Procedure: 4.8.1p2. (III.O.2.)
Federally Regulated Positions Drug and Alcohol Testing

Last Reviewed: September 26, 2022; and January 28, 2020.

I. PURPOSE:

A. The Technical College System of Georgia (TCSG) is committed to providing an environment that ensures the safety and well-being of TCSG’s employees, students, and campus visitors; protects TCSG employee and student property; and prohibits influences that may have a detrimental effect upon the orderly, safe, and efficient operation of the System Office and all associated Technical Colleges.

B. Based on these goals, the TCSG has established drug and alcohol testing protocols to prevent the hiring and/or continued employment of employees who may cause harm to themselves or others, which may cause damage to System Office or Technical College property, or (for current employees) whose job performance is negatively impacted due to the use/misuse of a controlled substance, an illegal drug, or alcohol.

C. In conjunction with the provisions of the State Board Policy governing a Drug-Free Workplace and the provisions of State Personnel Board Rule 21 and its associated sub-rules, those Technical Colleges which operate a commercial truck driving program must follow U.S. Department of Transportation (DOT) regulations which govern all facets of the alcohol and drug testing processes and returning employees to safety-sensitive duties after a DOT violation, and accompanying Federal Motor Carrier Safety Administration (FMCSA) regulations that determine who is subject to alcohol and substance abuse testing, when to test, and in what situations.

D. FMCSA regulations pertain to holders of a Commercial Driver’s License (CDL) who drive commercial motor vehicles and perform attendant safety-sensitive functions.

E. This procedure also highlights the requirements for the collection, retention, release, and oversight of drug and alcohol testing records/information and associated documents/materials. Additionally, the noted federal regulations require covered Technical Colleges to train and educate drivers (i.e., employees and students) as well as commercial truck driving program supervisors and managers (i.e., those that supervise “drivers”) regarding the provisions of the DOT Workplace Drug and Alcohol Testing Program and accompanying FMCSA guidelines regarding the effects of controlled substances and the misuse of alcohol on driver performance as well as general health, safety, and work environment concerns.

F. DOT and FMCSA regulations also specify the involvement of other professional and technical personnel in the administration of the TCSG controlled substances and alcohol testing processes, including a Medical Review Officer (MRO), Substance Abuse Professional (SAP), and Breath Alcohol Technician (BAT).
II. RELATED AUTHORITY:
49 CFR Parts 40 and 382, et al. – Controlled Substances and Alcohol Use Testing.
HHS Regulations 53 FR 11979 – Mandatory Guidelines for Federal Workplace Drug Testing Programs.
Workplace State Personnel Board Rule 21.

III. APPLICABILITY:
Technical Colleges associated with the Technical College System of Georgia operate a Commercial Truck Driving Program and employ individuals who meet the definition of a “driver” as defined in this procedure.

IV. DEFINITIONS:

A. **Adulterated Sample**: a specimen that has been altered and contains a substance that is not expected to be present in human urine or a substance that is expected to be present but is at an abnormal concentration.

B. **Alcohol**: the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol, including methyl and isopropyl alcohol.

C. **Alcohol Concentration or Alcohol Content**: is the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an alcohol test.

D. **Alcohol Confirmation Test**: a subsequent breath test using an evidential breath testing device (EBT) capable of printing results and approved by the National Highway Traffic Safety Administration (NHTSA) and placed on its “Conforming Products List of Evidential Breath Measurement Devices” used to determine whether an individual may have a prohibited concentration of alcohol in a breath specimen. Such testing must be performed by a certified Breath Alcohol Technician (BAT).

E. **Alcohol Screening Test**: the initial analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in his/her breath or saliva.

F. **Alcohol Testing Site**: a medical facility, mobile facility (e.g., a van), a dedicated collection facility, or any other location meeting the operational and security requirements of 49 CFR 40.221.

G. **Alcohol Use**: the drinking or swallowing any beverage, liquid mixture, or preparation, including medication containing alcohol.

H. **Applicant**: For purposes of this procedure, an individual who has been conditionally offered initial state employment in a DOT-regulated, safety-sensitive position subject to pre-employment drug testing; a current TCSG employee who is an incumbent of a position not subject to pre-employment drug testing and who is subsequently offered employment in a DOT-regulated, safety-sensitive position subject to drug testing; or, a current TCSG employee who has been offered employment in a different state agency in a position subject to pre-employment drug testing.

I. **Breath Alcohol Technician (BAT)**: conducts alcohol screening and confirmation tests by collecting and analyzing breath specimens using an approved evidential breath-testing (EBT) device.

J. **Business Day**: Monday through Friday of each work week, excluding a day proclaimed by the Governor as a State holiday or a day a State holiday is to be observed.

K. **Collection Site**: a location where individuals present themselves to provide a urine specimen to be analyzed for the presence of controlled substances, e.g., a physician’s office, a commercial collection site, or a local hospital or clinic.

L. **Commercial Driver’s License**: a license issued by a State or other jurisdiction under the...
standards contained in 49 CFR Part 383, authorizing an individual to operate a class of commercial motor vehicle (CMV). Individuals who operate a commercial motor vehicle as defined in accompanying regulations and are required to possess a CDL are subject to controlled substances and alcohol testing. NOTE: a Commercial Learner’s Permit (CLP) is considered a valid CDL for purposes of behind-the-wheel training on public roads or highways; therefore, students in a Technical College Commercial Truck Driving Program who possess a CLP are subject to the same alcohol and drug testing requirements as an employee holding a CDL.

M. Commercial Motor Vehicle (CMV): a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle: has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight or more than 10,000 pounds; has a gross vehicle weight rating of 26,001 or more pounds; is designed to transport 16 or more passengers including the driver; or, is of any size and is used in the transportation of hazardous materials.

N. Controlled Substances: according to DOT and FMCSA regulations, the terms “controlled substances” and “drugs” are interchangeable and have the same meaning. Testing under these regulations is limited to the following controlled substances or their metabolites: marijuana/cannabinoids (THC), cocaine, opiates/opioids, phencyclidine (PCP), and amphetamines/methamphetamines.

O. Dangerous Drugs: any drug other than a controlled substance, declared by state or federal law to be illegal for sale or use unless used with a valid prescription from a health care practitioner.

P. Designated Employer Representative: a Technical College’s drug and alcohol testing coordinator; the employees authorized to take immediate action to remove employees from safety-sensitive duties or cause employees to be removed from these covered duties and to make critical decisions in the testing and evaluation processes. The DER also receives test results and other communications from the employer.

Q. Driver: for purposes of this procedure, the terms “driver” and “employee” are interchangeable and have the same meaning. A driver is a person (whether paid or unpaid) who operates a commercial motor vehicle and is required to possess a commercial driver’s license for service in a full- or part time, casual, intermittent, occasional, a volunteer capacity. Concerning the Technical College System of Georgia, the term includes, but is not limited to, all commercial vehicle drivers, including faculty associated with a commercial truck driving (CTD) program and bus drivers. NOTE: all designated “drivers” encumber a safety-sensitive position and are subject to alcohol and drug testing as provided in this procedure and accompanying DOT and FMCSA regulations.

R. Drug and Alcohol Clearinghouse (the Clearinghouse): a secure online database maintained by the U.S. Department of Transportation that provides real-time information about commercial driver’s license (CDL) and commercial learner’s permit (CLP) holders’ drug and alcohol program violations.

S. Drug and Alcohol Testing Coordinator: the Technical College employee who functions as the "Designated Employer Representative" (DER). In this capacity, the employee communicates with the Medical Review Officer, the Georgia Department of Administrative Services, and/or the contract service agent regarding test administration and test results.

T. Drug Test or Drug Testing: for purposes of this procedure, the collection and testing of urine administered in a manner equivalent to that required by U.S. DOT Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR part 40), HHS Regulations 53 FR 11979, and FMCSA regulations (49 CFR Part 382).

U. Drugs: pursuant to DOT and FMCSA regulations, the terms “drugs” and “controlled substances”
are interchangeable and have the same meaning. Therefore, testing under these regulations is limited to the following controlled substances or their metabolites: marijuana/cannabinoids (THC), cocaine, opiates/opioids, phencyclidine (PCP), and amphetamines/methamphetamines. NOTE: the term does not include any drug used according to and under a valid prescription dispensed by a health care provider or the ingestion of substances that produce the same metabolites as an illegal substance, e.g., codeine prescriptions for coughing and/or pain or narcotic analgesics prescribed for pain.

V. Employee (Covered Employee): any person designated in DOT and FMCSA regulations as (being) subject to drug and/or alcohol testing, including individuals currently performing safety-sensitive designated functions and applicants provided a conditional offer of employment for a safety-sensitive position.

W. Employer (Covered Employer): For this procedure, a Technical College employs one or more employees subject to DOT and FMCSA-regulated drug and/or alcohol testing.

X. Invalid Drug Test: the result reported by a Department of Health and Human Services (HHS)-certified laboratory in accordance with the criteria established by the HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

Y. Laboratory: for purposes of controlled substances testing under FMCSA regulations, an HHS-certified laboratory which uses an immunoassay technique to screen urine specimens for the specific controlled substances and only uses gas chromatography/mass spectrometry (GC/MS) screening to confirm all positive results/screens. NOTE: A HHS-certified laboratory must also retain all confirmed positive results for a minimum of one (1) year and provide adequate secure storage for a split specimen sample.

Z. Medical Review Officer (MRO): a licensed physician who: receives and reviews laboratory-confirmed drug test results; allows the driver to discuss the test results; evaluates the results and information received in conjunction with an employee’s relevant medical history information/records or any other biomedical information; and, determines whether there is a legitimate medical explanation for a laboratory-confirmed positive, adulterated, substituted, or invalid test result.

A. Negative Result: the result reported by an HHS-certified laboratory to a Medical Review Officer when a specimen contains no drug, or the concentration of the drug is less than the cutoff concentration for the drug or drug class, and the specimen is valid.

BB. Performing a safety-sensitive function: a driver is considered to be performing a safety-sensitive function during any period that they are performing, ready to perform, or immediately available to perform any safety-sensitive function.

CC. Positive Result: the result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the established cutoff concentrations.

DD. Query: an electronic check in the Clearinghouse to determine if current or prospective employees are prohibited from performing safety-sensitive functions, such as operating a commercial motor vehicle (CMV), due to unresolved drug and alcohol violations. A full query discloses to employers detailed information about any resolved or unresolved violations in a driver’s Clearinghouse record, while a limited query checks for the presence of information in the queried driver’s Clearinghouse record. Driver consent is required prior to conducting any query. Drivers must log in to the Clearinghouse to consent to an entire query, while driver consent is obtained outside the Clearinghouse for a limited query.

EE. Reasonable Suspicion: a determination that there is a reasonable suspicion that a safety-sensitive employee may have violated a substance abuse or alcohol prohibition. The decision to test must be based on specific, timely, and describable observations, including appearance, behavior, speech, and/or body order. In addition, in conjunction with this Procedure and
accompanying federal regulations, one or more of the referring supervisor(s)/manager(s) must have been trained in the detection of the misuse of alcohol and the use of controlled substances before making this determination.

F. **Rejected Result:** a decision by the laboratory to reject a urine specimen in response to an insufficient amount of urine, a temperature out of the normal range, etc.

GG. **Safety Sensitive Functions:** all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety sensitive functions include: all time waiting to be dispatched to include employees who are eligible to drive a commercial motor vehicle at any time unless the driver has been relieved from duty; all time inspecting, servicing, or conditioning a commercial motor vehicle; all driving time which includes any time spent at the driving controls of a commercial motor vehicle in operation; all time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth; all time loading or unloading a vehicle and remaining ready to operate the vehicle; all time spent performing the driver requirements associated with an vehicle accident; all time spent providing a breath sample or urine specimen, including travel time to and from the collection/testing site to comply with the random, reasonable suspicion, post-accident, or follow-up alcohol or controlled substances testing, whichever is applicable; all time repairing, obtaining assistance for, or remaining with a “disabled vehicle” (as this term is defined in accompanying U.S. DOT and FMSCA regulations; performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier; or, performing any compensated work for any non-motor carrier entity.

HH. **Safety Sensitive Position:** a position encumbered by an employee or sought by an applicant provided a conditional offer of employment subject to alcohol and drug testing as required by the U.S. DOT and FMCSA regulations and defined in this procedure.

II. **Screening:** collecting and testing bodily substances administered in conjunction with professionally reasonable procedures and acceptable medical and legal standards.

JJ. **Service Agent:** any person or entity, other than an employer’s employee, that provides services to employers and/or employees in conjunction with drug and/or alcohol testing requirements promulgated under state or federal law or accompanying rules and regulations.

KK. **Split Specimen Collection:** a drug testing collection in which urine is divided into two (2) separate specimen bottles: a primary specimen that is tested and a split specimen that remains unopened and available for retesting.

LL. **Stand-down:** the practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or a drug metabolite, an adulterated test, or a substituted test before the MRO has completed verification of the test result.

MM. **Substance Abuse Professional (SAP):** a licensed physician or (for purposes of this procedure) a licensed or certified provider associated with the Technical College System of Georgia Employee Assistance Program contract provider to include a psychologist, social worker, employee assistance professional, addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission), or marriage and family counselor. The SAP evaluates employees who have violated a DOT drug and alcohol regulation and recommends education, treatment, follow-up testing, and aftercare. The SAP must meet all US DOT qualification requirements.

NN. **Substituted Sample:** a urine specimen with creatinine and specific gravity values that are so diminished or so divergent that it is not consistent with human urine.

OO. **Technical College System of Georgia (“TCSG”):** a state agency established according to O.C.G.A. §20-4-14 and authorized to exercise state-level leadership, management, and operational control over Technical Colleges, programs, and services. The agency consists, in
part, of the Commissioner’s Office, various statewide programmatic and support divisions in the System Office, Technical Colleges, and the office of Economic Development/Quick Start.

**PP. Verified Test:** a drug or validity test result from an HHS-certified laboratory that has undergone review and a final determination by a Medical Review Officer.

V. ATTACHMENTS:

Attachment 4.8.1p2.a1. Pre-Employment Drug Testing Acknowledgement  
Attachment 4.8.1p2.a2. Pre-Employment Drug Testing Notification  
Attachment 4.8.1p2.a3. Screening Log  
Attachment 4.8.1p2.a4. Previous Pre-Employment Employee Substances Test Statement  
Attachment 4.8.1p2.a5. Release of Information Form - Previous Testing Records  
Attachment 4.8.1p2.a6. Sample Memo - Random Drug Test Selection  
Attachment 4.8.1p2.a7. Sample Memo – Random Alcohol Testing  
Attachment 4.8.1p2.a8. Reasonable Suspicion Behavior Incident Form  
Attachment 4.8.1p2.a9. Sample Letter SWOP – Positive Alcohol Test  
Attachment 4.8.1p2.a10. Sample Letter - Refusal - Termination  
Attachment 4.8.1p2.a11. Sample Letter - Withdrawal of Employment Offer  
Attachment 4.8.1p2.a12. Sample Letter - Positive Drug Test - Termination  
Attachment 4.8.1p2.a13. DOT Driver Handbook  
Attachment 4.8.1p2.a14. DOT Driver Brochure  
Attachment 4.8.1p2.a15. MIS Form and Instructions

VI. PROCEDURE:

A. General Provisions

1. As provided in applicable U.S. Department of Transportation (DOT) and Federal Motor Carrier Safety Administration (FMCSA) regulations, an applicant, provided a conditional offer of employment for a safety-sensitive position in a TCSG Technical College is subject to pre-employment controlled substances testing and all current employees encumbering a safety-sensitive position are subject to random alcohol and controlled substances/drug testing.

