



FTA Substance Abuse Training Session

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Pelham, AL

Trainer

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Agenda

- Regulations
- Applicability
- Part 655: Program Requirements
 - Policy
 - Education and training
 - Prohibited substances and behaviors
 - Testing types
 - Records retention and release
 - MIS
- Part 40: Program Requirements
 - Test results and employer actions
 - Previous employer checks
 - Service agents and oversight responsibilities
- Current Issues

The Regulations

- **49 CFR Part 655 (FTA)**

Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations

- **who** is subject to testing
- **when** testing is required

- **49 CFR Part 40 (DOT)**

Procedures for Transportation Workplace Drug and Alcohol Testing Programs

- **how** to conduct testing
- **how** to return an employee to duty after a violation

<http://transit-safety.fta.dot.gov/drugandalcohol/regulations/regulations/default.aspx>



Applicability

Who must have an FTA Drug and Alcohol Program?

Who must have an FTA D&A Program?

- Recipients (Grantees) of FTA Transit Funds
 - 5307: [Urbanized Area Formula](#) (Operating & Capital)
 - 5309: [Transit Capital Investment](#) (Capital)
 - 5339: [Buses and Bus Facilities](#) (Capital)
 - 5311: [Formula Grants for Rural Areas](#) (Operating and Capital)
 - Serving population less than 50,000
- Subrecipients and Contractors of FTA Grantee, when:
 - Recipient (grantee) uses the subrecipient/contractor to provide some or all of its safety-sensitive activities
 - Subrecipient/contractor uses vehicles purchased with FTA capital funding

Who must have an FTA D&A Program?

- Recipient of FTA Capital Assistance (5309/5339)
 - Segregate FTA funding
 - Limit application of FTA testing to capital project funded by FTA
- Recipient of FTA Operating Assistance (5307/5311)
 - FTA funding cannot be segregated
 - All operations are subject to FTA D&A requirements
 - Includes safety-sensitive contractors

Which functions are covered?

1. Operating a revenue service vehicle, including when not in revenue service
2. Operating a non-revenue service vehicle, when required to be operated by a Commercial Driver's License (CDL) holder
3. Controlling dispatch or movement of a revenue service vehicle
4. Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service
5. Carrying a firearm for security purposes

Others who are covered?

- Volunteers who perform a safety-sensitive function if:
 - Required to have a CDL to operate the vehicle; or
 - Receive payment in excess of actual expenses
- Taxi cab operators who contract with FTA recipients
 - Unless patrons can choose from a variety of taxi cab operators (the “Taxicab Exception”)

Shared Mobility (e.g., Uber, Lyft)

Does the Testing Requirement Apply?

- Yes, rules extend to all employees of contractors performing safety-sensitive functions
 - Unless “Taxicab Exception” applies
- What if the drivers are independent contractors?
 - Yes
- What about non-FTA funded pilot programs?
 - Yes
- What if funded with Public Transportation Innovation (§5312) funds?
 - No (even when the recipient also receives §5307, §5309, or §5311 funds)

Who is exempt?

- Maintenance contractors performing services:
 - for 5311 grantees
 - for 5307, 5309, or 5339 grantees serving areas with a population less than 200,000
 - on a one-time or limited, ad-hoc basis
- Commuter rail operators
 - Federal Railroad Administration (FRA)
- Ferryboat Operators
 - Covered mostly by United States Coast Guard
 - Need FTA Random Alcohol

Common Acronyms

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

Key Definitions

DER: an employee authorized to take immediate action to remove employees from safety-sensitive duties. The DER also receives test results

DAPM: an individual responsible for the implementation of the drug and alcohol testing program

CCF: the Federal Drug Testing Form, used to document every DOT urine collection

ATF: the DOT form, used to document every DOT alcohol test

EBT: a device approved by NHTSA for the evidential testing of breath

BAT: a person who instructs and assists employees in the alcohol testing process and operates an EBT



Part 655: Program Requirements

FTA DRUG & ALCOHOL POLICY

- ✓ What is it?
- ✓ What information is included?
- ✓ How do I get one?

FTA D&A Policy: What is it?

- Statement describing the employer's policy on prohibited drug use and alcohol misuse in the workplace
 - Provides clear, concise guidelines to employees regarding the DOT/FTA substance abuse prevention program
 - Informs employees of actions that are prohibited
 - Describes circumstances for testing
 - Defines consequences for rule violations
 - Provides a program implementation guide for the DAPM

FTA D&A Policy: Required Information

- §655.15 Policy Statement Contents

(Checklist in your folder or at <https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/Checklist/PolicyReqsChecklist.aspx>)

FTA D&A Policy: Required Information

You Decide:

- Pre-employment alcohol testing?
- Negative-dilute → accept result or retest?
- Zero tolerance or second chance?
- Company consequences beyond FTA regulatory requirements?

FTA D&A Policy: Allowed Provisions

- May include Drug Free Workplace Act
- May include Prescription/Over-the-Counter drug policy (encouraged)
- **FTA-Required Provisions** vs. **Employer Provisions**
 - Must not conflict
 - Must clearly differentiate

FTA D&A Policy: How do I get one?

- FTA Policy Builder Tool
 - <https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/PolicyBuilder/CreatePolicy.aspx>
 - Sample policies – Appendix A to the Best Practices Manual
 - https://transit-safety.fta.dot.gov/publications/safety/bestpractices/bestpractices_oct2009.pdf
- ★ Be sure to modify for local circumstances

FTA D&A Policy: Distribution

- §655.16: requirement to disseminate policy
 - Must provide written notice to all covered employees of the policy



EDUCATION AND TRAINING

- ✓ Display and distribution of materials
- ✓ 60 minutes for all SS employees
- ✓ 120 minutes for supervisors

Education

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

Training: All Covered Employees

- Minimum of **60 minutes** on drugs - §655.14(b)
 - Effects and consequences of prohibited drug use on personal health, safety, and the work environment
 - Signs and symptoms that may indicate prohibited drug use
 - Additional training (policy, alcohol, etc.) does not count towards 60 minutes

Training: All Covered Employees

- **Free** video available from FTA
 - Meets requirements of section 655.14(b)
 - <https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/DrugAwarenessVideo/>



Training: Supervisors

- §655.14(c): Supervisors and/or other company officials authorized to make reasonable suspicion determinations must receive:
 - Minimum of **60 minutes** on physical, behavioral, and performance indicators of probable drug use
 - Minimum of **60 minutes** on physical, behavioral, and performance indicators of probable alcohol use
- ★ Training must occur prior to making any reasonable suspicion referrals

Training: Record Keeping

★ Maintain documentation of training - **2 years minimum**

- Date and time it took place
- Who attended
- What topics were covered
- Copy of certificate (if given)



PROHIBITED SUBSTANCES AND BEHAVIORS

- ✓ Prohibited drug use
- ✓ Prohibited alcohol use

Prohibited Substances: Drugs

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

*policies listing “opiates” as a prohibited substance must be updated to list “opioids” instead

Prohibited Substances: Drugs

– January 2018 Changes

- Addition of 4 semi-synthetic opioids to testing panel
 - hydrocodone, hydromorphone, oxymorphone, oxycodone
 - Common brand names: Percodan[®], OxyContin[®], Percocet[®], and Vicodin[®]
- Removed MDEA from Amphetamine panel
 - Remove this from your policy if it's currently listed

Prohibited Alcohol Use

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

Refusals to Test

- As a covered employee, you have refused to test if you:
 - Fail to appear for a test within a reasonable time
 - Fail to remain at the testing site until the testing process is complete
 - Fail to attempt to provide a breath or urine specimen
 - Fail to permit monitoring or direct observation, as required
 - Fail to provide a sufficient quantity of breath or urine without a valid medical explanation
 - Fail or decline to take a second test as directed by the collector or employer

Refusals to Test (continued)

- Fail to undergo a medical examination or evaluation, as directed by the MRO or employer
- Fail to cooperate with any part of the testing process
- Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly-observed test
- Possess or wear a prosthetic or other device used to tamper with the collection process

Refusals to Test (continued)

- Admit to adulteration or substitution to the collector/MRO
- Refuse to sign the certification at Step 2 of the ATF
- Fail to remain readily available following an accident
- Provide an adulterated or substituted specimen, as verified by the MRO

A refusal must be treated the same as a positive test

PRE-EMPLOYMENT TESTING

- ✓ Three Situations
- ✓ Drug test required, alcohol test optional
- ✓ PE test refusals
- ✓ Previous employer record checks

Pre-Employment Testing: 3 Situations

- Applicant/New Employee
- Current employee transfers to safety-sensitive position
- Current employee returning from extended leave
 - No SS duties for 90+ consecutive days, AND removed from random testing pool
 - ★ Do not confuse *return-to-duty* tests with *pre-employment* tests
 - *return-to-duty* tests are preceded by a positive/refusal, and are directly observed

Pre-Employment Testing: Drugs

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

Pre-Employment Testing: Drugs

Example 1:



Example 2:



Example 3:



Example 4:



Pre-Employment Testing: Drugs

What happens if...

