CENTRAL AREA RURAL TRANSIT SYSTEM, INC.
Prevention of Prohibited Drug Use and Prevention of Alcohol Misuse in Transit Operations

Drug & Alcohol Policy
Drug & Alcohol Policy

In Accordance with U.S. Department of Transportation
Federal Transit Administration Regulations
(49 CFR Parts 653 and 654 as amended)

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General

A. Policy and Purpose

1) Central Area Rural Transit System, inc. (CARTS) has a long-standing commitment to maintain the highest standards for employee safety and health. The use of controlled substances or the misuse of alcohol by employees is contrary to these high standards.

2) In addition, CARTS must comply with all Department of Transportation (DOT) and Federal Transit Administration (FTA) regulations which require affirmative actions designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by safety-sensitive employees in transit operations.


B. Applicability

1) The Federal Transit Administration Regulations, which are the subject of these Policies, apply to all safety-sensitive employees.

2) The categories of safety-sensitive employees subject to these policies and procedures are included in Appendix A.

C. Testing Procedures

1) Alcohol and controlled substances testing shall be conducted in accordance with the procedures set forth in the DOT regulations 49 CFR Part 40. Detailed alcohol and controlled substances testing procedures are provided in Appendix B.

2) Testing procedures for the presence of alcohol and controlled substances protect the safety-sensitive employee and the integrity of the testing processes, safeguard the validity of the test results, and ensure that the results are correct and accurate.
D. Definitions

1) **Accident**: an incident in which a person has dies or is treated at a medical facility or when there has been property damage resulting in the towing of a vehicle. The regulations require safety-sensitive drivers operating a vehicle that is involved in an accident (according to the above definition) be subject to post-accident testing:

   a. If there is a fatality, regardless of who is at fault;
   b. All other accidents as defined above, unless CARTS determines, using the best information available at the time of the decisions, that the safety-sensitive driver.

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

3) **Alcohol concentration (or content)**: the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

4) **Alcohol Use**: the consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.

5) **Confirmation test**: a second test following an alcohol screening test with a result of 0.02 or greater that provides quantitative data of alcohol concentration. For controlled substances testing this means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy. The only DOT authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine is gas chromatography/mass spectrometry (GC/MS).

6) **Covered employee**: a person, including drivers who subcontract under this program with a contract Provider, who performs a safety-sensitive function for Central Area Rural Transit System, Inc.; however, a volunteer is covered only if operating a vehicle designed to transport sixteen or more passengers, including the driver.

7) **Disabling damage**: damage, which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

   a. Inclusion: Damage to motor vehicles that could have been driven, but would have been further damaged if so driven.
   b. Exclusions:
      i. Damage, which can be remedied temporarily at the scene of the accident without special tools or parts.
      ii. Tire disablement without other damage even if no spare tire is available.
      iii. Headlamp or taillight damage.
      iv. Damage to turn signals, horn, or windshield wipers, which makes them inoperative.

8) **Mass Transit vehicle**: vehicles actually used for transit purposes, or for ancillary services.
9) **Medical Review Officer (MRO):** a licensed physician responsible for receiving laboratory results generated by an agency's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's positive test result together with his or her medical history and any other relevant biomedical information.

10) **Refusal to submit (to an alcohol or controlled substance test):** a safety sensitive employee:

   - fails to provide adequate breath for testing without a valid medical explanation,
   - fails to provide adequate urine for controlled substances testing without a valid medical explanation after he or she has received notice of the requirement for urine testing, or
   - engages in conduct that clearly obstructs the testing process, including failure to arrive at the collection site at all or in a timely manner.

11) **Safety-sensitive function:** any of the following functions:

   - operating a revenue vehicle even when the vehicle is not in revenue service
   - operating a non-revenue service vehicle when operators of such vehicles are required to hold a Commercial Driver's License ("CDL")
   - controlling dispatch or movement of a revenue service vehicle
   - maintaining (including repairs, overhaul, and rebuilding) a revenue service vehicle or equipment used in revenue service, unless the recipient receives funding under U.S.C. 5309, is in an area of less than 50,000 in population and contracts out such services, or funding under 49 U.S.C. 5311 and contracts out such services.
   - carrying a firearm for security purposes.

12) **Screening test (also known as initial test):** in alcohol testing, an analytical procedure used to determine whether a safety-sensitive employee might have a prohibited concentration of alcohol in his or her system. In controlled substance testing, an immunoassay screen to eliminate a “negative” urine specimen from further consideration.

13) **Substance abuse professional (SAP):** a licensed physician, or a licensed or certified psychologist, social worker, employee assistance professional, or certified addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

14) **Third-party administrator (TPA):** an entity, which, on behalf of CARTS, provides independent program administration services as required by DOT/FTA controlled substances and alcohol use and testing requirements.

15) **Vehicle:** every type of conveyance used to provide transit (including inclines).

E. **Preemption of State and Local Laws**

1) DOT/FTA controlled substances and alcohol use and testing regulations preempts any State and local law, rule, or regulation, or order to the extent that:

   - Compliance with both the State or local requirements and DOT/FTA regulations are not possible; or
b. Compliance with the State or local requirement is an obstacle to the accomplishment and execution of the DOT/FTA regulations.

2) Compliance with DOT/FTA regulations shall not be construed to preempt provisions of State criminal law that impose sanctions for reckless conduct leading to actual loss of life, injury, or damage to property, whether the provisions apply specifically to transportation employees, contract drivers or to the general public.

F. Mutual Responsibilities

1) **Program Manager (PM).** Appendix C contains the name, address, and telephone number of Central Area Rural Transit System, Inc. responsible parties. The program manager or other CARTS designated individual shall be responsible for the implementation and management of the CARTS *Prevention of Prohibited Drug Use and Prevention of Alcohol Misuse in Transit Operations Policy and Procedures* which complies with DOT/FTA regulations 49 CFR Parts 653 and 654 as amended. The PM, in coordination with CARTS third-party program administrator, shall be responsible for providing oversight and evaluation on CARTS program; providing guidance and counseling; reviewing of all discipline applied under the CARTS policy and procedures for consistency and conformance to human resources policies and procedures; scheduling for types of testing; maintaining a secured file system on all alcohol and controlled substances test results; and overseeing the referral of employees for evaluation and treatment. Central Area Rural Transit System, Inc. shall ensure that all safety-sensitive employees are aware of the provisions and coverage of CARTS *Prevention of Prohibited Drug Use and Prevention of Alcohol Misuse in Transit Operations Policy and Procedures*.

2) **Supervisor(s):** designated individuals responsible for determining whether reasonable suspicion exists to require a safety-sensitive employee to undergo controlled substances and/or alcohol testing; based on physical, behavioral, speech, and performance indicators of probable alcohol misuse and/or use of controlled substances.

3) **Safety-sensitive employee(s):** each safety-sensitive employee and contract driver has the responsibility to be knowledgeable regarding the requirements of CARTS policy and procedures and to fully comply with the provisions thereof.

G. Notification

1) **CARTS Prevention of Prohibited Drug Use and Alcohol Misuse in Transit Operations Policy and Procedures** shall be included with the appropriate material provided to safety-sensitive employees. CARTS policy will be posted in prominent locations that are readily accessible to all safety-sensitive employees, and will be provided to each contract Provider. All safety-sensitive employees will be provided a complete copy of CARTS policy and procedures, and information concerning the effects of alcohol and controlled substances use on an individual’s health, work, and personal life; signs and symptoms of an alcohol or a controlled substances problem; and available methods of intervening when an alcohol or a controlled substances problem is suspected, including confrontation, and referral.
H. Implementation


2) At all times the privacy and confidentiality of all safety-sensitive employees must be maintained.

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Prohibited Conduct and Related Consequences

A. Alcohol Concentration

1) Covered employees must submit to alcohol tests in accordance with Part 654 as amended.

2) No safety-sensitive employee shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 or greater.

3) CARTS shall not knowingly allow any safety-sensitive employee having an alcohol concentration of 0.02 or greater to perform or continue to perform safety sensitive functions.

B. On-Duty Use

1) CARTS shall prohibit a covered employee from reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. No employer having actual knowledge that a covered employee has an alcohol concentration of 0.04 or greater shall permit the employee to perform or continue to perform safety-sensitive functions.

C. Pre-Duty Use

1) No safety-sensitive employee shall perform safety-sensitive functions within four hours after using alcohol.

2) CARTS shall not knowingly permit a safety-sensitive employee to perform a safety-sensitive function within four hours after having last used alcohol.

D. Use Following and Accident

1) Fatal accident - employer may not allow a safety-sensitive employee to consume alcohol unless the employee has been tested, or eight hours have elapsed, whichever occurs first.

2) Non-fatal accident - employer may not allow a safety-sensitive employee to consume alcohol unless the employee's involvement can be completely discounted as a contributing factor to the accident, the employee has been tested, or eight hours has elapsed.
E. Other Alcohol-Related Conduct

1. No safety-sensitive employee who tests positive for alcohol (0.04 or greater) will be allowed to report for duty. Any safety-sensitive employee who tests positive for alcohol (0.04 or greater) will be immediately removed from the safety-sensitive duty and shall be referred to a substance abuse professional. Before a covered employee can return to duty requiring the performance of a safety-sensitive function the employee must:
   a. be evaluated by a substance abuse professional
   b. undergo a return to duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

2. No safety-sensitive employee tested under the provisions of this policy that is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall perform or continue to perform safety-sensitive functions for CARTS until:
   a. employee's alcohol concentration measures less than 0.02;
   b. or the start of the employee's next regularly scheduled duty period, but not less than eight hours following administration of the test.
   c. except as provided above, no employer shall take any action under this part against an employee based solely on test results showing an alcohol concentration less than 0.04. This does not prohibit an employer from taking action on HCRT authority, independent of this part, otherwise consistent with law.

F. Refusal to Submit to a Required Test

1. No safety-sensitive employee shall refuse to submit to a post-accident alcohol or controlled substances test, a random alcohol or controlled substances test, a reasonable suspicion alcohol or controlled substances test, or a follow-up alcohol or controlled substances test. CARTS shall not knowingly permit a safety-sensitive employee who refuses to submit to such tests to perform or continue to perform safety-sensitive functions.

2. The following constitute a refusal to test:
   a. refusal to take the test (verbal refusal or physical absence)
   b. inability to provide sufficient quantities of breath or urine to be tested without a valid medical explanation
   c. tampering with or attempting to adulterate the specimen or interfere with the collection procedure
   d. not reporting to the collection site in the time allotted; or
   e. leaving the scene of an accident without a valid reason before the tests have been conducted.
G. Controlled Substances Use

1. No safety-sensitive employee shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the safety-sensitive employee uses any controlled substance.

2. Employees may be tested at any time while on duty because the use of the five illegal drugs is prohibited.

3. CARTS shall not permit a safety-sensitive employee to perform or continue to perform a safety-sensitive function if CARTS has actual knowledge that a safety-sensitive employee has used a controlled substance.

H. Controlled Substances Testing

1. Covered employees must submit to drug tests administered in accordance with Part 653 as amended.

2. No safety-sensitive employee shall report for duty, remain on duty or perform a safety-sensitive function, if the safety-sensitive employee tests positive for controlled substances.

3. CARTS will not knowingly permit a safety-sensitive employee to perform or continue to perform safety-sensitive functions if the safety-sensitive employee has tested positive for controlled substances.
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Tests Required

A. Pre Employment Testing

1. Employee candidates must produce a negative drug test result PRIOR to being hired (i.e. going on the payroll); if the test is canceled, the applicant must retake and pass the test before being hired.