2. The incumbent of a safety-sensitive position is also subject to reasonable suspicion, post-traffic accident, return-to-duty, and follow-up testing for the presence of alcohol and/or controlled substances in the manner provided in this procedure.

3. Each Technical College offering a commercial truck driving program among its academic programs of study shall identify those positions (by job title) which perform safety-sensitive functions (as defined in 49 CFR Part 382 and the provisions of this procedure) and are subject to alcohol and/or controlled substances testing. All identified positions must be submitted in a memorandum or letter from the Technical College president to the Commissioner for his/her approval.

4. The System Office Director of Human Resources, in consultation with the System Office General Counsel, will review the submission and make a recommendation to the Commissioner as to whether the referenced position(s) should be subject to alcohol and controlled substances testing.

5. In writing, the Technical College president will be notified of those positions approved by the Commissioner. Upon receipt of this notification, the Technical College may change the drug test indicator of each designated position to reflect that an applicant provided a conditional offer of employment for and a current employee encumbering a safety-sensitive position will
be subject to pre-employment drug testing and random alcohol and drug testing.

6. Any change in a safety-sensitive position’s assigned duties and responsibilities that could possibly impact the testing designation should be reported to the System Office Director of Human Resources within fifteen (15) calendar days of any such change(s).

7. FMCSA regulations require covered employers to conduct laboratory testing of urine specimens for the following five (5) controlled substances or their metabolites: marijuana/THC; cocaine; opiate metabolites (codeine, morphine, and heroin); phencyclidine (PCP); and amphetamines/methamphetamine/methylenedioxymethamphetamine (MDMA).

NOTE: The provisions of this procedure authorize a Technical College to test for additional controlled substances provided that: a separate act of urination is used to collect the specimen; the specimen is not poured off from the DOT/FMSCA mandated specimen; drivers are informed that testing for additional controlled substances is not required under DOT regulations; and, the non-DOT specimen is collected after the DOT specimen.

8. All controlled substances and alcohol testing required by 49 CFR part 40 and 49 CFR Part 382 for employees/drivers required to hold a CDL will be conducted under these regulations and accompanying State Personnel Board Rules.

9. Only an HHS-certified laboratory (selected by the Georgia Department of Administrative Services and/or in conjunction with its contract service agent) will be retained to perform a urinalysis to detect the presence of a controlled substance(s). The laboratory must comply strictly with federally approved chain-of-custody procedures, quality control, maintenance, and scientific analytical methodologies. The collection of urine samples must always be documented and sealed with a tamperproof sealing system in the presence of the donor who provided the sample to ensure that all tests can be correctly traced to the donor/employee.

An MRO shall be designated to receive all laboratory results from every type of controlled substances test and will ensure that an individual with a laboratory-confirmed positive test result has been afforded an opportunity to justify the test result.

10. Each Technical College will ensure that medical information related to controlled substances and alcohol testing and all test results are confidential with restricted access. Except for certain legal proceedings noted in this paragraph, Technical Colleges are prohibited from releasing individual test results or accompanying medical information to any third party without an employee’s written consent. Included are a lawsuit (e.g., wrongful discharge), an administrative hearing (e.g., an unemployment insurance hearing), or a criminal or civil action in which a judge determines that drug and/or alcohol test information is relevant.

NOTE: all discussions between an employee and an MRO concerning a positive controlled substances test result are confidential unless the MRO considers the employee a safety risk. In these instances, the MRO will contact the Technical College’s drug and alcohol testing coordinator to communicate his/her concerns.

11. As provided in applicable FMCSA regulations, no driver may: consume alcohol while performing safety-sensitive functions; perform safety-sensitive functions within four (4) hours after using alcohol; or consume alcohol up to eight (8) hours following a traffic accident or until he/she undergoes a post-traffic accident alcohol test, whichever occurs first.

12. As provided in applicable FMCSA regulations, no driver: shall report for duty or remain on duty to perform safety-sensitive functions if he/she is using/has used any controlled substance (unless his/her licensed medical practitioner has advised the driver that the substance does not adversely affect his/her ability to operate a commercial motor vehicle safely), report for duty, or perform a safety-sensitive function if the driver tests positive or has adulterated or substituted a test specimen.

13. As applicable to State Personnel Board Rules and FMCSA regulations, no driver shall refuse to submit to a post-traffic, random, reasonable suspicion, or a follow-up alcohol or
controlled substances test.

14. As applicable to FMCSA regulations, no covered employer knowing that a driver has used/consumed alcohol or a controlled substance shall permit the driver to perform or continue to perform safety-sensitive functions.

15. As applicable to State Personnel Board Rules, employees who are legally using a drug (or other substance) with a warning about a side effect that could substantially impair the safe performance of assigned duties must notify Human Resources before performing safety-sensitive work. The Human Resources office will take steps to ensure the use of the drug or substance will not negatively impact the employee’s ability to perform their assigned duties safely.

16. At least once annually, each Technical College must conduct a full or limited query of the Clearinghouse for all current employees in safety-sensitive positions. Employee consent is required prior to conducting a query. If a limited query is conducted, and it indicates the presence of information in the Clearinghouse, a full query must be conducted within 24 hours. If the query is not completed within 24 hours, the employee may not perform safety-sensitive functions until the query has been conducted and shows no violations.

17. At the end of each calendar year, all Technical Colleges operating a Commercial Truck Driving Program or otherwise employing drivers, as defined in this procedure, must complete Attachment 4.8.1p2.15. (U.S. DOT Drug and Alcohol Testing MIS Data Collection Form). To ensure that these records are available for inspection by the U.S. Department of Transportation, the drug and alcohol testing coordinator in each Technical College should submit the report to the System Office Director of Human Resources no later than January 31 of the following calendar year.

B. Controlled Substances (Drug) & Alcohol Testing Categories and Provisions

1. Pre-Employment Testing & Procedures
   a. All job announcements for safety-sensitive positions will include a statement that informs all potential applicants that if a conditional offer of employment is made at the conclusion of the selection process, the applicant is subject to undergo pre-employment controlled substances testing. Additionally, all announcements should state that the position is subject to random drug and alcohol testing.
   b. When an interview is scheduled, the applicant should be notified verbally and/or through an e-mail that employment in this capacity is subject to and conditioned upon the successful completion of a controlled substances test.
   c. The applicant must be provided a copy of this procedure, the DOT Driver Handbook, and the DOT Driver Brochure (Attachments 4.8.1p2.a13 and 4.8.1p2.a14). A TCSG Pre-Employment Drug Testing Acknowledgement Statement (Attachment 4.8.1p2.a1.) must be completed by an applicant offered employment in a safety-sensitive position. If an applicant refuses to sign the Acknowledgement Statement, he/she will not be considered further for the position.
   d. Formal written notification of the pre-employment controlled substances testing requirement should be provided to an individual that has been given a conditional offer of employment for a safety-sensitive position using Attachment 4.8.1p2.a2. (Pre-Employment Testing Notification Letter). In addition, the applicant/prospective employee must also be notified of the consequences of a positive test result or his/her failure to appear for testing and other circumstances/conditions that would be considered a refusal to test.
e. Testing may only be accomplished after a conditional offer of employment has been accepted but before employment begins.

f. An applicant for a safety-sensitive position may not commence employment until his/her employing Technical College has been notified of a negative controlled substances test result.

g. In conjunction with the testing requirement, the Technical College drug and alcohol testing coordinator shall complete Attachment 4.8.1p2.a3. (Drug/Alcohol Testing Log for Safety-Sensitive Positions).

h. The drug and alcohol testing coordinator or other human resources representative must ask an applicant provided a conditional offer of employment for a safety-sensitive position whether he or she has, within the past two years, tested positive or refused testing on any pre-employment controlled substances or alcohol test that was administered by a DOT-regulated employer for which the applicant sought, but did not obtain, safety-sensitive employment. Suppose the applicant admits that he/she had a positive test result or refusal to be tested. In that case, the individual cannot perform safety-sensitive for the Technical College until and unless the individual documents successful completion of the return-to-duty process. Given this admission, the Technical College is authorized by the provisions of this procedure to withdraw the employment offer. (Attachment 4.8.1p2.a4)

i. The Technical College drug and alcohol coordinator or other human resources representative must conduct a full query of the Clearinghouse before hiring an employee to perform safety-sensitive functions. The applicant must provide consent in the Clearinghouse prior to the college conducting the query. Failure of the applicant to provide consent may result in the conditional offer of employment withdrawal. Drivers may not perform safety-sensitive functions if violations are shown in the Clearinghouse unless the Return to Duty process has been completed or the driver has completed the process and received a negative RTD test result. The college assumes responsibility for follow-up testing.

j. The Technical College drug and alcohol coordinator or other human resources representative must request the drug and alcohol testing history from each DOT-regulated employer the applicant has worked for during the previous two years, including, as applicable, his/her current employer. The applicant has written permission is required to initiate each request. For this reason, an applicant has written permission to solicit this information is considered a condition of employment, and his/her failure to include all previously covered employers (including his/her current employer) or his/her failure to sign the consent form(s) will result in his/her conditional offer of employment being withdrawn. NOTE: a separate consent form must be used for each employer listed by the applicant. (Attachment 4.8.1p2.a5)

  i. This information should be obtained and reviewed when possible before allowing an applicant to commence employment in a safety-sensitive position.

  ii. A good faith effort must be made to obtain and review this information no later than thirty (30) calendar days from when the individual began performing safety-sensitive duties.

  iii. Suppose a previous DOT-regulated employer reports a violation. In that case, the individual must not be permitted to perform any safety-sensitive duties if the information indicates that the individual has violated a DOT alcohol or controlled substances testing rule. In addition, the Technical College must determine if the individual has completed the DOT return-to-duty process, including an evaluation by an SAP, successful
completion of any required counseling, has passed the return-to-duty alcohol and/or controlled substances test; and has been subject to the required follow-up testing. NOTE: if the employee has mandated follow-up testing to complete, it is the Technical College’s responsibility to ensure that this testing is followed.

k. If a Technical College receives a request from a DOT-regulated employer about a current or former employee’s potential employment in a safety-sensitive position requiring possession of a CDL, written permission from the employee/former employee must be received before the release of the following information:
   i. alcohol test results reflecting an alcohol concentration of 0.04 or greater;
   ii. verified positive controlled substances test results;
   iii. any refusal to be tested, including any adulterated or substituted specimen(s);
   iv. any other violations of DOT alcohol and/or controlled substances testing regulations; and,
   v. for any employee who violated DOT alcohol or drug testing regulations, documentation of successful completion of all return-to-duty requirements.

2. Random Testing
   a. According to U.S. DOT and FMCSA regulations, an employee encumbering a safety-sensitive position shall be subject to random controlled substances and alcohol testing.
   b. The annual percentage of covered employees subject to random alcohol and controlled substances testing is determined by the Georgia Department of Administrative Services, and selections are made between ten (10) and twelve (12) times per calendar year.
   c. Employee(s) encumbering a position designated for testing will be required to report for testing as outlined in this procedure.
   d. The State of Georgia’s contract service agent will periodically select a sample of safety-sensitive positions (to be tested) from a statewide pool of similarly identified positions subject to random controlled substances and alcohol testing.
   e. The service agent will forward a list of TCSG position(s) selected for testing to the drug and alcohol testing coordinator in each identified Technical College. The notification will also include the date on which incumbent(s) of these position(s) are to report for testing.
   f. Except for those situations listed below, the incumbent(s) of these position(s) shall be directed to report for testing on the regular testing date. If a position is vacant on the testing date, the selection of the position should be disregarded.
   g. If an employee selected for testing is on any paid or unpaid leave; is attending mandatory training or training away from the work site, or is on an extended assignment away from the worksite performing duties not subject to testing, the following actions should be taken:
      i. if the employee returns to work within thirty (30) calendar days of the official test date, he/she should, if at all possible, be directed to report immediately for testing. According to the related authority, the testing date must be established no later than two (2) business days following his/her return to work; or,
      ii. if the employee returns to duty after the thirty (30) calendar day period has elapsed, they will not be subject to testing and should not be notified that the position he/she encumbers was selected for random testing.
   h. Drug and alcohol testing coordinators should identify the time, collection site, and deadline date each selected employee must report for testing. In making this determination, the testing coordinator should consider the business hours of the selected collection site, the employee’s work schedule (including assignment to a different
work location), any planned leave, and upcoming state holidays. Employees selected for random alcohol testing must be tested within 2 hours (before or after) of performing safety-sensitive duties.

i. On the designated testing date, the Technical College drug and alcohol testing coordinator shall issue a memorandum (Attachment 4.8.1p2.a6. or 4.8.1p2.a7.) to each affected employee directing them to report for controlled substances or alcohol testing.

j. The employee and the drug and alcohol testing coordinator must sign the memorandum. Included will be the date and time the test must be completed and the penalty for refusing to take the test or for testing positive.

k. An employee directed to report for controlled substances testing should be provided with the federal, DOT-specific Drug Testing Custody and Control Form (CCF) for presentation at the collection site. The generic Non-DOT-specific CCF may not be used by an incumbent of a safety-sensitive position as this violates federal testing regulations. For example, an employee reporting alcohol testing will be provided a DOT Alcohol Testing Form at the collection site before testing.

l. The drug and alcohol testing coordinator must complete the random Drug/Alcohol Testing Log for Safety Sensitive Positions (Attachment 4.8.1.p2.a3), and the employee must initial the log.

m. All time an employee spends in the testing process during regular work hours and off-duty hours, including travel time to and from the collection site, is considered "hours worked."

n. Employees are eligible for mileage reimbursement if a personal vehicle is used to report for testing.

o. The expense of controlled substances testing is the responsibility of the TCSG and its Technical Colleges.

