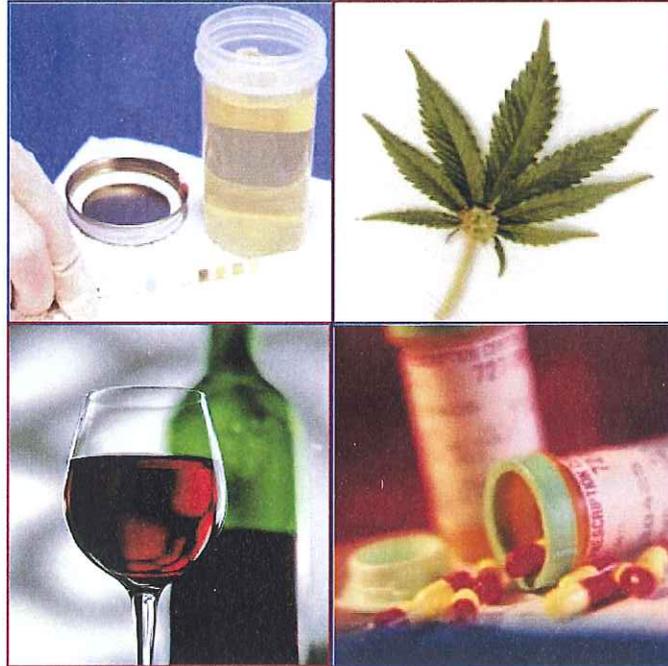




U. S. Department of Transportation
Research and Innovative Technology Administration



FT00465 Substance Abuse Management and Program Compliance



Participant Guide

Program Sponsor



Acronyms and Abbreviations

ASD – Alcohol Screening Device

ATF – Alcohol Testing Form

BAT – Breath Alcohol Technician

CCF – Custody and Control Form

C/TPA – Consortium/Third Party Administrator

DAMIS – Drug and Alcohol Management Information System

DAPM – Drug and Alcohol Program Manager

DER – Designated Employer Representative

GC/MS – Gas Chromatography/Mass Spectrometry

HHS – Health and Human Services

LC/MS – Liquid Chromatography/Mass Spectrometry

EBT – Evidential Breath Testing Device

FTA – Federal Transit Administration

FMCSA – Federal Motor Carrier Safety Administration

MRO – Medical Review Officer

ODAPC – Office of Drug and Alcohol Policy and Compliance

OTC – Over-The-Counter

PIE – Public Interest Exclusion

SAMHSA – Substance Abuse and Mental Health Services Administration

SAP – Substance Abuse Professional

STT – Screening Test Technician

SVT – Specimen Validity Testing

U.S. DOT – Department of Transportation



U. S. Department of Transportation
Research and Innovative Technology Administration



Substance Abuse Management and Program Compliance

This material is provided by the Transportation Safety Institute for use in its training programs. All reasonable efforts have been made to ensure that the material contained herein is accurate. This material is for training purposes only and is not meant to be a substitute for the Code of Federal Regulations or any sources of applicable regulatory requirements.

Program Sponsor



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COURSE OVERVIEW



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE COURSE OVERVIEW

COURSE GOAL

To provide the participants the knowledge and skills needed to develop, implement, and manage a drug and alcohol testing program that complies with 49 CFR Part 40 (Procedures for Transportation Workplace Drug and Alcohol Testing Programs) and 49 CFR Part 655 (Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations), explain the roles and responsibilities of service agents used in administering the program, and discuss the FTA guidelines concerning the use of prescription and over-the-counter medications by transit safety-sensitive employees.

TARGET AUDIENCE

The target audience for this course will be individuals responsible for developing, implementing, and administering DOT-regulated substance abuse policies, programs and procedures. Service agents that provide or coordinate the provision of a variety of drug and alcohol testing services to the transportation industry also will benefit from this course.

