Standard Operating Procedures

Document Instructions.

This document is meant to define the Standard Operating Procedures used by the *Transit System* to ensure continuity and compliance of the FTA Drug and Alcohol Testing Program. The purpose is to have a working document that can help train a new Drug and Alcohol Program Manager or an Assistant and it can also be used as a reference to respond to unusual events that may occur in the management of the program.

Definitions:

**ATF =** Alcohol Testing Form

**BAT** = Breath Alcohol Technician

**CCF =** Custody and Control Form.

**DER** = Designated Employer Representative andl is used interchangeable with Drug and Alcohol Program Manager (DAPM) throughout the document.

**MRO** = Medical Review Officer

**SAP** = qualified Substance Abuse Professional

1. Enter the name of your transit system in the designated area *(Transit System)*
2. Review any highlighted area and fill in the proper information.
3. Edit the Collection Site Request Form (page 6) putting in the name/address of your collection site.
4. Be sure MRO knows your preferred method to transmit the results to the Transit System.
5. Page 2: Add you specific hiring procedures
6. Page 13 number 8: It is up to the each transit system to decide if an employee can return to duty after having participated in a post accident test. In the regulations there is no presumption of drug or alcohol use in the event of an accident unless there is reasonable suspicion.
7. Page 15: Insert your process of notifying an employee to report to the collection site because he/she has been selected to have a random test.

\*\*All transit systems should create a post-accident kit which is available for supervisors all hours of operation. This kit should contain the following:

* Post accident documentation form
* Federal Custody and Control Form (non-Federal form if you test for other circumstances other than the FTA standards)
* Contact information for your collection site and any other people that must be contacted in the event of an accident.
* Supervisor instruction sheet

Supervisors should be trained on their response in the event of an accident.

(Transit System’s Name)

Standard Operating Procedures

FTA Procedures for

Workplace

Drug and Alcohol Testing Programs

PRE-EMPLOYMENT PROCEDURES FOR

DRUG TESTING

# Pre-Employment testing is done in three situations

1. When a person is seeking employment with *(Transit System)* for a safety-sensitive position.
2. When a current *(Transit System)* employee who holds a non safety-sensitive position is applying or bidding for transfer to a safety-sensitive position.
3. When a current safety sensitive employee has been off duty for 90 days or more **and** has been removed from the random testing pool.

The following procedures are to be followed when testing a new applicant/transfer.

1. The individual applies for a position by filling out the employment application including the **Drug Testing Acknowledgment Form and Previous Employer Drug and Alcohol Testing Release Form. The Previous Employer Release form must be forwarded to previous employers that had a Federal drug testing program.**
2. The individual fulfills (*Transit System)* pre-employment process and passes an interview.

* (*Add any special hiring procedures. For example: Review or testing by the City or County HR.)*

3. The applicant is told that participating in the federal drug testing program and passing a pre-employment drug test is a condition of employment and is given a **Collection Site Request Form** and asked to report to a collection site and complete a urine test within \_?\_ hours (days?) of the interview. If the applicant wants testing procedure information, it should be readily available.

4. The Drug Program Administrator will keep the signed **Drug Testing Acknowledgment Form** and the signed **Previous Employer Drug and Alcohol Testing Release Form** for each applicant in a secured manner.

5. If the drug test comes back as “negative” and the **Previous Employer Drug and Alcohol Testing Release Form** has been received without any positive drug or alcohol testing history, the applicant may be hired (or begin safety sensitive duties). If the drug test comes back “positive”, the applicant cannot be hired for the position at that time. An SAP referral must be sent to the applicant as soon as possible.

6 .If the **Previous Employer Drug and Alcohol Testing Release Form** is returned and there has been a positive test result in the past 24 months, the DER must ask the applicant for paperwork showing that the applicant has completed an SAP evaluation, if a Return To Duty test has been done, and Follow Up testing recommended. If the applicant is hired, it is up to *(Transit System)* to make sure the applicant completed an SAP evaluation and recommended treatment and passed a Return To Duty test before performing safety-sensitive duties. Additionally it is the responsibility of (*Transit System* ***)*** to make sure the recommended Follow Up testing is continued and completed.

The following procedures are to be followed when Pre-Employment testing a current employee in a non safety-sensitive position that is applying for transfer to a safety-sensitive position.