3. Reasonable Suspicion Testing

a. A driver is subject to reasonable suspicion of controlled substances or alcohol testing when there is reason to believe that they have violated a controlled substance or alcohol prohibition. In these instances, the determination that reasonable suspicion exists to require a driver to undergo a controlled substance or alcohol test must be based on specific, contemporaneous, articulable observations concerning a driver’s appearance, behavior, speech, or body odors. NOTE: observations may include indications of controlled substances' chronic and withdrawal effects.

b. Alcohol testing may only be conducted when the employee is scheduled to perform safety-sensitive functions and not more than two hours before or after the performance of safety-sensitive duties.

c. A reasonable suspicion determination may only be made by a supervisor, manager, or other Technical College official (including a campus police officer or security officer) trained to make these determinations. The training must contain a minimum of one hour of training for alcohol and one hour for controlled substances and must cover the noted physical/appearance, behavioral, and speech indicators of probable controlled substance or alcohol use.

d. Prior approval of the System Office Director of Human Resources or General Counsel must be obtained before a reasonable suspicion controlled substance or alcohol test is conducted.

e. A Reasonable Suspicion Alcohol or Drug Testing Behavior/Incident Documentation Form (Attachment 4.8.1p2.a8.) must be completed by the referring Technical College, supervisor/manager/official. NOTE: the college representative must sign the form.
f. When it is determined that an employee will be tested for the presence of a controlled substance or alcohol, the employee will not be permitted to drive to and from the collection site. Instead, the employee must be transported to and from the collection site by a Technical College representative.

   a. A driver involved in an on-the-job traffic accident while operating a commercial motor vehicle is required to undergo controlled substances and alcohol testing as soon as possible following the accident if:
      i. the accident involved the loss of human life; or,
      ii. if the driver is cited for a moving violation as a result of the accident, provided the accident involved either a person being medically evacuated from the scene or the vehicle being towed from the scene. Note: The citation must be given within 8 hours of alcohol testing and 32 hours of the accident for controlled substances testing.
   b. If a controlled substances test is not administered within thirty-two (32) hours following a traffic accident, the Technical College shall cease attempts to administer the test. Instead, the college shall prepare and maintain on file a record stating the reasons the test was not promptly administered. These records shall be submitted to the FMCSA upon request.
   c. If an alcohol test is not administered within 2 hours following a traffic accident, the college shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If the alcohol test is not administered within 8 hours following the traffic accident, the Technical College shall cease attempts to administer the test. Instead, the college shall prepare and maintain the same record. These records shall be submitted to the FMCSA upon request.
   d. A driver subject to post-traffic accident testing shall remain readily available for such testing or may be considered to have refused to submit to testing.
   e. The results of a urine test for the use of controlled substances or a blood or breath test for alcohol conducted by federal, state, or local officials having independent authority to conduct the test shall be considered to meet the testing requirements of this Paragraph, provided that such test(s) conform to applicable federal, state or local controlled substances/alcohol testing requirements and the results are obtained by the Technical College.

5. Controlled Substances Testing Process & Observed Samples
   a. After being directed to report for controlled substance testing, an applicant or employee should immediately report to an authorized collection site with a picture ID and the appropriate Custody and Control Form.
   b. An observed sample may be required when a site collection representative determines that a sample temperature is outside the acceptable range of 90 degrees to 100 degrees Fahrenheit when the sample has an unusual appearance; or when the donor exhibits unusual behavior during the collection process. In addition, after consultation with the System Office General Counsel and the Designated Employer Representative, the General Counsel, System Office Director of Human Resources, or Technical College president, as applicable, may direct the collection site to collect an observed sample if he/she believes that the donor may attempt to alter or falsify the sample.
   c. An immediate collection under direct observation with no advance notice to the
employee will be required if:

i. The laboratory reported to the MRO that a specimen was invalid, and the MRO reported that there was not an adequate medical explanation for the result;

ii. The MRO reported that the original positive, adulterated, or substituted result had to be canceled because the test of the split specimen could not be performed; or

iii. The laboratory reported to the MRO that the specimen was negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL. The MRO reported the specimen as negative dilute and that a second collection must occur under direct observation.

d. Unless approved by the System Office General Counsel, a sample will not be collected as an observed sample unless the necessity has been confirmed by a supervisor of the site representative or other appropriate collection site personnel.

e. Following a self-disclosure of a substance abuse problem, an observed sample will be required on a return-to-duty and all follow-up testing.

f. An observed sample may only be conducted by a representative of the collection facility or subcontractor who is the same gender as the gender with which the donor identifies, which may be the same as, or different from, the donor’s sex assigned at birth.

g. The collection site will provide the donor (i.e., an applicant or employee) with a copy of the completed Custody and Control Form. The applicant/employee must present his/her copy of the Form to the drug and alcohol testing coordinator to acknowledge that testing was completed. The testing coordinator shall retain a copy of the Form, and the applicant/employee shall retain the copy provided by the collection site.

6. Alcohol Testing Process and Accompanying Consequences

a. After being directed to report for alcohol testing, an employee should immediately report to the designated testing site with a picture ID.

b. Testing will be accomplished through an alcohol breath test conducted by a certified Breath Alcohol Technician using an evidential breath testing device.

c. Suppose the initial test results reflect an alcohol concentration of less than 0.02 percent. In that case, the employee will be provided a copy of the completed alcohol testing form for presentation to the Technical College drug and alcohol testing coordinator immediately upon returning to work. An employee with test results reflecting any measurable alcohol concentration will be permitted to return to duty only with the authorization of the Technical College president or his/her designee.

d. Suppose if the initial test results reflect an alcohol concentration of 0.02 percent or high. In that case, a confirmation test shall be conducted no less than fifteen (15) or more than twenty (20) minutes after the first test.

e. Suppose the alcohol confirmation test indicates an alcohol concentration of 0.02 percent or higher. In that case, the employee will be immediately removed from his/her duties and not be permitted to drive a vehicle. The employee should be assisted with making necessary transportation arrangements. The employee will also be suspended without pay status for a minimum of twenty-four (24) hours and until a return-to-duty test is performed with a negative test result. Formal, written notification should be provided to the employee using Attachment 4.8.1p2.a9.

f. Any formal disciplinary action initiated by a Technical College in response to an employee’s alcohol test result (in addition to placement on suspension without pay) shall follow applicable provisions of the TCSG procedure governing Positive Discipline or, as applicable, the TCSG procedure governing Adverse Employment Actions.
g. If the employee is retained, the following must take place before the employee is returned to duty.
   i. The employee will be provided a list of qualified SAPs or contact information for an SAP network that will offer qualified SAPs to the employee.
   ii. The employee will be evaluated by an SAP and complete any education, counseling, or treatment recommended by the SAP.
   iii. The same SAP must complete a follow-up evaluation.
   iv. The employee must complete a return-to-duty alcohol test with less than 0.02.
   v. The employee will be subject to unscheduled, unannounced follow-up testing in accordance with the plan prescribed by the SAP for up to five years. The Technical College may not require more testing than prescribed by the SAP.

h. The drug testing coordinator must report any alcohol violations to the Clearinghouse no later than the close of the third business day following the date that they received the information.

7. Positive Controlled Substances Test Results and Accompanying Consequences
   a. An applicant or employee whose drug test result is reported by the MRO as positive, adulterated, or substituted will be immediately dismissed or have the offer of employment withdrawn. The individual should be notified of this action using the appropriate attachment (Attachment or 4.8.1p2.a11 or 4.8.1p2.a12. In addition, the testing coordinator will provide the applicant or employee with a list of qualified Substance Abuse professionals (SAPs) or contact information for an SAP network that will offer qualified SAPs to the applicant or employee.
      i. If the applicant or employee is employed with another State agency/entity, the testing coordinator must inform the Department of Administrative Services (DOAS), who will inform the current employing agency.
      ii. Suppose the applicant or employee is employed with another Technical College. In that case, the testing coordinator must inform DOAS and the System Office Director of Human Resources, who will inform the current employing college.
   b. The applicant or employee shall also be disqualified from state employment for two (2) years from the testing date.
   c. The dismissal action referenced above shall be initiated according to the TCSG procedure governing Positive Discipline or, as applicable, the TCSG procedure governing Adverse Employment Actions.
   d. The effective date of the dismissal for an employee covered under Positive Discipline shall be the date of notification.
   e. The MRO will report all verified positives, adulterated or substituted samples, and any refusal-to-test determinations to the Clearinghouse within two business days of the determination or verification.

8. Refusing Testing and Accompanying Consequences
   a. For DOT-regulated alcohol and drug testing, a driver “refuses” or is considered to have “refused” to submit to an alcohol or drug testing when they:
      i. Expressly declines to submit to testing;
      ii. fails to appear/report for testing promptly after proper notification by a Technical College drug and alcohol testing coordinator or other college officials;
      iii. fails to remain at the testing site until the testing process is completed;
iv. fails to provide adequate breath for alcohol testing without a valid medical explanation;
v. fails to provide adequate urine for drug testing without a valid medical explanation;
vi. provides a urine sample determined by the testing laboratory and the Medical Review Officer to have been adulterated or substituted;
vii. in instances of a directly observed or monitored collection in a drug test, he/she fails to permit the observation or collection of the specimen;
viii. fails to undergo a medical examination or evaluation, as directed by a Medical Review Officer as a part of the verification process;
ix. engages in other conduct that obstructs or interferes with the testing process and/or fails to cooperate with any part of the testing process, including tampering with or attempting to adulterate the specimen;
x. when the Medical Review Officer verifies the testing laboratory's determination and reports an adulterated or substituted test result, or,
xii. leaving the scene of an accident without a valid reason or the approval of a supervisor, manager, or other college officials before alcohol and/or drug test(s) have been conducted.

b. An applicant or employee who refuses testing will be dismissed or have the offer of employment withdrawn. The individual should be notified of this action through the appropriate attachment (Attachment 4.8.1p2.a10 or 4.8.1p2.a11. In addition, the testing coordinator will provide the applicant or employee with a list of qualified Substance Abuse professionals (SAPs) or contact information for an SAP network that will offer qualified SAPs to the applicant or employee.
   i. If the applicant or employee is employed with another State agency/entity, the testing coordinator must inform the Department of Administrative Services (DOAS), who will inform the current employing agency.
   ii. Suppose the applicant or employee is employed with another Technical College. In that case, the testing coordinator must inform DOAS and the System Office Director of Human Resources, who will inform the current employing college.

c. The applicant or employee shall also be disqualified from state employment for two (2) years from the date of refusal.

d. The dismissal action referenced above shall be initiated according to the TCSG procedure governing Positive Discipline or, as applicable, the TCSG procedure governing Adverse Employment Actions.

e. The effective date of the dismissal for an employee covered under Positive Discipline shall be the date of notification.

f. Any refusal-to-test determinations made by the Technical College drug testing coordinator must be reported to the Clearinghouse no later than the third business day following the determination. MRO will report any refusal-to-test determination made by the MRORO within two business days of making the determination.

9. Self-Disclosure of a Controlled Substances or Alcohol Problem
   a. An employee who notifies his/her president (or his/her designee) of a problem involving the use of controlled substances or alcohol shall maintain his/her employment provided:
      i. The notification is submitted to the president or their designee in writing;
      ii. the written notification must occur before performing a safety-sensitive function; a directive to report for controlled substances or alcohol testing; or an arrest for a criminal offense involving alcohol, a controlled substance, marijuana, or a dangerous drug. NOTE: an employee arrested for a criminal offense involving a
controlled substance, marijuana, or a dangerous drug, is subject to disciplinary action up to and including dismissal as provided in the TCSG procedure governing Positive Discipline or, as applicable, the TCSG procedure governing Adverse Employment Actions; and,

iii. the employee must agree, in writing, to the conditions outlined in this section.

b. The employee must agree to the following:

i. he/she must undergo an assessment by a Substance Abuse Professional (SAP) selected or approved by a Technical College official from the list of qualified SAPs associated with the TCSG Employee Assistance Program provider;

ii. he/she agrees to fully comply with all educational and/or treatment plan recommendations developed by the SAP;

iii. he/she agrees to accept responsibility for all costs associated with following the educational and/or treatment plan.

iv. he/she agrees to provide the Technical College president or his/her designee with written certification from the SAP regarding satisfactory completion of the recommended educational and/or treatment plan;

v. he/she agrees to undergo a return-to-duty controlled substances/alcohol test with the understanding that the result must be a “verified negative” as determined by a Medical Review Officer;

vi. he/she agrees to undergo periodic, unscheduled follow-up controlled substances/alcohol tests for up to five (5) years in accordance with the SAPs recommended plan.

vii. he/she understands that if he/she refuses to submit to controlled substances/alcohol testing or fails to comply with the terms of the agreement, he/she will be dismissed from employment;

viii. he/she understands that if a laboratory-confirmed positive controlled substances test is verified by a Medical Review Officer or a breath alcohol test indicates any measurable alcohol concentration, they will be dismissed from employment

ix. The employee understands that according to applicable FMCSA regulations, they will not be permitted to perform safety-sensitive functions while the activities referenced in this subparagraph are ongoing and until the Technical College is satisfied that the employee has complied with all established conditions. NOTE: the inability to perform safety-sensitive functions may require the employee to use available paid leave or to request a leave of absence without pay to maintain employment.

c. No employee may avail themselves of this entitlement more than once in five (5) years.

d. The drug testing coordinator must report to the Clearinghouse any negative return-to-duty tests and successful completion of all follow-up tests no later than the third business day following the receipt of the information.

VII. Records Retention:

According to DOT and FMCSA regulations, the retention of records/documents associated with alcohol and drug testing must be maintained for the following designated periods:

Two Years: Records about the alcohol and controlled substances collection process to include documents related to random selections, reasonable suspicion determinations, post-accident determinations, medical evaluations for insufficient amounts of urine and breath, supervisor and employee education

Moreover, training records, records of damaging and canceled controlled substances test results, and
alcohol test results with a concentration of less than 0.02 percent.

Three Years: As required by the applicable provisions of 49 CFR Part 40.25, information obtained from an employee's previous employers regarding the individual's alcohol and controlled substances test results and/or documentation of efforts made to obtain this information.

Five Years: Records of alcohol test results indicating an alcohol concentration of 0.02 percent or greater; records of verified positive controlled substances test results; documentation of refusals to take required alcohol and controlled substances tests, including substituted and adulterated test results; SAP results; all screening/testing logs and yearly summary of CDL alcohol and controlled substances testing activity.

Indefinite: Records are related to the education and training of supervisors and employees while the individual performs the required training for two years after ceasing to perform those functions.
Pre-Employment Controlled Substances Testing Acknowledgement Statement

I acknowledge that I have read and understand the following provisions pertaining to required pre-employment drug testing:

1. I understand that as a condition of employment as a __________________ with __________________, I must successfully pass a controlled substances test as provided in federal regulations governing US Department of Transportation (DOT) Workplace Drug and Alcohol Programs and the Federal Motor Carrier Safety Administration Regulations (FMCSA).

2. I understand that the Technical College System of Georgia (TCSG) will pay for the drug test.

3. I understand that I will not be considered further for employment if: I refuse to submit to drug testing; if my actions meet any other example of “refuses or refused testing” as defined in the above listed regulations; or if I test positive for the presence of illegal drug(s).

4. I understand that I will also be disqualified from employment with any State employer for a period of two (2) years if I test positive for illegal drug(s) or if I refuse or I’m considered to have “refused” drug testing.

5. As applicable, I acknowledge that I have taken or have been asked to take a drug test for the following State employers (i.e., any agency, department, board, bureau, commission, college, university, institution, or authority) within the past two years:

<table>
<thead>
<tr>
<th>State Employer</th>
<th>Date of Test</th>
<th>Test Result (Positive or Negative)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

6. I acknowledge that withholding or falsifying any of the above referenced information will result in my release from employment.

7. I acknowledge that I have received a copy of TCSG Procedure 4.8.1p2., Drug Testing for Federally-Regulated Positions, a copy of the Employee Handbook for DOT Alcohol and Drug Testing, and the FMCSA Driver Brochure. I understand that I can find more information on the effects of alcohol and drug use through the college’s Employee Assistance Provider or at www.drugabuse.gov.