- A PE test is cancelled?
 - A second test must be conducted
- A PE test is negative dilute?
 - May conduct a second test (refer to your policy)
 - Employee may begin SS functions

Pre-Employment Testing: Alcohol

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

Refusals: Pre-Employment Tests

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

Pre-Employment Testing: Key Points

- ✓ Pre-employment drug test required
- ✓ Must receive negative result before first SS duty

RANDOM TESTING

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

Minimum Random Testing Rates

- **Drugs:** 50% of covered employees*
- **Alcohol:** 10% of covered employees*

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

- Testing rates describe the number of tests that must be conducted each year, *not* the number of people tested
- Testing above minimum rates is allowed
 - Does **not** need to be stated in the D&A policy

Random Selection: Who gets selected?

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

Random Selection Method

- Each employee must have **equal chance** of being selected
- Scientifically valid selection method
 - Random number generator (e.g., Microsoft Excel)
 - Random selection applications (commercial)
- Human hand cannot be involved
 - Cannot pull name out of hat
 - Cannot determine type of test after name is selected



Random Selection: Using Alternates

- Alternates may only be used if the originally selected employee cannot be tested during **entire** selection period
 - Must have a legitimate reason for excusing the original employee (document excusal)

Random Selection Lists

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

Life of the Selection List

- When new selection list is received, previous list becomes invalid
 - Do not attempt to test individuals from previous lists
- After testing, keep selection list and roster for at least **2 years**

Consortiums

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

Consortiums

- Consortiums must be compliant with testing minimums
 - Individual employers may have testing rates above or below minimums at year-end
 - May include employees covered by multiple DOT agencies

Random Testing

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

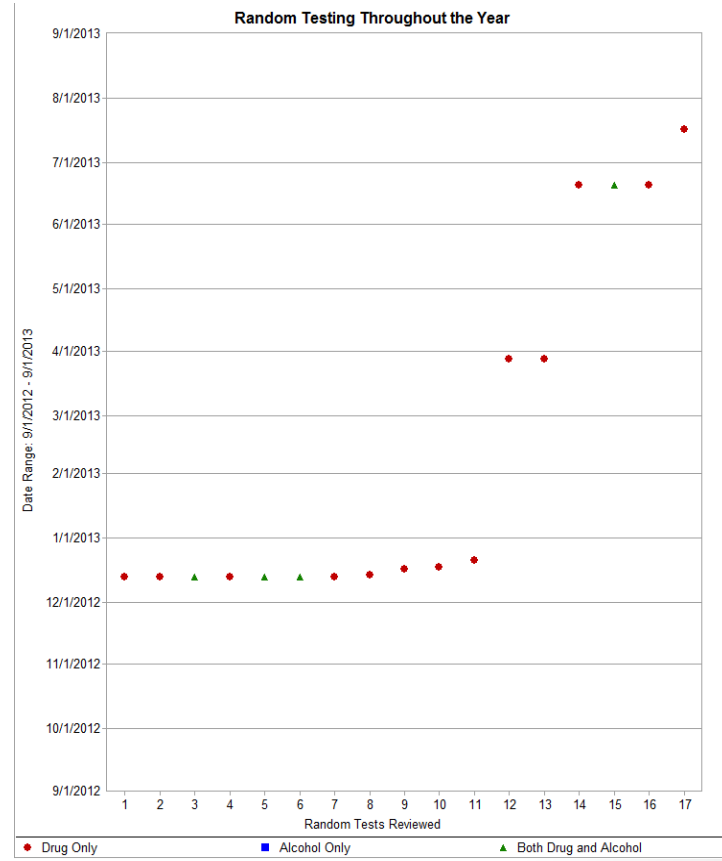
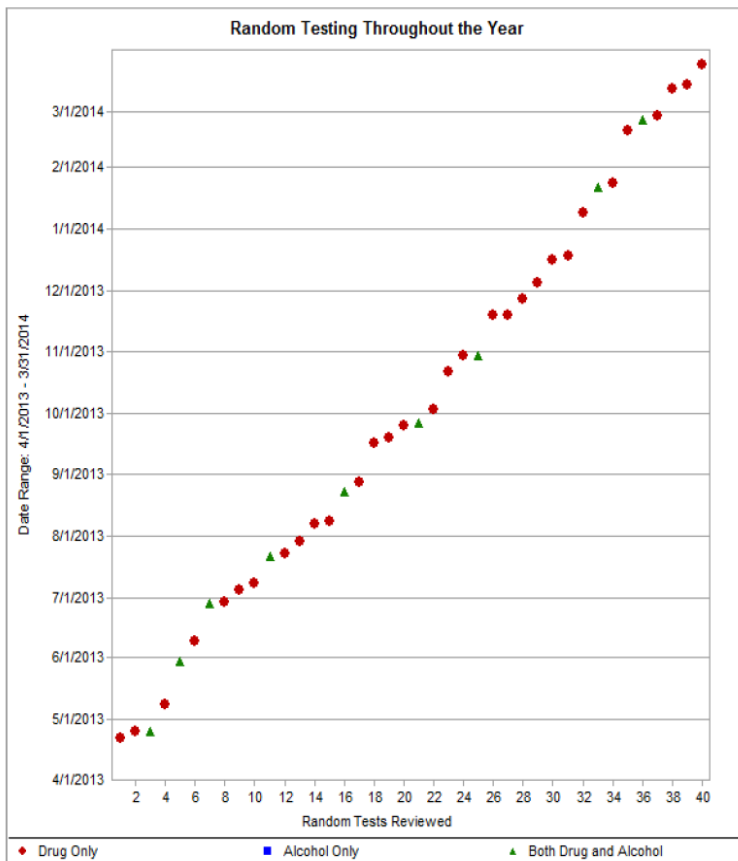
Random Testing