1. The employee bids or applies for a safety-sensitive position.
2. The employee(s) applying for the opening are interviewed and sign the **Drug Testing Acknowledgment Form and Previous Employer Release Drug and Alcohol Testing Form** (if employee has worked less than two (2) years for the Transit System)
3. The selected employee is given a **Collection Site Request Form** and asked to report to a collection site and complete a urine test within \_?\_ hours of the interview.
4. The Drug Program Administrator will put the signed **Drug Testing Acknowledgment Form** and the signed **Previous Employer Release Drug and Alcohol Testing Form (if employee has worked less than 2 years for *the Transit System*)** for each applicant is kept in a secure location.
5. When the drug test result is received from the MRO (this may take from 1 to 5 days) the Drug Program Administrator be able to start the employee on his/her new safety sensitive duties.
6. If the drug test comes back “positive”, the applicant cannot be transferred to a safety-sensitive position at that time. An SAP referral must be given to the employee as soon as possible
7. If the **Previous Employer Drug and Alcohol Testing Release Form** is returned and there has been a positive test result in the past 24 months, the DER must ask the applicant for paperwork showing that the applicant has completed an SAP evaluation, if a Return To Duty test has been done, and Follow Up testing recommended. If the applicant is hired, it is up to *(company name)* to make sure the applicant completed an SAP evaluation and recommended treatment and passed a Return To Duty test before performing safety-sensitive duties. Additionally, it is the responsibility of (*Transit System* ***)*** to make sure the recommended Follow Up testing is continued and completed

**EMPLOYER NAME/LOGO**

**Pre-Employment Notification & Acknowledgement**

I understand and acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) prior to being hired or transferred into a safety-sensitive position as defined in CFR Part 655[[1]](#footnote-1). I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

**(Print Name) (Signature) (Date)**

Have you tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position in the past two years? Please circle your response below:

**YES NO**

If you answered YES, can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR Part 40, Subpart O? Please circle your response below:

**YES NO**

**(Print Name) (Signature) (Date)**

Collection site Arrival Date & Time

### Collection Site Request Form

### Notice to Report for Drug and/or Alcohol Test

Company name:

Employee/Applicant’s Name:

Social Security Number:

Specimen Collection Site:

Address:

**Test Type: Federal Test> FTA or FMCSA Company (non-federal) Test**

Pre-employment (drug only) Post-Accident ( drug / alcohol)

Random ( drug / alcohol) Return to Duty ( drug / alcohol)

Reasonable Suspicion ( drug / alcohol) Follow up ( drug/ alcohol)

*Observed Collection*: YES NO

**Methods:**

**Urine test for drugs Breath Saliva Alcohol Test**

Dear Employee/Applicant:

You are required to report immediately or on ( , 20 ,at ) for a drug and/or

Alcohol test. You must present a picture ID at the collection site.

The time the employee was **notified** to go to the collection site.

*Collector: If you need to contact the company. The* ***D****esignated* ***E****mployer* ***R****epresentative is :*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DER can be reached at

*Name*  *Telephone number*

**Please fill in the arrival time and fax back to the DER: FAX#**

**PROCEDURES FOR PREVIOUS EMPLOYER DRUG**

**AND ALCOHOL TESTING RELEASE FORM**

**24 MONTH HISTORY**

1. Have the applicant sign a **Previous Employer Drug and Alcohol Testing Release Form** for each previous employer. Fill out the work history on the form.
2. Look at work history for past 2 years and determine if applicant worked in a safety-sensitive position before and if the previous employer(s) is covered by the DOT regulations for Drug and Alcohol Testing requirements. (Aviation, Trucking, Transit, Coast Guard, Railroad or Pipeline)
3. If the applicant did not work for a DOT covered employer in the past 2 years, mark “No Verification Needed” or “Not Applicable” on the form and file it in the drug-testing file.
4. If applicant did work in a safety-sensitive position before, call the previous employer or employers and determine who is the Designated Employer Representative (DER). If the applicant worked for more than one DOT agency in the past 24 months have him/her sign a release for each employer.
5. Mail or fax the signed Previous Employer Drug and Alcohol Testing Release Form to the previous employers’ DERs so they can fill it out, sign it and mail or fax it back to you. The fax cover sheet and request letter should be on company letterhead.
6. Once the form is returned, review the information, making sure the form has been signed. If all boxes are checked “No” mark the form O.K. and, the date you received it, and file the finished document in a secured location with the employees/applicant’s other employment drug testing records.
7. If the Previous Employer Drug and Alcohol Testing Release Form is sent back with any boxes marked “Yes” and the employee is already hired or you want to hire him/her you must get the SAP’s evaluation and recommendations.