8. I acknowledge that if I refuse to sign this form, I will not be considered further for the above referenced position.

Applicant Name Printed ___________________________ Witness Signature ___________________________

Applicant Signature ___________________________ Date ___________________________

Date ___________________________

#
Dear:

Please be advised that your conditional offer of employment for service as a ______________ with ______________ Technical College includes the requirement that you successfully pass a controlled substances test as provided by the federal regulations governing US Department of Transportation Workplace Drug and Alcohol Programs and the Federal Motor Carrier Safety Administration Regulations. Your testing will take place at the ______________ collection site.

You must bring a picture identification and the attached Forensic Drug Testing and Control Form to the testing site. As we have discussed, you must complete the testing process no later than (Specified Time) on (Specified Date).

(FOR APPLICANTS) As referenced in the Pre-Employment Controlled Substances Testing Acknowledge Statement that you completed on ______________, if you refuse to submit to testing; if your actions meet any other example of “refuses or refused testing” as this term is defined in 49 CFR 381.107 and corresponding State Personnel Board Rule 21 and as outlined in the TCSG Procedure governing Drug and Alcohol Testing for U.S. DOT and FMCSA Regulated Positions; or, if you test positive for the presence of illegal drug(s), your conditional offer of employment will be withdrawn. In addition, you will be disqualified from employment consistent with the provisions of the TCSG Procedure governing Drug and Alcohol Testing for U.S. DOT and FMCSA Regulated Positions; or, if you test positive for the presence of illegal drug(s), you will be dismissed from employment consistent with the provisions of the TCSG Procedure governing Adverse Employment Actions.

Any questions concerning these requirements should be directed to ____________________.

Sincerely,

XXXXXXXXXXX

My signature below indicates that I understand the conditions outlined in this letter and that I have received the Forensic Drug Testing and Control Form.

________________________________________  ____________________________
Applicant/Employee Signature                    Witness Signature

________________________________________  ____________________________
Date                                          Date
## Drug and Alcohol Testing: U.S. DOT and FMCSA Regulated Positions

**Technical College System of Georgia**

Drug & Alcohol Testing Log

**Name of Technical College**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Type of Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug/Controlled Substance</td>
<td>Pre-employment</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Random</td>
</tr>
<tr>
<td></td>
<td>Reasonable Suspicion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Form Given</th>
<th>Employee Name</th>
<th>Employee ID#</th>
<th>Position #</th>
<th>Job Title</th>
<th>Deadline Date</th>
<th>Employee Initials</th>
<th>Date Results Received</th>
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</table>
Previous Pre-Employment Alcohol and Controlled Substances Test Statement

NOTE: FMCSA regulations require employers to ask an applicant/driver whether he/she has tested positive or refused to test on any pre-employment alcohol or drug test administered by an employer to which the applicant/driver applied but did not obtain safety-sensitive transportation work covered by a DOT agency’s alcohol and drug testing rules during the past two (2) years.

Prospective Employee Printed Name: __________________________________________

Prospective Employee SSN or ID Number: ______________________________________

Date: _____________________________________________________________________

Applicant/Driver must answer the following questions:

1. During the past two (2) years have you tested positive on a Pre-employment alcohol or drug test administered by an Employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by a Department of Transportation agency drug and alcohol testing rules?
   Check One:  Yes ___  No ___

2. During the past two (2) years, have you refused to test on a Pre-employment alcohol or drug test administered by an Employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by a Department of Transportation agency drug and alcohol testing rules?
   Check One:  Yes ___  No ___

3. If you answered Yes to either question, can you obtain and provide proof that you’ve successfully completed the DOT return-to-duty requirements as provided in 49 CFR Part 40, Subpart O?
   Check One:  Yes ___  No ___

I certify that the information provided on this document is true and correct.

_________________________________________  _________________________________
Prospective Employee Signature  Date

_________________________________________  _________________________________
Witness Signature  Date

Record Keeping Requirements: If “Yes” on Question 1 or 2 – Retain for 5 years; if “No:” on Question 1 or 2 – Retain while employed and for 2 years after the employee leaves employment.
Attachment 4.8.1p2.a5.
#

Release of Information Form
Applicants for Employment in a Safety-Sensitive (CDL) Position

<table>
<thead>
<tr>
<th>Section I – Employee Release and Employer Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be completed by the new employer, signed by the employee, and transmitted to the previous employer:</td>
</tr>
<tr>
<td>Employee Printed Name: ______________________________</td>
</tr>
<tr>
<td>Employee SSN or ID Number: __________________________</td>
</tr>
<tr>
<td>I hereby authorize the release of information of my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in Section I-B, to the employer listed in Section I-A. This release complies with the provisions of 49 CFR 40.25 and 49 CFR 391.23. I understand that the information to be released in SECTION II-A is limited to the following:</td>
</tr>
<tr>
<td>1. Alcohol tests with a result of 0.04 or higher;</td>
</tr>
<tr>
<td>2. Verified positive drug tests;</td>
</tr>
<tr>
<td>3. Refusals to test;</td>
</tr>
<tr>
<td>4. Other violations of DOT Agency drug and alcohol testing regulations;</td>
</tr>
<tr>
<td>5. Information obtained from previous employers of a drug and alcohol rule violation; and,</td>
</tr>
<tr>
<td>6. Documentation, if any, of completion of the return-to-duty process following a rule violation.</td>
</tr>
<tr>
<td>___________________________________________________</td>
</tr>
<tr>
<td>Employee Signature</td>
</tr>
</tbody>
</table>

1-A.
New Employer Name: ________________________________________

Address: __________________________________________________

Phone#: ________________________________

Designated Employer Representative: ________________________________________

1-B
Previous Employer Name: ________________________________________

Address: __________________________________________________

Phone#: ________________________________

Designated Employer Representative: ________________________________________

Section II – Previous Employer Reporting

Pursuant to the provisions of 49 CFR 40.25 and 49 CFR 383.191, the employee listed in Section I of this document has authorized the release of Department of Transportation regulated drug and alcohol tests to ________________________________ Technical College. Please answer the
Attachment 4.8.1p2.a3.

Questions below regarding to DOT-regulated testing for the two (2) years period prior to the date of the employee's signature in Section I.

Did the employee have alcohol tests with a result of 0.04 or higher?  Yes ___ No ___

Did the employee have verified positive drug test results?  Yes ___ No ___

Did the employee refuse to be tested?  Yes ___ No ___

Did the employee have other violations of DOT drug and alcohol regs?  Yes ___ No ___

Did a previous employer report a drug and/or alcohol violation to you?  Yes ___ No ___

If you answered “yes” to any of these questions, did the employee Complete the return-to-duty process?  Yes ___ No _ N/A

NOTE: if you answered “yes” to question #5, you must provide the previous employer’s report. If you answered “yes” to question #6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records, etc.).

Name of person providing information in Section II-A: ________________________________

Title: ________________________________

Phone#: ________________________________

Date: ________________________________
Memorandum – Random Controlled Substances Testing Selection

TO: ____________________________
FROM: __________________________
SUBJ: __________________________
DATE: __________________________

Consistent with the provisions of the Technical College System of Georgia’s (TCSG) Drug and Alcohol Testing Procedure: U.S. DOT and FMCSA Regulated Positions, the position you hold has been randomly selected for controlled substances testing.

To undergo the test, you are required to report to the _________________ collection site with a picture identification and the attached DOT Forensic Drug Testing Custody and Control Form. You must complete the testing process no later than _______________ on _______________. Following the test, you must present your copy of the completed DOT Forensic Drug Testing Custody and Control Form to _______________ immediately upon your return to duty.

As you are aware, your continued employment with __Name of Technical College__ is contingent upon your receiving a negative test result. Please be advised that if your actions meet the definition of “refuses or refused” testing as the term is defined in the above referenced procedure or if you test positive for the presence of a controlled substance, you will be separated from employment pursuant to the TCSG Procedure governing Positive Discipline or, as applicable, the TCSG Procedure governing Adverse Employment Actions.

Any questions regarding the testing process should be directed to ___________________________ at ___________________________.

My signature indicates that I understand the conditions outlined in this memorandum and that I have received the DOT Forensic Drug Testing Custody and Control Form.

_________________________________  ____________________________
Employee Signature                  Date

_________________________________  ____________________________
Witness Signature                   Date
Memorandum – Random Controlled Substances Testing Selection

TO: ____________________________________________
FROM: _________________________________________
SUBJ: __________________________________________
DATE: __________________________________________

Consistent with the provisions of the Technical College System of Georgia’s (TCSG) Drug and Alcohol Testing Procedure: U.S. DOT and FMCSA Regulated Positions, the position you hold has been randomly selected for alcohol testing.

To undergo the test, you are required to report to the _________________ collection site with a picture identification. You will be asked to complete an Alcohol Testing Custody and Control Form at the testing site. You must complete the testing process no later than _________________ on _________________ Following the test, you must present your copy of the completed Alcohol Testing Custody and Control Form to _________________ immediately upon your return to duty.

Please be advised that if your alcohol test results reveal an alcohol concentration of 0.02 percent or greater, you will be immediately removed from your safety-sensitive duties and not permitted to drive a vehicle. You will be placed on suspension without pay for a minimum period of twenty-four (24) hours and until such time as a return-to-duty test is performed with a negative test result. In addition, you will be subject to additional disciplinary action up to and including dismissal from employment. If your actions meet the definition of “refuses” or “refused” testing, as the term is defined in the above referenced procedure, you will be separated from employment pursuant to the TCSG Procedure governing Positive Discipline or, as applicable, the TCSG Procedure governing Adverse Employment Actions.

Any questions regarding the testing process should be directed to ____________________________ at ____________________________.

My signature indicates that I understand the conditions outlined in this memorandum.

__________________________________________  ________________
Employee Signature                        Date

__________________________________________  ________________
Witness Signature                          Date
Reasonable Suspicion Alcohol/Controlled Substances Testing

Behavior/Incident Documentation Form

Work Unit: __________________________ Location of Incident: __________________________

Employee Name: __________________________

Date of Observation: ____________ Time: ________ Length of Time Observed: ____________

Observed By: __________________________

Additional Witness(es): __________________________

Description of Behavior/Incident: ______________________________________________________

________________________________________________________________________________

The behavior I observed includes:

☑ Performance Indicators, specifically: ________________________________________________

AND, as applicable, the following observations:

☑ Behavior/Conduct: __________________________

☑ Speech Indicators: __________________________

☑ Appearance/Physical Indicators: __________________________

☑ Body Odors: __________________________

Referred for: ☐ Alcohol Test ☐ Drug Test ☐ Both

Employee: ☐ Agreed to Testing ☐ Refused Testing

If Alcohol Test, Will Test Be Conducted at the Work Site by a BAT: __________________________

☑ Yes ☐ NO

As Applicable, Means of Transportation to Collection Site: __________________________

As Applicable, Name of Collection Site: __________________________

As Applicable, Address of Collection Site: __________________________

Time Departed Work Site: ____________ Scheduled Appointment Time: ____________

Signature of Referring Official: __________________________
Memorandum – Random Controlled Substances Testing Selection

TO: ____________________________
FROM: __________________________
SUBJ: ___________________________
DATE: ___________________________

Consistent with the provisions of the Technical College System of Georgia’s (TCSG) Drug and Alcohol Testing Procedure: U.S. DOT and FMCSA Regulated Positions, you are being required to submit to a reasonable suspicion drug or alcohol test.

To undergo the test, you will be transported to ________________ where the test will be administered.

As you are aware, your continued employment with ________________ is contingent upon your receiving a negative test result. Please be advised that if your actions meet the definition of “refuses or refused” testing as the term is defined in the above referenced procedure or if you test positive for the presence of a controlled substance, you will be separated from employment pursuant to the TCSG Procedure governing Positive Discipline or, as applicable, the TCSG Procedure governing Adverse Employment Actions.

Any questions regarding the testing process should be directed to ____________________________ at ____________________________.

My signature indicates that I understand the conditions outlined in this memorandum and that I have been referred for a reasonable suspicion drug and/or alcohol test and must immediately report for testing. Pursuant to the provisions of the TCSG Procedure governing Drug and Alcohol Testing of Non-Regulated Positions, I understand that a positive result for controlled substances or my failure to complete the drug and/or alcohol testing process will result in my dismissal from employment.

____________________________________  ____________________________
Employee Signature                      Date

____________________________________  ____________________________
Witness Signature                        Date
Drug and Alcohol Testing: DOT and FMCSA Regulated Positions

Alcohol Test Results – Suspension without Pay – Sample Letter

Date

Dear

On (Day and Date) you were directed to report for random OR reasonable suspicion OR return-to duty OR follow-up alcohol testing. Based on the results of an alcohol confirmation test, the Breath Alcohol Technician has determined that your alcohol concentration (at the time of testing) was __ percent.

Given that the results indicated an alcohol concentration of 0.02 percent or greater and pursuant to the provisions of the TCSG Procedure governing Drug and Alcohol Testing for U.S. DOT and FMCSA Regulated Positions, you will be placed on suspension without pay for minimum period of twenty-four (24) hour and/or until such time as a return-to-duty test is performed with negative results.

Please be advised that are also be subject to further disciplinary action in response to your alcohol test results. Any such action will be delivered consistent with the provisions of TCSG Procedure governing Positive Discipline or, as applicable, the TCSG Procedure governing Adverse Employment Actions.

Any questions should be directed to ________________________.

Sincerely,

Cc:
Sample Letter - Separation Refused Testing

Date

Dear:

As you are aware, on [date] you were directed to report for random/reasonable suspicion/return-to-duty/follow-up alcohol/drug testing.

(Select the appropriate option)

After receiving this directive, you refused to submit to testing OR you failed to appear/report for testing at the specified time and date.

After receiving this directive and appearing at the collection site, you engaged in conduct that clearly obstructed the testing process OR you failed to remain available for testing or left the testing site/location before submitting to the test OR you failed to provide adequate breath for testing without a valid medical reason/explanation.

Please be advised that you are considered to have “refused testing” and pursuant to applicable provisions of the TCSG Procedure governing Drug and Alcohol Testing for U.S. DOT and FMCSA Regulated Positions, you will be dismissed from employment with [Technical College] effective at the close of business on [date of refusal]. Additionally, you will be disqualified from state employment for two years from the date of refusal. This action has been taken pursuant to the provisions of the TCSG Procedure governing (Positive Discipline OR Adverse Employment Actions) and, as applicable, the provisions of State Personnel Board Rule 21 pertaining to the established effective date.

Any questions should be directed to [HR Representative].

Sincerely,

CC:
Sample Letter - Withdrawal of Employment Offer

Date

Dear:

On date you were offered employment with Name of College as a job title. As provided in the attached Pre-Employment Controlled Substances Testing Notification Letter, your employment was contingent upon your successfully passing a controlled substances test. On date, you were directed to report for testing.

(Select the appropriate option)

After receiving this directive, you refused to submit to testing OR you failed to appear/report for testing at the specified time and date.

After receiving this directive and appearing at the collection site, you engaged in conduct that clearly obstructed the testing process OR you failed to remain available for testing or left the testing site/location before submitting to the test OR you failed to provide adequate breath/urine for testing without a valid medical reason/explanation OR you tested positive for the presence of a controlled substance.

Please be advised that this letter serves as formal written notification that your conditional offer of employment with Name of College has been withdrawn. Additionally, you will also disqualified from employment with any State employer for a period of two (2) years from the date of refusal.