2. Pre-employment test for disabled individuals unable to provide sufficient volume can be reported as negative if medical examination shows no evidence of illegal drug use.

3. An employee being transferred must provide a verified negative urinalysis prior to performing a safety-sensitive function.

B. Post-accident Testing

1. Fatal accidents: As soon as practicable following an accident involving the loss of human life, CARTS shall test each surviving covered employee operating the mass transit vehicle at the time of the accident. CARTS shall also test any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision.

2. Non-fatal accidents: as soon as practicable following an accident not involving the loss of human life, in which the mass transit vehicle involved is a bus, electric bus, van, or automobile, the employer shall test each covered employee operating the mass transit vehicle at the time of the accident. The employer shall also test any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision. As soon as practicable following an accident not involving the loss of human life, in which the transit vehicle involved is a rail car, trolley car, trolley bus, or vessel, the employer shall test each covered employee operating the mass transit vehicle at the time of the accident unless the employer determines, using the best information available at the time of the decision, that the covered employee's performance can be completely discounted as a contributing factor to the accident. The employer shall also test any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision.
In the rare event an employee cannot participate in the FTA collection process, following an accident, the employer may accept the results of a test performed by Federal, State, or local officials if results are released to the employer.

3. Alcohol test

a. Every effort will be made to administer an alcohol test within 2 hours of the accident. If the test is not administered within 2 hours, a file shall be prepared and maintained documenting the reasons the test was not promptly administered.

b. If an alcohol test is not administered within 8 hours following the accident, the Employer shall cease attempts and document the reasons the test was not administered within the 8 hours.

c. The regulations do not permit a waiver of the employer's obligation to test an employee after an accident, nor does it allow an employer to use the results of an alcohol test administered by police, for law enforcement purposes, or hospital personnel for treatment of an injury.

4. Controlled substances tests

a. Every effort shall be made to administer a controlled substances test within 32 hours of an accident. If a test is not administered within 32 hours, the safety-sensitive employee's supervisor shall prepare and maintain a file documenting the reasons the test was not promptly administered.

b. If a test is not administered within 32 hours following the accident, the Employer shall cease attempts to administer a controlled substances test and document the reasons the test was not administered within the 32 hours.

c. The regulations do not permit a waiver of the employer's obligation to test an employee after an accident.

5. A safety-sensitive employee who is subject to post-accident testing shall remain readily available for testing or will be deemed to have refused to submit to testing.

6. These testing requirements shall not delay necessary medical attention for injured persons following an accident or prohibit the safety-sensitive employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

C. Random Testing

1. Employers are required to test safety-sensitive employees for alcohol at a minimum annual rate of ten percent (10%) of the number of safety-sensitive employees in the selection pool, and for controlled substances at a minimum annual rate of fifty percent (50%) of the number of safety-sensitive employees in the selection pool.

2. The selection of employees for random alcohol testing shall be made by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with
employee's Social Security numbers, payroll identification numbers, or other comparable identifying numbers. Each covered employee shall have an equal chance of being tested each time selections are made.

3. If the employer conducts random testing through a consortium, the number of employees to be tested may be calculated for each individual employer or may be based on the total number of covered employees covered by the consortium who are subject to random testing at the same minimum annual percentage rate.

4. The Employer shall ensure that random tests conducted under the regulations are unannounced and that the dates for administering random tests are spread reasonably throughout the calendar year.

5. The Employer shall require that each covered employee who is notified of selection for random testing proceed to the test site immediately. It is provided, however, that if the employee is performing a safety-sensitive function at the time of the notification, the employer shall ensure that the employee ceases to perform the safety-sensitive function and proceeds to the testing site as soon as possible.

6. A safety-sensitive employee shall only be tested for alcohol while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased performing such functions.

D. Reasonable Suspicion Testing

1. Safety-sensitive employees are required to submit to an alcohol and/or controlled substances test(s) when there is reasonable suspicion to believe the safety-sensitive employee has violated the provisions of this policy and procedures related to prohibited conduct. The decision to require a safety-sensitive employee to submit to a reasonable suspicion test must be made by a supervisor trained in detecting the signs and symptoms of prohibited drug use and alcohol misuse.

2. A trained supervisor must be able to articulate and substantiate physical, behavioral and performance indicators of probable drug use or alcohol misuse by observing the appearance, behavior, speech or body odors of the covered employee.

3. Supervisors or Employer officials making observations for alcohol and controlled substances reasonable suspicion testing shall be provided at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes of training on controlled substances use. Supervisor training shall cover the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances.

4. Reasonable suspicion testing for alcohol shall occur only if the observations are made during, just preceding, or just after the performance of a safety-sensitive function.

5. If a reasonable suspicion alcohol test is not administered within two hours following determination of reasonable suspicion, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered.
6. If a reasonable suspicion alcohol test is not administered within eight hours following determination of reasonable suspicion, the Employer shall cease attempts to administer an alcohol test and shall state in the record the reasons for not completing the test.

E. Return-to-duty Testing

1. The Employer shall ensure that before an employee returns to duty to perform a safety sensitive function, after engaging in prohibited conduct concerning alcohol, the safety-sensitive employee shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

2. The Employer shall ensure that before an employee returns to duty to perform a safety sensitive function, after engaging in prohibited conduct concerning controlled substances, the safety-sensitive employee shall undergo a return-to-duty controlled substances test with a result indicating a verified negative result for controlled substances use.

3. If the substance abuse professional makes a determination that some form of evaluation and/or treatment is required, the safety-sensitive employee must comply with the recommended provisions in order to be considered eligible to return-to-duty.

F. Follow-up Testing

1. Upon the determination that a safety-sensitive employee is in need of assistance in resolving problems associated with alcohol and/or controlled substances, the safety-sensitive employee will be subject to unannounced follow-up alcohol and/or controlled substances testing as directed by a substance abuse professional.

3. Follow-up alcohol testing shall be conducted only when the safety-sensitive employee is performing safety-sensitive functions, just before the safety-sensitive employee is to perform safety-sensitive functions, or just after the safety-sensitive employee has ceased performing safety-sensitive functions.
Tests Results Reporting, Recordkeeping, and Confidentiality

A. Retention of Records

1. General requirements

   a. The Employer shall maintain all alcohol and controlled substances testing information including test results and other appropriate records in a secure manner to prevent the disclosure of such information to unauthorized personnel.

   b. The program manager shall maintain a secured file system that will contain the alcohol and controlled substances testing records. Files shall be maintained as confidential. Employee files shall be handled on a strict "need to know" basis.

2. Period of retention of records

   a. The following records must be maintained for five years:

      i. Records of alcohol test results with results indicating an alcohol concentration of 0.02 or greater.

      ii. Records of verified positive controlled substances test results.

      iii. Documents sent by Medical Review Officer to the employer.

      iv. Documentation of refusal to take a required alcohol or controlled substances tests.

      v. Calibration documentation for evidential breath testing (EBT) equipment.

      vi. Safety-sensitive employee evaluation and referrals by Substance Abuse Professionals.
vii. Record's concerning a covered employee's compliance with the recommendations of the substance abuse professional.

viii. A copy of each annual summary report.

b. The following records related to the alcohol and controlled substances collection process (except calibration of EBT equipment) and training shall be maintained for a minimum of two years:

i. Collection log books, if used

ii. Documents relating to the random selection process

iii. Documentation of breath alcohol technician training

iv. Documents generated in connection with decisions to administer reasonable suspicion alcohol tests

v. Documents generated in connection with decisions on post-accident tests

vi. Documents verifying existence of a medical explanation of the inability of a covered employee to provide adequate breath/urine for testing

vii. Materials on alcohol misuse and controlled substances abuse awareness, including a copy of Employer's policy on alcohol misuse and controlled substances abuse.

viii. Documentation of training provided to supervisors for the purpose of qualifying supervisors to make reasonable suspicion determinations concerning the need for alcohol or controlled substances testing.

c. The following records of negative and canceled controlled substances/alcohol test results with a concentration of less than 0.02 shall be maintained for a minimum of one-year:

i. The employer's copy of the alcohol test form, including the results of the test.

ii. Documents related to the refusal of any covered employee to submit to an alcohol test required by this part.

iii. Documents presented by a covered employee to dispute the result of an alcohol test administered under this part.

d. Location of records

i. All records shall be maintained in a secure location with controlled access and shall be made available for inspection at the Employer's principal place of business after a request has been made by an authorized representative of the FTA.
B. Management Information System (MIS) reporting

1. The Employer shall maintain summary results of its alcohol and controlled substances testing performed under FTA regulations and shall submit such information by March 15 of the following year.

C. Access to Facilities and Records

1. Except as provided by law or expressly authorized by DOT/FTA regulations, the Employer shall not release safety-sensitive employee information unless directed by the specific, written consent of a safety-sensitive employee authorizing release of the information.

2. Upon written request to the program manager, a safety-sensitive employee may obtain copies of any records pertaining to the safety-sensitive employee's alcohol or controlled substances tests.

3. The Employer shall permit access to all facilities and records related to controlled substances and alcohol testing when requested by the authorized personnel of the DOT, or any State or local officials with regulatory authority.

4. Records shall be made available to a subsequent employer upon receipt of a written request from the safety-sensitive employee.

D. Medical Review Officer (MRO) Notifications

1. Initial reporting to the Employer by the medical review officer of verified controlled substances test results will be accomplished using any communication device (i.e., telephone, secured fax, computer download).

2. A written notification from the MRO to the Employer, its agent or TPA will be provided to the Employer within 3 business days of completion of the medical review officers (MRO) review. The written report shall include the following information:

   a. The controlled substances test being reported was done in accordance with FTA requirements;

   b. The name of the individual tested;

   c. The type of test;

   d. The date and location of the test specimen collection;

   e. The names of the person performing the collection;
f. The name of the medical review officer;

g. The verified results of a controlled substances test and the identity of the substance(s) that were verified positive.

E. Medical Review Officer (MRO) Record Retention

1. The MRO shall maintain all records related to verified positive results for a period of five years.

2. The MRO shall maintain all dated records and notifications, identified by individual, for a period of one year for negatives and canceled controlled substances test results.

3. The MRO shall not release any controlled substances test results of any safety-sensitive employee to any person without first obtaining a specific written authorization from the tested safety-sensitive employee.

F. Release of Test Information

1. Except as required by law or expressly authorized or required under DOT/FTA regulations, no employer shall release covered employee information that is contained in records required to be maintained under DOT/FTA regulations.

2. A covered employee is entitled, upon written request, to obtain copies of any records pertaining to the employee's use of drugs and/or alcohol, including any records pertaining to his or her drug and/or alcohol tests. The employer shall promptly provide the records requested by the employee. Access to an employee's records shall not be contingent upon payment for records other than those specifically requested.

3. Employer shall permit access to all facilities utilized in complying with the requirements of this part to the Secretary of Transportation, any DOT agency with regulatory authority over the employer or any of its covered employees or to a State oversight agency authorized to oversee rail fixed guide way systems.

4. Employer shall make available copies of all results for employer alcohol/controlled substances testing conducted under this part and any other information pertaining to the employer's prohibited drug use and alcohol misuse program, when requested by the Secretary of Transportation, or any DOT agency with regulatory authority over the employer or covered employee, or to a State oversight agency authorized to oversee rail fixed guide way systems.