The DER must insure that the employee who has either, refused to test or tested positive in the past 2 years has completed the SAP’s recommended treatment. This includes a negative result on a return to duty test and follow-up testing.

If the recommended treatment has not been completed (*Transit System)* is obligated to finish the appropriate testing.

Keep all correspondence in secured files (drug and alcohol files must always be secured with limited access)

1. If the Previous Employer Drug and Alcohol Testing Release Form is not returned in a timely manner, call the previous employer to check on the status of the information. Document all attempts to retrieve the information. If after 2 attempts to get the form filled out and 30 days have passed and there is no reply, mark the form with “No Response” and record the date. File the document with the employees/applicant’s pre-employment drug testing files.

PRE-EMPLOYMENT TESTING PROBLEMS

# INSUFFICIENT VOLUME

If the applicant is unable to provide 45 ml of urine in order to complete a drug test

1. The collector must discard any insufficient specimen, except where the insufficient specimen was out of temperature range or showed evidence of adulteration or tampering.
2. The collector must provide the applicant with up to 40 ounces of fluids (measured) and distributed over a period of up to three hours, or until the individual has provided a sufficient urine specimen, whichever comes first. It is not a refusal if the applicant declines to drink fluids.
3. If the applicant refuses to make another attempt, the collector must discontinue the collection and inform the DER immediately. This is a refusal to test. The DER must provide the applicant with an SAP referral.
4. If the applicant is unable to provide a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, the collector must discontinue the collection and notify the DER immediately. The DER must consult with the MRO and direct the applicant to obtain (within 5 working days) an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issue raised by the applicant’s failure to provide a sufficient specimen. The MRO may perform this evaluation if the MRO has appropriate expertise. The MRO will review the evaluation and determine if there is a legitimate medical condition for the applicant’s failure to provide a sufficient specimen. The MRO will report the results of his findings as either a cancelled or refusal to test (unless the inability to provide urine is the result of a long term disability)
5. If a refusal to test is reported, the applicant must be referred to an SAP .
6. If the test is cancelled (and there is no long term disability) another test must be taken before the hiring process can be continued.

DILUTE SPECIMEN

1. If the MRO reports a dilute positive test, the test is treated as a positive and the DER must send the applicant/employee to an SAP referral immediately; And, begin any other consequences of a positive test result stated in the policy.
2. If the MRO reports a negative drug test was dilute, a second test may be completed (this should be a matter of company policy and should be consistently applied to all employees/applicants).
3. If the second test is reported as negative and dilute, this test must be considered negative and the test of record unless you are instructed differently by the MRO.

## REASONABLE SUSPICION PROCEDURES FOR

DRUG AND ALCOHOL TESTING

All employees designated as safety-sensitive under the FTA, who are reasonably suspected of being impaired by alcohol or a controlled substance during working hours, will be required to submit to a drug test and/or alcohol. The following are the guidelines for Reasonable Suspicion Testing.

1. Grounds for reasonable suspicion of impairment are those contemporaneous, objective observations of appearance, behavior, speech, or body odors that lead a supervisor to believe that the employee is using a controlled substance or has misused alcohol.
2. The FTA requires that the observations, documentation and decision to conduct reasonable suspicion testing be made by a supervisor who has been trained in the facts, circumstances, physical evidence, physical signs and symptoms, or patterns of performance and /or behavior that are associated with use.
3. Once the decision to Reasonable Suspicion test has been made, the trained supervisor should immediately, and as confidentially as possible, remove the employee from their safety-sensitive duties.
4. The supervisor should then notify the DER of the impending test and request arrangements be made for testing.
5. The employee in question will then be driven to the collection site by the supervisor or another designated company employee.
6. The supervisor shall document all observations and information which create reasonable suspicion when an employee is suspected of being impaired by alcohol or a controlled substance. The documentation should be submitted to the DER immediately after the suspected employee has undergone testing. The employee in question should **Not** be returned to safety sensitive duties until the test results are reported back to the DER.

See Confidential Reasonable Suspicion Documentation Form on page 11.