Module	Topics Covered
1. Introduction	Welcome Seminar overview Seminar goal Administrative matters Course materials Participant conduct Participant introduction
2. Industry Wide Drug & Alcohol Testing Data	Introduction of industry acronyms and abbreviations Industry trade associations Federal resources Industry definitions Industry wide statistical information
3. Legislative/Regulatory History and Part 655 Drug and Alcohol Program Requirements	Part 655 policy statement Education and training Test programs that meet Part 40 and Part 655 Procedures for SAP referral Minimum policy requirements Who should have a copy of employer policy safety/sensitive employees
4. Testing Types/Categories	Pre-employment testing Reasonable suspicion testing Post accident testing Random testing Return to duty testing Follow up testing Post accident case studies

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
COURSE OVERVIEW**

5. Testing Procedures	Urinalysis for drugs Breath or saliva testing for alcohol Test results What constitutes a test refusal
6. Urine Specimen Collection Procedures	Qualification training Site privacy requirements Control of samples Completing the CCF Preparing the specimen Documentation Common collection problems
7. Drug Testing Laboratory	HHS certification 49 CFR Part 40 procedures Drugs and their metabolites Adulterants Possible test results Employer follow up
8. Medical Review Officer (MRO) Verification Process	MRO training requirements Employee notification of non negative result Non contact positive result Employee contact The verification process Employer requirements and retesting
9. Alcohol Testing Procedures	BAT training requirements STT training requirements Alcohol screening test Alcohol testing site requirements Confirmatory alcohol testing Confirmatory test fatal flaws
10. Substance Abuse Professional (SAP)	SAP employee evaluations SAP employer assistance SAP referral requirements SAP credentials
11. Service Agent Oversight	The bid process Service agent responsibilities under Part 40 and 655 Periodic assessments Audit of testing records Corrective action
12. Contractor Oversight	The bid process Contractor responsibilities under Part 40 and 655 Periodic assessments Audit of testing records Corrective action
13. Recordkeeping & Reporting Procedures	Records and retention requirements Documentation for the six types of testing Annual MIS reports and DAMIS reporting requirements

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
COURSE OVERVIEW**

14. Confidentiality & Information Disclosures	Drug testing information confidentiality Inadvertent disclosure Employee written consent Information release to the NTSB or decision maker in a law suit or grievance DOT regulatory oversight over employees and employers Who may receive information
15. FTA Audit Process	Purpose of the FTA audit Audit process steps Introduction of the audit timeline Steps in preparing for an audit Common problem areas reported in an audit
16. FTA Guidelines on Prescription and OTC Medications	The NTSB directive to the FTA. Definitions of Rx and OTC drugs. Safety issues concerning the use of Rx and OTC. Summary of the NTSB directive The FTA response to the directive Suggested policy elements

COURSE MATERIAL RESOURCES

- Federal Transit Administration Office of Safety & Security; Transit Safety; Drug and Alcohol Testing
- Federal Transit Administration Drug & Alcohol Testing Reasonable Suspicion Training for Supervisors Video
- Transportation Safety Institute: Substance Abuse Management & Program Compliance, FTA 00465
- Leila Procopio-Makuh, C-SAPA, LPM Consulting, Inc.



MODULE 1: INTRODUCTION



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 1: INTRODUCTION

Terminal Learning Objective

Upon completion of this module, the participant will be able to describe the course goal, identify proper conduct during class, and meet instructors and other participants.

Enabling Learning Objectives

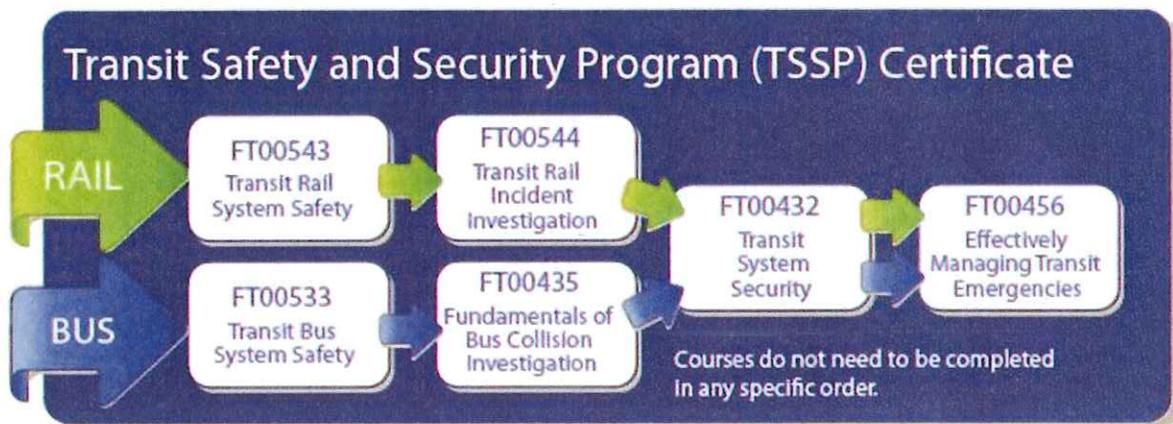
1. Describe the course goal
2. List course materials
3. Identify proper participant conduct
4. Introduce themselves to other participants.