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

Records Review: Graphic Analysis

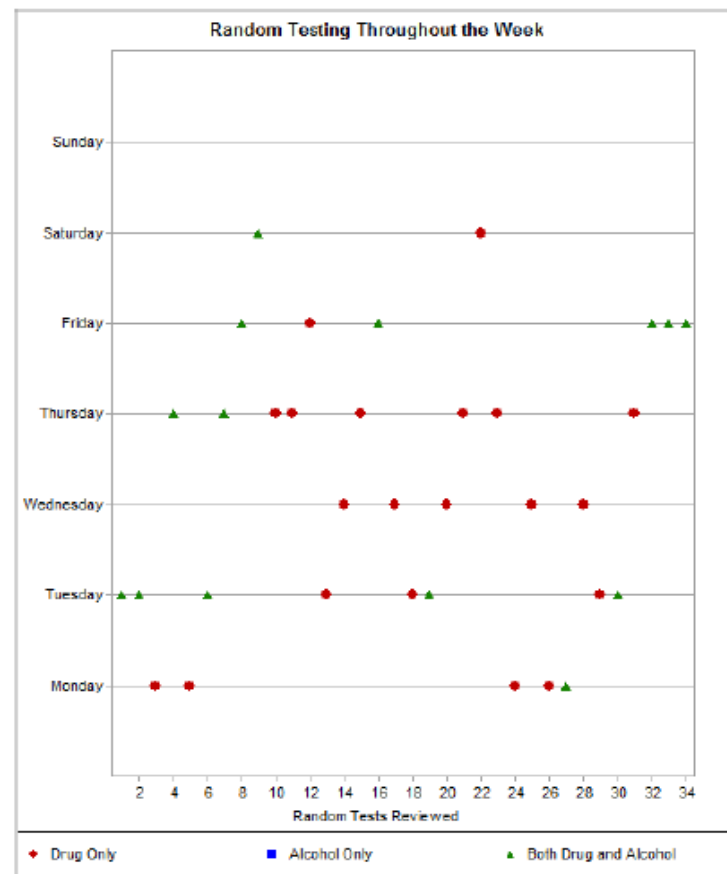
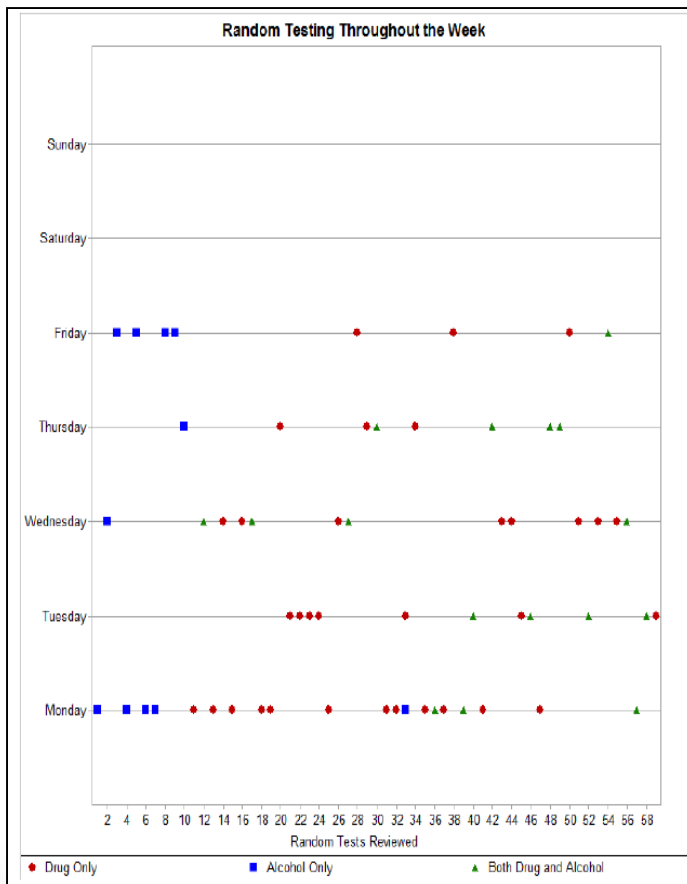
Reasonably spread = GOOD

Batch Testing = BAD



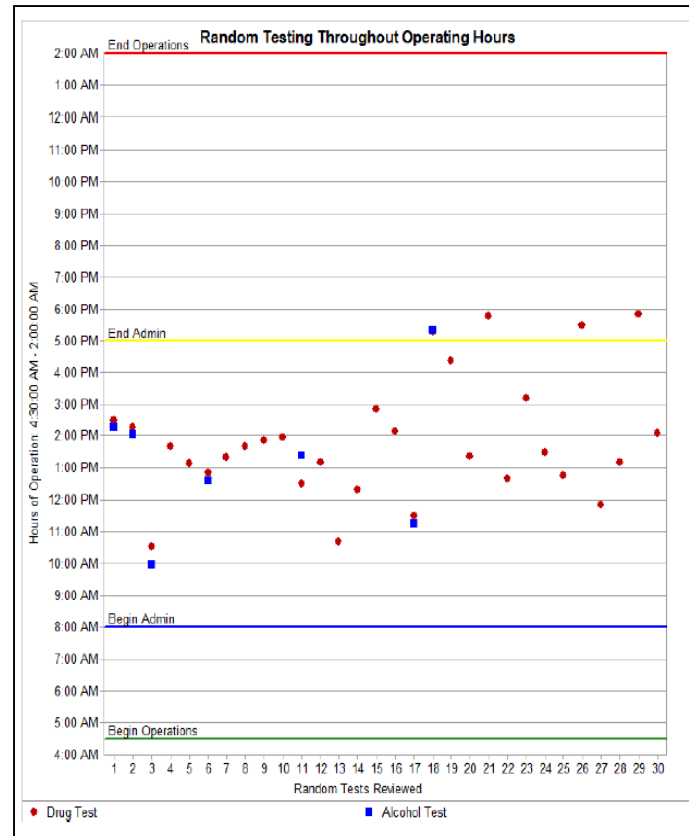
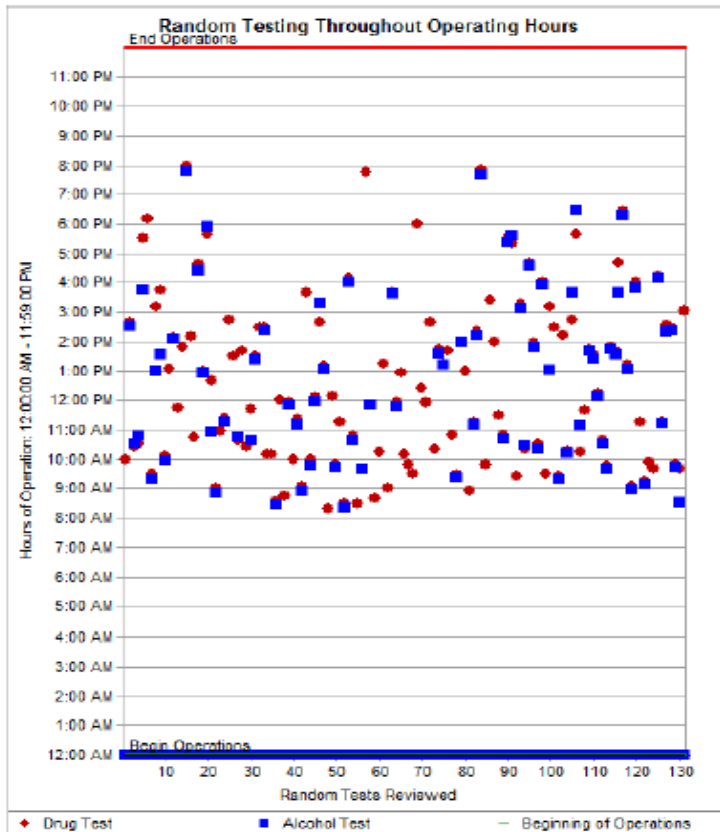
Records Review: Graphic Analysis

Safety Sensitive functions on weekends?



Records Review: Graphic Analysis

Administrative hours or collection site hours?



Records Review: Graphic Analysis

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



Random Testing: Key Points

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

POST-ACCIDENT TESTING

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

Post-Accident Testing Criteria

FTA defines an **accident** as...

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

Post-Accident Testing Criteria

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

Post-Accident Testing Criteria

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

Post-Accident Testing Criteria

- Factors that *do not* trigger FTA Post-Accident testing:
 - Dollar amount of damage
 - Driver citation
 - Insurance or company requirement
 - “Just to be safe”
 - Reasonable suspicion implications
 - At fault vs. preventable



Post-Accident Testing: Who to Test

- **Fatality:**

- Each surviving covered employee operating the public transit vehicle at the time of the accident
- Any other covered employee whose performance could have contributed to the accident

- **No fatality:**

- Each covered employee operating the vehicle at the time of the accident – unless the employee's performance can be completely discounted as a contributing factor
- Any other covered employee whose performance could have contributed to the accident

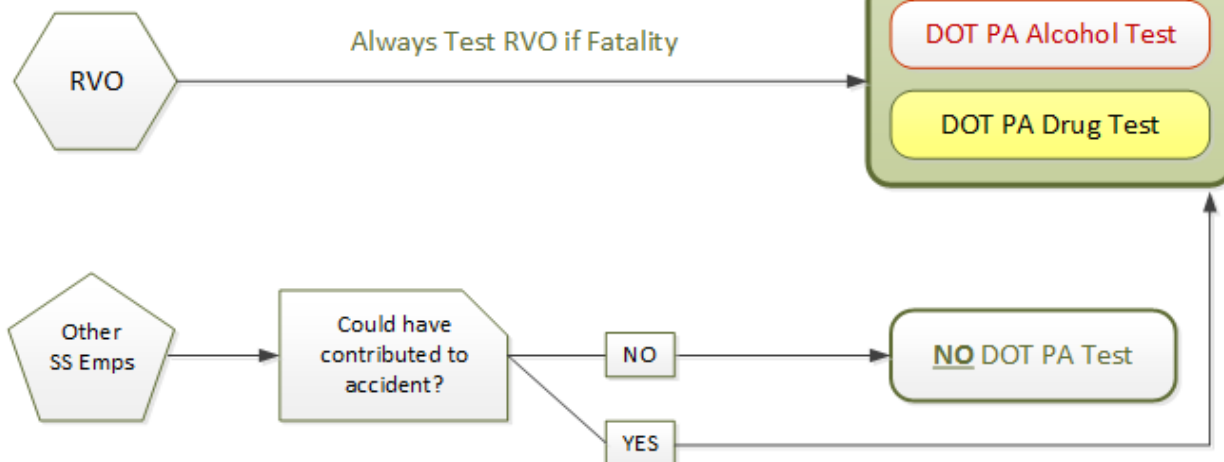
Post-Accident Testing Decision

- Decision to test/not to test
 - Made by employer (company official, supervisor) **at the scene**
 - Use **best information available** at the time
 - any and all information on-site
 - do not 'reverse' decision based on facts that may emerge later
 - Document decision-making process