ALCOHOL TESTING

1. Alcohol tests should be performed just prior to, during or just after the performance of safety sensitive duties. A Breath Alcohol Technician (BAT) administers a breath alcohol test to the employee. If the breath alcohol test is not administered within two hours following the incident, documentation must be prepared and maintained on file stating the reason the test was not promptly administered. If the test is not performed within eight hours of the incident all attempts shall cease. If the test is performed and the breath alcohol concentration is 0.02 or greater on the screening test, the BAT must do a confirmatory test between 15 and 30 minutes of the completion of the screening test. If the confirmation test is 0.02 or greater, the BAT must immediately notify the DER. The DER then ensures they employee is taken of safety sensitive duty.
2. If the employee has a confirmed breath alcohol concentration of 0.02 or greater, the supervisor who took the employee in for testing will drive the employee home.
3. FTA requires that an employee with a confirmed alcohol result of 0.02 or greater but less than 0.04 must be off duty for 8 hours or his next shift whichever is greater. If the confirmed alcohol test result is 0.04 or greater it is considered a positive test result and he must be removed from safety sensitive duty and referred to a SAP.

DRUG TESTING

1. A supervisor will take the employee to the collection site immediately. If the collection has not been performed within 32 hours after the incident, all attempts to do testing must cease.
2. After the drug testing is completed, the supervisor will take the employee home. The employee cannot return to his/her safety-sensitive position until a negative result has been received from the MRO.

**Confidential Reasonable Suspicion Documentation Form**

*This form is to be prepared each time there is an occasion to send an employee for a reasonable suspicion drug and alcohol test.*

Employee’s Name:

Date of Observation: Time from: until:

Location:

**Observed behavior: (check all that apply):**

****Presence of Drugs, Drug Paraphernalia and/or Open Container of Alcohol:

Physical Observations:

drowsiness noticeable weight loss/lack of appetite

dilated pupils unsteady walk/loss of physical control

constricted pupils ravenous appetite

red eyes profuse sweating

runny nose/chronic nasal problems odor of alcohol

odor of marijuana

Behavioral Observations:

personality change slurring speech

moodiness rapid speech

alienation incoherent

combativeness whispering

panic reactions silence

neglect of personal hygiene slow speech

depression

Performance Observation:

unable to concentrate loss of interest

errors in judgment impaired reasoning

Notes:

Was a reasonable suspicion drug and/or alcohol test performed?

Yes, Where/when?

No, Why not?

This report documents the physical, behavioral and performance indicators of the above named employee, observed by me on which I base my decision to require (or not) the employee to submit to a reasonable suspicion test.

*Signature of supervisor observing Signature of supervisor/witness*

*Date Date*

POST-ACCIDENT PROCEDURES FOR

DRUG AND ALCOHOL TESTING

The FTA regulations require that any employee covered by this policy immediately submit to tests for controlled substances and alcohol if he or she is involved in an accident (regardless of whether or not the vehicle is in revenue service). Under Federal Regulations an accident is defined as an occurrence associated with the operation of a vehicle in which:

1. There is a fatality as a result of the accident
2. An individual involved in the accident/incident suffers injuries that require medical treatment away from the scene of the accident.
3. The public transit vehicle involved is a bus, electric bus, van or automobile in which one or more vehicles incurs disabling damage as a result of the accident and must be transported from the scene of the accident by a tow truck or other vehicle.
4. The public transit vehicle involved is a railcar, trolley bus or vehicle and is removed from revenue service.

This includes safety-sensitive employees who are on duty in the vehicles and any other whose performance could have contributed to the accident. Post accident testing is required for any accident in which an individual dies. Post accident testing is required for any non-fatal accident unless the employee’s behavior can be completely discounted as a contributing factor to the accident. Full documentation on the Accident/Incident Form must be made as to why the employee is discounted as a contributing factor and not tested.

If any of the situations listed above have occurred, post accident testing is mandatory for the fatal accidents/incidents and any accident/incident in which the employee is/or can not be completely discounted. The following procedures must be followed.

**EXAMPLE:**

1. The employee involved in the accident must immediately notify dispatch.
2. A street supervisor is dispatched to the scene of the accident with all the necessary documentation available.
3. Dispatch notifies the DER of the impending test.
4. The supervisor will begin to complete the **Accident /Incident Documentation Form**. This form must be used to document each accident/incident even if no testing takes place.
5. A street supervisor will take the employee to a drug and alcohol testing site.
6. If the employee is being treated at the hospital, the street supervisor will contact the DER and inform him/her of the situation. If the employee is able to be tested, the DER should remind the supervisor to request that the alcohol test be done first; if the breath alcohol test is not administered within two hours following the accident, documentation must be prepared and maintained on file stating the reasons the test was not promptly administered. If the employee has not been tested for alcohol within 8 hours following the accident all attempts to alcohol test must cease. If the test is performed and the breath alcohol content is 0.02 or greater on the initial test, the BAT must perform the confirmation test no less than 15 minutes and no more than 30 minutes after the initial test was performed. If the confirmation test is 0.02 or greater, the BAT must notify the DER immediately.