Any questions regarding these actions should be directed to HR Representative.

Sincerely,

cc:
Sample Letter - Separation Refused Testing

Date

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Dear:

As you are aware, on date you were directed to report for random/reasonable suspicion/return-to-duty/follow-up alcohol/drug testing.

(Select the appropriate option)

After receiving this directive, you refused to submit to testing OR you failed to appear/report for testing at the specified time and date.

After receiving this directive and appearing at the collection site, you engaged in conduct that clearly obstructed the testing process OR you failed to remain available for testing or left the testing site/location before submitting to the test OR you failed to provide adequate breath for testing without a valid medical reason/explanation.

Please be advised that you are considered to have “refused testing” and pursuant to applicable provisions of the TCSG Procedure governing Drug and Alcohol Testing for U.S. DOT and FMCSA Regulated Positions, you will be dismissed from employment with Technical College effective at the close of business on ______. Additionally, you will be disqualified from state employment for two years from the date of refusal. This action has been taken pursuant to the provisions of the TCSG Procedure governing (Positive Discipline OR Adverse Employment Actions) and, as applicable, the provisions of State Personnel Board Rule 21 pertaining to the established effective date.

Any questions should be directed to HR Representative.

Sincerely,

CC:
Sample Letter - Separation Based on a Positive Controlled Substances Test Result or a Refuses or Refused Testing Determination

Date

XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXX

Dear:

As you are aware, on date you were directed to report for random/reasonable suspicion/return-to-duty/follow-up drug testing. After receiving this directive and appearing at the collection site, you tested positive for the presence of illegal drugs.

Given that you have tested positive for the presence of a controlled substance, please be advised that you will be dismissed from employment with Name of Technical College at the close of business on date. Additionally, you will be disqualified from state employment for two years from the date of the test. This action has been taken pursuant to the TCSG Procedure governing Positive Discipline OR Adverse Employment Actions and, as applicable, the provisions of State Personnel Board Rule 21 pertaining to the established effective date.

Any questions should be directed to HR Representative.

Sincerely,

CC:
What Employees Need to Know About DOT Drug & Alcohol Testing
Disclaimer
This publication was produced by the U.S. Department of Transportation (DOT) to assist safety-sensitive employees subject to workplace drug & alcohol testing in understanding the requirements of 49 CFR Part 40 and certain DOT agency regulations. Nothing in this publication is intended to supplement, alter or serve as an official interpretation of 49 CFR Part 40 or DOT agency regulations. This publication is for educational purposes only.

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Electronic Access to Publication
This publication can also be accessed electronically through the internet at www.dot.gov/ost/dapc.

For questions, please contact DOT’s Office of Drug & Alcohol Policy & Compliance at 202-366-DRUG (3784) or visit our website at www.dot.gov/ost/dapc.

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What Employees Need To Know About DOT Drug & Alcohol Testing

U.S. Department of Transportation (DOT)
Office of the Secretary (OST)
Office of Drug & Alcohol Policy & Compliance (ODAPC)
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What Employees Need To Know About DOT Alcohol & Drug Testing

Just entering the transportation industry? Performing tasks defined by the US Department of Transportation (DOT) as safety-sensitive, such as working on pipelines, driving a truck, operating a ferry or a train, or repairing an airplane? Then, you are subject to DOT workplace drug & alcohol testing. Here are the basics you need to know about DOT’s program.

Who is subject to DOT testing?

Anyone designated in DOT regulations as a safety-sensitive employee is subject to DOT drug & alcohol testing. What follows is an overview of what jobs are defined as safety-sensitive functions subject to testing.

<table>
<thead>
<tr>
<th>Mode</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aviation</td>
<td>Flight crews, flight attendants, flight instructors, air traffic controllers at facilities not operated by the FAA or under contract to the U.S. military, aircraft dispatchers, aircraft maintenance or preventative maintenance personnel, ground security coordinators and aviation screeners. Direct or contract employees of I4 CFR Part 121 or 135 certificate holders, Section 91.147 operators and air traffic control facilities not operated by the FAA or under contract to the US Military. See FAA regulations at 14 CFR Part 120.</td>
</tr>
<tr>
<td>Commercial Motor Carriers</td>
<td>Commercial Drivers License (CDL) holders who operate Commercial Motor Vehicles, 26,001 lbs. gvw or greater, or operate a vehicle that carries 16 passengers or more including the driver, or required to display a DOT placard in the transportation of hazardous material. See FMCSA regulations at 49 CFR Part 382.</td>
</tr>
<tr>
<td>Maritime USCG</td>
<td>Crewmembers operating a commercial vessel. See USCG regulations at 46 CFR Parts 4 &amp; 16.</td>
</tr>
<tr>
<td>Pipeline PHMSA</td>
<td>Operations, maintenance and emergency response. See PHMSA regulations at 49 CFR Part 199.</td>
</tr>
<tr>
<td>Railroad FRA</td>
<td>Hours of Service Act personnel, engine &amp; train, signal service or train dispatchers. See FRA regulations at 49 CFR Part 219.</td>
</tr>
<tr>
<td>Transit FTA</td>
<td>Vehicle operators, controllers, mechanics and armed security. See FTA regulations at 49 CFR Part 655.</td>
</tr>
</tbody>
</table>

Links to these regulations can be found on-line at www.dot.gov/ost/dapc.

Remember: The tasks you actually perform qualify you as a safety-sensitive employee, not your job title. Also, some employees, like managers and supervisors, may be qualified for these jobs but not currently performing them. Do they have to be tested as well? In most cases, yes... if that employee may be asked at a moment’s notice or in an emergency to perform a safety-sensitive job. Be sure to check industry specific regulations for further clarification.

---

1 In some instances, states allow waivers from this qualification, such as operators of fire trucks and some farm equipment. Check with your state department of motor vehicles for more information.
Why are safety-sensitive employees tested?

The short answer is for the safety of the traveling public, co-workers and yourself. The longer answer is that the United States Congress recognized the need for a drug and alcohol free transportation industry, and in 1991 passed the Omnibus Transportation Employee Testing Act, requiring DOT Agencies to implement drug & alcohol testing of safety-sensitive transportation employees.¹

Within DOT, the Office of the Secretary’s Office of Drug & Alcohol Policy & Compliance (ODAPC) publishes rules on how to conduct those tests, what procedures to use when testing and how to return an employee to safety-sensitive duties. Encompassed in 49 Code of Federal Regulations (CFR) Part 40, ODAPC publishes and provides authoritative interpretations of these rules.

DOT agencies and the U.S. Coast Guard write industry specific regulations, spelling out who is subject to testing, when and in what situations. Industry employers implement the regulations that apply to them.

The benefit to all affected by DOT regulations is that each agency’s regulations must adhere to DOT’s testing procedures found at 49 CFR Part 40, commonly known as “Part 40.” For example, you may work in the rail industry and later work in the motor carrier industry, but the procedures for collecting, testing and reporting of your tests will be the same under Part 40.

What information must employers provide when I first begin performing DOT safety-sensitive functions?

Depending on the DOT agency over-seeing your industry, your employer may be required to provide you with educational materials and a company policy that explain the requirements of DOT’s drug & alcohol testing regulations and the procedures to help you comply. If you have not received this information, be sure to ask your employer about it.

What conduct is prohibited by the regulations?

As a safety-sensitive employee...

• You must not use or possess alcohol or any illicit drug while assigned to perform safety-sensitive functions or actually performing safety-sensitive functions.
• You must not report for service, or remain on duty if you...
  • Are under the influence or impaired by alcohol;
  • Have a blood alcohol concentration .04 or greater; (with a blood alcohol concentration of .02 to .039, some regulations do not permit you to continue working until your next regularly scheduled duty period);
  • Have used any illicit drug.
• You must not use alcohol within four hours (8 hours for flight crew members and flight attendants) of reporting for service or after receiving notice to report.

¹ The Omnibus Act’s testing requirements do not apply to PHMSA.
You must not report for duty or remain on duty when using any controlled substance unless used pursuant to the instructions of an authorized medical practitioner. You must not refuse to submit to any test for alcohol or controlled substances. You must not refuse to submit to any test by adulterating or substituting your specimen.

Keep these in mind when preparing to report to work.

What drugs does DOT test for?

DOT drug tests are conducted only using urine specimens. The urine specimens are analyzed for the following drugs/metabolites:

- Marijuana metabolites /THC
- Cocaine metabolites
- Amphetamines (including methamphetamine, MDMA)
- Opiates (including codeine, heroin (6-AM), morphine)
- Phencyclidine (PCP)

To learn more about the effects of these and other drugs visit the following sites:

- Substance Abuse. Substance Abuse and Mental Health Administration (SAMHSA) www.workplace.samhsa.gov.

Can I use prescribed medications & over-the-counter (OTC) drugs and perform safety-sensitive functions?

Prescription medicine and OTC drugs may be allowed. However, you must meet the following minimum standards:

- The medicine is prescribed to you by a licensed physician, such as your personal doctor.

* The FRA requires that if you are being treated by more than one medical practitioner, you must show that at least one of the treating medical practitioners has been informed of all prescribed and authorized medications and has determined that the use of the medications is consistent with the safe performance of your duties.
• The treating/prescribing physician has made a good faith judgment that the use of the substance at the prescribed or authorized dosage level is consistent with the safe performance of your duties.

**Best Practice:** To assist your doctor in prescribing the best possible treatment, consider providing your physician with a detailed description of your job. A title alone may not be sufficient. Many employers give employees a written, detailed description of their job functions to provide their doctors at the time of the exam.

• The substance is used at the dosage prescribed or authorized.

• If you are being treated by more than one physician, you must show that at least one of the treating doctors has been informed of all prescribed and authorized medications and has determined that the use of the medications is consistent with the safe performance of your duties.

• Taking the prescription medication and performing your DOT safety-sensitive functions is not prohibited by agency drug and alcohol regulations. However, other DOT agency regulations may have prohibitive provisions, such as medical certifications.

**Remember:** Some agencies have regulations prohibiting use of specific prescription drugs, e.g. methadone, etc.... If you are using prescription or over-the-counter medication, check first with a physician, but do not forget to consult your industry-specific regulations before deciding to perform safety-sensitive tasks. Also be sure to refer to your company’s policy regarding prescription drugs.

**When will I be tested?**

Safety-sensitive employees are subject to drug or alcohol testing in the following situations:

• Pre-employment.
• Reasonable Suspicion/Cause.
• Random.
• Return-to-duty.
• Follow-up.
• Post-Accident.

**Pre-Employment**

As a new hire, you are required to submit to a drug test. Employers may, but are not required to, conduct alcohol testing. Only after your employer receives a negative drug test result (and negative alcohol test result - if administered) may you begin performing safety-sensitive functions. This also applies if you are a current employee transferring from a non-safety-sensitive function into a safety-sensitive position (even if it is the same employer).

---

1 While a minority of states allow medical use of marijuana, federal laws and policy do not recognize any legitimate medical use of marijuana. Even if marijuana is legally prescribed in a state, DOT regulations treat its use as the same as the use of any other illicit drug.

2 Not every DOT agency requires a pre-employment alcohol test.
Reasonable Suspicion/Cause
You are required to submit to any test (whether drug, alcohol or both) that a supervisor requests based on reasonable suspicion. Reasonable suspicion means that one or more trained supervisors reasonably believes or suspects that you are under the influence of drugs or alcohol. They cannot require testing based on a hunch or guess alone; their suspicion must be based on observations concerning your appearance, behavior, speech and smell that are usually associated with drug or alcohol use.

Random
You are subject to unannounced random drug & alcohol testing. Alcohol testing is administered just prior to, during or just after performing safety-sensitive functions. Depending on the industry specific regulations, you may only be subject to random drug testing.³

No manager, supervisor, official or agent may select you for testing just because they want to. Under DOT regulations, employers must use a truly random selection process. Each employee must have an equal chance to be selected and tested.

Just prior to the testing event, you will be notified of your selection and provided enough time to stop performing your safety sensitive function and report to the testing location. Failure to show for a test or interfering with the testing process can be considered a refusal.

Post-Accident
If you are involved in an event (accident, crash, etc.) meeting certain criteria of the DOT agency, a post-accident test will be required. You will then have to take a drug test and an alcohol test.⁴ You are required to remain available for this testing and are not permitted to refuse testing.

Remember: Safety-sensitive employees are obligated by law to submit to and cooperate in drug & alcohol testing mandated by DOT regulations.

Return to Duty
If you have violated the prohibited drug & alcohol rules, you are required to take a drug and/or alcohol test before returning to safety-sensitive functions for any DOT regulated employer. You are subject to unannounced follow-up testing at least 6 times in the first 12 months following your return to active safety-sensitive service. Return-to-duty tests must be conducted under direct observation.

Follow-up
The amount of follow-up testing you receive is determined by a Substance Abuse Professional (SAP) and may continue for up to 5 years. This means the SAP will determine how many times you will be tested (at least 6 times in the first year), for how long, and for what substance (i.e., drugs, alcohol, or both). Your employer is responsible for ensuring that follow-up testing is conducted and completed. Follow-up testing is in addition to all other DOT required testing. All follow-up tests will be observed.

³ USCG & PHMSA do not perform random alcohol tests.
⁴ In post-accident testing, the FRA requires a blood specimen for drug testing.
Overview of DOT Drug Testing

1. Notification
You are notified to submit for a drug test.

2. Why
• Pre-employment
• Reasonable Suspicion
• Random
• Post-Accident
• Return-to-duty & Follow-up

3. You report immediately to the collection site.

4. Urine Collection
• Verify ID. • Empty Pockets.
• Select Sealed Kit. • Provide 45 ml + of urine.
• Watch collector check temp and pour into 2 bottles.
• Watch collector seal bottles A & B.
• Sign paperwork.

5. Lab Testing
• Analyzes bottle A.
• Results sent to Medical Review Officer (MRO).

6. Medical Review
As gate-keeper to the integrity of the drug testing process, the MRO reviews lab results and determines if there are any legitimate medical reasons for a positive, adulterated or substituted result. This includes an interview with you, review of your medical records or a request that you be examined by MRO approved physician.

7. Employees’ Rights
Upon notice by the MRO, you have 72 hours from the MRO interview to request the B Bottle be tested by another certified lab.

8. Verified Results
MRO verifies results to employer as either:
• Negative • Positive
• Refusal • Cancelled
How is a urine drug test administered?

Regardless of the DOT agency requiring the drug test, the drug testing process always consists of three components:
• The Collection. (49 CFR Part 40, Subparts C, D, E)
• Testing at the Laboratory. (49 CFR Part 40, Subpart F)
• Review by the Medical Review Officer. (49 CFR Part 40, Subpart G)

What follows is a summary of the procedures for each step. For a more detailed account, please visit 49 CFR Part 40, which can be found in its entirety at www.dot.gov/ost/dapc.