5. When requested by the National Transportation Safety Board as part of an accident investigation, employer shall disclose information related to the employer's administration of a post-accident test administered following the accident under investigation.
6. Records shall be made available to a subsequent employer upon receipt of written request from the covered employee.

Disclosures by the subsequent employer are permitted only as expressly authorized by the terms of the employee's written request.

7. Employer may disclose information required to be maintained under this part pertaining to a covered employee to the employee or the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual, and arising from the results of a drug and/or alcohol test administered under this part, or from the employer's determination that the employee engaged in conduct prohibited by subpart B of this part (including, but not limited to, a worker's compensation, unemployment compensation, or other proceeding relating to a benefit sought by the employee).

8. Employer shall release information regarding a covered employee's records as directed by the specific, written consent of the employee authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only with the employee's express written consent.
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Consequences for Safety Sensitive Employees Engaging in Substance Use and Related Conduct

A. Performing Safety-Sensitive Work

Safety-sensitive employees found to have an alcohol concentration of 0.02 or greater but less than 0.04, have a positive confirmed test for controlled substances or who refuse to submit to a controlled substances or alcohol test, cannot be allowed to perform safety-sensitive functions until either:

1. Employee retests at alcohol concentration of less than 0.02; or
2. 8 hours has elapsed following administration of the test.

B. Disciplinary Action

Safety-sensitive employees who have an alcohol concentration of 0.04 or greater, who test positive for controlled substances, or refuse to test must be removed from their safety-sensitive position and be told of the resources available for evaluation. Employee must then be referred to a substance abuse professional and can only return to duty upon the recommendation of the SAP.

C. Referral to SAP, Evaluation and Treatment

1. The Employer shall advise each safety-sensitive employee who has been engaged in prohibited conduct under this policy and procedures of resources available to the safety-sensitive employee in evaluating and resolving problems associated with the misuse of alcohol and use of controlled substances, including the names, addresses, and telephone numbers of substance abuse professionals (SAPs) and counseling and treatment programs, (Appendix C).
2. At the Employer's discretion, a safety-sensitive employee who has been engaged in prohibited conduct under this policy and procedures will not return to duty in a safety-sensitive function until the safety-sensitive employee undergoes a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 if the conduct involved alcohol, or a controlled substances test with a verified negative result if the conduct involved a controlled substance.

In addition, each safety-sensitive employee shall be evaluated by a substance abuse professional (SAP) to determine that any rehabilitation prescribed has been properly followed, and shall also be subject to unannounced follow-up alcohol and controlled substances testing as directed by the substance abuse professional (SAP).

3. The aforementioned referral, evaluation and treatment provisions do not apply to applicants for safety-sensitive employee positions who either refuse to submit to an alcohol or controlled substances test or who test with a result of 0.04 or greater for an alcohol test or a controlled substance test with a verified positive test result.
Alcohol Misuse and Controlled Substances Use
Information, Training and Referral

A. General Information and Employee Training

1. Prior to the start of alcohol and controlled substances testing under this policy and procedures, and to
each safety-sensitive employee subsequently hired or transferred into a safety-sensitive position,
Employer will provide a copy of this policy and procedures and any additional information deemed
relevant.

2. Training provided to safety-sensitive employees will include 60 minutes covering the effects of controlled
substances use on an individual's health, work, and personal life; signs and symptoms of a controlled
substances problem. Information concerning the effects of alcohol misuse on an individual's health,
work, and personal life; signs and symptoms of an alcohol problem (the employee's or coworker's); and
available methods of intervening when an alcohol problem is suspected, including confrontation, referral
to any available EAP, and/or referral to management is also included in Appendix E of this policy.

3. The Employer's policy and procedures and informational materials provided to safety-sensitive
employees will also be made available to representatives of various employee organizations.

B. Training for Supervisors

1. All Employer supervisors and personnel designated to determine whether reasonable suspicion exist to
require a safety-sensitive employee to undergo testing for alcohol misuse and/or controlled substances use
shall receive at least 60 minutes of training on alcohol misuse and receive at least 60 minutes of training on
controlled substances use.

2. Training shall cover the physical, behavioral, speech, and performance indicators of probable alcohol
misuse and use of controlled substances and available methods of intervening when an alcohol or a
controlled substances problem is suspected, including confrontation and referral.
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Categories of Covered Safety-sensitive Employees

Revenue Vehicle Operators (including when not in revenue service)

Revenue Vehicle and Equipment Maintenance Personnel

Revenue Vehicle Control/Dispatch

CDL/Non-revenue Vehicle

Armed Security Personnel

Supervisors Who Perform Safety Sensitive Functions

Secretaries (or any other employee) while performing dispatch function

Including the following CARTS positions:

Executive Assistant – fills in for dispatch/reservationist, sometimes drives passengers

Operations Supervisor – takes reservations, dispatches passengers

Operations Assistant – acts as dispatch/reservationist and sometimes drives passengers

Drivers – drives for passengers
I. URINE SPECIMEN COLLECTION PROCEDURES

A. Scope.

1. The drug testing custody and control form is to be used as a permanent record on which identifying data about the employee and on the specimen collection and transfer process are retained. The drug-testing plan requires testing for marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).

2. Urine specimens collected under this plan may be used only to test for controlled substances designated or approved for testing as described in this appendix and shall not be used to conduct any other analysis or test.

3. This plan does not prohibit procedures reasonably incidental to analysis of the specimen for controlled substances (e.g., determination of PH or tests for specific gravity, creatinine concentration, or presence of adulterants).

4. At a minimum, collection personnel shall be trained to proficiency in the collection procedures as set forth in 49 CFR, Part 40.

B. Procedures.

1. The collection site person shall utilize the drug testing custody and control form (COC) provided by employer; this form must address the requirements as contained in §40.23. The COC form must comply with the provisions as contained in 49 CFR Part 40 with regard to the information that must be contained on the form.

2. The drug testing custody and control form may include such additional information as may be required for billing or other legitimate purposes necessary to the collection, provided that personal identifying information on the donor (other than the social security number or employee identification number) may not be provided to the laboratory. Donor medical information may appear only on the copy provided to the donor.
C. Security.

1. The purpose of this paragraph is to prevent unauthorized access, which could compromise the integrity of the collection process of the specimen.

2. The designated collection site is to be secure. If a collection site facility is dedicated solely to urine collection, it shall be secure at all times. If a facility cannot be dedicated solely to drug testing, the portion of the facility used for testing shall be secure during drug testing.

3. A facility normally used for other purposes, such as a public rest room or hospital examining room may be secured by visual inspection to ensure other persons are not present and undetected access (e.g., through a rear door not in the view of the collection site person) is not possible. Security during collection may be maintained by effective restriction of access to collection materials and specimens. In the case of a public rest room, the facility must be posted against access during the entire collection procedure to avoid embarrassment to the employee or distraction of the collection site person.

4. If it is impractical to maintain continuous physical security of a collection site from the time the specimen is presented until the sealed mailer is transferred for shipment, the following minimum procedures shall apply:

   a. The specimen shall remain under the direct control of the collection site person from delivery to its being sealed in the mailer.

   b. The mailer shall be immediately mailed, maintained in secure storage, or remain until mailed under the personal control of the collection site person.

D. Chain of Custody.

1. The chain of custody block of the drug testing custody and control form shall be properly executed by authorized collection site personnel upon receipt of specimens.

2. Handling the transportation of urine specimens from one authorized individual or place to another shall always be accomplished through chain of custody procedures. Every effort shall be made to minimize the number of persons handling specimens.

E. Access to Authorized Personnel Only.

1. No unauthorized personnel shall be permitted in any part of the designated collection site when urine specimens are collected or stored. Only the collection site person may handle specimens prior to their securement in the mailing container or monitor or observe a specimen (under the conditions specified in this section).
2. To promote security of specimens, avoid distraction of the collection site person, and ensure against any confusion in the identification of specimens, the collection site person shall have only one donor under supervision at any time.

3. For this purpose, a collection procedure is complete when the urine bottle has been sealed and initialed, the drug testing custody and control form has been executed, and the employee has departed the site (or in the case of an employee who was unable to provide a complete specimen, has entered a waiting area).

F. Privacy.

1. Procedures for collecting urine specimens shall allow individual privacy unless there is a reason to believe that a particular individual may alter or substitute the specimen to be provided, as further described in this paragraph.

2. For purposes of this procedure, the following circumstances are the exclusive grounds constituting a reason to believe that the individual may alter or substitute the specimen:

   a. The employee has presented a urine specimen that falls outside the normal temperature range (32° - 38°C/90° - 100°F) and,

      (1) The employee declines to provide measurement of oral body temperature, as provided in paragraph G. 14. of this section; or

      (2) Oral body temperature varies by more than 1°C/1.8°F from the temperature of the specimen.

   b. The last urine specimen provided by the employee (i.e., on a previous occasion) was determined by the lab to have a specific gravity of less than 1.003 and a creatinine concentration below .2g/L.

   c. The collection site person observes conduct clearly and unequivocally indicating an attempt to substitute or adulterate the sample (e.g., substitute urine in plain view, blue dye in specimen presented); or

   d. The employee has previously been determined to have used a controlled substance without medical authorization and the particular test was being conducted under a DOT regulation providing for follow-up testing upon or after return to service.

3. A higher-level supervisor of the collection site person, or a designated employer representative, shall review and concur in advance with any decision by a collection site person to obtain a specimen under the direct observation of a same gender collection site person based upon the circumstances described in paragraph 2 above.
G. Integrity and Identity of Specimen.

The collection site person shall take precautions to ensure that a urine specimen is not adulterated or diluted during the collection procedure and that information on the urine bottle and on the urine custody and control form can identify the individual from whom the specimen was collected. The following minimum precautions shall be taken to ensure that unadulterated specimens are obtained and correctly identified:

1. To deter the dilution of specimens at the collection site, toilet-bluing agents shall be placed in the toilet tank wherever possible, so that the reservoir of water in the toilet bowl always remains blue. Where practicable, there shall be no other source of water (e.g., no shower or sink) in the enclosure where urination occurs. If there is another source of water in the enclosure, it shall be effectively secured or monitored to ensure it is not used as a source for diluting the specimen.

2. When an individual arrives at the collection site, the collection site person shall ensure that the individual is positively identified as the employee selected for testing (e.g., through presentation of photo identification or identification by the employer's representative). If the individual's identity cannot be established, the collection site person shall not proceed with the collection. If the employee requests, the collection site person shall show proper identification to the employee.

3. If the individual fails to arrive at the assigned time, the collection site person shall contact the appropriate authority to obtain guidance on the action to be taken.

4. The collection site person shall ask the individual to remove any unnecessary outer garments such as a coat or jacket that might conceal items or substances that could be used to tamper with or adulterate the individual's urine specimen. The collection site person shall ensure that all personal belongings such as a purse or briefcase remain with the outer garments. The individual may retain his or her wallet. If the employee requests it, the collection site person shall provide a receipt for any personal belongings.

5. The individual shall be instructed to wash and dry his or her hands prior to urination.

6. After washing hands, the individual shall remain in the presence of the collection site person and shall not have access to any water fountain, faucet, soap dispenser, cleaning agent, or any other materials which could be used to adulterate the specimen.

7. The individual may provide their specimen in the privacy of a stall or otherwise partitioned area that allows for individual privacy. The collection site person shall provide the individual with a specimen bottle or collection container, if applicable, for this purpose.