If the urine collection has not been performed within 8 hours following the accident, the Street Supervisor needs to prepare and maintain documentation as to why the test has not yet been performed. If the urine collection has not been performed within 32 hours after the accident, all attempts must cease.

\*\***If the covered employee is unable to give consent to be tested due to being injured and unconscious or dead, DO NOT proceed with testing by catheterization or any other means. The federal rules also prohibit catheterization of a conscious employee. If you are unable to get employee consent within the time frames allowed for testing, you must document the reason for not testing on the Accident/Incident Documentation Form.**

1. After the drug test is completed, the street supervisor will take the employee home if the employee is release.
2. *State your policy regarding returning to work after a post-accident test.*

A safety-sensitive employee involved in an accident that requires drug and alcohol testing must remain readily available for testing. If the employee does not do so, the employer can treat such behavior as a refusal to submit to testing. This does not mean that the employee cannot leave the scene of the accident to obtain emergency medical assistance or that medical attention will be delayed for an inured employee.

In the event of a non-fatal accident the supervisor may determine that the safety sensitive employee involved was not a contributing factor in the accident/incident event. The supervisor will discuss the situation with the DER and may decide not to test the employee.

In rare circumstances where law enforcement personnel have tested the employee for drugs and alcohol, the company may accept those results if law enforcement personnel will release the information.

**Accident/Incident Documentation Form**

Date of accident/incident: Time of accident/incident:

Location of accident/incident:

Description of accident/incident:

Employees (other people) involved in the accident/incident:

Witnesses: Phone Number:

Phone Number:

1. Was there loss of life as a result of the accident? Yes , No

1. Was medical treatment provided (away from the scene of the accident) as a result of the

accident/incident? Yes , No

1. Was there disabling damage to any of the involved vehicles? Yes , No

# If you answer yes to any of the above questions the FTA requires drug and alcohol testing

* Was an alcohol test performed within 2 hours? Yes (date & time).

No , Why not?

* Was a drug test performed within 32 hours? Yes (date & time).

No , Why not?

Can the covered employee(s)’ conduct be completely discounted as contributing factor to the accident/incident? Yes , No .

\*If yes and the accident was non-fatal, the supervisor does not have to test the employee. However, document the reasoning for not testing the covered employee(s) involved. **\*Note**: You must always test in the event of a fatality.

Reason for Not Testing:

Was post-accident testing done under the company policy authority or FTA ?

Was law enforcement involved? Yes , No , if yes, badge Number:

Name of the authority:

Notes:

Supervisor Date

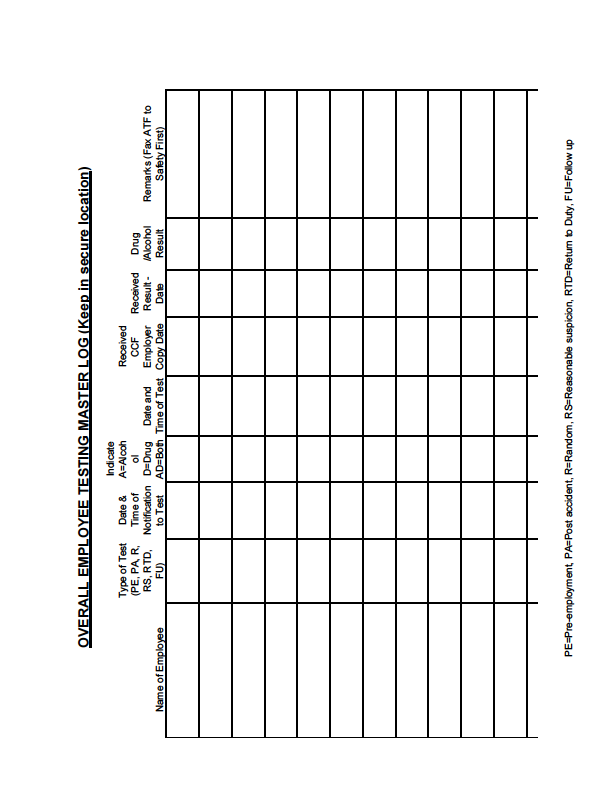
RANDOM PROCEDURES FOR

## DRUG & ALCOHOL TESTING

Any employee designated as safety-sensitive under the FTA Policy is subject to selection for drug testing at any time on a random basis. Random alcohol testing must take place just prior, during or immediately following the performance of a safety sensitive duty. The following is a procedural guide to help supervisors when an employee is selected for random testing.