FTA Post Accident Decision Making

FTA Defined Accident (Fatal)

Fatality



FTA Defined Accident (Non-Fatal)

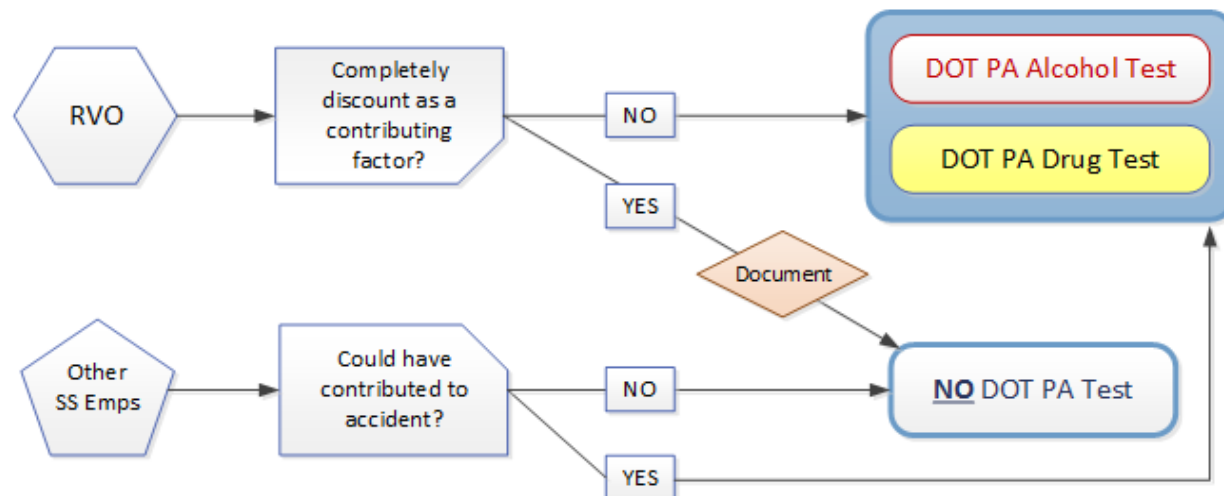
Disabling Damage

and/or

Medical transport

and/or

Removed from SS Service
(rail, trolley, or vessel only)



Post-Accident Testing: When to Test

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

Acceptance of Other Test Results

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

Post-Accident Testing: Key Points

- ✓ Establish that at least 1 of the 3 criteria is met
- ✓ Test any covered employee who could have contributed – ALWAYS drug and alcohol
- ✓ Clock: 2 hours / 8 hours / 32 hours
- ✓ Document

REASONABLE SUSPICION TESTING

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

Reasonable Suspicion Testing: Goals

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

Reasonable Suspicion Testing

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



Authorized to Make a Referral

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

Authorized to Make a Referral

- Training required:
 - 60 minutes – physical, behavioral, and performance indicators of probable drug use
 - 60 minutes – physical, behavioral, and performance indicators of probable alcohol misuse

- ★ Maintain documentation of training for at least **2 years**

Reasonable Suspicion Testing: Why?

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

Reasonable Suspicion Testing: Why?

- Odor of alcohol?
- Phone tip?
- Employees fighting?
- Conduct/safety violation?
- Decreasing job performance?
- Accident?
- Covering yourself or the company?

Reasonable Suspicion Testing: Why?

- Odor of alcohol? **Yes!**
- Phone tip? **No!**
- Employees fighting? **No!**
- Conduct/safety violation? **No!**
- Decreasing job performance? **No!**
- Accident? **No!**
- Covering yourself or the company? **No!**

Reasonable Suspicion Testing: When?

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

Reasonable Suspicion Testing: Key Points

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

RETURN-TO-DUTY AND FOLLOW-UP TESTING

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

Zero Tolerance vs. Second Chance

Both Zero Tolerance & Second Chance:

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

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

Zero Tolerance vs. Second Chance

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

Return-to-Duty Testing

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

Return-to-Duty Testing

- **Required** in order to return an employee to DOT safety-sensitive duty
- Test can be for drugs, alcohol, or both
 - SAP's decision
- Drug test must be directly observed
 - If not, must send employee back for a second test
- Must receive verified negative result to return

Follow-Up Testing

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

Follow-Up Testing

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

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

- ✓ Return-to-duty test after completion of SAP's treatment plan
- ✓ Follow-up schedule according to SAP's plan
- ✓ Follow-up tests unannounced and unpredictable
- ✓ All tests directly observed

NON-DOT OR “EMPLOYER AUTHORITY” TESTING

- ✓ Separate programs
- ✓ Which takes precedence?

Testing Under Your Own Authority

- Non-DOT testing allowed
 - Ex: Accident does not meet FTA thresholds, after an absence of fewer than 90 days, testing for additional drugs, etc.
- DOT test must always be conducted and completed first
 - Two separate voids
- Non-DOT testing must be totally separate from DOT testing
 - Non-DOT testing forms
 - Test records kept separately

