all return-to-duty tests.
Follow Up Testing

Purpose:
To motivate employees to remain drug and alcohol free after returning to duty following a positive test and to provide employers with an assurance that the person has not resumed drug use or alcohol misuse.

Tests must be:

• Unannounced
• A minimum of six tests within 12 months following a positive test can go from 12 months to 60 months.
• Frequency and duration is determined by the SAP.
• Mandatory Observed collections conducted for all follow-up tests.
• No other type of drug and/or alcohol test can be substituted for a follow-up test.
# D&A Log

## Sample Drug and Alcohol Testing Log

**Exhibit J**

- **Grantee Name:** 
- **Year:**

<table>
<thead>
<tr>
<th>Employees Name</th>
<th>Date Notified of Test(s)</th>
<th>Time Notified of Test(s)</th>
<th>Regular Shift Worked</th>
<th>Regular Day(s) Off</th>
<th>Date of Test(s)</th>
<th>Day of Week</th>
<th>Time of Accident (If Applicable)</th>
<th>Date of Hire (If Applicable)</th>
<th>Date Started Performing Safety Sensitive Duties (If Applicable)</th>
<th>Type of Test</th>
<th>Check Boxes that Apply: Drug</th>
<th>Alcohol Test Result</th>
<th>Time of Drug Test</th>
<th>Date MRO Reported Drug Test Result</th>
<th>Drug Test Result</th>
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</table>
Refusals to Test

- Failure to appear in a reasonable time, except pre-employment tests.
- Failure to remain at the collection site until the testing process is complete.
- Failure to provide a breath and/or urine specimen.
- Failure to provide a sufficient breath and/or urine specimen with no medical explanation.
- Failure to undergo a medical evaluation as required by a MRO or DER.
- Failure to cooperate with any part of the testing process (e.g. refuses to empty pockets when directed by the collector, behaves in a confrontational way that disrupts the collection process, fails to wash hands after being directed to do so by the collector).
- Fails to permit monitoring or direct observation of the collection.
Refusals to Test continued

• Failure to sign step 2 of the Alcohol Testing Form (ATF).
• For an observed collection, fails to follow the observer’s instructions to raise his/her clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the employee has any type of prosthetic or other device that could be used to interfere with the collection process.
• Possesses or wears prosthetic or other device that could interfere with the collection.
• Fails to take a second test as directed by the collector or employer.
• Admits to collector or MRO that employee substituted or adulterated the specimen.
• Has a MRO verified adulterated or substituted test result.
Drug and Alcohol Testing Procedures

• A statement that all drug and alcohol testing will be conducted in accordance with 49 CFR Part 40.
• Requirements that covered employees submit to drug and alcohol tests in accordance with 49 CFR Part 655 - FTA.
• Requirements that covered employees submit to drug and alcohol tests in accordance with 49 CFR Part 382 - FMCSA.
• Optional - Detailed procedures of how the testing will be conducted to protect the employee and the integrity of the drug and alcohol process.
• Optional - Procedures that will be used to safeguard the validity of the test results and ensure test results are attributed to the correct employee.
Drug and Alcohol Testing Procedures continued

- Identify whether employees who produce negative dilute specimens will be required to take another test immediately.
  - If retesting required, employer must inform employees in advance of decision to test negative dilute tests.
  - If retesting required, identify which types of negative dilute specimens would be re-collected.
  - All employees will be treated equally.
  - The second test will be the test of record.
Consequences for Positive Drug and Alcohol Tests

- Positive drug test result
  - Immediate removal from safety sensitive functions.
- Breath alcohol concentration (BAC) 0.02 or greater, but less than 0.04.
  - Out of safety sensitive functions until BAC is less than 0.02 with a retest or start of the next scheduled duty period, but not less than 8 hours following the test under the FTA mode.
  - Out of safety sensitive functions until the start of the next scheduled duty period, but not less than 24 hours following the test under the FMCSA mode.
- BAC 0.04 or greater.
- Refusal to test.
  - Immediate removal of employee from safety-sensitive functions.
  - Refer to SAP for assessment, regardless of eligibility for reinstatement or hire.
Consequences for Positive Drug and Alcohol Tests continued

- State who pays for evaluations, education and/or treatment, return to duty and follow up testing.
- Follow transit system disciplinary policy.