EXAMPLE

1. The DER will call the supervisor the same day that the employee must undergo a random test. The supervisor will be told if it is a random drug, alcohol, or drug and alcohol test, the location of the collection site to send the employee and the time they are to report for the test.
2. Right before the time that the employee is to be tested, the supervisor will notify the employee they have been randomly selected for a test. **No prior knowledge can be given to the selected employee.**  The employee will be given directions to the collection site and instructed to report there immediately. The employee will be given a Collection Site Request Form to take to the collections site indicating the type of test and what tests are needed. They may also be given the appropriate drug testing supplies if they are not stocked at the collection site.
3. The supervisor will note the date and time the employee was given the instructions to report for random testing and report that information to the DER The supervisor should also remind the employee that he/she must report to the collection site immediately.
4. If the employee chosen for random testing is unavailable to be tested due to vacation, sick leave, etc., the supervisor will wait for the return of the employee to conduct the test. If the employee will not be returning to work during the testing period, the supervisor will notify the DER so that another employee can be chosen for random testing.
5. If the employee refuses to go for the random test when directed or does not show up at the collection site in the allotted time, the DER should be notified and it will be considered a refusal to test with the same consequences as a positive test.
6. **Every attempt should be made to ensure that random testing is done all hours of operation; all days that service is provided.**
7. A spreadsheet is kept by the DER documenting each testing event. Included in the information is the time the employee is notified and the time and day of the test. This form is used as a tool to help keep tract of the random testing times as well as the receipt of the documentation from the collection site and MRO.



|  |  |
| --- | --- |
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*SECOND CHANCE POLICY ONLY*

RETURN TO DUTY TESTING PROCEDURES

After an employee receives a positive drug/alcohol result or after an employee refuses to take part in the testing program, the employee must be referred to a Substance Abuse Professional (SAP). The employee may not return to safety sensitive duties until he/she has satisfied the SAPs recommendations for treatment or education and has had a negative test result.

1. The DER must receive a written report from the SAP indicating that it is his/her professional opinion that the employee in question has completed or has shown compliance with the recommendations and may return to duty. The specific content of the SAP report is detailed in CFR Part 40.311.
2. The DER will send employee to the collection site with a Notice to Report Form indicating a return to duty test.
3. The SAP will inform the DER if the employee needs a drug and/or alcohol test done prior to returning to duty.
4. The DER must receive the negative test results prior to reinstating the employee to a safety sensitive position.
5. All results and the SAP’s correspondence should be kept in secured, confidential manner

*SECOND CHANCE POLICY ONLY*

FOLLOW-UP TESTING PROCEDURES

Follow-up testing is done after an employee is brought back to work after an initial positive drug/alcohol result or refusal to test, completing the SAP’s recommendations and having a negative result on the return to duty test.

1. DER must adhere to the SAP’s recommendation of duration and frequency of the follow-up testing.
2. The DER will actual schedule the time and date of the employee’s testing keeping in mind the SAP’s recommendation.
3. There must be a minimum of 6 tests in the first 12 months and testing may go on as long as 5 years. This will be determined by the SAP’s evaluation.
4. The DER can contact the SAP regarding the progress of the employee if needed.
5. If the employee is selected for a random test, the random test will be done in addition to the follow-up testing.
6. Follow-up testing results (and employer’s copy of the CCF) will be filed with the original positive result, return to duty test result and all SAP documentation, evaluations and reports in a confidential and secured manner.