TSI is the official training arm of the U.S. DOT. It's mission is to provide safety and security training to all modes of transportation. Although TSI is a part of the Research and Innovative Technology Administration (RITA) each division is funded by the federal agency for which it performs training. This course is presented by the Transit Safety and Security division, which teaches approximately 25 courses dealing with transit.

The FTA's security goals emphasize asset protection, public awareness, and emergency response.

TSI Transit Safety and Security Program (TSSP) Certificate

- Successfully complete within a 3 year timeframe:



For more information, please see the course catalog.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 1: INTRODUCTION

World Safety Organization (WSO) Certification

- TSSP certificate coursework may be used towards WSO certification
- Two certification categories for bus and rail transportation industry:
 - ✓ Certified Safety Specialist
 - ✓ Certified Safety/Security Director
- WSO application, fees, and other requirements still apply.

Participants must successfully complete five core transit related courses conducted by TSI and have a minimum number of years experience in the rail or

bus transportation industry. Please note that TSI no longer offers the Transit System Safety course, however this two day course is included in the 5 day Transit Bus System Safety course and the 5 day Transit Rail System Safety course. Each one of these courses counts as two courses for WSO certification.

Four options are available:

- Certified Safety Specialist (CSS-Rail) - five years
- Certified Safety Specialist (CSS-Bus) - five years
- Certified Safety/Security Director (CSSD-Rail) - ten years
- Certified Safety/Security Director (CSSD-Bus) - ten years.

For more information, please see the course catalog.

MAP – 21

- Grants FTA authority to establish and enforce oversight of public transportation
 - ✓ Vehicle safety performance standards
 - ✓ Public transportation safety certification program
 - ✓ Required transit agency safety plans
 - ✓ State safety oversight program
 - ✓ State of good repair program
 - ✓ Authority to inspect, audit, direct, and enforce.

The most current information can be found at the FTA's MAP-21 website.
<http://www.fta.dot.gov/map21/>.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 1: INTRODUCTION

Activity

Instructions: In order to introduce yourself to your classmates and instructors, be prepared to list the following (in no more than 30 seconds per person).

- What agency he or she works for
- Position or job title within the agency
- Why he or she is attending the course.

Course Grade

Participants must attend 100% of class time and achieve a minimum of 70% to successfully complete the course. The course is based on the following criteria:

1. Final exam – 100%.



MODULE 2: ACRONYMS,
RESOURCES, AND INDUSTRY
WIDE DRUG AND ALCOHOL
TESTING DATA



**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 2: ACRONYMS, RESOURCES, AND INDUSTRY WIDE DRUG AND
ALCOHOL TESTING DATA**

Terminal Learning Objective

Upon completion of this module, the participant will be able to discuss acronyms and abbreviations used in the U.S. DOT drug and alcohol testing program and review industry-wide drug and alcohol testing data.

Enabling Learning Objectives

1. Identify and define acronyms and abbreviations
2. Identify drug and alcohol testing, industry associations, and resources
3. Discuss industry drug and alcohol testing statistical information.