• Additional policies or consequences clearly described as being based on independent authority.
Records Management

- Records should be maintained in a secure location with controlled access.
- All drug and alcohol testing files must be kept in a locked file cabinet.
- Records must be kept separate from medical and personnel records.
- Only the Designated Employee Representative (DER) and Alternate DER shall have access to these files.
- The file folders can be individual employee folders or by year and type of test.
- MIS reports must be submitted to the regulatory agency by the deadline.
Records Management continued

- Records must be maintained for the duration of time specified in 49 CFR Part 40.349.
### MIS Data Collection Form

**U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM**

Calendar Year Covered by this Report:

OMB No. 2125-0029

Form DOT F-17859 (Rev. 12/2008)

**I. Employer:**
- **Company Name:**
- **Doing Business As (DBA) Name (if applicable):**
- **Address:**
- **E-mail:**
- **Telephone:**
- **Name of Certifying Official:**
- **Signature:**
- **Date Certified:**
- **Prepared by (if different):**
- **Telephone:**
- **CPTFA Name and Telephone (if applicable):**

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:
- **FMCSA – Motor Carrier DOT #:**
- **Owner-operator (circle one):** YES or NO
- **Exempt (Circle One):** YES or NO
- **PAA – Aircraft: Certificate #:** (if applicable):
- **Part 121 or 135 (if applicable):**
- **PMSA – Pipeline: Type of Gas Gathering: Gas Transmission: Gas Distribution: Transport Hazardous Liquids: Transport Carbon Dioxide:**
- **PRA – Railroads: Total Number of observed documented Part 219 "Rule G" Observations for covered employees:**
- **USCG – Maritime: Vessel ID #:** (USCG- or State-Issued):

**II. Covered Employee: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:**

<table>
<thead>
<tr>
<th>Employee Category</th>
<th>Total Number of Employees in this Category</th>
</tr>
</thead>
</table>

**B Enter Total Number of Employee Categories:**

<table>
<thead>
<tr>
<th>Employee Category</th>
<th>Total Number of Employees in this Category</th>
</tr>
</thead>
</table>

**III. Drug Testing Data:**

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number of Test Results</th>
<th>Rejected Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Employment</td>
<td></td>
<td></td>
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<tr>
<td>Random</td>
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<td></td>
</tr>
<tr>
<td>Post-Accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasonable Susp. Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return-to-Duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-Up</td>
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<tr>
<td>TOTAL</td>
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<td></td>
</tr>
</tbody>
</table>

**Refusal Results**

<table>
<thead>
<tr>
<th>Rejected Results</th>
<th>Number of Rejected Tests</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Refusal Results</th>
<th>Number of Rejected Tests</th>
</tr>
</thead>
</table>

**IV. Alcohol Testing Data:**

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number of Test Results (Blood alcohol concentration levels)</th>
<th>Refusal Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Employment</td>
<td></td>
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<tr>
<td>Random</td>
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<tr>
<td>Post-Accident</td>
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<tr>
<td>Reasonable Susp. Case</td>
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<td>Return-to-Duty</td>
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<tr>
<td>Follow-Up</td>
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<tr>
<td>TOTAL</td>
<td></td>
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</tbody>
</table>
Disclosure

The confidentiality of drug testing information is a critical concern of all employees.

Inadvertent disclosure of the names of employees who were tested and their test results may result in legal action.

Test results may be released only to:

• Employee, if requested in writing.
• DOT agency or state authorized representative.
• National Transportation Safety Board requests as part of accident investigation.
• Subsequent employers, if requested in writing by the employee.
• Other identified persons as requested in writing by the employee.
Disclosure continued

- Decision-maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee and arising from the result of a drug or alcohol test administered under FMCSA and FTA’s rules.
• This part preempts any state or local law, rule, regulation, or order to the extent that:
  - Compliance with both the state or local requirement and requirement in this part is not possible;
  - Compliance with the state or local requirement is an obstacle to the accomplishment and execution of any requirement in this part.
  - This part shall not be construed to preempt provisions of state criminal laws that impose sanctions for reckless conduct attributed to prohibited drug use or alcohol misuse leading to actual loss of life, injury, or damage to property, whether the provisions apply specifically to transportation employees or employers or to the general public.
Job Advertisements and Current/Previous Employer Checks

• It is recommended that each operator include in their job advertisements that their agency is a drug free workplace environment, and does pre-employment drug testing.