## PROCEDURES FOR RECEIVING RESULTS

1. Drug results will be sent to the DER’s office by *secured fax, secure email or by confidential mail*. Be sure your results are transmitted to you in a secured manner. If the result is positive, the MRO will call before sending the result and inform the DER of the positive result. The DER contacts the employee and immediately removes him/her from safety-sensitive duties. The employee must be referred to a qualified Substance Abuse Professional (SAP).
2. The employer copy of the Custody and Control Form (CCF) should be sent directly to the DER from the collection site within 1 day of the collection.
3. Breath Alcohol testing results will be faxed or mailed in an envelope to the attention of the DER marked “confidential”. Positive alcohol test results must be reported immediately by phone by the BAT when the test is performed. The employer’s copy of the Breath Alcohol Testing Form (ATF) will be faxed or mailed by the collection site in the U.S. mail.
4. The DER must fax the copy of ATF to your Third Party Administrator/Consortium..
5. Match the drug test results from the MRO with blue copy (employer’s copy) of the CCF form
6. After receiving drug and alcohol results, the DER verifies the identifying information on the test result and reviews the employer copy of the CCF for any obvious errors; for example: illegible employer copy, shadow dates and initials on the bottom of the form or not specifying the courier the specimen was released to. Report any errors to collection site for correction.
7. File the CCF, Breath Alcohol Testing Form and drug testing results in a secured file according to date tested until all copies of the records are received.
8. Pre-Employment Results:   
   Match the social security number on all paperwork. Enter results in the system\* (\**note the spreadsheet for recording testing information*. File the results, employer copy of the CCF and other signed forms in a secured location.
9. Random and Follow-Up Test Results:  
   Enter result in system\*. Keep the random list generated each period and document the reason why any person was selected but not tested.
10. Post Accident Test Results:  
    Enter result in system\*. File with Post Accident/Incident Form in secure location.
11. Reasonable Suspicion Test Results:  
    Match the social security number and enter results in the system\*. Inform supervisor to return the employee to duty if the result is negative. If the result is positive follow appropriate procedures for positive test results. Enter result in system\*. File with the Reasonable Suspicion Documentation Form in secure location.
12. Return To Duty Test Results: (Second Chance Policy Only)

Once recommended by the SAP, schedule breath alcohol test and/or drug tests before employee is scheduled to start safety-sensitive position. Contact supervisor of department where employee will be returning once the negative test result(s) are received. Enter result in system\*. File negative results along with the SAP’s report and return to duty recommendation.

1. Follow-up Test Results: (Second Chance Policy Only)

The Recommendation for the duration and frequency of the testing is the responsibility of the SAP. Scheduling is the DER’s responsibility. Tests are done in addition to any random tests that may be required. Results are to be kept with the original positive test result (or refusal documentation), SAP reports and recommendations.

1. POSITIVE TEST RESULT - SAP referral forms:

Any employee who receives a positive result or refuses to be tested must be referred to a SAP. The DER will fill out the SAP referral form on page 21 and ask the employee to sign the form. A copy of the signed form should be kept attached to the positive test result or refusal documentation.

ALL RESULTS AND PAPERWORK PERTAINING TO DRUG AND ALCHOL TESTS ARE SECURED IN LOCKED FILE CABINET IN THE DER’S OFFICE.

GENERAL INFORMATION

A Refusal to test can include a variety of behaviors, including;

* verbal or written refusal
* physical absence
* an inability to provide a urine specimen or breath sample without a valid medical explanation
* failure to undergo a medical evaluation or an observed collection when required
* obstructive behavior
* failure to provide a urine sample
* not reporting to the collection site in the time allotted (except in the case of pre-employment)
* not remaining at the collection site until the completion of the process
* failure to sign step 2 of the alcohol test form
* failure to permit monitoring or direct observation when appropriate
* leaving the scene of an accident prior to submitting to a post-accident test when required
* failure to take a second test as directed by the collector or employer
* having an adulterated or substituted test result verified by an MRO.
* employee admitting to the collector/MRO that he/she adulterated or substituted their specimen
* employee behaves in a confrontational way that disrupts the collection process
* failure to follow the observer’s instructions to raise and lower their clothing and to turnaround to permit the observer to determine if the employee has a prosthetic or other device that could be used to interfere with the collection process.
* the employee possesses or wears a prosthetic or other device that could be used to interfere with the collection process
* the employee refuses to wash his or her hands after being directed to do so.

A refusal to test will be treated the same as a positive test result.

Observed Collection Protocol:

The Federal Guidelines state that employees having observed collections must be instructed to raise clothing, just above the navel; lower clothing, to mid-thigh; then turn around to show the same gender observers they do not have prosthetic devices for beating the tests. If no device is detected, the employee is permitted to return clothing to its proper observed-collection position. Then the observed collection will take place. The following are the circumstances in which an observed collection will take place.