8. The collection site person shall note any unusual behavior or appearance on the urine custody and control form.

9. In the exceptional event that an employer-designated collection site is not accessible and there is an immediate requirement for specimen collection (e.g., circumstances require a post-accident test), a public rest room may be used according to the following procedures: A
collection site person of the same gender as the individual shall accompany the individual into the public rest room which shall be made secure during the collection procedure. If possible, a toilet-bluing agent shall be placed in the bowl and any accessible toilet tank. The collection site person shall remain in the rest room, but outside the stall, until the specimen is collected. If no bluing agent is available to deter specimen dilution, the collection site person shall instruct the individual not to flush the toilet until the specimen is delivered to the collection site person. After the collection site person has possession of the specimen, the individual will be instructed to flush the toilet and to participate with the collection site person in completing the chain-of-custody procedures.

10. Collection Methodology.

a. Upon receiving the specimen from the individual, the collection site person shall determine if it has at least 30ml of urine for the primary or single specimen bottle and an additional 15ml of urine for the split specimen bottle. If the individual is unable to provide such a quantity of urine, the collection site person shall instruct the individual to drink not more than 40 ounces of fluids, and after a period of up to three hours, again attempt to provide a complete sample using a fresh collection container. The original insufficient specimen shall be discarded. If the employee is still unable to provide an adequate specimen, the insufficient specimen shall be discarded, testing discontinued and the employer notified. The MRO shall refer the individual for a medical evaluation to develop pertinent information concerning whether the individual's inability to provide a specimen is genuine or constitutes a refusal to test. Upon completion of the examination, the MRO shall report his or her conclusions to the employer in writing.

b. In pre-employment testing, if the employer does not wish to hire the individual, the MRO is not required to make a referral. Upon completion of the examination, the MRO shall report his or her conclusion to the employer in writing.

11. Employers using the split sample method of collection shall follow the procedures set forth below:

a. The donor shall urinate into a collection container or specimen bottle capable of holding at least 60 ml.

b. If a collection container is used, the collection site person, in the presence of the donor, pours the urine into two specimen bottles. Thirty (30) ml shall be poured into one bottle, to be used as the primary specimen. At least 15 ml shall be poured into the other bottle, to be used as the split specimen.

c. If a single specimen bottle is used as a collection container, the collection site person, in the presence of the donor, shall pour 15ml of urine from the specimen bottle into a second specimen bottle (to be used as the split specimen) and retain the remainder (at least 30 ml) in the collection bottle (to be used as the primary specimen).
d. Both bottles shall be shipped in a single shipping container, together with copies 1, 2 and the split specimen copy of the chain-of-custody form, to the laboratory.

e. If the test result of the primary specimen is positive, the employee may request that the MRO direct that the split specimen be tested in a different DHHS-certified laboratory for presence of the drug(s) for which a positive result was obtained in the test of the primary specimen.

The MRO shall honor such a request if it is made within 72 hours of the employee having been notified of a verified positive test result.

f. When the MRO informs the laboratory in writing that the employee has requested a test of the split specimen, the laboratory shall forward, to a different DHHS-approved laboratory, the split specimen bottle, with seal intact, a copy of the MRO request, and the split specimen copy of the chain-of-custody form with appropriate chain-of-custody entries.

g. The result of the test of the split specimen is transmitted by the second laboratory to the MRO.

h. Action required by DOT agency regulations as the result of a positive drug test (e.g., removal from performing a safety-sensitive function) is not stayed pending the result of the test of the split specimen.

i. If the result of the test of the split specimen fails to reconfirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, the MRO shall cancel the test, and report the cancellation and the reasons for it to the DOT, the employer and the employee.

12. After the specimen has been provided and submitted to the collection site person, the individual shall be allowed to wash his or her hands.

13. Immediately after the specimen is collected the collection site person shall measure the temperature of the specimen. The temperature-measuring device used must accurately reflect the temperature of the specimen and not contaminate the specimen. The time from urination to temperature measure is critical and in no case shall exceed 4 minutes.

14. A specimen temperature outside the range of 32°C - 38°C/90°F - 100°F, constitutes a reason to believe that the individual has altered or substituted the specimen (See Section F.2a.). In such cases, the individual supplying the specimen may volunteer to have their temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

15. Immediately after the specimen is collected, the collection site person shall also inspect the specimen to determine its color and look for any signs of contaminants. Any unusual findings shall be noted on the urine custody and control form.

16. All specimens suspected of being adulterated shall be forwarded to the laboratory for testing.
17. Whenever there is reason to believe that a particular individual has altered or substituted the specimen as described in Section F.2a. and c., a second specimen shall be obtained as soon as possible under the direct observation of a same gender collection site person.

18. Both the individual being tested and the collection site person shall keep the specimen in view at all times prior to its being sealed and labeled. As provided below, the specimen shall be sealed by placement of a tamper-proof seal over the bottle cap and down the sides of the bottle and labeled in the presence of the employee. If the specimen is transferred to a second bottle, the collection site person shall request the individual to observe the transfer of the specimen and the placement of the tamper-proof seal over the bottle cap and down the sides of the bottle.

19. The collection site person and the employee shall be present at the same time during procedures outlined in items 20 through 23 of this section.

20. The collection site person shall place securely on the bottle an identification label which contains the date, the individual's specimen number, and any other identifying information provided or required by the employer. If separate from the label, the tamper-proof seal shall also be applied.

21. The individual shall initial the identification label on the specimen bottle for the purpose of certifying that it is the specimen collection from the donor.

22. The collection site person shall enter on the drug testing custody and control form information identifying the specimen. The collection site person shall sign the drug testing custody and control form certifying that the collection was accomplished according to the applicable Federal requirements.

23. The individual shall be asked to read and sign a statement on the drug testing custody and control form that the specimen collected from him/her is in fact that specimen he/she provided.

24. The collection site person shall complete the chain of custody portion of the drug testing custody and control form to indicate receipt of the specimen from the employee and shall certify proper completion of the collection.

25. The urine specimen and chain-of-custody form are now ready for shipment. If the specimen is not immediately prepared for shipment, the collection site person shall ensure that it is appropriately safeguarded during temporary storage.

26. Control of Specimen:

   a. While any part of the above chain-of-custody procedures is being performed, it is essential that the urine specimen and custody documents be under the control of the involved collection site person.

   b. If the involved collection site person leaves their work station momentarily, the collection site person shall take the specimen and drug testing custody and control form with them or shall secure them. After the collection site person returns to the work station, the custody process
will continue. If the collection site person is leaving for an extended period of time, they shall package the specimen for mailing before leaving the site.

c. The collection site person shall not leave the collection site in the interval between presentation of the specimen by the employee and securement of the sample with an identifying label bearing the employee's specimen identification number and seal initialed by the employee. If it becomes necessary for the collection site person to leave the site during this interval, the collection shall be nullified and at the election of the employer a new collection may begin.

H. Collection Control. To the maximum extent possible, collection site personnel shall keep the individual's specimen bottle within sight both before and after the individual has urinated. After the specimen is collected, it shall be properly sealed and labeled.

I. Transportation to Laboratory. Collection site personnel shall arrange to ship the collected specimens to the drug testing laboratory. The specimens shall be placed in shipping containers designed to minimize the possibility of damage during shipment (e.g., specimen boxes and/or padded mailers); and those containers shall be securely sealed to eliminate the possibility of undetected tampering. On the tape sealing the container, the collection site person shall sign and enter the date specimens are sealed in the container for shipment. This collection site person shall ensure that the chain-of-custody documentation is attached to each container sealed for shipment to the drug-testing laboratory.

J. Failure to Cooperate. If the employee refuses to cooperate with the collection process, the collection site person shall inform the designated employer representative and shall document the non-cooperation on the drug testing custody and control form.

K. Employee Requiring Medical Attention. If the sample is being collected from an employee in need of medical attention as part of a post-accident test given in an emergency medical facility, necessary medical attention shall not be delayed in order to collect the specimen.

L. Use of Chain of Custody Forms. A chain of custody form shall be used for maintaining control and accountability of each specimen from the point of collection to final disposition of the specimen. The date and purpose shall be documented on the form each time a specimen is handled or transferred and every individual in the chain shall be identified. Every effort shall be made to minimize the number of persons handling specimens.

II. LABORATORY TESTING PROCEDURES

A. Qualifications
   At a minimum, laboratories used for testing must be SAMHSA certified.

B. Testing.
   1. Initial Test - The initial test shall use an immunoassay, which meets the requirement of the Food and Drug Administration ("FDA") for commercial distribution. The following initial
cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

<table>
<thead>
<tr>
<th></th>
<th>Initial test cutoff levels (ng/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana metabolites</td>
<td>50</td>
</tr>
<tr>
<td>Cocaine metabolites</td>
<td>300</td>
</tr>
<tr>
<td>Opiate metabolites</td>
<td>2000</td>
</tr>
<tr>
<td>Phencyclidine (PCP)</td>
<td>25</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1,000</td>
</tr>
</tbody>
</table>

2. Confirmatory Test - All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff values listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

<table>
<thead>
<tr>
<th></th>
<th>Confirmation test cutoff levels (ng/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana metabolites</td>
<td>15</td>
</tr>
<tr>
<td>Cocaine metabolites</td>
<td>150</td>
</tr>
<tr>
<td><strong>Opiates:</strong></td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td>2000*</td>
</tr>
<tr>
<td>Codeine</td>
<td>2000</td>
</tr>
<tr>
<td>Phencyclidine (PCP)</td>
<td>25</td>
</tr>
<tr>
<td><strong>Amphetamines:</strong></td>
<td></td>
</tr>
<tr>
<td>Amphetamine</td>
<td>500</td>
</tr>
<tr>
<td>Methamphetamine (3)</td>
<td>500</td>
</tr>
</tbody>
</table>

(1) Delta-9-tetrahydrocannabinol-9-carboxylic acid
(2) Benzoylecgonine
(3) Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml

*mandatory 6-mam is run at 10 ng/ml if morphine >2000

These cutoff levels are subject to change by the Department of Health and Human Services as advances in technology or other considerations warrant identification of these substances at other concentrations.

C. Reporting Results.

1. The laboratory shall report test results to the employer's MRO within an average of 5 working days after receipt of the specimen by the laboratory. Before any test result is reported (the results of initial test, confirmatory, tests, or quality control data), it shall be reviewed and the test certified as an accurate report by the responsible individual. The report shall identify the drugs/metabolites tested for, whether positive or negative, the specimen number assigned by the employer and the drug testing laboratory specimen results.
2. The laboratory shall report as negative all specimens that are negative on the initial test or negative on the confirmatory test. Only specimens confirmed positive shall be reported positive for specific drug.

3. The MRO may request from the laboratory and the laboratory shall provide quantitation of test results. The MRO shall report whether the test is positive or negative and may report the drug(s) for which there was a positive test, but shall not disclose the quantitation of test results to the employer. The MRO may reveal the quantitation of a positive test result to the employer, the employee, or the decision-maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee and arising from a verified positive drug test.

4. The laboratory may transmit results to the MRO by various electronic means (e.g., teleprinter, facsimile, or computer) in a manner designed to ensure confidentiality of the information. Results may not be provided verbally by telephone. The laboratory and employer must ensure the security of the data transmission and limit access to any data transmission, storage, and retrieval system.

5. The laboratory shall send the original or a certified true copy of the drug testing custody and control form, which in the case of a report positive for drug use, shall be signed (after the required certification block) by the individual responsible for day-to-day management of the drug testing laboratory or the individual responsible for attesting to the validity of the test reports, only to the MRO and attached to which shall be a copy of the test report.