Acronyms and Abbreviations

ASD – Alcohol Screening Device
ATF – Alcohol Testing Form
BAT – Breath Alcohol Technician
CCF – Custody and Control Form
C/TPA – Consortium/Third Party Administrator
DAMIS – Drug and Alcohol Management Information System
DAPM – Drug and Alcohol Program Manager
DER – Designated Employer Representative
GC/MS – Gas Chromatography/Mass Spectrometry
HHS – Health and Human Services
LC/MS – Liquid Chromatography/Mass Spectrometry
EBT – Evidential Breath Testing Device
FTA – Federal Transit Administration
FMCSA – Federal Motor Carrier Safety Administration
MRO – Medical Review Officer
ODAPC – Office of Drug and Alcohol Policy and Compliance
OTC – Over-The-Counter
PIE – Public Interest Exclusion
SAMHSA – Substance Abuse and Mental Health Services Administration
SAP – Substance Abuse Professional
STT – Screening Test Technician
SVT – Specimen Validity Testing
U.S. DOT – Department of Transportation.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 2: ACRONYMS, RESOURCES, AND INDUSTRY WIDE DRUG AND ALCOHOL TESTING DATA

Trade Associations

- Drug and Alcohol Testing Industry Association
(800) 355-1257 www.datia.org
- Substance Abuse Program Administrators Association
(800) 672-7229 www.sapaa.com
- American Association of Medical Review Officers
(800) 489 -1839 www.aamro.com
- American Society of Addiction Medicine
(301) 656 - 3920 www.asam.org
- Employee Assistance Certification Commission
(703) 387-1000 www.eapassn.org
- International Certification and Reciprocity Consortium (ICRC)
(703) 294 -5827 www.icraoda.org
- National Association of Alcoholism and Drug Abuse Counselors
(800) 548 - 0497 www.naadac.org

Other Resources

- FTA Office of Safety and Security: <http://transit-safety.volpe.dot.gov>
- U.S. DOT Office of Drug and Alcohol Policy and Compliance:
<http://www.dot.gov/odapc/>
- State HHS Certified Labs:
www.drugfreeworkplace.gov/DrugTesting/Level_1_Pages/CertifiedLabs.html
- Center for Substance Abuse Prevention: www.prevention.samhsa.gov
- Transportation Safety Institute (TSI): www.tsi.dot.gov

Definitions

- Positive rate for random drug testing - the number of verified positive results, plus the number of refusals, divided by the total number of random drug test results
- Violation rate for random alcohol testing – the number of 0.04 and above random alcohol confirmation test results, plus the number of refusals, divided by the total number of random alcohol screening tests (including refusals).

Summary

1. Identify and define acronyms and abbreviations
2. Identify drug and alcohol testing industry associations and resources
3. Discuss industry drug and alcohol testing statistical information.

**MODULE 3:
LEGISLATIVE/REGULATORY
HISTORY AND PART 655 DRUG
AND ALCOHOL PROGRAM
REQUIREMENTS**

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SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 3: LEGISLATIVE/REGULATORY HISTORY AND PART 655 DRUG AND ALCOHOL PROGRAM REQUIREMENTS

Terminal Learning Objective

Upon completion of this module, the participant will be able to discuss the legislative/regulatory history of U.S. DOT/FTA drug and alcohol testing and identify and describe Part 655 Drug and Alcohol Program Requirements.

Enabling Learning Objectives

1. Discuss the legislative/regulatory history of U.S. DOT/FTA drug and alcohol testing program
2. Define the elements of an anti drug use and alcohol misuse program required by Part 655
3. List minimum policy requirements
4. Define safety-sensitive functions
5. Describe the minimum training requirements for safety-sensitive employees and supervisors.
6. Identify the prohibited drugs and describe prohibited behaviors
7. Describe the consequences following a positive drug and or alcohol test or test refusal
8. Describe the requirements for regulatory compliance by FTA grantees and sub-grantees.

Legislative/Regulatory History

- Oct. 1991: Congress passed the Omnibus Transportation Employee Testing Act (OTETA)
- Feb. 1994: FTA adopted 49 CFR Parts 653 and 654. Compliance required by 1/1/95 for large public transit agencies and 1/1/96 for small agencies
- Mar. 1997: FTA drug and alcohol program audits began
- Aug. 2001: U.S. DOT updated Part 40. FTA also combined Parts 653 and 654 into Part 655
- 2008: U.S. DOT revised Part 40 and mandated direct observation procedures for return-to-duty and follow-up testing
- 2009: FTA clandestine collection program began
- 2010: DHHS updated drug testing protocols and U.S. DOT updated Part 40 accordingly.