• 49 CFR Part 40.331 requires that applicants that are applying to perform safety sensitive functions fill out and sign a release of Drug and Alcohol Testing information if they are currently working for/or previously worked for another agency that follows DOT Regulations. The form is then forwarded to the current employer and previous employers to be filled out and returned to your agency for review.
Release of Drug & Alcohol Testing Information From Previous Employer - FTA

RELEASE OF DRUG & ALCOHOL TESTING INFORMATION
FROM CURRENT/PREVIOUS EMPLOYER - FTA

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

TO BE COMPLETED BY APPLICANT/EMPLOYEE

I understand my current/previous employer listed below may release drug and alcohol test information in their possession for any other previous employers under Part 40 of applicable DOT regulations. I have reviewed the DOT drug and alcohol regulations and authorize my current/previous employer to release all documentation of my successful completion of the DOT return to duty requirements on my behalf to agree to provide the documentation to the employer named below, thereby authorizing my current/previous employer to release any information required on this form to the subsequent employer listed below.

Applicant/Employee's signature: __________________________
Applicant/Employee's printed name: ______________________

TO BE COMPLETED BY CURRENT/PREVIOUS EMPLOYER

Applicant/Employee Name: ____________________________
Social Security Number: ________________________________
Current/Previous Employer Phone: _______________________
Current/Previous Employer Address: _____________________
Dates of Employment: FROM __/__/____ TO __/__/____
Title: __________________________
Date: __________________________

In compliance with Part 40, for the previous 3 years from the date of application or date of transfer, the following questions apply:

1. Did you have an alcohol test result of 40 or greater alcohol concentration (BAC) or greater?
   (Yes or No)

2. Did you fail a drug test?
   (Yes or No)

3. Has the employee completed a treatment program within your employment for drug or alcohol dependence?
   (Yes or No)

4. Has the employee completed a DOT drug and alcohol testing program?
   (Yes or No)

5. Has the employee successfully completed a DOT return to duty program?
   (Yes or No)

If you respond Yes to any of the above questions please provide documentation of the employee's successful DOT return to duty requirements. If you do not have this information please explain why.

____________________________________________________

To be completed by Subsequent Employer

(Note: Subsequent Employer must enter any changes within 30 days)

Contact Name: __________________________
Employee Name: __________________________
Address: __________________________
Phone: __________________ Fax: __________________

Data contacted previous employer: __/__/____ or attempts made: __________________________
Data information received from previous employer: __/__/____

Revised August 2014
RELEASE OF DRUG & ALCOHOL TESTING INFORMATION
FROM CURRENT/PREVIOUS EMPLOYER – FMCSA

This form must be completed in its entirety.

TO BE COMPLETED BY APPLICANT/EMPLOYEE

I understand that all information furnished in this release is accurate and complete and that it will be used as the sole source of information regarding a previous employer. I understand that if the information furnished by the previous employer is inaccurate, the FMCSA will be able to verify the accuracy of the information.

[Signature]

TO BE COMPLETED BY CURRENT/PREVIOUS EMPLOYER

Applicant’s Name:
Current/Prev. Employer’s Name:
Current/Prev. Employer’s Address:
Current/Prev. Employer’s Phone:

In accordance with 49 CFR Part 382.70, the previous employer shall immediately release, pursuant to this letter, all information regarding to the applicant or to the employer that is materially true to the extent that it is not materially false.

[Signature]

TO BE COMPLETED BY SUBSEQUENT EMPLOYER (Note: Subsequent Employer must report this information within 15 days)

[Signature]

Release: August 2014

This form must be completed in its entirety.
Vendor Oversight

- Collection Site
- Laboratories
- Medical Review Officer
- Substance Abuse Professional
- Consortium/Third Party Administrator
Drug and Alcohol Testing

• Donor must provide identification.
• If both a Drug Test, and Breath/Alcohol Test are to be conducted, Breath/Alcohol Test must be conducted first.
• Must provide the donor with visual and aural privacy.
• Testing process begins without delay.
Breath/Alcohol Test

- Breath/Alcohol Technician (BAT) completes step 1 of ATF Form.
- Employee completes Step 2 and signs certification.
- BAT and employee read test number displayed on EBT.
- Employee is given an individually sealed wrapped mouthpiece.
- Employee is instructed to blow forcefully.
- Employee is showed displayed test result on EBT.
• If screening test result less .02, BAT complete.
• Step 3, if no print-out or affix result to ATF with tamper evident tape.
• BAT signs and dates Step 3.
• Transmit negative result to DER and employee.
• If BAC is .02 or greater on screening test, confirmation test is performed.
• Waiting period.
• Instructions are given to employee.
• BAT conducts air blank test in front of employee.
• Employee is given individually wrapped mouthpiece.
• BAT and employee read test number displayed on EBT.
• Employee is instructed to blow forcefully.
• Employee is showed displayed test result on EBT.
• BAT signs and dates Step 3.
• If the confirmation test result is less than .02, transmit negative result to DER.
• If confirmation test result is .02 or higher, have employee sign and date Step 4.
• Immediately transmit result to DER.
This Form Provided by:
Lifeloc
TECHNOLOGIES