6. The laboratory shall provide to the employer, its agent, or third-party administrator (TPA), responsible for coordination of the drug testing program, a quarterly statistical summary of urinalysis testing of the employer's employees and shall not include in the summary any personal identifying information. Initial and confirmation data shall be included from test results reported within that quarter.

7. Quarterly reports shall not include data from which it is reasonably likely that information about individuals' tests can be readily inferred. If necessary, in order to prevent the disclosure of such data, the laboratory shall not send a report until data are sufficiently aggregated to make such an inference unlikely. In any quarter in which a report is withheld for this reason, the laboratory will so inform the employer in writing.

8. The laboratory shall make available copies of all analytical results for employer drug testing programs when requested by DOT with regulatory authority over the employer.

9. Unless otherwise instructed by the employer in writing, all record pertaining to a given urine specimen shall be retained by the drug testing laboratory for minimum of 2 years.

D. Long-Term Storage. Long-term frozen storage (≤20°C or less) ensures that positive urine specimens will be available for any necessary retest during administrative or disciplinary proceedings. Drug testing laboratories shall retain and place in properly secured long-term frozen storage for a minimum of 1 year all specimens confirmed positive, in their original labeled specimen bottles. Within this 1-year period, an employer (or other person designated in a DOT agency regulation) may request the
laboratory to retain the specimen for an additional period of time, but if no such request is received
the laboratory may discard the specimen after the end of 1 year, except that the laboratory shall be
required to maintain any specimens known to be under legal challenge for an indefinite period.

E. **Retesting Specimens.** Because some analytes deteriorate or are lost during freezing and/or storage
quantitation for a retest is not subject to a specific cutoff requirement but must provide data
sufficient to confirm the presence of the drug or metabolite.

F. **Subcontracting.** Drug testing laboratories shall not subcontract and shall perform all work with their
own personnel and equipment. The laboratory must be capable of performing testing for the five
classes of drugs (marijuana, cocaine, opiates, phencyclidine, and amphetamines) using the initial
immunoassay and confirmatory GC/MS methods specified in this appendix. This paragraph does
not prohibit subcontracting of laboratory analysis if specimens are sent directly from the collection
site to the subcontractor. The subcontractor is a laboratory certified by DHHS as required in this
appendix, the subcontractor performs all analysis and provides storage required under this appendix,
and the subcontractor is responsible to the employer for compliance with this appendix and
applicable DOT regulations as if it were the prime contractor.

G. **Inspections.** DOT, any employer utilizing the laboratory, DHHS, or an organization performing
laboratory certification on behalf of DHHS, reserves the right to inspect the laboratory at any time.
Employer contracts with laboratories for drug testing, as well as contracts for collection site services,
shall permit the employer and the DOT of jurisdiction to conduct unannounced inspections.

H. **Documentation.** The drug testing laboratories shall maintain and make available for at least 2 years
documentation of all aspects of the testing process. This 2-year period may be extended upon
written notification by DOT or by any employer for which laboratory services are being provided.
The required documentation shall include personnel files on all individuals authorized to have access
to specimens; chain of custody documents; quality assurance/quality control records; procedure
manuals; all test data (including calibration curves and any calculations used in determining test
results); reports; records on performance testing; performance on certification inspections; and hard
copies of computer-generated data. The laboratory shall maintain documents for any specimen
know to be under legal challenge for an indefinite period.

I. **Protection of Employee Record.**

1. Employer contracts with laboratories shall require that the laboratory maintain employee test
records in confidence, as provided in DOT regulations.

2. The contracts shall provide that the laboratory shall disclose information related to a positive
drug test of an individual to the individual, the employer, or the decision-maker in a lawsuit,
grievance, or other proceeding initiated by or on behalf of the individual and arising from a
certified positive drug test.
III. EVIDENTIAL BREATH TESTING (EBT) PROCEDURES

A. Scope.

1. The evidential breath testing procedures set forth in this appendix address all the requirements as set forth in 49 CFR Part 40 and specifies the required form and disposition of such testing forms.

2. All personnel administering breath alcohol testing must be trained to proficiency in the operation of the evidential breath testing equipment used for testing and trained in the testing procedures as set forth in 49 CFR, Part 40. The breath alcohol technicians used must also have successfully completed a National Highway Traffic Safety Administration’s approved course of instruction.

3. All equipment used for breath alcohol testing must be approved by the National Highway Traffic Safety Administration and listed on their Conforming Products List.

B. Alcohol Testing Form.

1. The BAT shall utilize the Breath Alcohol Testing form provided by the employer. The alcohol testing form must comply with the provisions as contained in 49 CFR Part 40 with regard to the information that must be contained on the form. The form must address the specific requirements contained in §40.59. The employer may not modify or revise the form.

2. The employer may utilize a form that is directly generated by an EBT and may omit the space for affixing a separate printed result to the testing form. The form shall provide triplicate or three consecutive identical copies with copy 1 (white copy) being retained by the employer, copy 2 (green copy) shall be provided to the employee, and copy 3 (blue copy) shall be retained by the BAT.

3. The employer shall use only approved evidential breath testing (EBT) devices for conducting the alcohol testing provisions required in the employer’s policy and procedures. The employer shall use an EBT for confirmation that has:
   a. Capabilities to be attached independently or by direct link to a separate printer, print a result in triplicate (or three consecutive identical copies) of each breath test;
   b. Capabilities to assign a unique and sequential number to each completed test so that the number can be read by the breath alcohol technician (BAT) and the employee before each test and be printed out on each copy of the result;
   c. Capabilities of printing out the manufacturer’s name of the device, serial number and time of the test.

4. The breath alcohol testing form may include such additional information as may be required for billing or other legitimate purposes necessary to the testing provided that personal
identifying information on the individual (other than the social security number or employee identification number) may not be provided.

C. Breath Testing Locations.

1. The employer shall ensure that there are sufficient breath testing sites or the availability of BATs located within a reasonable proximity to each of the employer's work locations.

2. The employer shall conduct the testing in a location that affords visual and aural privacy to the employee being tested. The location shall prevent unauthorized personnel from seeing or hearing test results. All necessary equipment, personnel, and materials for conducting the alcohol testing shall be provided at the testing site.

3. A mobile collection facility, such as a van that is equipped for alcohol testing, that meets the requirements set forth in the employer's policy and procedures may be utilized.

4. No unauthorized persons shall be permitted access to the testing site when the EBT remains unsecured, or in order to prevent such individuals from seeing or hearing a test result.

5. In some circumstances the employer may have to conduct such alcohol testing outdoors at the scene of an accident that does not meet the requirements as specified in post-accident provisions of the employer's policies and procedures, then the BAT shall provide the necessary visual and aural privacy to the employee to the greatest extent practicable.

6. The BAT shall supervise only one employee's use of the EBT at a time. The BAT shall not leave the alcohol testing site while the testing process is in progress.

D. Breath Alcohol Testing Preparations.

1. When an employee arrives at the alcohol testing site, the BAT shall ensure that the individual is positively identified as the employee selected for alcohol testing (e.g. through presentation of photo identification or identification by the employer's representative). If the employee's identity cannot be established, the BAT shall not proceed with the alcohol test. If the employee requests, the BAT shall show proper identification to the employee.

2. The BAT shall explain the alcohol testing process to the employee.

3. If the employee fails to arrive at the assigned time, the BAT should contact the appropriate authority to obtain guidance on any action to be taken.

E. Screening Test Procedures.

1. The BAT shall begin the alcohol testing process by completing Step 1 on the Alcohol Breath Testing form. The employee shall then complete Step 2 by signing the certification. Refusal by the employee to sign the certification shall be regarded as refusal to take the alcohol test.
2. The BAT shall select an individually sealed mouthpiece and shall open it in full view of the employee and attach it to the EBT in accordance with the manufacturer's instructions.

3. The BAT shall instruct the employee to blow forcefully into the mouthpiece for at least 6 seconds or until the EBT instrument indicates that an adequate amount of breath has been obtained.

4. The BAT shall show the employee the result displayed on the EBT and shall record the displayed result, test number, testing device, serial number of the testing device, time and quantified result in Step 3 of the form. The BAT shall record in the log book the test number, date of the test, name of the BAT, location, and quantified test result. The employee shall then initial the log book entry.

5. If the EBT provides a printed result but does not print the results directly onto the form, the BAT shall show the employee the result displayed on the EBT. The BAT shall then affix the test result printout to the breath alcohol test form in the designated space. The result shall be secured in such a manner that will provide clear evidence of removal, such as the use of tamper-evident tape.

6. If the EBT prints the test result directly onto the alcohol form, then the BAT shall show the employee the result displayed on the EBT.

7. If the result of the screening alcohol test is a breath alcohol concentration of less than 0.02, the BAT shall date the form and sign the certification in Step 3 of the form. The employee shall then sign the certification and fill in the date in Step 4 of the form. If the employee does not sign the certification in Step 4 or does not initial the log book entry for a test, it shall not be considered a refusal to be tested. In this event, the BAT shall note the employee's failure to sign or initial in the "Remarks" section of the form.

8. If a test result printed by the EBT does not match the displayed result, the BAT shall note the disparity in the "Remarks" section. Both the BAT and the employee shall initial or sign the notation. The alcohol test is invalid and the employer representative and the employee shall be so advised.

9. At this point, no further testing is authorized. The BAT shall transmit the result of less than 0.02 to the PM or other employer designated representative in a confidential manner. The employer shall receive and store the information so as to ensure that confidentiality is maintained as required in the employer's policy and procedures.

10. If the result of the screening test is an alcohol concentration of 0.02 or greater, then the BAT shall perform a confirmation test. If a different BAT will conduct the confirmation, then the BAT who conduct the screening test shall complete and sign the form and log entry. The BAT will upon completion of the alcohol test provide the employee with Copy 2 of the breath alcohol testing form.

F. Confirmation Test Procedures.
1. When a BAT other than the one who conducted the screening test is required to conduct the
confirmation test, the new BAT will require the employee to provide positive identification
such as photo ID card or identification by an employer representative. The BAT will, upon
request of the employee being tested provide ID.

2. The BAT shall instruct the employee not to eat, drink, put any object or substance in his/her
mouth, and to the extent possible, not belch during the waiting period just prior to the
confirmation test. This waiting period shall begin with the completion of the screening test
and shall not be less than 15 minutes. The BAT shall explain to the employee that the reason
for this is to prevent any accumulation of mouth alcohol leading to an artificially high reading
and that it is for the benefit of the employee to comply with these instructions. The BAT
shall also explain that the test will be conducted at the end of the required waiting period,
even if the employee has disregarded the instructions. Should the BAT become aware that
the employee has not complied with the instructions as provided; the BAT shall note the
observation in the "Remarks" section of the form. If the BAT conducts the confirmation test
more than 30 minutes after the result of the screening test has been obtained, the BAT shall
note in the "Remarks" section of the form the time that elapsed between the screening and
confirmation tests and the reason why the confirmation test could not be conducted within
30 minutes of the screening test.

3. When a BAT other than the one who conducted the screening test is required to conduct the
confirmation test, the new BAT shall initiate a new Breath Alcohol Testing form. The BAT
shall then complete step 1 on the form and the employee shall then complete Step 2 by
signing the certification. If the employee should choose not to sign the certification, the
BAT shall then make an appropriate notation in the "Remarks" section indicating the
employee's refusal to take the alcohol test. The BAT shall note in the "Remarks" section that
a different BAT conducted the screening test.