The Collection
During the collection process, a urine specimen collector will:
• Verify your identity using a current valid photo ID, such as driver’s license, passport, employer issued picture ID, etc.
• Create a secure collection site by:
  - Restricting access to the site to only those being tested.
  - Securing all water sources and placing blue dye in any standing water.
  - Removing or securing all cleaning products/fluids at the collection site.
• Afford you privacy to provide a urine specimen.
  - Exceptions to the rule generally surround issues of attempted adulteration or substitution of a specimen or any situation where general questions of validity arise, like an unusual temperature.
• Ask you to remove any unnecessary garments and empty your pockets (you may retain your wallet).
• Instruct you to wash and dry your hands.
• Select or have you select a sealed collection kit and open it in your presence.
• Request you to provide a specimen (a minimum of 45 mL) of your urine into a collection container.
• Check the temperature and color of the urine.
• In your presence, pour the urine into two separate bottles (A or primary and B or split), seal them with tamper-evident tape, and then ask you to sign the seals after they have been placed on the bottles.

! Remember: Neither you nor the collector should let the specimen out of your sight until it has been poured into two separate bottles and sealed.

• Ask you to provide your name, date of birth, and daytime and evening phone numbers on the Medical Review Officer Copy (Copy #2) of the Federal Drug Testing Custody and Control Form (CCF).
  - This is so the Medical Review Officer (MRO) can contact you directly if there are any questions about your test.
• Complete necessary documentation on the Laboratory Copy (Copy #1) of the CCF to demonstrate the chain of custody (i.e., handling) of the specimen.
• Give you the Employee Copy (Copy # 5) of the CCF and may suggest you list any prescription and over-the-counter medications you may be taking on the back of your copy of the CCF (this may serve as a reminder for you in the event the MRO calls you to discuss your test results).
• Package and ship both sealed bottles and completed CCF to a U.S. Health and Human Services (HHS) certified testing laboratory as quickly as possible.
If you are unable to provide 45 mL of urine on the first attempt, the time will be noted, and you will be:

- Required to remain in the testing area under the supervision of the collection site personnel, their supervisor, or a representative from your company,
- Leaving the testing area without authorization may be considered a refusal to test
- Urged to drink up to 40 oz. of fluid, distributed reasonably over a period of up to three hours,
- Asked to provide a new specimen (into a new collection container).
- If you do not provide a sufficient specimen within three hours, you must obtain a medical evaluation\(^9\) within five days to determine if there is an acceptable medical reason for not being able to provide a specimen. If it is determined that there is no legitimate physiological or pre-existing psychological reason for not providing a urine specimen, it will be considered a refusal to test.

\[\text{How do you know if you are taking a federal or a private company drug test?}\]
All DOT drug tests are completed using the Federal Drug Testing Custody and Control Form. Those words appear at the top of each form.

**Testing at the Laboratory**

At the laboratory, the staff will:

- Determine if flaws exist. If flaws exist, the specimen is rejected for testing.
- Open only the A bottle and conduct a screening test. Specimens that screen positive will be analyzed again using a completely different testing methodology.
  - If the specimen tests negative in either test, the result will be reported as a negative.
  - Only if the specimen tests positive under both methods will the specimen be reported to the medical review officer as a positive test.
- Report the findings of the analysis of the A bottle to the Medical Review Officer (MRO).
- Store the A and B bottles for any reported positive, adulterated, or substituted result for at least 12 months.

\[\text{Remember: The Lab will conduct specimen validity tests (SVTs) to determine if the specimen was adulterated or substituted. Tests found to be adulterated or substituted are also reported to the MRO and may be considered a refusal to test.}\]

**Review by the Medical Review Officer (MRO)**

Upon receipt of the test result from the laboratory, the MRO will:

- Review paperwork for accuracy.
- Report a negative result to the Designated Employer Representative (DER).

\[\text{---}\]

\[\text{9 The physical exam is scheduled after the designated employer representative consults with the medical review officer. The physician chosen to complete the evaluation must have expertise in the medical issues raised and be acceptable to the Medical Review Officer.}\]
If the result is positive, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as negative. If not, the MRO will report the result to the DER as positive.

If the result is an adulterated or substituted test, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as cancelled. If not, the MRO will report the result to the DER as a refusal.

Report a non-negative test result to the DER if:
- You refused to discuss the results with the MRO;
- You did not provide the MRO with acceptable medical documentation to explain the non-negative test result.

Inform you that you have 72 hours from the time of the verified result to request to have your B “split” bottle sent to another certified lab for analysis for the same substance or condition that was found in the A “primary” bottle.

What are Medical Review Officers (MRO)?

Under DOT regulations, MROs are licensed physicians with knowledge and clinical experience in substance abuse disorders. They must also complete qualification training courses and fulfill obligations for continuing education courses. They serve as independent, impartial gatekeepers to the accuracy and integrity of the DOT drug testing program. All laboratory results are sent to an MRO for verification before a company is informed of the result. As a safeguard to quality and accuracy, the MRO reviews each test and rules out any other legitimate medical explanation before verifying the results as positive, adulterated or substituted.

How is an alcohol test administered?

The DOT performs alcohol testing in a manner to ensure the validity of the testing as well as provide confidentiality of the employee’s testing information.

At the start of the test, a Screening Test Technician (STT) or a Breath Alcohol Technician (BAT), using only a DOT-approved device, will:

- Establish a private testing area to prevent unauthorized people from hearing or seeing your test result.
- Require you to sign Step #2 of the Alcohol Testing Form (ATF).
- Perform a screening test and show you the test result. If the screening test result is an alcohol concentration of less than 0.02, no further testing is authorized, and there is no DOT action to be taken. The technician will document the result on the ATF, provide you a copy and provide your employer a copy.

If the screening test result is 0.02 or greater, you will be required to take a confirmation test, which can only be administered by BAT using an Evidential Breath Testing (EBT) device. The BAT will:

How do you know if you are taking a federal or a private company alcohol test?

All DOT alcohol tests are documented with a form with the words Department of Transportation at the top.
• Wait at least 15 minutes, but not more than 30 minutes, before conducting the confirmation test. During that time, you are not be allowed to eat, drink, smoke, belch, put anything in you mouth or leave the testing area.

  Remember: Leaving the testing area without authorization may be considered a refusal to test.

• Perform an “air blank” (which must read 0.00) on the EBT device to ensure that there is no residual alcohol in the EBT or in the air around it.
• Perform a confirmation test using a new mouthpiece.
• Display the test result to you on the EBT and on the printout from the EBT.
• Document the confirmation test result on the ATF, provide you a copy and provide your employer a copy.
• Report any result of 0.02 or greater immediately to the employer.

If after several attempts you are unable to provide an adequate amount of breath, the testing will be stopped. You will be instructed to take a medical evaluation to determine if there is an acceptable medical reason for not providing a sample. If it is determined that there is no legitimate physiological or psychological reason, the test will be treated as a refusal to test.

<table>
<thead>
<tr>
<th>Confirmation test results are the final outcome of the test.</th>
</tr>
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<tbody>
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<td><strong>Result</strong></td>
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<td>Less than 0.02</td>
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<td>0.02 - 0.039</td>
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<tr>
<td>0.04 or greater</td>
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**Should I refuse a test if I believe I was unfairly selected for testing?**

**Rule of Thumb:** Comply then make a timely complaint.

If you are instructed to submit to a DOT drug or alcohol test and you don’t agree with the reason or rationale for the test, take the test anyway. Don’t interfere with the testing process or refuse the test.

After the test, express your concerns to your employer through a letter to your company’s dispute resolution office, by following an agreed upon labor grievance or other company procedures. You can also express your concerns...
to the appropriate DOT agency drug & alcohol program office. (See contact numbers listed in the Appendix.) Whomever you decide to contact, please contact them as soon as possible after the test.

**What is considered a refusal to test?**

DOT regulations prohibit you from refusing a test. The following are some examples of conduct that the regulations define as refusing a test (See 49 CFR Part 40 Subpart I & Subpart N):

- Failure to appear for any test after being directed to do so by your employer.
- Failure to remain at the testing site until the testing process is complete.
- Failure to provide a urine or breath sample for any test required by federal regulations.
- Failure to permit the observation or monitoring of you providing a urine sample (Please note tests conducted under direct observation or monitoring occur in limited situations. The majority of specimens are provided in private).
- Failure to provide a sufficient urine or breath sample when directed, and it has been determined, through a required medical evaluation, that there was not adequate medical explanation for the failure.
- Failure to take a second test when directed to do so.
- Failure to cooperate with any part of the testing process.
- Failure to undergo a medical evaluation as part of “shy bladder” or “shy lung” procedures.
- Failure to sign Step #2 of the ATF.
- Providing a specimen that is verified as adulterated or substituted.
- Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
- Failure to follow the observer’s instructions [during a direct observation collection] to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
- Admit to the collector or MRO that you adulterated or substituted the specimen.

**What happens if I test positive, refuse a test, or violate an agency specific drug & alcohol rule?**

If you test positive, refuse a test, or violate DOT drug & alcohol rules:

- A supervisor or company official will immediately remove you from DOT-regulated safety-sensitive functions.
- You will not be permitted to return to performing DOT regulated safety-sensitive duties until you have:
  - Undergone an evaluation by a Substance Abuse Professional (SAP);
  - Successfully completed any education, counseling or treatment prescribed by the SAP prior to returning to service; and
  - Provided a negative test result for drugs and/or a test result of less than 0.02 for alcohol. (Return to duty testing).
• Upon return to a safety-sensitive job, you will be subject to unannounced testing for drugs and/or alcohol no less than 6 times during the first 12 months of active service with the possibility of unannounced testing for up to 60 months (as prescribed by the SAP). These tests (including the return-to-duty test) will be directly observed.

What are SAPs?
Under DOT regulations, SAPs are Substance Abuse Professionals. They play a critical role in the workplace testing program by professionally evaluating employees who have violated DOT drug & alcohol rules. SAPs recommend appropriate education, treatment, follow-up tests, and aftercare. They are the gate-keepers to the re-entry program by determining when a safety-sensitive employee can be returned to duty.

SAPs are required to have a certain background and credentials, which include clinical experience in diagnosis and treatment of substance abuse-related disorders. They must also complete qualification training and fulfill obligations for continuing education courses. While SAPs do make recommendations to the employer about an employee’s readiness to perform safety-sensitive duties, SAPs are neither an advocate for the employee or the employer, and they make return-to-duty recommendations according to their professional and ethical standards as well as DOT’s regulations.

Remember: Even if a SAP believes that you are ready to return to work, an employer is under no obligation to return you to work. Under the regulations, hiring and reinstatement decisions are left to the employer. Also, under FAA regulations, SAPs cannot return a pilot to duty without the prior approval of the FAA’s Federal Air Surgeon.

How do I find a SAP?
If you violate a DOT drug or alcohol rule, your employer is required to provide you with a list of SAPs’ names, addresses, and phone numbers that are available to you and acceptable to them. This is true even if your employer terminates your employment.

Will I lose my job if I violate drug & alcohol regulations?
DOT regulations do not address employment actions such as hiring, firing or granting leaves of absence. All employment decisions are the responsibility of the employers. Under Federal regulations, the main requirement for employers is to immediately remove employees from performing DOT safety-sensitive jobs. Be aware that a positive or refused DOT drug or alcohol test may trigger additional consequences based on company policy or employment agreement.

While you may not lose your job, you may lose your certification or license to perform that job. Be sure to check industry specific regulations. For example, someone operating a commercial motor vehicle may not lose their state-issued CDL, but they will lose their ability to perform any DOT regulated safety-sensitive tasks.

Employers cannot charge employees for the SAP list.
**Will my results be confidential?**

Your test results are confidential. An employer or service agent (e.g. testing laboratory, MRO or SAP) is not permitted to disclose your test results to outside parties without your written consent. But, your test information may be released (without your consent) in certain situations, such as: legal proceedings, grievances, or administrative proceedings brought by you or on your behalf, which resulted from a positive or refusal. When the information is released, the employer must notify you in writing of any information they released.

**Will the results follow me to different employers?**

Yes, your drug & alcohol testing history will follow you to your new employer, if that employer is regulated by a DOT agency. Employers are required by law to provide records of your drug & alcohol testing history to your new employer. This is to ensure that you have completed the return-to-duty process and are being tested according to your follow-up testing plan.

**What should I do if I have a drug or alcohol abuse problem?**

Seek help. Jobs performed by safety-sensitive transportation employees keep America’s people and economy moving. Your work is a vital part of everyday life. Yet, by abusing drugs or alcohol, you risk your own life, your co-workers lives and the lives of the public.

Most every community in the country has resources available to confidentially assist you through the evaluation and treatment of your problem. If you would like to find a treatment facility close to you, check with your local yellow pages, local health department or visit the U.S. Department of Health and Human Services treatment facility locator at http://findtreatment.samhsa.gov/. This site provides contact information for substance abuse treatment programs by state, city and U.S. Territory.

Also, many work-place programs are in place to assist employees and family members with substance abuse, mental health and other problems that affect their job performance. While they may vary by industry, here is an overview of programs that may be available to you:

**Employee Assistance Programs (EAPs)**

While not required by DOT agency regulations, EAPs may be available to employees as a matter of company policy. EAPs are generally provided by employers or unions.

**Note:** Many employees believe they only need to contact an EAP counselor if they have a positive drug and/or alcohol test. Not true!

EAP programs vary considerably in design and scope. Some focus only on substance abuse problems; others undertake a broad brush approach to a range of employee and family problems. Some include prevention, health and wellness activities. Some are linked to the employee health benefit structures. These programs offer nearly full privacy and confidentiality, unless someone’s life is in danger.
Do you know what programs are available at your job? Be sure to ask your employer!

**Voluntary Referral Programs**
Often sponsored by employers or unions, referral programs provide an opportunity to self-report to your employer a substance abuse problem before you violate testing rules. This gives you an opportunity for evaluation and treatment, while at times guaranteeing your job. Be sure to check your company to see if there is a voluntary referral program.

**Remember**: Self-reporting just after being notified of a test does not release you from your responsibility of taking the test, and it also does not qualify as a voluntary referral.

**Peer Reporting Programs**
Generally sponsored by employers or unions, you are encouraged or required to identify co-workers with substance abuse problems. The safety of everyone depends on it. Using peers to convince troubled friends and co-workers with a problem is one of the strengths of the program, often guaranteeing the co-worker struggling with substance abuse issues the same benefits as if he had self-reported.

**Education and Training Programs (required by all Agencies)**
Topics may include the effects of drugs & alcohol use, company testing policies, DOT testing regulations and the consequences of a positive test. Materials may also contain information on how employees can get in touch with their Employee Assistance Programs and community service hot-lines.

In addition, supervisors sometimes receive additional training in the identification and documentation of signs and symptoms of employee’s drug and/or alcohol use that trigger a reasonable suspicion drug or alcohol test.

**Did you know?**
Did you know that 6 out of 10 people suffering from substance abuse problems also suffer from mental conditions like depression? Research has long documented that people suffering from depression try to self-medicate themselves through alcohol and other drugs. Typically, many of these individuals fail to remain clean and sober after rehabilitation because their underlying medical problem is not addressed and the cycle of self-medication begins again.

**Remember**: If you have substance abuse issues, there is a 60% chance that you are also suffering from an underlying mental condition like depression.

Increase your chances of rehabilitation. Be sure to ask your doctor or other mental health professionals about depression as it relates to substance abuse issues.

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11 The Dual Challenge of Substance Abuse and Mental Disorders, NIDA Director Nora D. Volkow, M.D., NIDA Notes, Vol. 18, No. 5.
But, I have more questions?