U.S. Department of Transportation (DOT)
Alcohol Testing Form

To Reader: Please review this form for accuracy before the test date:

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

Employee Name:

Male/Female

Beverage Name:

City/State/Zip:

Date:

Time:

Signature of Employee:

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am sober and that I was not under the influence of alcohol, drugs, or any other substance that would cause me to be impaired.

Signature of Employee:

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

Date:

Signature of Technicians:

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

I certify that I have adhered to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, operate machinery, or perform any activity that would expose me to an accident.

Signature of Employee:

Form DOT F-1500 (Rev. 4/2008)

COPY 2 - EMPLOYEE RETAINS
Non-DOT ATF Form

Alcohol Testing Form (Non-DOT)

The instructions for completing this form are on the back of this page.

Step 1: To be Completed by Alcohol Technician

A. Employee Name

B. SSN or Employee ID No.

C. Employer Name:
   Street
   City, State, Zip

D. DEA Name and Telephone No.

E. Reason for Test:
   □ Random
   □ Post-accident
   □ Return to Duty
   □ Follow-up
   □ Pre-employment

Step 2: To be Completed by Employee

I certify that I am about to undergo alcohol testing and that the identifying information provided on the form is true and correct.

Signature of Employee: ___________________________ Date: ______/____/____

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, such technicans must complete these forms.) I certify that I have conducted alcohol testing on the above named individual and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ____________

SCREENING TEST: Yes or No

Test #: ________

Device Name: ____________

Device Serial #: ____________

Lot #: ____________

Step Date: ______/____/____

Activation Time: ______/____/____

Reading Time: ______/____/____

Result: ______/____/____

CONFIRMATION TEST: Yes or No

Remarks: ___________________________

Signature of Alcohol Technician: ___________________________ Date: ______/____/____

Step 4: To be Completed by Employee by Test Results Are Positive

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 positive.

Signature of Employee: ___________________________ Date: ______/____/____

Print Screeening 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

Print Additional Results Here or Affix With Tamper Evident Tape
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>CAL</th>
<th>Evident</th>
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</thead>
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* CAL = Calibration  
ACG ✓ = Accuracy Check or Calibration Check
Urine Collection

- Secure Restroom.
- Secure water sources.
- Toilet is blued.
- No foreign or unauthorized substances.
- Secure movable toilet tank.
- Undetected access.
- Secure areas and items.
- Recheck the above following each collection.
Urine Collection Procedure

- Remove outer garments and personal belongings.
- Empty pockets and display items.
- Collector completes Step 1 of Custody and Control Form (CCF).
- Wash and dry hands.
- Collection Container.
- Collector checks specimen and temperature.
- Collector completes step 2.
- Split Specimen.
Urine Collection Procedure Continued

- Tamper-evident seals.
- Employee completes Step 5 of Copy 2.
- Collector reviews CCF for accuracy.
- Collector puts specimen bottles and lab copy in pouches of bag and secures pouches.
- Specimen is shipped to the lab.
- Sends MRO and DER copies of CCF.
- Collection site retains copy 3 of CCF.
BAT and Urine Collector Training

- Current in Part 40.
- DOT agency guidelines.
- Monitored proficiency demonstration.
- Certification.
- Refresher training.
- Identification and documentation of training.
- Qualification training program for EBT used.
- EBT on NHTSA CPL.
• Quality Assurance Plan (QAP).
• External Calibration Checks.
• BAT can conduct screening and confirmation testing.
Drug Collector Certificate

Certificate of Completion

This is to certify that

Judy Mont

On February 8, 2011 has successfully completed
Department of Transportation (DOT)
Certification for Drug Testing

Central Illinois Work Injury Resource Center Instructor
This is to certify that

Tonya Smith

On October 09, 2008 has successfully completed Department of Transportation (DOT) Certification for Breath Alcohol Testing.