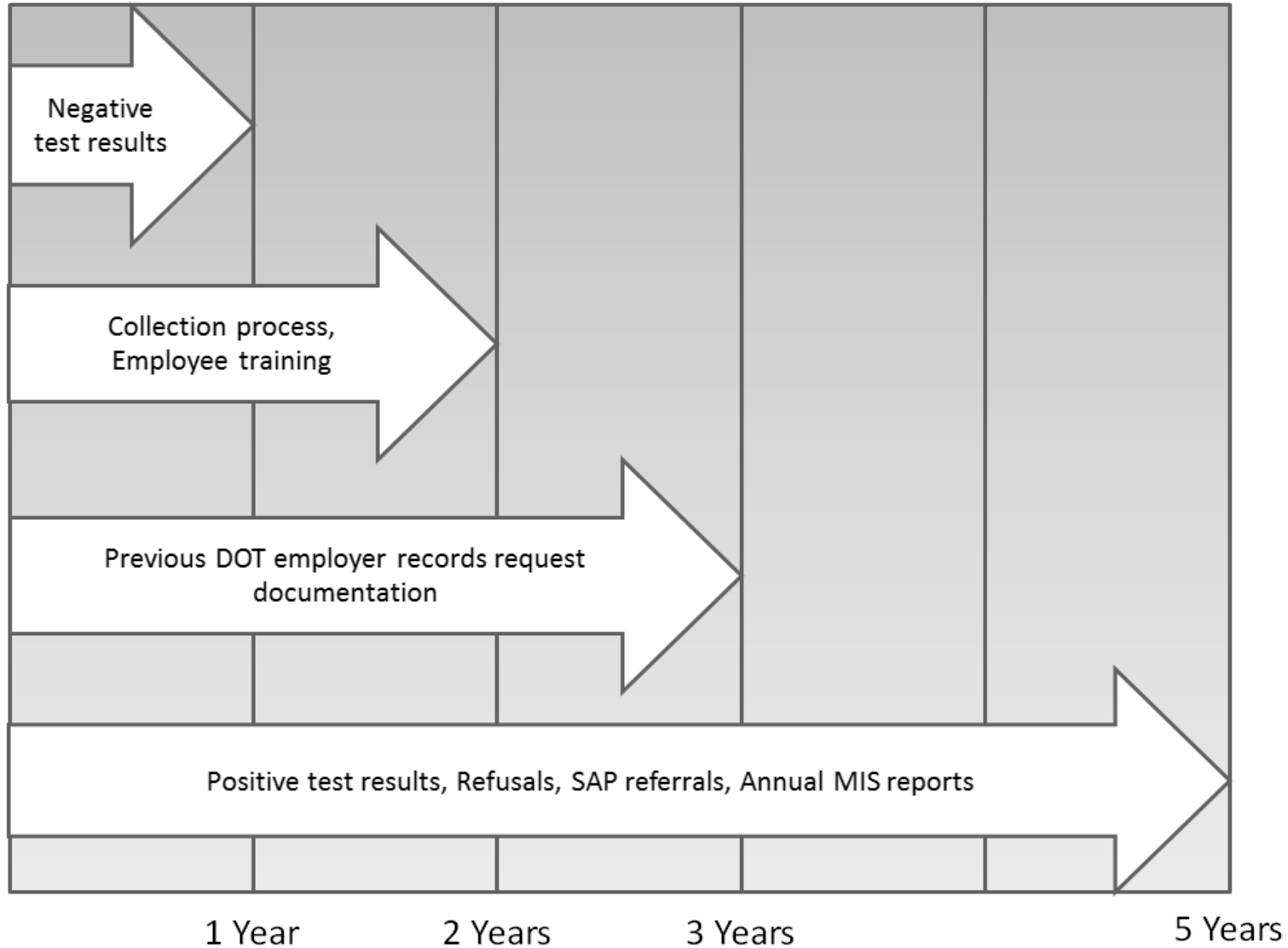
RECORDS RETENTION AND RELEASE

- ✓ Records storage
- ✓ Retention periods
- ✓ Confidentiality

Records Storage

- Secure location – with controlled access
 - Locked cabinets
 - Electronic – password protected
- Best Practice
 - Keep drug and alcohol records separate from personnel or medical records to limit access

Minimum Retention - Summary



Confidentiality

- Employer may release drug and alcohol information:
 - to the Employee (written consent)
 - to State oversight agency (i.e., SSO)
 - to Grantee required to certify compliance
 - to DOT Agency and Office of the Secretary (OST)
 - when required in a lawsuit or grievance or other proceeding
 - e.g. worker's compensation, unemployment compensation
 - when requested by National Transportation Safety Board (NTSB) as part of an accident investigation

MANAGEMENT INFORMATION SYSTEM (MIS)

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

MIS – FTA Reporting Requirements

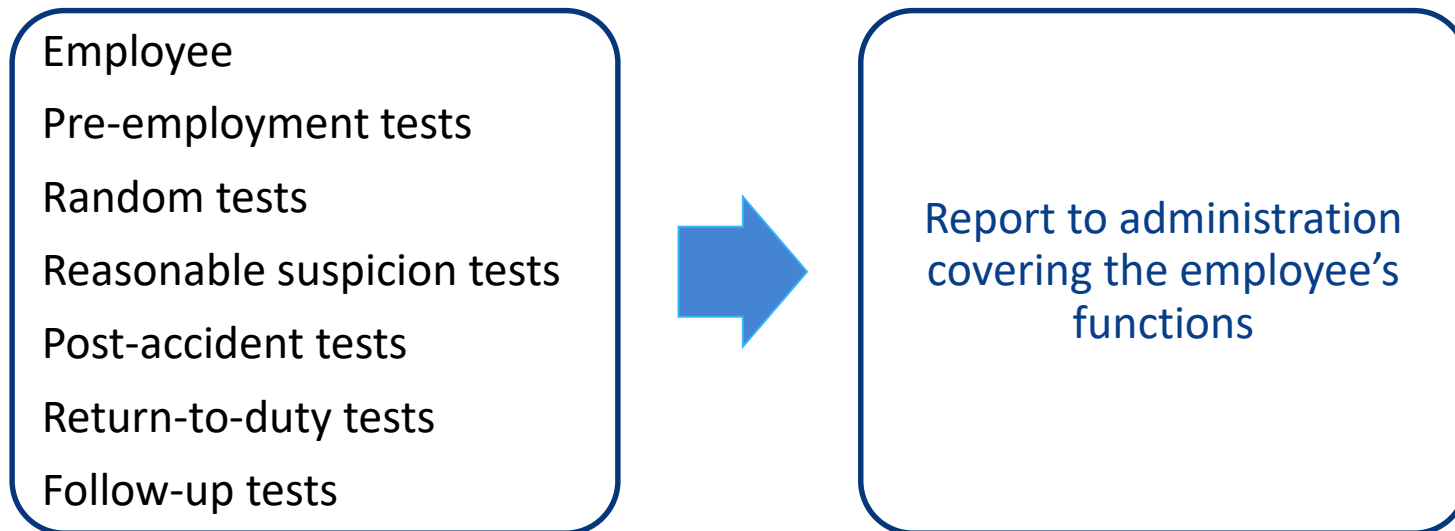
- Prepare and maintain annual summary of testing results
- MIS report is “employer based”
 - Each employer submits a separate MIS with FTA results
 - No consortium reports or combined reports
- Submit results to FTA
 - When requested (e.g. annual reporting, audit, triennial, etc.)
 - March 15 for annual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

Reporting Responsibilities

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

MIS – Multi-Modal Employers

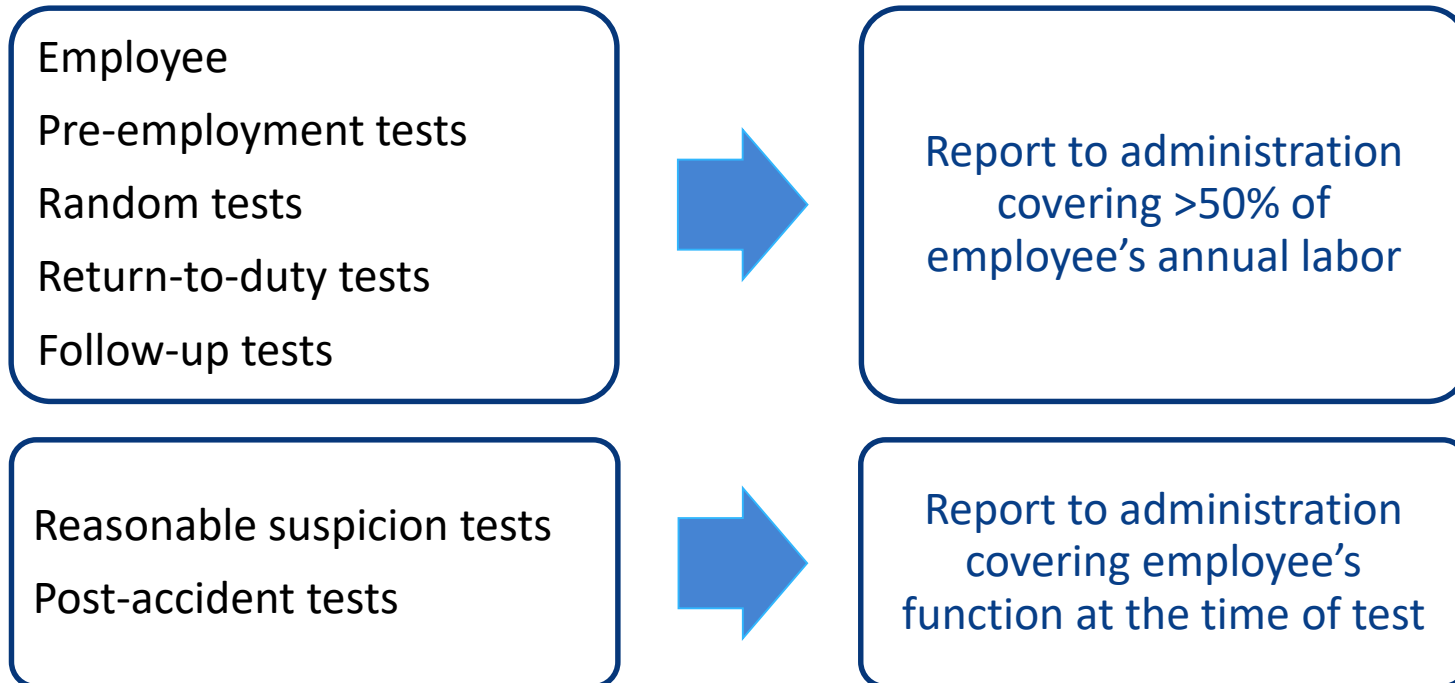
- When employees perform safety-sensitive functions covered by just **one** mode (e.g., the employee only drives a transit bus or only drives a school bus):



★ Do not double-report

MIS – Multi-Modal Employers

- When employees perform safety-sensitive functions covered by **multiple** modes (e.g., the employee could drive either a transit bus or a school bus):



★ Do not double-report

MIS – Transit Ferryboat Employers

- Report all ferryboat employees to both FTA and USCG
 - Report random alcohol testing results to FTA
 - Report random drug testing results to USCG

MIS Annual Report – How to Submit

- Internet-based online reporting
 - <https://damis.dot.gov>
- Username and Password
 - Grantees – look for reporting letter in late December
 - Subrecipients/Contractors – receive log in information from grantee
- Due March 15 each year

MIS Reporting Questions?