4. The BAT shall open, in the presence of the employee, a new individually sealed mouthpiece
and attach the mouthpiece to the EBT in accordance with the manufacturer's instructions.
The BAT will then instruct the employee to blow forcefully into the mouthpiece for at least 6
seconds or until the EBT indicates that an adequate amount of breath has been obtained.

5. The BAT shall ensure, prior to the confirmation test being administered to the employee,
that the EBT shall register 0.00 on an air blank. If the reading is greater, the BAT shall
conduct one more air blank. Should the EBT again register greater than 0.00, the testing
shall not proceed using that EBT. An EBT taken out of service because of failure to
perform an air blank accurately shall not be used for testing until a check of external
calibration is conducted and the EBT is found to be within the accepted tolerance limits.
Alcohol testing using another EBT may proceed.

6. In the event that the screening and confirmation test results are not identical, the
confirmation test result shall be deemed to be the final result on which any disciplinary action
by the employer may be taken in order to comply with the employer's policy and procedures
and any applicable federal requirements.
7. If the EBT provides a printed result but does not print the results directly onto the form, the BAT shall show the employee the result displayed on the EBT. The BAT shall then affix the test result printout to the breath alcohol test form in the designated space. The result shall be secured in such a manner that will provide clear evidence of removal, such as the use of tamper-evident tape.

8. If the EBT prints the test result directly onto the alcohol form, then the BAT shall show the employee the result displayed on the EBT.

9. After the confirmation test is completed, the BAT shall date the form and sign the certification in Step 3 of the form. The employee shall then be instructed to sign the certification and fill in the date in Step 4. If the employee should elect to not sign the certification or to not provide his/her initials in the log book entry for the test conducted, it shall not be considered as a refusal to be tested. The BAT shall then note the employee's failure to sign or initial the log book entry in the "Remarks" section of the testing form.

10. If a test result printed by the EBT does not match the displayed result, the BAT shall note the disparity in the "Remarks" section. Both the BAT and employee shall initial or sign the notation on the testing form. The test shall be considered "invalid" and the employer representative and the employee shall be so advised.

11. The BAT shall transmit all alcohol testing results to the PM or other designated employer representative in a confidential manner. All communications by BATs shall be to the PM or other employer designated contract only; and may be provided in writing, in person, or by telephone or electronic means. The BAT shall ensure that immediate transmission of test results to the employer is conducted in order for the employer to prevent the employee from performing any covered functions.

12. Should the initial transmission not be accomplished in writing, but via telephone notification, the PM or employer designated contact shall establish a mechanism to verify the identity of the BAT providing the information. The BAT shall follow the initial transmission by providing to the PM or employer designated contact the employer's copy of the breath alcohol testing form. The test results shall be stored in such a manner so as to protect the confidentiality of the results and to eliminate the disclosure of information to unauthorized persons.

G. Refusals to Test and Uncompleted Tests.

1. Refusal by an employee to complete and sign Step 2 of the breath alcohol testing form, to provide breath, to provide an adequate amount of breath, or otherwise to cooperate with the testing process in a way that prevents the completion of the test shall be noted by the BAT in the "Remarks" section of the form. The testing process shall be terminated and the BAT shall immediately notify the employer PM or designated contact.

2. If a screening or confirmation test cannot be completed or if an event occurs to invalidate the test, the BAT shall, if practicable, begin a new screening or confirmation test using a new breath alcohol testing form with a new sequential test number.
H. Inadequate Amount of Breath.

1. If the employee is unable, or alleges that he/she is unable, to provide sufficient amount of breath to permit a valid breath test because of a medical condition, the BAT shall again instruct the employee to attempt to provide an adequate amount. If the employee refuses to make the attempt, the BAT shall immediately inform the PM or employer designated contact.

2. If the employee attempts and fails to provide an adequate amount of breath, the BAT shall so note in the "Remarks" section of the test form and shall immediately inform the PM or designated contact. The PM shall direct the employee to obtain, as soon as practical after the attempt, an evaluation from a licensed physician who is acceptable to the employer concerning the employee's medical ability to provide an adequate amount of breath.

3. If the physician determines, in his/her reasonable medical judgment, that a medical condition has or could have precluded the employee from providing an adequate amount of breath, the employee's failure to provide an adequate amount of breath shall not be deemed as a refusal to take an alcohol test. The physician shall provide to the employer PM a written statement of the basis of his/her conclusion.

4. If the physician, in his/her reasonable medical judgment, is unable to make the determination that a medical condition has precluded the employee from providing an adequate amount of breath, the employee's failure to provide an adequate amount of breath shall be regarded as refusal to take a test. The physician shall provide a written statement of the basis for his/her conclusion to the employer PM.

I. Invalid Test. A breath alcohol test shall be invalid under the following circumstances:

1. The EBT does not pass its next external calibration check. This invalidates all test results of 0.02 or greater on tests conducted since the last valid external calibration test. This would not invalidate any negative tests conducted.

2. The BAT does not observe the minimum 15-minute waiting period prior to conducting the confirmation test.

3. The BAT does not perform an air blank of the EBT before a confirmation test, or an air blank does not result in a reading 0.00 prior to the administration of an alcohol test.

4. The BAT does not sign the breath alcohol testing form.

5. The BAT fails to note in the remarks section of the form that the employee has failed or refused to sign the form following the recording or printing or attachment to the form of the test results.

6. An EBT fails to print a confirmation test result.
7. The sequential test number or alcohol concentration displayed on the EBT is not the same as the sequential test number of alcohol concentration on the printed result.

J. Availability and disclosure of alcohol testing information

1. The employer shall maintain records in a secure manner, and will disclose individual test information to unauthorized persons only, on a need to know basis.

2. Except as required by law or by the Department of Transportation (DOT), the employer will not release information about an employee’s alcohol test without employee’s written consent.

3. The employer shall make records available to a subsequent employer upon receipt of a written request from the former employee. Disclosure will be by the specific terms of the employee’s written consent.

4. An employee is entitled, upon written request, to copies of any records pertaining to the employee’s use of alcohol including any records pertaining to an alcohol test. The employer shall provide the records requested by an employee.

K. Maintenance and disclosure of records concerning EBTs and BATs

1. The employer or its designated agent shall maintain the following records for two years:
   (a) Records of inspection and maintenance of each EBT used in employee testing;
   (b) Documentation of compliance with the QAP for EBT used for alcohol testing;
   (c) Records of the training and proficiency testing of each BAT used in testing;
   (d) The log books required by 49 CFR Part 40.59(c)

2. The employer or its agent shall maintain for five years records pertaining to the calibration of each EBT used in alcohol testing, including records of the results of external calibration checks.

IV. SALIVA TESTING PROCEDURES

A. Scope.

1. The saliva testing procedures set forth in this appendix address all the requirements as set forth in 49 CFR Part 40 and specifies the required form and disposition of such testing forms.

B. Devices.
1. Only devices which are listed on The National Highway Traffic Safety Administration's (NHTSA) Conforming Products List (CPL) may be used for saliva testing.

C. Screening Test Technicians (STT).

1. Only trained STT's (or BAT's who are proficient on the device being used) may administer a saliva test.

D. Forms.

1. The breath alcohol testing form shall be used for saliva testing. STT's shall note in the remarks section that a non-evidential breath or saliva screening device was used for the screening test. DOT intends to revise the existing form in the near future, but sites will be allowed to exhaust stocks of existing forms before being required to use the new form.

E. Screening Test Procedures.

1. STT completes Step 1 on the form.
2. Employee completes Step 2 on the form, signing the certification. (Refusal to sign is a refusal to test).
3. The STT must:
   a. Explain the procedure.
   b. Check expiration date.
   c. Show date to employee.
   d. Not use if beyond expiration date.
   e. Open sealed package in presence of employee.
   f. Instruct employee to insert absorbent end in mouth and saturate with saliva.
   g. Offer employee opportunity to use swab.
   h. Insert swab into employee's mouth and saturate with saliva while wearing surgical grade glove if employee declines using the swab or if the previous device did not activate.

F. Refusals to Test and Uncompleted Tests.

1. The testing process shall be terminated and the STT shall immediately notify the employer if an employee:
   a. Refuses to complete and sign the form.
b. Refuses to provide a saliva sample.

c. Refuses to cooperate in a way that prevents the completion of the testing process.

2. If the screening test cannot be completed for reasons other than a refusal, or if an event occurs that would invalidate the test, the STT shall (if practicable) begin a new test, using a new form and a new device.

G. Inability to Provide Adequate Saliva

1. STT shall conduct a new test using a new device.

2. If the employee refuses to complete the new test, the STT terminates testing and informs employer (this is a refusal to test).

3. If the new test is completed, but there is insufficient saliva to activate the device:
   a. STT informs employer immediately
   b. Employer immediately administers an alcohol test using an EBT.
I. RESPONSIBLE PARTIES

PROGRAM ADMINISTRATOR (PM)

Name: Jennifer Beckmann, Executive Director  
Tel: 907-262-8900

THIRD-PARTY ADMINISTRATOR

Name: NATIONAL SAFETY ALLIANCE  
1415 Donelson Pike  
Nashville, TN 37217  
Tel: 877-774-6783  
Customer Service Representatives: Kendra Carr and Brian Smith

MEDICAL REVIEW OFFICER (MRO)

Medical review of drug test results will be provided by below listed MRO under contract with National Safety Alliance.

Name: James R. Baber, M.D.

SAMHSA CERTIFIED LABORATORY

Certified laboratory testing will be provided by the below listed laboratory under contract with National Safety Alliance.

Name: LabCorp  
1904 Alexander Dr.  
Research Triangle Park, NC 27709  
Tel: 877-252-9654

SUBSTANCE ABUSE PROFESSIONALS (SAP)
Receive reference from:

Name: Becky Grow
Tel: 615-904-1748
I. MEDICAL REVIEW INFORMATION

James R. Baber, M.D.

Medical Review Officer

MEDICAL REVIEW PROCEDURES

Introduction

The Medical Review Officer's ("MRO") single most important function is the review of laboratory positive test results and the determination of alternative medical explanations for the positive results. The MRO must be a licensed physician who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate positive drug test results.

James R. Baber, M.D., J.D., F.C.L.M., is the Director of Medical Review Services. Dr. Baber graduated from the University of Arkansas with a Bachelor of Science and from the University of Arkansas College of Medicine with a Medical Doctorate. Dr. Baber completed his Internship and Residency at Area Health Education Center in Fayetteville, Arkansas. He continued his education at the University of Arkansas School of Law in Little Rock and received his law degree. He is a member of the American Medical Association, the American Association of Medical Review Officers, the Arkansas Bar Association, and is a Fellow of the College of Legal Medicine. Dr. Baber is medical consultant for Drug Free, Inc. in Little Rock, Arkansas.

MRO Responsibilities
The employer and employee/applicant ("Donor") depend on the MRO accomplishing his/her vital duties according to guidelines established by applicable federal and state laws, applicable federal and state agency regulations, and administrative procedures established by the employer. The list of primary responsibilities below is followed by standard operating procedures necessary to carry out those responsibilities:

* Receive test results from the laboratory
* Verify laboratory report and assessment
* Review and interpret each confirmed positive test result
* Provide an opportunity for Donor to discuss positive test result
* Review Donor's medical history as appropriate
* Review medical records as appropriate
* Notify employer of verified positive test
* Process Donor's request for retest
* When applicable, make return-to-duty or decision to hire recommendation
* When applicable, ensure return-to-duty or decision to hire requirements are accomplished

In carrying out his/her duties, the MRO may become aware of such sensitive medical information as an individual's medical condition, medications, medical diagnosis, and medical history. This information will be kept in the strictest confidence by the MRO and will not be released or used for any purpose not related to the MRO's primary duty to determine if unauthorized drug use has occurred. The MRO serves a critical role in ensuring confidentiality.