ODAPC is available to help answer anyone’s questions regarding DOT drug & alcohol testing regulations. Please contact us at 202-366-DRUG (3784) or visit our website at www.dot.gov/ost/dapc for frequently asked questions, official interpretations of the regulations and regulatory guidelines.

If you have questions regarding DOT agency regulations on a specific industry, contact the agencies drug & alcohol abatement offices listed in the Appendix.

Appendix

Drug & Alcohol Program Manager Contact Information

U.S. Department of Transportation

FTA    Public Transportation (617) 494-2395    www.fta.dot.gov
FRA    Railroads         (202) 493-6313    www.fra.dot.gov
PHMSA  Pipeline          (202) 550-0629    www.phmsa.dot.gov

U.S. Department of Homeland Security

USCG   Maritime          (202) 372-1033    http://marineinvestigations.us

U.S. Department of Transportation
Office of the Secretary
Office of Drug & Alcohol Policy & Compliance
1200 New Jersey Avenue, SE
Room W62-300
Washington, DC  20590

202.366.DRUG (3784)
202.366.3897 fax
odapcwebmail@dot.gov
www.dot.gov/ost/dapc
Consequences

- A positive drug test result, an alcohol concentration of .04 or more or a refusal requires the driver to be immediately removed from operating any CMV on public roadways. The employer must provide the driver with a list of acceptable SAPs from which to choose to begin the "return-to-duty" process. This process must be completed before a driver who has tested positive, or refused a drug test, can legally return to driving CMVs for any employer, including an owner operator.

- The impact of testing positive or refusing to test can be devastating for the driver’s family. It often results in extended periods of unemployment, due to the time necessary to complete the "return-to-duty" process with a qualified SAP and the tendency of employers not to hire drivers with drug or alcohol histories.

- Even after completing the "return-to-duty" process and finding employment, the additional return-to-duty and follow-up testing often adds increased stress and financial strain on the driver.

For additional research and reading on the Federal Motor Carrier Safety Administration’s Drug and Alcohol Testing Regulations, please visit:

The U.S. Department of Transportation (DOT) drug and alcohol testing regulations for Commercial Driver Licensed (CDL) employees are contained in 49 CFR Part 382, and 49 CFR Part 40. These regulations can be found at: www.fmcsa.dot.gov

This brochure summarizes the regulations as they apply to CDL drivers, and is intended to better educate drivers about their rights and obligations as participants in a DOT drug and alcohol testing program.

Who Must Be Tested?

All CDL drivers operating commercial motor vehicles (CMVs) (greater than 26,000 GVWR, or transporting more than 16 passengers, including the driver, or placarded hazardous materials) on public roadways must be DOT drug and alcohol tested. This applies to any driver required to possess a CDL, including those employed by Federal, State, and local government agencies, owner operators,” and equivalently licensed drivers from foreign countries. Part-time drivers must also be included in an employer’s drug and alcohol testing program. Drivers who only operate CMVs on private property not open to the public do not require testing.

Required Tests

CDL drivers are subject to each of the following types of tests:

Pre-Employment – New drivers must be drug tested with a negative result before an employer can permit them to operate a CMV on a public road. Alcohol testing is permitted only if it applies to all CDL drivers. If a driver is removed from a random testing pool for more than 30 days, the driver must again be pre-employment tested.

Post-Accident – CDL drivers must be drug and alcohol tested whenever they are involved in a fatal accident, or receive a traffic citation resulting from an injury or vehicle-disabling accident. The alcohol test must occur within 8 hours, and the drug test must occur within 32 hours.

Random Testing – CDL drivers are subject to unannounced random testing. A driver may be directed to take a drug test even when at home in an off-duty status. Random alcohol testing may only occur when the driver is on-duty or immediately before or after. Once notified to report for random testing, the driver must immediately report to the testing location. A delayed arrival may be considered a refusal (see 49 CFR 40.191), which is equivalent to testing positive.

Reasonable Suspicion – DOT-trained supervisors can direct a driver to be drug or alcohol tested whenever he or she exhibit signs of drug or alcohol abuse. The decision must be based on observations concerning the appearance, behavior, speech, or body odors of the driver.

Return-to-Duty – Return-to-duty tests require “direct observation” as prescribed in 49 CFR 40.67. They are only required after an employee has completed the “return-to-duty” process, before returning to perform a safety sensitive function (i.e., driving CMVs). They may replace the pre-employment test for “positive” tested and “refusal” drivers.

Follow-Up – Follow-up drug and alcohol tests are required as prescribed by the substance abuse professional (SAP) who signs the return-to-duty report. They consist of a minimum of at least six unannounced directly observed tests conducted during the first 12 months following the return-to-duty test. The SAP can prescribe follow-up testing for a maximum of 5 years for drivers who have tested “positive” or “refused to test.” Follow-up testing is in addition to any selections for random testing.

Testing Procedures

- Once notified to report for testing, a CDL driver must report to the collection site immediately (For additional information on the collection, please refer to: www.transportation.gov/odapc).
- DOT drug testing only recognizes urinalysis as a valid means for drug testing. If problems are identified, a driver may be required to retest under direct observation. A driver is only permitted three hours to produce a urine specimen. Leaving the collection site before the process has been completed may be declared a “refusal.” In addition, if unable to provide a specimen as required, a driver is subject to the “shy bladder” evaluation that can result as a refusal due to the absence of a medical condition as deemed by the medical review officer (MRO).
- Once tested, the laboratory will report the analysis to a MRO. If the analysis indicates a positive result, the MRO will contact the driver to determine whether there are circumstances that would explain the positive result. If there are none, the MRO will report a positive result to the employer.
Appendix H to Part 40 – DOT Drug and Alcohol Testing Management Information System (MIS) Data Collection Form

The following form is the MIS Data Collection form required for use to report calendar year MIS data.

I. Employer:

Company Name: 

Doing Business As (DBA) Name (if applicable): 

Address: 

E-mail: 

Name of Certifying Official: 

Signature: 

Telephone: ( ) 

Date Certified: 

Telephone: ( ) 

Prepared by (if different): 

C/TPA 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  

FAA – Aviation: Certificate # (if applicable): 

Plan / Registration # (if applicable): 

PHMSA – Pipeline: (Check) Gas Gathering__ Gas Transmission__ Gas Distribution__ Transport Hazardous Liquids__ Transport Carbon Dioxide__ 

USCG – Maritime: Vessel ID # (USCG- or State-Issued): 

Maritime: (Check) Gas Gathering__ Gas Transmission__ Gas Distribution__ Transport Hazardous Liquids__ Transport Carbon Dioxide__ 

FRA – Railroad: Total Number of observed/documented Part 219 “Rule G” Observations for covered employees: 

FTA – Transit 

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

(B) Enter Total Number of Employee Categories: 

(C) Enter Total Number of Employee Categories: 

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number Of Test Results</th>
<th>Verified Negative Results</th>
<th>Verified Positive Results for One Or More Drugs</th>
<th>Positive For Marijuana</th>
<th>Positive For Cocaine</th>
<th>Positive For PCP</th>
<th>Positive For Opiates</th>
<th>Positive For Amphetamines</th>
<th>Refusal Results</th>
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<tbody>
<tr>
<td>Pre-Employment</td>
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<td>Return-to-Duty</td>
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IV. Alcohol Testing Data:

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<thead>
<tr>
<th>Type of Test</th>
<th>Total Number Of Test Results</th>
<th>Screening Tests With Results Below 0.02</th>
<th>Screening Tests With Results 0.02 Or Greater</th>
<th>Number Of Confirmation Tests Results</th>
<th>Confirmation Tests With Results 0.02 Through 0.039</th>
<th>Confirmation Tests With Results 0.04 Or Greater</th>
<th>Refusal Results</th>
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<tr>
<td>Pre-Employment</td>
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PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)
A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 90 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

Title 18, USC Section 1001, makes it a criminal offense subject to a maximum fine of $10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements of representations in any matter within the jurisdiction of any agency of the United States.
Drug and Alcohol Testing MIS Data Collection Form Instructions

Revised January, 2018
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U.S. DEPARTMENT OF TRANSPORTATION

DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM
INSTRUCTION SHEET

Read the entire document before completing the MIS form.

The Management Information System (MIS) form consists of four sections:

Section I. Employer Information;
Section II. Covered Employees (i.e., employees performing DOT regulated safety-sensitive duties) information;
Section III. Drug Testing Data; and
Section IV. Alcohol Testing Data.

If you are preparing reports for more than one DOT agency, then you must submit DOT agency-specific forms.

If requested or required by the DOT agency that you submit the MIS form electronically, you can do so by using this link https://www.transportation.gov/odapc/MISreporting.

If completing the paper form, type or print entries legibly in black ink.

The following instructions are broken out by sections as identified on the MIS form:

Calendar Year Covered by this Report: Enter the appropriate year.

Section I. Employer Information

The employer information needs only to be provided once per submission. However, you must submit a separate page of data for each employee category for which you report testing data.

1. Enter your company’s name, to include when applicable, your “doing business as” name; current address, city, state, and zip code; and an e-mail address, if available.
2. Enter the printed name, signature, and complete telephone number of the company official certifying the accuracy of the report and the date that person certified the report as complete.
3. If someone other than the certifying official completed the MIS form, enter that person’s name and phone number on the appropriate lines provided.
4. If a Consortium/Third Party Administrator (C/TPA) performs administrative services for your drug and alcohol program operation, enter its name and phone number on the appropriate lines provided.
5. DOT Agency Information: **Check the box next to the DOT agency for which you are completing this MIS form.** Again, if you are submitting to multiple DOT agencies, you must use separate forms for each DOT agency.

- If you are completing the form for:
  - **FMCSA:** enter your FMCSA DOT Number, as appropriate. In addition, you must indicate whether you are an owner-operator (i.e., an employer who employs only himself or herself as a driver) and whether you are exempt from providing MIS data. Exemptions are noted in the FMCSA regulation at 382.103(d).
  - **FAA:** enter your FAA Certificate Number and FAA Antidrug Plan / Registration Number, when applicable.
  - **PHMSA:** check the additional box(s) indicating your type of operation.
  - **FRA:** enter the number of observed/document Part 219 “Rule G” Observations for covered employees.
  - **USCG:** enter the vessel ID number. If there is more than one number, enter the numbers separately.

**Section II. Covered Employees**

Here is a full listing of covered-employee categories:

**FMCSA (one category):** Driver

**FAA (nine categories):** Flight Crewmember; Flight Attendant; Flight Instructor; Aircraft Dispatcher; Aircraft Maintenance and preventive maintenance; Ground Security Screener; Aviation Screener; Air Traffic Controller; Operations Control Specialist

**PHMSA (one category):** Operation/Maintenance/Emergency Response

**FRA (six categories):** Engine Service; Train Service; Dispatcher/Operation; Signal Service; Other [Includes yardmasters, hostlers (non-engineer craft), bridge tenders; switch tenders, and other miscellaneous employees performing 49 CFR 228.5 (c) defined covered service.]; Roadway Worker/Maintenance-of-Way [as defined in 49 CFR Part 214.7]

**USCG (one category):** Crewmember

**FTA (five categories):** Revenue Vehicle Operation; Revenue Vehicle and Equipment Maintenance; Revenue Vehicle Control/Dispatch; CDL/Non-Revenue Vehicle; Armed Security Personnel

1. **In Box II-A,** enter the total number of covered employees (i.e., employees performing DOT regulated safety-sensitive duties) who work for your company. Then enter, in Box II-B, the total number of employee categories that number represents.
If you have employees, some of whom perform duties under one DOT agency and others of whom perform duties under another DOT agency, enter only the number of those employees performing duties under the DOT agency for whom you are submitting the form.

If you have covered employees who perform multi-DOT agency functions (e.g., an employee drives a commercial motor vehicle and performs pipeline maintenance duties for you), count the employee only on the MIS report for the DOT agency regulating more than 50 percent of the employee’s safety sensitive function.

Example: If you are submitting the information for the FRA and you have 2000 covered employees performing duties in all FRA-covered service categories – you would enter “2000” in the first box (II-A) and “6” in the second box (II-B), because FRA has six safety-sensitive employee categories and you have employees in all of these groups. If you have 1000 employees performing safety-sensitive duties in three FRA-covered service categories (e.g., engine service, train service, and dispatcher/operation), you would enter “1000” in the first box (II-A) and “3” in the second box (II-B).

**TIP** – To calculate the total number of covered employees, add the total number of covered employees eligible for testing during each random testing selection period for the year and divide that total by the number of random testing periods. (However, no company will need to factor the average number of employees more often than once per month.) For instance, a company conducting random testing quarterly needs to add the total of covered employees they had in the random pool when each selection was made; then divide this number by 4 to obtain the yearly average number of covered employees.

*It is extremely important that you place all eligible employees into these random pools.*

[As an example, if Company A had 1500 employees in the first quarter random pool, 2250 in the second quarter, 2750 in the third quarter; and 1500 in the fourth quarter; 1500 + 2250 + 2750 + 1500 = 8000; 8000 / 4 = 2000; the total number of covered employees for the year would be reported as, “2000”.

If you conduct random selections more often than once per month (e.g., you select daily, weekly, bi-weekly), you do not need to compute this total number of covered employees rate more than on a once per month basis. Therefore, employers need not compute the covered employees rate more than 12 times per year.]

2. If you are reporting multiple employee categories, enter the specific employee category in box II-C; and provide the number of employees performing safety-sensitive duties in that specific category.
Example: You are submitting data to the FTA and you have 2000 covered employees. You have 1750 personnel performing revenue vehicle operation and the remaining 250 are performing revenue vehicle and equipment maintenance. When you provide vehicle operation information, you would enter “Revenue Vehicle Operation” in the first II-C box and “1750” in the second II-C box. When you provide data on the maintenance personnel, you would enter “Revenue Vehicle and Equipment Maintenance” in the first II-C box and “250” in the second II-C box.

**TIP ~ A separate form for each employee category must be submitted.** You may do this by filling out a single MIS form through Section II-B and then make one copy for each additional employee category you are reporting.

For instance, if you are submitting the MIS form for the FMCSA, you need only submit one form for all FMCSA covered employees working for you – your only category of employees is “driver.” If you are reporting testing data to the FAA and you employ only flight crewmembers, flight attendants, and aircraft maintenance workers, you need to complete one form each for category – three forms in all. If you are reporting to FAA and have all FAA categories of covered employees, you must submit nine forms.

**Section III. Drug Testing Data**

This section summarizes the drug testing results for all covered employees (to include applicants). The table in this section requires drug test data by test type and by result.

*The categories of test types are:*

- Pre-Employment
- Post-Accident
- Return-to-Duty
- Random
- Reasonable Suspicion / Reasonable Cause
- Follow-Up

*The categories of type of results are:*

- Total Number of Test Results [excluding cancelled tests];
- Verified Negative;
- Verified Positive;
- Positive for Marijuana;
- Positive for Cocaine;
- Positive for PCP;
- Positive for Opiates;
- Positive for Amphetamines;
- Refusals due to:
  - Adulterated, Substituted,
  - “Shy Bladder” with No Medical Explanation, and
  - Other Refusals to Submit to Testing; and
- Cancelled Results.
**TIP ~ Pre-Employment** - Be sure to enter all testing data regardless of whether an applicant was hired or not.