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



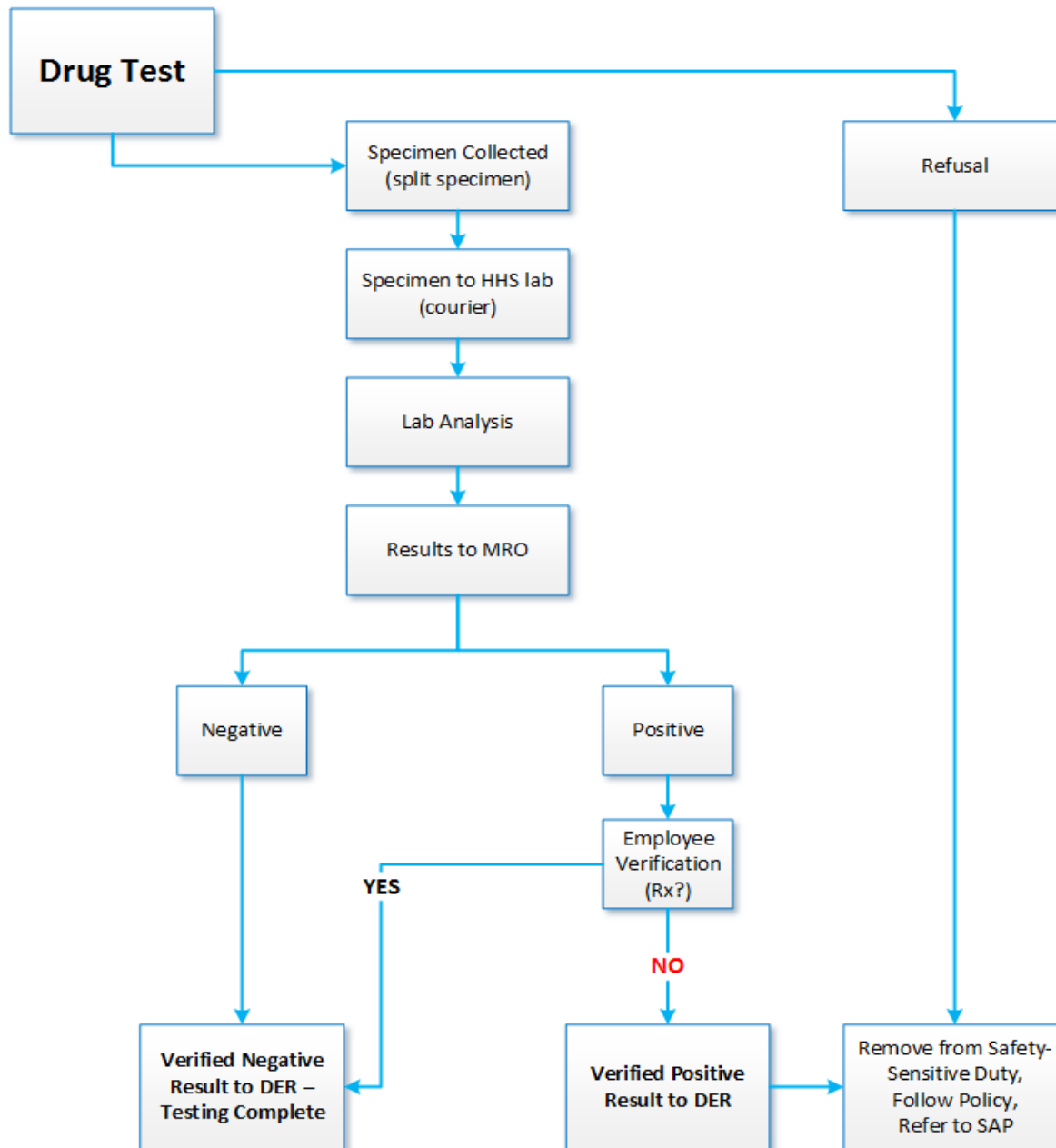
Part 40: Program Requirements

EMPLOYER RESPONSIBILITIES

- ✓ Drug and alcohol test results – Employer actions
- ✓ Problems in testing
- ✓ Previous employer checks

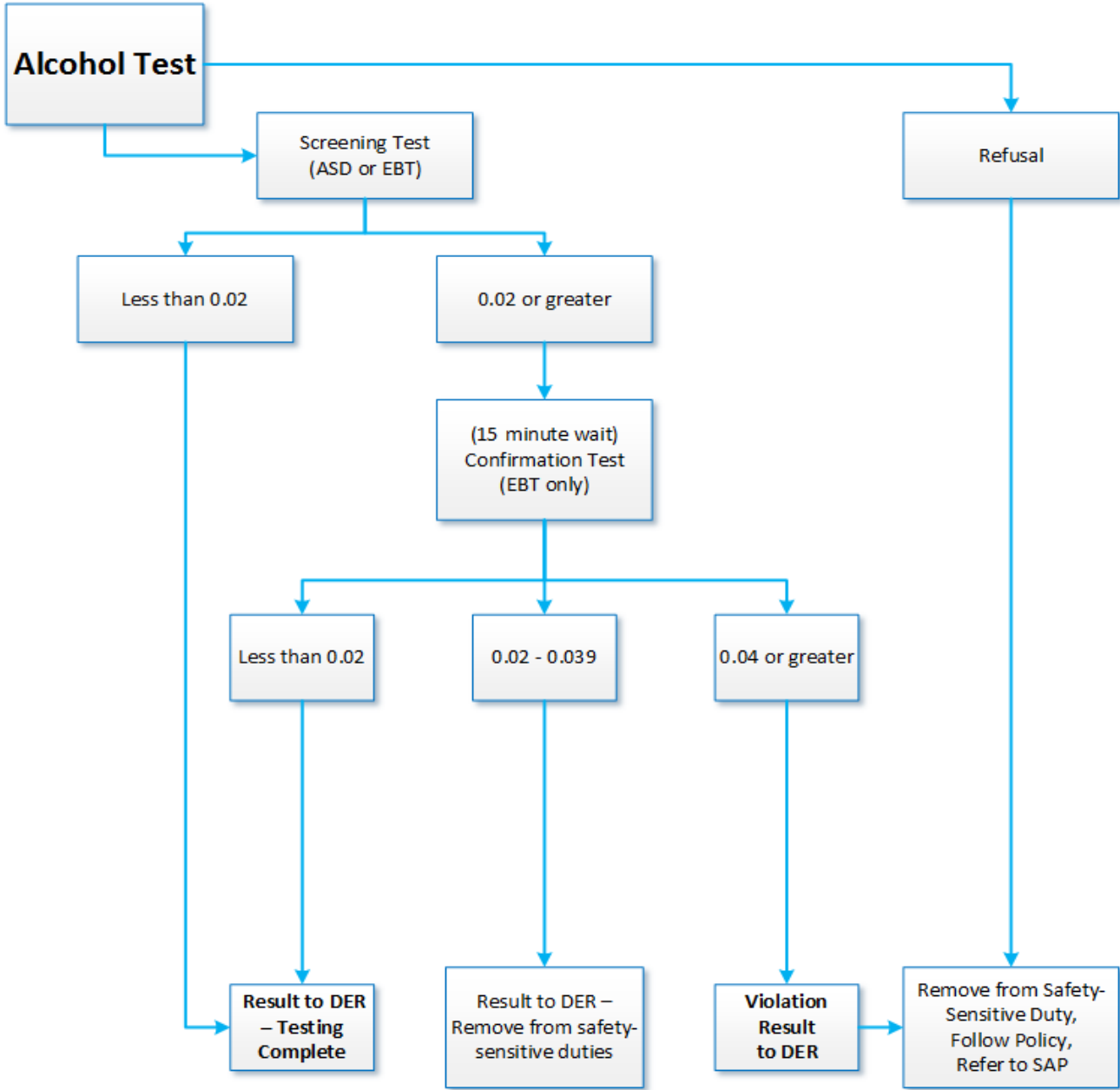
Drug Test Results: Employer Action

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



Alcohol Test Results: Employer Action

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



Problems in Testing

- Refusal to test (see slides 32-34)
 - Make determination
 - Take action (same DOT consequences as positive)
- “Shy Bladder” and “Shy Lung”
 - Five days for medical evaluation (employee keeps working)
 - For drug test, physician must be acceptable to MRO
- Dilute-negative drug test
 - You must have a policy in place
- Cancelled test
 - Neither positive nor negative
 - can't count toward MIS total