Standard operating procedures for the MRO in carrying out the responsibilities listed above are described below.

**Receipt of Laboratory Test Reports**

A strict chain of custody procedure, initiated at the time of specimen collection is required for handling all specimens throughout the urine specimen collection, testing, reporting and review process. The form becomes a permanent record of employee identification, urine specimen collection, and laboratory testing data.

Two parts of the form acHCRT the specimen to the testing laboratory. After the specimen is tested at the laboratory, one part is retained by the lab and the other part is sent to the MRO with the laboratory results.
recorded on it. The MRO copy is sent directly to the MRO from the collector. One copy is retained by the collector, one is given to the Donor and the other is forwarded to the designated employer contact.

The MRO's copy of the custody and control form, will contain information, including but not limited to:

* Donor's printed name, donor's signature, daytime telephone number, date of birth, social security or donor identification number, and a unique pre-printed specimen identification number.

* The type of test conducted (random, post-accident, etc.)

* Name of the collector, date of collection, collection site, and a signed certification statement by the collector.

The testing laboratory transmits all test results to the MRO only. The laboratory sends to the MRO a copy of the custody and control form which provides the test results. The laboratory may also transmit a separate report providing test results. This transmittal may be by electronic means (e.g., fax, printer, or computer).

**Receipt of Negative Test Results**

The MRO or his/her assistant shall administratively review each negative test result, ensuring that:

- The donor identification information number on laboratory test reports and the chain of custody forms match so that the individual is accurately identified as having a negative test report.

- Report negative test results to the employer according to the employer's established reporting procedure.

- Provide the employer with a "Profile" of the test results, in hard copy format, to the designated employer contact (Exhibit A).

*The receipt of positive test results mandates verification procedures explained below.*

**Positive Test Report - Verification Process**

The MRO verification process of a positive laboratory report requires the following actions. Upon receipt of a positive test result form the laboratory via the custody and control received from the lab, the MRO shall:

**A. Review Positive Report Documents**
1. Reviews the documents for completeness (e.g., Are the forms properly filled out with all relevant information?) And ensures that information on the received lab custody and control (COC) form matches the already-received MRO copy.

If the MRO is not satisfied with the documentation or if information contained in the documents gives rise to doubts about the test analysis, the MRO has two options. Those options are:

2. Request the laboratory records regarding the specimen to determine if the correct laboratory procedures were followed.

3. Require the retest of a specimen should questions arise as to the accuracy or validity of a positive test result. Only the MRO is authorized to order a reanalysis of the original sample.

Medical review of a positive laboratory report requires several specific actions. The first responsibility of the MRO is to review the documentary record of the test for completeness and accuracy and to identify any special problems that may require resolution. This will involve review of any standard lab report (such as might be received at a remote printer) and copies of the custody and control form. The objectives of this review are to ensure, to the extent possible, the following:

- That the test results reported are those for the specimen collected from the donor identified on the "MRO" copy of the custody and control form;

- That the collector, donor and laboratory have completed the required certifications (or any failure has been properly documented); and

- That the external chain of custody is intact.

In addition, careful review of the form may indicate information critical to interpretation of the test. For instance, where an initial sample falls outside the normal temperature range (and oral temperature does not explain the discrepancy), a second specimen should be collected under direct observation. In such a case the MRO would want to ensure that the two test results are reviewed together and that, as appropriate, a full adulteration panel is run on the initial specimen (specific gravity, creatinine concentration, pH).

1. **Specimen identification.** The following should be followed in verifying specimens:

   a. Compare the specimen identification number contained on both the laboratory copy and the "MRO" copy of the custody and control forms. The numbers should be the same, and the same number should also be contained on any separate computer generated laboratory report.

   b. As an additional check, note that the social security number is the same on both copies and on any separate lab report (if used).
NOTE: The laboratory should have verified that the numbers shown on the custody and control form are the same numbers on the specimen. The laboratory should leave original identifying marks on the specimen bottle for later verification, should any question arise.

c. If the specimen identification number or social security number is different on any of the three (3) documents, the result should not be reported at this time. If the error appears to be at the laboratory, request a full report with supporting documentation. Do not verify the positives until you are fully satisfied that the results reported are those for the specimen identified to the subject donor. If there is any doubt concerning correction of a laboratory clerical error, order a retest and have the certifying scientist personally inspect the original specimen container to ensure it was properly accessioned.

2. **Certifications.** Inspect the laboratory copy of the custody and control form to verify that the required certifications were completed by the collector, donor, and the laboratory-certifying scientist. Signatures are required (stamp and initials are not sufficient). If the donor has not signed the certification on the MRO copy, the test will be considered valid only if the collector has properly noted the declination and has recorded any explanation provided.

   Note that the laboratory will be unaware of a missing donor signature on the "MRO" copy of the custody and control form, or any explanations that may be placed there by the collector. Note further that a refusal to sign may indicate a collection site problem that should be discussed with the donor at the time of the medical interview.

3. **Chain of custody.** The chain of custody block should have been reviewed at the laboratory, and any break in external chain of custody should have resulted in canceling the test. However, the MRO must separately review the chain of custody block, each element of which should be legibly completed.

4. **Administrative items.** The custody and control form contains additional information that is of an administrative nature or that document the circumstances of the collection. Improper completion (or failure to complete) any of these items may give rise to concern over the quality of the collection as a whole, but they are not fatal to the integrity of the testing process and will not ordinarily provide the basis for treating the test as a negative.

   As noted, the laboratory will also follow standard procedures to verify the quality of the collection documentation that it receives, including markings on the specimen bottle.

   If records from collection sites or laboratories raise doubts about the handling or analysis of a sample, the MRO may deem the urinary evidence "scientifically insufficient," and the MRO shall conclude that the test result is negative. In this situation the MRO may request a re-analysis of the...
original sample before making a decision. The MRO may request that the reanalysis be performed by the original testing laboratory, or by an alternative laboratory which is HHS-certified. The laboratory performing the reanalysis shall provide whatever forensic toxicology expertise deemed necessary by the MRO to facilitate the review process.

Two sources of error to be considered by the MRO in reviewing a positive test result are the chain of custody procedures and the laboratory analysis of a specimen. First, administrative errors in the chain of custody can result in inappropriate attribution of a positive test result. Second, errors in technical analysis (though highly unlikely) could result in a false positive result as well. It is imperative that no donors suffer unwarranted accusations because of a mislabeled sample or because of errors by a laboratory.

Should any question arise as to the accuracy or validity of a positive test result, the MRO orders a reanalysis of the original sample. In reanalyzing a specimen to determine the accuracy of the reported test result, it must be noted that some analytes deteriorate or are lost during freezing and/or storage. Therefore, quantification for a retest is not subject to a specific cutoff requirement, but must provide data sufficient to confirm the presence of the drug or metabolite.

B. Notify Donor of Positive Test Result

The MRO's notification to a donor of a positive test result occurs promptly after the MRO has received the positive laboratory test report, including the lab chain of custody.

The MRO contact with a positive test donor is made directly between the MRO and the donor only. The precise contact procedure, particularly if a donor is not in the same location as the MRO, is determined by the employer. The MRO's Assistant, under the direct supervision of the MRO, may make the initial contact with the donor, and may gather information from the donor, but except as outlined below, the MRO must talk directly with the donor before verifying a test as positive.

If the MRO cannot make contact with a donor within a reasonable period (as defined in the employer's substance abuse policy), the MRO contacts the appropriate management official, such as the employer's Drug Program Coordinator, to advise enlist their assistance in contacting the donor.

The MRO may verify a test as positive without having communicated directly with the employer about the test results in three circumstances:

1. The donor expressly declines the opportunity to discuss the test.
2. Unless otherwise specified, within at least five days of a documented contact by the designated employer representative instructing the donor to contact the MRO if the donor has not done so, for DOT covered employees. The length of time for non-DOT employees is determined by the employer’s Substance Abuse Policy.
3. Other circumstances provided for in DOT agency drug testing regulations.

If a test is verified positive under the circumstances noted previously, the employee may present to the MRO information documenting that serious illness, injury, or other circumstances unavoidably prevented the employee from timely contacting the MRO. The MRO, on the basis of such information, may reopen the verification, allowing the employee to present information concerning a legitimate explanation for the confirmed positive test. If the MRO concludes that there is legitimate explanation, the MRO declares the test to be negative.

C. Provide Donor the Opportunity to Discuss Test Result

Department of Transportation ("DOT") rules require the MRO to provide a positive test donor an opportunity to discuss the test result with the MRO. The opportunity is conveyed to the donor at the same time the MRO notifies the donor of the positive test result. The discussion may be conducted in person or by telephone. The MRO clearly establishes for the donor that the MRO is an agent of the employer and advises the donor of the positive test result and the type of illegal drug. If the affected donor voluntarily confirms to the MRO illegal use of the positive test drug, the MRO advises the donor that a verified positive test report will be sent to the employer's program administrator for further proceedings in accordance with the employer's substance abuse policy.

D. Review of Medical Records

The MRO reviews any medical records provided by the donor to determine if a confirmed positive test result resulted from legally prescribed medication. If, for example, the donor denies illegal drug use, the MRO asks the donor about any medications he or she is taking that might provide an explanation for the positive test. The donor must provide documentation, (e.g. doctor's report, copy of a prescription) as proof of legitimate use of medication. The MRO sets a deadline for receipt of any medical information from the donor.

E. Review of Medical History and Other Biomedical Factors

There are four principal explanations for a legitimate positive test result:

1. Legally prescribed, dispensed, or over-the-counter (OTC) medication
2. Ingested substances which produce the same metabolites as illegal substances (e.g. poppy seeds and opiates)
3. Errors in the chain of custody
4. Errors in the laboratory technical analysis.

Most "acceptable" drug-positive urine comes from patients receiving legitimate medical treatment. Medical judgment is required in each case. Some examples are:
• Codeine- and/or morphine-positive urine in patients with codeine prescriptions for coughing/or pain

• Donor with urine containing other narcotic analgesics prescribed for pain

• THC-containing urine in cancer patients prescribed tetrahydrocannabinol for antiemetic purposes

• Cocaine-containing urine from donors who have properly received cocaine as a vasoconstrictive anesthetic within the last several days

• Schedule V opiate containing preparations (Some cough suppressing and antidiarrheal preparations contain paregoric with sufficient anhydrous morphine to produce a positive test for morphine or morphine/codeine.)

Caution is taken in interpreting opiate positive results. Poppy seed ingestion may be a cause of opiate-positive results. Poppy seed ingestion may be a cause of opiate-positive urine. Natural opiate drugs are derived from poppy plants. Poppy seeds commonly used on bagels or other baked goods frequently do contain sufficient amounts of morphine to produce detectable concentrations of morphine in urine, even though the amount of ingested morphine is insufficient to cause any behavioral effect in the individual. It has been reported in the literature that ingestion of three poppy seed products can lead to urine morphine levels in excess of 5000 ng/ml and codeine levels greater than 200 ng/ml. Either codeine or morphine may be found in urine for a few days after eating poppy seeds. Therefore, positive urine resulting from poppy seeds is not a false positive, since the drug is actually present in detectable levels. Obviously, caution must be exercised in interpreting such a positive result as an indicator of heroin use. Not infrequently poppy seed ingestion may be a source of opiate-positive urine.