* All return-to-duty tests (second chance policy);
* All follow-up tests (second chance policy;
* Anytime the employee is directed to provide another specimen because the temperature on the original specimen was out of the accepted temperature range of 90°F - 100°F;
* Anytime the employee is directed to provide another specimen because the original specimen appeared to have been tampered with;
* Anytime a collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen;
* Anytime the employee is directed to provide another specimen because the laboratory reported to the MRO that the original specimen was invalid and the MRO determined that there was not an adequate medical explanation for the result;
* Anytime the employee is directed to provide another specimen because the MRO determined that the original specimen was positive, adulterated or substituted, but had to be cancelled because the test of the split specimen could not be performed.
* The employee who is being observed will be required to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show the collector, by turning around that they do not have a prosthetic device."

**Acknowledgment of Referral of Substance Abuse Professional**

I, , The undersigned, acknowledge that the below indicated circumstance, or circumstances, (so indicated by a check) has resulted in my being referred to the following Substance Abuse Professional.

( ) having a verified positive drug test result on (date)

( ) having refused to submit to a drug and/or alcohol test on (date)

( ) reporting for duty or remaining on duty (performing safety sensitive functions) having a positive alcohol concentration of 0.04 or greater on (date)

Name of Substance Abuse Professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Substance Abuse Professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This action is taken in accordance with provisions 49 CFR part 40.

Acknowledged this day of ,200

Signature of Employee

Referring Supervisor

**AFFIDAVIT OF CORRECTION**

According to 49 CFR Part 40, as amended, **the collector of the drug test referenced below** must take all practicable action to correct errors on the Federal Drug Testing Custody and Control Form so that the test is not cancelled.

Transit System Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specimen ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Collector Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Collector Was Notified of Error: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This affidavit addresses the following errors that were not performed in accordance with 49 CFR Part 40, as amended:

**Step 1 Requirements (§40.63)** (check all that apply)

\_\_\_ A. Missing/Incorrect Employer Name, Address, Phone, and Fax

\_\_\_ B. Missing/Incorrect MRO Name, Address, Phone and Fax No.

\_\_\_ C. Missing Donor SSN or Employee I.D. No.

\_\_\_ D. Missing/Incorrect Testing Authority

\_\_\_ E. Missing/Incorrect Reason for Test

\_\_\_ F. Missing/Incorrect Drug Tests to be Performed

\_\_\_ G. Missing/Incorrect Collection Site Name, Address, Phone and Fax No.

**Step 2 Requirements (§40.65-70)** (check all that apply)

\_\_\_ Collector failed to indicate if the specimen was within the acceptable temperature range

\_\_\_ Collector failed to mark ‘Split’

\_\_\_ Collector arbitrarily marked ‘Observed’

\_\_\_ Collector failed to mark ‘Observed’

\_\_\_ Missing explanation within ‘Remarks’ section. (i.e. any unusual circumstances that occur during collection)

**Step 3 Requirements (§40.71)** (check all that apply)

\_\_\_ Bottle seals were filled out while still affixed to the CCF

**Step 4 Requirements (§40.73)** (check all that apply)

\_\_\_ Missing collector’s signature

\_\_\_ Missing collector’s printed name (First, MI, Last)

\_\_\_ Missing/Incorrect Date of Collection

\_\_\_ Missing/Incorrect Time of Collection

\_\_\_ Missing Courier Name

**Step 5 Requirements (§40.73)** (check all that apply)

\_\_\_ Missing donor’s signature

\_\_\_ Missing donor’s printed name (First, MI, Last)

\_\_\_ Missing/Incorrect Date of Collection

\_\_\_ Missing donor’s Daytime and/or Evening Phone No.

\_\_\_ Missing/Incorrect donor’s Date of Birth

**Collector Remarks:**

1. Description of error:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Description of corrective action:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Measures taken to ensure the same error(s) do not reoccur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing below, in accordance with 49 CFR Part 40.209, I certify that the aforementioned errors occurred on the referenced drug test and that appropriate measures have been taken to ensure the same errors will not reoccur.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collector Signature / Title Date

1. A safety-sensitive function, as described in 49 CFR Part 655 Section 655.4, includes: (1) operating a revenue service vehicle; (2) operating a non-revenue service vehicle, when required to be operated by a 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; or (5) carrying a firearm for security purposes. [↑](#footnote-ref-1)