Previous Employer Records Check

- As a potential employer, you must:
 - Obtain written consent from applicants to obtain drug and alcohol testing information from previous **2 years**
 - Contact previous employers – written consent must accompany the request
 - Ask applicant whether he or she has tested positive or refused a DOT pre-employment test in the previous two years -§40.25(j)

Previous Employer Records Check

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



Vendors

Service Agents

- Includes (but is not limited to):
 - Screening Test Technician/Breath Alcohol Technician
 - Urine Collector
 - Testing Laboratory
 - Medical Review Officer
 - Substance Abuse Professional
 - Third Party Administrator
- Must follow Part 40 requirements
- Must subscribe to ODAPC's email list serve

Screening Test Technician (STT) & Breath Alcohol Technician (BAT)

- What qualifications are necessary?
 - Knowledge of basic information (Part 40, applicable DOT - FTA regulations)
 - Training and proficiency demonstration that meets the requirements of §40.213
 - Refresher training every 5 years

Urine Specimen Collector

- What qualifications are necessary?
 - Knowledge of basic information (Part 40, DOT urine specimen guidelines, applicable DOT - FTA regulations)
 - Training and proficiency demonstration that meets the requirements of §40.33
 - Refresher training required every 5 years

Medical Review Officer (MRO)

- What qualifications are necessary?
 - Licensed physician (Doctor of Medicine or Osteopathy)
 - Knowledge of basic information and qualification training meeting requirements of §40.121
 - Pass examination administered by a nationally-recognized MRO certification board (MROCC or AAMRO) every 5 years

Substance Abuse Professional

- What qualifications are necessary?
 - Licensed physician; licensed or certified psychologist, social worker, EAP, marriage and family therapist; certified drug and alcohol counselor
 - Knowledge of basic information and qualification training meeting requirements of §40.281
 - Examination administered by nationally recognized professional or training organization

Third Party Administrator*

- Outsource program functions to a vendor → third-party administrator (TPA)
 - Random selections
 - Prepare of annual MIS reports
 - Coordinate urine collections, laboratory testing, and MRO services
 - Coordinate alcohol testing
 - Coordinate SAP referrals
- ★ C/TPA must ensure that the services it provides comply with DOT regulations

*Not Required

VENDOR OVERSIGHT

- ✓ Oversight activities
- ✓ Collection Sites – Mock Collections and CCF Review

Oversight Activities

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

TPA Best Practices

- YOU dictate:
 - Random testing specifics
 - When/how random selection lists arrive
 - Test day and time
 - Number of tests and testing rate
 - Frequency of selection/altering schedule
 - Location of the records
 - What information is transmitted through TPA
 - Test Results, CCF copies (Except MRO copy)...see Appendix F of Part 40

Collection Sites: On-Site Review

- Mock collection
 - Instructional video available at ODAPC website
 - Review the urine collection steps in §40.61 – §40.73
 - Review the steps on the back of CCF (Copy 5)
 - Review alcohol testing process in §40.241 – §40.255
 - Review the steps on the back of ATF (Copy 3)

Collection Sites: On-Site Review

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

Collection Site Integrity: the Risks

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

Collection Site Integrity: the Solutions

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

Collection Site: CCF Review

- Step 1

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO. _____

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

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

C. Donor SSN or Employee I.D. No. _____

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

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

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

G. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

OMB No. 0930-0188

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

Collection Site: CCF Review

- Step 2

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.	
Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark <input type="checkbox"/> Observed, (Enter Remark)
REMARKS	

- Directly observed
 - Always for return-to-duty and follow up tests
 - Other reasons per §40.67
 - Observed not checked when required?
 - Call collection site... if not observed, send donor back immediately
- Remarks required if:
 - Shy bladder
 - Directly observed by a same gender observer (if different than collector)
 - Temperature out of range
 - Employee not cooperating (won't sign CCF, print name, etc.)

Collection Site: CCF Review

- Step 3

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

LAB ACCESSION NO. 1234567

SPECIMEN ID NO. 1234567

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
 Excelsior Transit
 7320 Wilkins Blvd.
 Excelsior, MN 55122

B. MRO Name, Address, Phone and Fax No.
 Dr. William Rivers
 4550 Lake St.
 Minneapolis, MN 55413
 (555) 473-9201
 (555) 473-9201

C. Donor SSN or Employee I.D. No. 123 45 6789

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident

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

F. Collection Site Address: 123 456
 123 Beacon St.
 Excelsior, MN 55122
 Collector Phone No. (555) 473-9200
 Collector Fax No. (555) 473-9201

STEP 2: COMPLETED BY COLLECTOR

Receiv. specimen temperature within 4 minutes. Is temperature between 50° and 100°F? Yes No, Enter Remark

Specimen Collection: Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

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

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

I certify that the specimen plus its seal is in the custody of the collector and on Copy 2 of this form was collected, sealed, sealed and released to the Delivery Service under accordance with Federal requirements.

Specimen BOTTLE(S) RELEASED TO:
 Signature of Collector: John R. Loran
 Date: 9/23/03
 Courier

RECEIVED AT LAB:

Primary Specimen BOTTLE SEAL Intact Broken
 Specimen BOTTLE(S) RELEASED TO:
 Yes No, Enter Remark Below

STEP 5: COMPLETED BY DONOR

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

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

Signature of Donor: Leah McDowell
 Date: 9/23/03
 Daytime Phone No. (555) 792-6431
 Evening Phone No. (555) 792-3727
 Date of Birth: 10/21/78

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE: DILUTE CHALK/TARTED

REMARKS

Signature of Medical Review Officer: R.F. Derman
 Date: 9/23/03

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (tested) is: LD

RECONFIRMED FAILED TO RECONFIRM - REASON

Signature of Medical Review Officer: R.F. Derman
 Date: 9/23/03

COPY 2 - MEDICAL REVIEW OFFICER COPY

INITIATED

LD

9/26/03

Date (Mo./Day/Yr.)

First, (M., Last):

men (if tested) is: LD

First, (M., Last):

Date (Mo./Day/Yr.):



- Initial bottle seals when on the bottle

Collection Site: CCF Review

- Step 5

STEP 5: COMPLETED BY DONOR

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

Roberta Gomez Signature of Donor Roberta Gomez (PRINT) Donor's Name (First, MI, Last) 7/13/12 Date (Mo./Day/Yr)

Daytime Phone No. (555) 494-3131 Evening Phone No. (555) 617-4424 Date of Birth 12/22/77 (Mo./Day/Yr)


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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

- Employee's name, telephone number, and date of birth
- Date of test
- Employee signature
 - If no signature, is this documented in the Remarks Section of Step 2?

Collection Site: CCF Review

- Step 4

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY			SPECIMEN BOTTLE(S) RELEASED TO:
<i>I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.</i>			
<input checked="" type="checkbox"/>	Signature of Collector	AM PM	
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr)	Time of Collection	Name of Delivery Service

- §40.209(b)(9) – Must include specific courier name
 - “Courier” not allowed - must be specific (e.g. FedEx, DHL, etc.)

Collection Site: CCF Review

- General:

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

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 0000001

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone No. and Fax No. _____

C. Donor SSN or Employee I.D. No. _____

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

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

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

G. Collection Site Address: _____ Collector Phone No. _____ Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark: _____ Collection: Split Single None Provided, Enter Remark: _____ Observed, Enter Remark: _____

REMARKS: _____

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

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

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

X _____ Signature of Collector _____ AM _____ Date (Mo/Day/Yr) _____ Time of Collection _____ PM _____ Name of Delivery Service _____

(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____ Time of Collection _____ Name of Delivery Service _____

STEP 5: COMPLETED BY DONOR

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

X _____ Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

Daytime Phone No. (_____) _____ Evening Phone No. (_____) _____ Date of Birth (____/____/____) _____

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE POSITIVE for: _____

DILUTE

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

ADULTERATED (adulterant/reason): _____

SUBSTITUTED

OTHER: _____

REMARKS: _____

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

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

RECONFIRMED for: _____ TEST CANCELLED

FAILED TO RECONFIRM for: _____

REMARKS: _____

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

COPY 4 - EMPLOYER COPY

Collection Site: CCF Review

- What if errors are found?