Before the MRO verifies a confirmed positive test result for opiates, he does two things: he requests the quantitative results from the laboratory (if needed he requests a 6-MAM test after looking at the levels) and he determines that there is clinical evidence -- in addition to the urine test -- of unauthorized use of any opium, opiate, or opium derivative (e.g. morphine/codeine.) Clinical signs of opiate abuse may include:

• An admission by the donor that an opiate drug was ingested without authorization by a medical practitioner

• Recent needle tracks

• Behavioral and psychological signs of acute opiate intoxication or withdrawal

Caution should also be taken in reviewing methamphetamine positives. From an analytical perspective, it has always presented a challenge to laboratories since methamphetamine is almost identical to a number of over-
the counter medications. Methamphetamine exists in two structural forms known as enantiomers or optical isomers. Optical isomers are described by chemists as non-superimposable mirror images. The two isomers of methamphetamine are designated as \(d\) (dextro) and \(l\) (levo), indicating the direction in which they rotate a beam of polarized light. As do many pharmacological enantiomers, the \(d\) and \(l\) form have distinct pharmacological properties. The \(d\) form has a strong central nervous system stimulant effect, and has high abuse potential. The \(l\) form is the active ingredient in the Vicks Inhaler. NIDA recommends that MROs request that the laboratory conduct a reconfirmation analysis for methamphetamine which differentiates the \(d\) and \(l\) isomers on those specimens reported as methamphetamine positive when they suspect that the positive methamphetamine result may be associated with the use of Vicks Inhaler. Chiral identification of \(l\)-methamphetamine of greater that 80% would be consistent with the usage of Vicks Inhaler and should, therefore, be interpreted as negative.

If the MRO is satisfied that there exists a valid medical explanation for the positive test, the MRO informs the donor of this finding and reassures the individual that all information relating to the positive test and valid explanation will remain confidential. The MRO verifies the test result as negative and any report to the employer will indicate the test is negative.

**F. Process Donor Request for Retest**

Some DOT agency rules and employer's substance abuse policies provide a positive test donor the right to request the retest of his original specimen. The donor may be required to pay the cost of the retest, including handling and shipping costs. The MRO tells the donor that the retest request can be made only after the MRO has verified a positive test to the employer. A retest can be authorized only by the MRO.

**G. "Split" Samples Testing**

Some employers may utilize a "split" sample collection procedure. A "split" sample procedure is one in which the donor provides more than 45 ml of urine at the time of the collection and any urine is excess of 30 ml is put in a second specimen bottle. The split sample must have a custody and control form for each specimen bottle. The first specimen is tested at the laboratory; the second specimen bottle is stored for testing at a later time should the first specimen test positive. Upon notice of a positive test on the first specimen bottle, the donor may request, that the second specimen bottle be tested, within a specified period of time, in accordance with the employer's policy and applicable federal agency regulations. The MRO shall authorize the testing of the split specimen. In the event the split specimen is found to contain no drug metabolites, the MRO should declare the test result negative. The MRO should take appropriate measures where required and notify the respective
federal agencies (e.g., DOT, DHHS/NIDA) regarding any possible discrepancies in laboratory testing procedures.

**Reporting a Verified Positive Test Result**

If after appropriate review, the MRO concludes that no legitimate medical reason exists for a positive test, and that the chain of custody and laboratory procedures were correct, the MRO reports a "verified" positive test according to the established employer reporting procedures. In addition to reporting a "verified" positive test result to an employer's designated agent (normally the employer's Substance Abuse Program Manager or Drug Program Coordinator), the MRO refers the donor to the employer's employee assistance or rehabilitation program, if applicable.

**A. Reporting to the Employer**

After the MRO reviews the laboratory positive test report and related matters and verifies that the positive report is evidence of illegal drug use, the MRO signs a verification statement on Part 2 of the custody and control form.

In making a determination of either verified positive or negative, the MRO documents for his or her own file a summary statement of the basis for determination.

**B. Disclosure of Information**

Except as provided in this paragraph, the MRO will not disclose to any third party medical information provided by the individual as a part of the testing verification process.

1. The MRO may disclose such information to the employer, a DOT agency or other Federal safety agency, or a physician responsible for determining the medical qualification of the donor under an applicable DOT agency regulation, as applicable, only if:

   a. an applicable DOT regulation permits or requires such disclosure;
   b. in the MRO's reasonable medical judgment, the information could result in the donor being determined to be medically unqualified under an applicable DOT agency rule; or
   c. in the MRO's reasonable medical judgment, in a situation in which there is no DOT agency rule establishing physical qualification standards applicable to the donor, the information indicates that continued performance by the donor of his or her safety-sensitive function could pose a significant safety risk.

2. Before obtaining medical information from the donor as part of the verification process, the MRO informs the donor that information may be disclosed to third parties as provided in this paragraph and the identity of any parties to whom information may be disclosed.

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Any donor who is the subject of a drug test conducted under this part shall, upon written request, have access to any records relating to his or her drug test and any records relating to the results of any relevant certification, review, or revocation-of-certification proceedings.

C. Rehabilitation of Employee and Return-to-Duty Determinations

Some DOT agency regulations require the MRO to make a recommendation on when an applicant for a current employee in a security or safety-related position may be hired or return to duty after failing or refusing to take a drug test if the employer offers such an opportunity.

In making the recommendation, the MRO ensures that a rehabilitation program counselor has evaluated the individual. The MRO obtains from the counselor an assessment of the individual's drug use. The assessment includes information on:

* The nature and degree of the individual's past substance abuse
* Progress in any rehabilitation effort
* Prognosis and recommendations concerning recommended after-care services

After reviewing the results of the rehabilitation evaluation, and before making a return-to-duty recommendation, the MRO also must:

* Verify that the individual is drug-free based on a drug test that shows no evidence of any current drug use

When satisfied that an individual meets the above requirements, the MRO makes a return-to-duty recommendation. Following the recommendation, the MRO also establishes an unannounced drug-testing program for the individual. Such testing may be in effect for up to 60 months. The frequency of unannounced testing is determined by the MRO based on the assessment and recommendation of the counselor.
I. ALCOHOL SUPPLEMENT

A. Why you should get involved:

1. Although HCRT has no history of substance abuse problems, we recognize that alcoholism and alcohol misuse are problems throughout America.

2. There are three good reasons why you should be concerned if any of your coworkers is using drugs or alcohol on the job.
   a. Your health and safety may be at risk.
   b. Alcohol misuse costs you money.
   c. Alcohol creates a negative work environment.

3. According to the National Institute on Alcohol Abuse and Alcoholism, drug and alcohol use on the job costs society an estimated $102 billion a year. Since most of this cost is passed on to you in the form of higher health insurance rates or in consumer prices, drug and alcohol use on the job costs you and your fellow workers a significant amount of money.

4. Absenteeism among problem drinkers or alcoholics is 3.8 to 8.3 times greater than normal. If your fellow workers don’t come to work, you may have to do their jobs in addition to your own.

5. Workers who misuse alcohol don’t function at their full potential. Not only is absenteeism a problem, when they are at work these employees may have reduced capabilities and productivity. Since our product is the safe transportation of hazardous liquid (or natural gas), alcohol misuse is an especially serious issue.

6. No Matter what your position is in the organization, there is something you can do to ensure that drug and alcohol use on the job never becomes a problem at the HCRT. Acceptance of any misuse puts you, this HCRT, and the public, at risk.

B. Effects of alcohol misuse on an individual’s health, work, and personal life:

1. Alcohol is a central nervous system depressant. Taken in large quantities, it causes not only the euphoria associated with being drunk but also adversely affects your judgment, ability to think, and your motor functions. Drink enough alcohol fast enough and it can kill you.
2. Long term overuse of alcohol can cause liver damage, heart problems, sexual dysfunction, and other serious medical problems.

3. In some cases, alcohol use can lead to physical and psychological dependence on alcohol. Alcoholism is a serious chronic disease. Left untreated it will inevitably get worse.

4. Workers who use alcohol (and other drugs) affect everyone. Studies show that compared to alcohol-free and drug-free workers, substance abusers are far less productive, miss more workdays, and are more likely to injure themselves or someone else and file more workers’ compensation claims.

5. The measurable dollar costs of workplace substance abuse from absenteeism, overtime pay, tardiness, sick leave, insurance claims, and workers’ compensation can be substantial. However, the hidden costs resulting from diverted supervisory and managerial time, friction among workers, damage to equipment, and damage to the HCRT’s public image mean that workplace substance abuse can further cut profits and competitiveness.

6. Alcohol can also destroy relationships, lead to serious problems with the law (e.g., drunk driving), and even cause harm to the people you love.

7. If drinking affects your work life, it could lead to job loss and all the financial problems that would follow.

C. Signs and symptoms of alcohol misuse – Any one or more of the following signs may indicate a drinking problem.

- Family or social problems caused by drinking
- Job or financial difficulties related to drinking
- Loss of a consistent ability to control drinking
- “Blackouts” or the inability to remember what happened while drinking
- Distressing physical and/or psychological reactions if your try to stop drinking
- A need to drink increasing amounts of alcohol to get the desired effect
- Marked changes in behavior or personality when drinking
- Getting drunk frequently
- Injuring yourself or someone else while intoxicated
- Breaking the law while intoxicated
- Starting the day with a drink

D. Available methods of evaluating and resolving problems associated with the misuse of alcohol.

1. Outpatient programs exist in a variety of settings:
   a. Community mental health centers
   b. Full service agencies
   c. Private physicians’ and therapists’ offices
   d. Occupational settings
   e. Specialized alcoholism treatment facilities
2. Inpatient services, designed for those with more serious alcohol problems, can be found in hospitals, residential care facilities, community halfway houses, and some alcoholism clinics.

3. Your local directory will list helpful referral organizations such as:
   a. Local council on alcoholism
   b. Alcoholics Anonymous
   c. Community alcoholism or mental health clinic
   d. Social services or human resources department
   e. County medical society

4. The SAP will perform an initial evaluation, recommend any additional treatment if necessary, and refer employees needing assistance for treatment covered under our health insurance program.
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PREVENTION OF PROHIBITED DRUG USE
AND PREVENTION OF ALCOHOL MISUSE
IN TRANSIT OPERATIONS
POLICY AND PROCEDURES

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

I HEREBY ACKNOWLEDGE that I have received, read, and understand the Central Area Rural Transit System, Inc. (CARTS) Prevention of Prohibited Drug Use and Prevention of Alcohol Misuse in Transit Operations Policy and Procedures and understand that I must abide by the terms as a condition of employment. I understand that during my employment I may be required to submit to a controlled substances and/or alcohol test based on Department of Transportation (DOT) regulations and the CARTS requirements.

I also understand that refusal to submit to a controlled substances or alcohol test is a violation of DOT regulations and the CARTS policy, and may result in disciplinary action, including suspension or termination by CARTS. I further understand the consequences related to controlled substances use or alcohol misuse conduct as prohibited by CARTS policy.

I acknowledge that the provisions of the Central Area Rural Transit System, Inc. Prevention of Prohibited Drug Use and Prevention of Alcohol Misuse in Transit Operations Policy and Procedures are part of the terms and conditions of my employment, and that I agree to abide by them.

THE UNDERSIGNED STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND UNDERSTANDS THE CONTENTS THEREOF.

Date_____________________________          ____________________________________

Signature of Employee/Applicant

______________________________
Printed Name

______________________________
Social Security Number