**Reasonable Suspicion and Reasonable Cause** - You do not need to separate this drug testing data on the MIS form. [Therefore, if you conducted only reasonable suspicion drug testing (i.e., FMCSA and FTA), enter that data; if you conducted only reasonable cause drug testing (i.e., FAA, PHMSA, and USCG); or if you conducted both under FRA drug testing rules, simply enter the data with no differentiation.]

**Post-Accident:** For USCG, enter any “Serious Marine Incident” drug test result. For FRA, do not enter post accident data (the FRA does not collect this data on the MIS form).

Cancelled tests are not included in the “total number of test results” column.

Finally, enter “0” (zero) in any row or column in which there were no results.

### Section III, Column 1. Total Number of Test Results
This column requires a count of the total number of test results in each testing category during the entire reporting year. Count the number of test results as the number of testing events resulting in negative, positive, and refusal results. Do not count cancelled tests in this total.

**Example:** A company that conducted fifty pre-employment tests would enter “50” on the Pre-Employment row. If it conducted one hundred random tests, “100’ would be entered on the Random row. If that company did no post-accident, reasonable suspicion, reasonable cause, return-to-duty, or follow-up tests, zeros would be entered in those categories.

### Section III, Column 2. Verified Negative Results
This column requires a count of the number of tests in each testing category that the Medical Review Officer (MRO) reported as negative. Do not count a negative-dilute result if, subsequently, the employee underwent a second collection; the second test is the test of record.

**Example:** If forty-seven of the company’s fifty pre-employment tests were reported negative, “47” would be entered in Column 2 on the Pre-Employment row. If ninety of the company’s one hundred random test results were reported negative, “90” would be entered in Column 2 on the Random row. Because the company did no other testing, “0” (zero) would be entered in those other categories.

### Section III, Column 3. Verified Positive Results ~ For One Or More Drugs
This column requires a count of the number of tests in each testing category that the MRO reported as positive for one or more drugs. When the MRO reports a test positive for two drugs, it would count as one positive test.
Example: If one of the fifty pre-employment tests was positive for two drugs, “1” would be entered in Column 3 on the Pre-Employment row. If four of the company’s one hundred random test results were reported positive (three for one drug and one for two drugs), “4” would be entered in Column 3 on the Random row.

Section III, Columns 4 through 8. Positive (for specific drugs) ~
These columns require entry of the by-drug data for which specimens were reported positive by the MRO.

Example: The pre-employment positive test reported by the MRO was positive for marijuana, “1” would be entered in Column 4 on the Pre-Employment row. If three of the four positive results for random testing were reported by the MRO to be positive for marijuana, “3” would be entered in Column 4 on the Random row. If one of the four positive results for random testing was reported positive for both PCP and opiates, “1” would be entered in Column 6 on the Random row and “1” would be entered in Column 7 of the Random row.

TIP ~ Column 1 should equal the sum of Columns 2, 3, 9, 10, 11, and 12. Remember you have not counted specimen results that were ultimately cancelled. So, Column 1 = Column 2 + Column 3 + Column 9 + Column 10 + Column 11 + Column 12. Certainly, double check your records to determine if your actual results count is reflective of all negative, positive, and refusal counts.

An MRO may report that a specimen is positive for more than one drug. When that happens, to use the company example above (i.e., one random test was positive for both PCP and opiates), the positive results should be recorded in the appropriate columns – PCP and opiates in this case. There is no expectation for Columns 4 through 8 numbers to add up to the numbers in Column 3 when you report multiple positives.

Section III, Columns 9 through 12. Refusal Results
The refusal section is divided into four refusal groups – they are:

- **Adulterated and Substituted:**
  The MRO reports these two types of refusals because of laboratory test findings.

- **“Shy Bladder” ~ With No Medical Explanation:**
  When an individual does not provide enough urine at the collection site, the MRO conducts or causes to have conducted a medical evaluation to determine if there exists a medical reason for the person’s inability to provide the appropriate amount of urine. If there is no medical reason to support the inability, the MRO reports the result to the employer as a refusal to test. Refusals of this type are reported in the “Shy Bladder” ~ With No Medical Explanation category.
• **Other Refusals to Submit to Testing:**
  Additional reasons exist for a test to be considered a refusal. Some examples are:
  - the employee fails to report to the collection site as directed by the employer;
  - the employee leaves the collection site without permission;
  - the employee fails to empty his or her pockets at the collection site;
  - the employee refuses to have a required shy bladder evaluation.
  (Again, these are only four examples: there are more.)

**Section III, Column 9. Adulterated**
This column requires the count of the number of tests reported by the MRO as refusals because the specimens were adulterated.

**Example:** If one of the fifty pre-employment tests was adulterated, “1” would be entered in Column 9 of the Pre-Employment row.

**Section III, Column 10. Substituted**
This column requires the count of the number of tests reported by the MRO as refusals because the specimens were substituted.

**Example:** If one of the 100 random tests was substituted, “1” would be entered in Column 10 of the Random row.

**Section III, Column 11. “Shy Bladder” ~ With No Medical Explanation**
This column requires the count of the number of tests reported by the MRO as being a refusal because there was no legitimate medical reason for an insufficient amount of urine.

**Example:** If one of the 100 random tests was a refusal because of shy bladder, “1” would be entered in Column 11 of the Random row.

**Section III, Column 12. Other Refusals To Submit To Testing**
This column requires the count of refusals other than those already entered in Columns 9 through 11.

**Example:** If the company entered “100” as the number of random specimens collected, however it had five employees who refused to be tested without submitting specimens: two did not show up at the collection site as directed; one refused to empty his pockets at the collection site; and two left the collection site rather than submit to a required directly observed collection. Because of these five refusal events, “5” would be entered in Column 11 of the Random row.

**TIP ~ Even though some testing events result in a refusal in which no urine was collected and sent to the laboratory, a “refusal” is still a final test result. Therefore, your overall numbers for test results (in Column 1) will equal the total number of negative tests (Column 2); positives (Column 3); and refusals (Columns 9, 10, 11, and 12). Do not worry that no urine was processed at the laboratory for some refusals; all refusals are counted as a testing event for MIS purposes and for establishing random rates.**
**Section III, Column 13. Cancelled Tests**

This column requires a count of the number of tests in each testing category that the MRO reported as cancelled. You must not count any cancelled tests in Column 1 or in any other column. For instance, you must not count a positive result (in Column 3) if it had ultimately been cancelled for any reason (e.g., specimen was initially reported positive, but the split failed to reconfirm).

**Example:** If a pre-employment test was reported cancelled, “1” would be entered in Column 13 on the Pre-Employment row. If three of the company’s random test results were reported cancelled, “3” would be entered in Column 13 on the Random row.

**TOTAL Line. Columns 1 through 13**

This line requires you to add the numbers in each column and provide the totals.
Section IV. Alcohol Testing Data

This section summarizes the alcohol testing conducted for all covered employees (to include applicants). The table in this section requires alcohol test data by test type and by result.

Do not fill-out Section IV if you are a USCG-regulated employer. USCG-regulated employers do not report alcohol test results on the MIS form.

The categories of test types are:

- Pre-Employment;
- Random;
- Post-Accident;
- Reasonable Suspicion / Reasonable Cause;
- Return-to-Duty, and
- Follow-Up.

The categories of results are:

- Number of Screening Test Results;
- Screening Tests with Results Below 0.02;
- Screening Tests with Results 0.02 or Greater;
- Number of Confirmation Test Results;
- Confirmation Tests with Results 0.02 through 0.039;
- Confirmation Tests with Results 0.04 or Greater;
- Refusals due to “Shy Lung” with No Medical Explanation, and Other Refusals to Submit to Testing; and
- Cancelled Results.

TIP ~ Pre-Employment - Be sure to enter all testing data regardless of whether an applicant was hired or not. Of course, for most employers pre-employment alcohol testing is optional, so you may not have conducted this type of testing.

Reasonable Suspicion and Reasonable Cause - You do not need to separate this alcohol testing data on the MIS form. [Therefore, if you conducted only reasonable suspicion alcohol testing (i.e., FMCSA, FAA, FTA, and PHMSA), enter that data; if you conducted both reasonable suspicion and reasonable cause alcohol testing (i.e., FRA), simply enter the data with no differentiation.]

PHMSA does not authorize “random” testing for alcohol.

Finally, enter “0” (zero) in any row or column in which there were no results.
**Section IV, Column 1. Total Number of Screening Test Results**

This column requires a count of the total number of screening test results in each testing category during the entire reporting year. Count the number of screening tests as the number of screening test events with final screening results of below 0.02, of 0.02 through 0.039, of 0.04 or greater, and all refusals. Do not count cancelled tests in this total.

**Example:** A company that conducted twenty pre-employment tests would enter “20” on the Pre-Employment row. If it conducted fifty random tests, “50” would be entered. If that company did no post-accident, reasonable suspicion, reasonable cause, return-to-duty, or follow-up tests, “0” (zero) would be entered in those categories.

**Section IV, Column 2. Screening Tests With Results Below 0.02**

This column requires a count of the number of tests in each testing category that the BAT or STT reported as being below 0.02 on the screening test.

**Example:** If seventeen of the company’s twenty pre-employment screening tests were reported as being below 0.02, “17” would be entered in Column 2 on the Pre-Employment row. If forty-four of the company’s fifty random screening test results were reported as being below 0.02, “44” would be entered in Column 2 on the Random row. Because the company did no other testing, “0” (zero) would be entered in those categories.

**Section IV, Column 3. Screening Tests With Results 0.02 Or Greater**

This column requires a count of the number of screening tests in each testing category that BAT or STT reported as being 0.02 or greater on the screening test.

**Example:** If one of the twenty pre-employment tests was reported as being 0.02 or greater, “1” would be entered in Column 3 on the Pre-Employment row. If four of the company’s fifty random test results were reported as being 0.02 or greater, “4” would be entered in Column 3 on the Random row.

**Section IV, Column 4. Number of Confirmation Test Results**

This column requires entry of the number of confirmation tests that were conducted by a BAT as a result of the screening tests that were found to be 0.02 or greater. In effect, all screening tests of 0.02 or greater should have resulted in confirmation tests. Ideally the number of tests in Column 3 and Column 4 should be the same. However, we know that this required confirmation test sometimes does not occur. In any case, the number of confirmation tests that were actually performed should be entered in Column 4.

**Example:** If the one pre-employment screening test reported as 0.02 or greater had a subsequent confirmation test performed by a BAT, “1” would be entered in Column 4 on the Pre-Employment row. If three of the four random screening tests that were found to be 0.02 or greater had a subsequent confirmation test performed by a BAT, “3” would be entered in Column 4 on the Random row.
**Section IV, Column 5. Confirmation Tests With Results 0.02 Through 0.039**

This column requires entry of the number of confirmation tests that were conducted by a BAT that led to results that were 0.02 through 0.039.

**Example:** If the one pre-employment confirmation test yielded a result of 0.042, zero would be entered in Column 5 of the Pre-Employment row. If two of the random confirmation tests yielded results of 0.03 and 0.032, “2” would be entered in Column 5 of the Random row.

**Section IV, Column 6. Confirmation Tests With Results 0.04 Or Greater**

This column requires entry of the number of confirmation tests that were conducted by a BAT that led to results that were 0.04 or greater.

**Example:** Because the one pre-employment confirmation test yielded a result of 0.042, “1” would be entered in Column 6 of the Pre-Employment row. If one of the random confirmation tests yielded a result of 0.04, “1” would be entered in Column 6 of the Random row.

**TIP** ~ Column 1 should equal the sum of Columns 2, 3, 7, and 8. The number of screening tests results should reflect the number of screening tests you have no matter the result (below 0.02 or at or above 0.02, plus refusals to test), unless of course, the tests were ultimately cancelled. So, Column 1 = Column 2 + Column 3 + Column 7 + Column 8. Certainly, double check your records to determine if your actual screening results count is reflective of all these counts.

There is no need to record MIS confirmation tests results below 0.02: That is why we have no column for it on the form. [If the random test that screened 0.02 went to a confirmation test, and that confirmation test yielded a result below 0.02, there is no place for that confirmed result to be entered.] We assume that if a confirmation test was completed but not listed in either Column 5 or Column 6, the result was below 0.02. In addition, if the confirmation test ended up being cancelled, it should not have been included in Columns 1, 3, or 4 in the first place.

**Section IV, Columns 7 and 8. Refusal Results**

The refusal section is divided into two refusal groups – they are:

- **Shy Lung ~ With No Medical Explanation:**
  - When an individual does not provide enough breath at the test site, the company requires the employee to have a medical evaluation to determine if there exists a medical reason for the person’s inability to provide the appropriate amount of breath. If there is no medical reason to support the inability as reported by the examining physician, the employer calls the result a refusal to test: Refusals of this type are reported in the “Shy Lung ~ With No Medical Explanation” category.
- **Other Refusals to Submit to Testing:**
  Additional reasons exist for a test to be considered a refusal. Some examples are:
  - the employee fails to report to the test site as directed by the employer;
  - the employee leaves the test site without permission;
  - the employee fails to sign the certification at Step 2 of the ATF;
  - the employee refuses to have a required shy lung evaluation.
  (Again, these are only four examples; there are more.)

**Section IV, Column 7. “Shy Lung” ~ With No Medical Explanation**

This column requires the count of the number of tests in which there is no medical reason to support the employee’s inability to provide an adequate breath as reported by the examining physician; subsequently, the employer called the result a refusal to test.

**Example:** If one of the 50 random tests was a refusal because of shy lung, “1” would be entered in Column 7 of the Random row.

**Section IV, Column 8. Other Refusals To Submit To Testing**

This column requires the count of refusals other than those already entered in Columns 7.

**Example:** The company entered “50” as the number of random specimens collected, however it had one employee who did not show up at the testing site as directed. Because of this one refusal event, “1” would be entered in Column 8 of the Random row.

**TIP ~ Even though some testing events result in a refusal in which no breath (or saliva) was tested, there is an expectation that your overall numbers for screening tests (in Column 1) will equal the total number of screening tests with results below 0.02 (Column 2); screening tests with results 0.02 or greater (Column 3); and refusals (Columns 7 and 8). Do not worry that no breath (or saliva) was tested for some refusals; all refusals are counted as a screening test event for MIS purposes and for establishing random rates.**

**Section IV, Column 9. Cancelled Tests**

This column requires a count of the number of tests in each testing category that the BAT or STT reported as cancelled. Do not count any cancelled tests in Column 1 or in any other column other than Column 9. For instance, you must not count a 0.04 screening result or confirmation result in any column, other than Column 9, if the test was ultimately cancelled for some reason (e.g., a required air blank was not performed).

**Example:** If a pre-employment test was reported cancelled, “1” would be entered in Column 9 on the Pre-Employment row. If three of the company’s random test results were reported cancelled, “3” would be entered in Column 13 on the Random row.

**TOTAL Line. Columns 1 through 9**

This line requires you to add the numbers in each column and provide the totals.
Changes from previous version:

- This version presents the information in a more reader-friendly format,
- ‘Table of Contents’ was added [pg. 2],
- A web link was provided to submit the MIS form electronically [pg. 3],
- Reference to blind specimens was removed [Section III],
- FRA and FAA employee categories were updated [pg. 4]