Employer must correct error – contact collection site

- Missing information (collector)
 - Supply missing information in writing
 - Supply statement that information is correct and accurate
 - Same business day
- Non DOT form for a DOT test (collector)
 - Supply affidavit (memorandum)
 - Non-DOT form contains all required information
 - Form used inadvertently or as only means to complete test
 - Steps to prevent further use of non-DOT form
 - Split specimen, sent to a HHS lab

Collection Site: CCF Review

-Expired CCFs

- CCF revised as of 1/1/2018, must be used after 6/30/2018
 - **In Step 1D:** Removed the checkbox, the letters “DOT” and hash line in front of the text “Specify DOT Agency”
 - **In Step 5A:** Added: oxycodone, oxymorphone, hydrocodone, and hydromorphone; and removed MDEA
- If old form used: collector must supply affidavit (memorandum)
 - Expired form contains all required information
 - Form used inadvertently or as only means to complete test
 - Steps to prevent further use of expired forms


Collection Site: CCF Review

- What if errors are found?

Employer may correct some errors – mark correction on CCF

- Incorrect/Missing DOT Agency (most common error)
- Incorrect/Missing Test Type
- DOB and Current Date reversed

❖ Circle/cross out, initial, date

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE		ACCESSION NO.
A. Employer Name, Address, I.D. No.		B. MRO Name, Address, Phone No. and Fax No.
C. Donor SSN or Employee I.D. No.		
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input checked="" type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG		
E. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____		
F. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____		
G. Collection Site Address:		
Collector Phone No. _____		
Collector Fax No. _____		

Collection Site: ATF Review

- Step 1

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

tamper evident tape

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN	
A: Employee Name	_____
	(Print) (First, M.I., Last)
B: SSN or Employee ID No.	_____
C: Employer Name	_____
Street	_____
City, State, Zip	_____
DER Name and Telephone No.	_____
	DER Name () DER Phone Number
D: Reason for Test:	<input type="checkbox"/> Random <input type="checkbox"/> Reasonable Susp <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-employment

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

Collection Site: ATF Review

- Step 2

STEP 2: TO BE COMPLETED BY EMPLOYEE	
I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.	
_____	____/____/____
Signature of Employee	Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

- Employee sign and date the form
 - If no signature – refusal to test

Collection Site: ATF Review

- Step 3

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

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

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

REMARKS:

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

Signature of Alcohol Technician Date / / Year

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

Print Additional Results Here or Affix With Tamper Evident Tape

- BAT sign and date ATF
- 15 minute wait – checked only if a confirmation test conducted
- Test result may be hand-written if < 0.02 and device not designed to print

Collection Site: ATF Review

- Step 4

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER			
I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.			
Signature of Employee		Date	
		Month	Day Year

Form DOT F 1380 (Rev. 5/2005) OMR No. 2105-0529

- Employee sign and date if result 0.02 or higher
 - If no signature – BAT remarks

Collection Site: ATF Review

- General:

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

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

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____

B: SSN or Employee ID No. (Print) (First, M.I., Last) _____

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

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

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

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

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

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

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

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

REMARKS: _____

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

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

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

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

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

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

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Print Screening Results Here or Affix with Tamper Evident Tape

Print Confirmation Results Here or Affix with Tamper Evident Tape

Print Additional Results Here or Affix with Tamper Evident Tape

Collection Site: ATF Review

- What if errors are found?

Employer must correct error – contact collection site

- Missing information (collector)
 - Supply missing information in writing
 - Same business day
- Non-DOT form for a DOT test (collector)
 - Supply affidavit (memorandum)
 - Non-DOT form contains all required info
 - Form used inadvertently or as a method to complete test
 - Steps to prevent further use of non-DOT form



Current Issues

HIPAA

- HIPAA and DOT D&A rules do not conflict
 - DOT information – not health information
 - No authorization for release of information covered by Parts 40 and 655

DOT/FTA - Supersedes State and Local

- Federal regulations are to take precedence over any State or local specifications
- An employer may not impose requirements that are inconsistent with, contrary to, or frustrate the provisions of this part. (49 CFR Part 655.15(i))

Marijuana (Medical and Recreational)

- Marijuana (Recreational and Medicinal)
 - Marijuana remains a Schedule 1 Drug
 - DOT regulations do not authorize marijuana use
 - State/tribal initiatives have no bearing on DOT regulations
 - MRO will not verify drug test as negative based on physician recommended 'medical marijuana'

Electronic Custody & Control Form (eCCF)

- Fully approved for use (provided system meets HHS requirements)
- Increasingly common in urban (high-volume) collection sites
- Not yet common at rural clinics, but will become common
- Allows for efficient “closed-loop” collection process

On the DOT Horizon..

- Oral Fluid Testing
 - SAMHSA approved DTAB recommendation
 - May – or may not – become DOT collection method
- Hair Testing
 - HHS considering whether to authorize
 - May – or may not – become DOT collection method



Technical Assistance

Help, please!

- Iyon Rosario – FTA Drug & Alcohol Program Manager
 - (202) 366-2010, iyon.rosario@dot.gov
- FTA D&A Project Office (U.S. DOT/Volpe Center)
 - **Hotline:** (617) 494-6336, fta.damis@dot.gov
 - Michael Redington: (617) 494-2197, michael.redington@dot.gov
 - Lori DeCoste: (617) 494-2379, lori.decoste@dot.gov
 - Felicity Shanahan: (617) 494-3915, felicity.shanahan@dot.gov



transit-safety.fta.dot.gov

- Forms
 - Post-Accident, Reasonable Suspicion, Notification, Previous Employer
- Policy Help
 - Checklist, Sample Policies, Policy Tool
- Videos
 - Covered Employees
 - Reasonable Suspicion
- Conference & Training Schedules
- Register for Newsletter

The screenshot shows the website for the Office of Drug & Alcohol Policy & Compliance (ODAPC) under the United States Department of Transportation. The page is titled "Office of Drug & Alcohol Policy & Compliance" and "Overview". It provides information about the office's role as the principal advisor to the Secretary on drug and alcohol testing of safety-sensitive transportation employees. The page includes sections for "Most Requested Information", "Most Viewed Documents", and "Key Resources". There are also promotional banners for "October is National Substance Abuse Prevention Month" and "National Drug Facts Week".

United States Department of Transportation

Home > Resources > For Partners > Drug and Alcohol Testing

Office of Drug & Alcohol Policy & Compliance

Overview

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

Secretary's Statement: Why This Program Is Important

Most Requested Information

- 49 CFR Part 40 (Drug and Alcohol Regulations)
- How do I find a Substance Abuse Professional (SAP)?
- Is there a list of prohibited drugs for being medically qualified to drive a commercial motor vehicle (CMV)?
- Documents and Forms
- Resources for Employers
- Resources for Employees

Most Viewed Documents

- 49 CFR Part 40 (Drug and Alcohol Regulations)
- Employee Handbook
- Employer Handbook
- July 2012 Q&A
- MIS Form and Instructions

Key Resources

- MRO Notification to ODAPC of Split Specimen Cancellation
 - Note: You may receive a certificate error, please disregard this error by clicking "Continue / Proceed". We are working to resolve this issue.
- Mock Collection Instructional Video
- DOT's 10 Steps to Collection Site Security and Integrity
- Am I Covered?
- DOT "Recreational" Marijuana Notice
- DOT "Medical" Marijuana Notice

Updated: Friday, October 3, 2014

October is National Substance Abuse Prevention Month

National Drug Facts Week

THE DRUG ENDANGERED CHILDREN TASK FORCE
WhiteHouseDrugPolicy.gov/Children

- Recreational Marijuana Notice
- Medical Marijuana Notice
- Subscribe to ODAPC Email Updates
- DOT Agency/USCG Drug and Alcohol Program Manager Information

Related Links

- SAHMTA's "Opisid" Overseas Test Kit
- Office of National Drug Control Policy
- SAHMTA/Division of Workplace Programs
- Department of Education Safe and Drug Free Schools
- DBA Drug Test Sheets

Contact Us

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Thank you for attending!

Please fill out your evaluations.

Drive safely!