Central Illinois Work Injury Resource Center Instructor
Laboratories

• Must be a certified Department of Health and Human Services (DHHS) Laboratory.
• Should check at least once a year that the laboratory remains certified.
• Substance Abuse and Mental Health Services Administration Website is: http://workplace.samhse.gov/DrugTesting/Level 1 Pages/CertifiedLabs.html
Medical Review Officer (MRO)

- Qualifications and Affiliations:
  - Licensed physician.
  - Knowledge and clinical experience in controlled substances abuse disorders.
  - Knowledge about issues related to adulterated and substituted specimens, Part 40 and DOT agency regulations and MRO Guidelines.
• Laboratory reports drug test results directly to MRO.
• MRO reports verified results to DER or through Certified/Third Party (CTPA).
• If Laboratory reports positive result to MRO:
  - MRO interviews employee to see if there is a legitimate medical explanation for confirmed positive result.
  - Warns employee that MRO is required to provide to third parties drug test result information and medical information without employees consent.
  - MRO notifies the employee of his/her right to have the split specimen tested.
  - MRO reports verified positive results to DER or C/TPA same day or by the next business day.
  - Results are received in writing by DER within 2 days of verification by the MRO.
Substance Abuse Professional (SAP)

• Qualifications:
  - Licensed physician (Doctor of Medicine or Osteopathy).
  - Licensed or certified social worker.
  - Licensed or certified psychologist.
  - Licensed or certified employee assistance professional.
  - State-licensed or certified marriage and family therapist.
  - Drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC), or by the International Certification Reciprocity.
  - Consortium/Alcohol and Other Drug Abuse (ICRC) or by the National Board for Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC).
Substance Abuse Professional Continued

• Knowledge and clinical experience in diagnosis and treatment of alcohol and controlled substances-related disorders.
• Knowledge about SAP functions as it relates to the employer interests in safety-sensitive duties.
• Knowledge of 49 CFR Part 40 and DOT Regulations.
• SAP Guidelines.
• Continuing Education.
• Documentation.
• SAP evaluation is required when an employee violates DOT drug and alcohol regulations.
• Evaluation must be in person.
• Employee and Employer cannot seek a second opinion.
• SAP can consult with the MRO for quantitative values.
• Recommends a course of education and/or treatment.
Substance Abuse Professional Continued

• SAP confers with and obtains documentation from the education and/or treatment providers where employee was referred.
• Conducts a face-to-face clinical interview with the employee to determine if compliance has been met with the initial evaluation recommendations or is continuing to comply if not completed.
• If employee has met compliance or not demonstrated successful compliance, provides written report to the DER.
• All reports must be on SAP’s letterhead.
Substance Abuse Professional Continued

• SAP determines when employee is ready to take return to duty drug and/or alcohol test.
• SAP is the sole determiner of the number and frequency of follow up tests and whether they will be for drug, alcohol, or both.
• Minimum amount of tests - 6 unannounced tests in the first year of returning to safety-sensitive duty.
• Maximum testing period - 5 years of returning to safety sensitive duty.
• No other type of drug and/or alcohol test can be substituted for follow up testing.
Consortium/Third Party Administrator (C/TPA)

- Must Comply with applicable DOT agency regulations.
- C/TPA can perform services to assist employers.
- Intermediary of drug and alcohol testing information.
- Drug and alcohol information that C/TPA may transmit to DER is done in a confidential manner.
- Does not require employees’ consent.
- Maintains all information needed to operate a drug and alcohol program.
- Make information available to employer if asked by DOT agency.
• Limitations of the C/TPA:
  - Cannot require employee to sign a consent, release, waiver of liability, or indemnification agreement.
  - Cannot make decisions to test an employee based on reasonable suspicion, post-accident, return to duty or follow up test determination criteria.
  - Cannot make a determination that an employee has refused to test, but can provide advice and information.
  - Cannot act on employer’s behalf in actions to remove employees from safety-sensitive duties.
C/TPA Continued

- Services that C/TPA provides:
  - Random Selections.
  - Drug Testing Custody and Control Forms (CCF) and Alcohol Testing Forms (ATF) pre-printed with the appropriate information.
  - Bi-annual laboratory statistical summaries.
  - Management Information System Reports (MIS).
  - C/TPA can help agencies complete their MIS reports or provide them with the information to complete it.
C/TPA Continued

- Monitor Collection Sites.
- Additional DHHS-certified lab for split specimen testing.
- SAP Services.
- Record Keeping.
- Employee and Supervisor Training.
- Technical Assistance.
- Compliance.
Upcoming Changes in Regulations

- Saliva drug testing
- Testing for Schedule 2 drugs
- CDL database
Contact Information

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