Part 655 Drug & Alcohol Program Requirements

- Employer policy on prohibited drug use and alcohol misuse which is adopted by the Board or highest ranking company official and distributed to all covered employees
- Education and training program for all covered employees and supervisors
- Testing program which meets Part 40 and Part 655 requirements
- Procedures for SAP referral.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 3: LEGISLATIVE/REGULATORY HISTORY AND PART 655 DRUG
AND ALCOHOL PROGRAM REQUIREMENTS**

Minimum Policy Requirements

- Identity of designated contact person (person, office, branch, and/or position)
- Categories of safety-sensitive employees covered
- Prohibited behavior and conduct
- Testing types/categories (circumstances)
- Testing procedures
- Requirement to submit to testing in accordance with Parts 40 & 655 - Employers must state in the policy that covered employees are required to submit to drug and alcohol testing in accordance with Part 655
- Behaviors that constitute test refusal
- Consequences for verified positive drug test result, confirmed alcohol test result of .04 or above, or test refusal
- Consequences for alcohol test result of 0.02 or greater but less than 0.04
- Employer decision on negative-dilute test results where creatinine is at or above 5 mg/dL.

Additional Employer Provisions Allowed

- Must be clearly identified in the policy - . As separate from U.S. DOT and/or FTA requirements. The use of **bolding** or *italics* to distinguish them from the federal requirements is very common
- Testing must be performed separately on non federal CCF or ATF - Tests conducted under the employer's own authority must use a different urine or breath sample, and documented on a non-federal Custody and Control Form (CCF) or Alcohol Testing Form (ATF). Non federal drug test must use urine specimen from a separate void
- The provisions of the Drug Free Workplace Act of 1988 may be incorporated in the policy statement but must be so identified - Those employers who also are covered by the Drug Free Workplace Act may choose to add this to their drug and alcohol policy. Again, it must be clearly identified as separate from Part 655 and Part 40 requirements.

Documentation Required

- Proof of policy adoption by the governing board, the CEO, or equivalent company official
- Include effective date of policy and date of revision.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 3: LEGISLATIVE/REGULATORY HISTORY AND PART 655 DRUG
AND ALCOHOL PROGRAM REQUIREMENTS**

Policy Dissemination

- Policy distribution
 - ✓ Every covered employee
 - ✓ Representatives of employee organizations
 - ✓ Contractors (if applicable)
 - ✓ Service agents
 - ✓ New hires
- Employees should be requested to sign a confirmation of receipt of policy.

Applicability: Safety-Sensitive Functions

- Operation of a revenue service vehicle, regardless of whether the vehicle is in revenue service
- Operation of a non-revenue vehicle when required to be operated by the holder of a commercial driver's license
- Maintenance of a revenue service vehicle or equipment used in revenue service
 - ✓ Includes parts repair, rebuilding, and overhaul - are also considered safety-sensitive, as well as, those who control movement or dispatch a revenue service vehicle
- Controlling movement or dispatch of a revenue service vehicle - Each employer needs to determine if those employees they call dispatchers really control the movement of the vehicle. In an emergency, do they really give direction to the driver where to go? Or do they simply hand out an assignment sheet telling them who to pick up at what time?
 - ✓ Based on employer assessment of safety-sensitive functions
- Security personnel that carry firearms - The only ones who carry firearms in the performance of their duties are considered safety-sensitive

Note: Supervisors are not considered safety-sensitive unless they perform or may be called upon to perform any of the five safety-sensitive functions - This applies to all categories of safety-sensitive employees.

- Contractor employees that stand in the shoes of transit system employees also have to comply except:
 - ✓ Maintenance contractors of 5307 or 5309 grantees that serve areas with less than 200,000 population
 - ✓ Maintenance contractors of 5311 sub recipients
- As described previously, if covered, 1st tier maintenance contractors are included (those that perform regular, recurring maintenance on transit vehicles), 2nd tier are exempt (those that perform sporadic or one-time maintenance work)

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 3: LEGISLATIVE/REGULATORY HISTORY AND PART 655 DRUG
AND ALCOHOL PROGRAM REQUIREMENTS**

- Rule applies to contractors i.e., taxi operators when the transit provider enters into a contract with one or more entities to provide service
- Rule does not apply when the patron chooses the taxi cab operator.

Volunteers

- Volunteers are exempt except:
 - ✓ Required to hold a CDL to operate the vehicle
 - ✓ Receive remuneration in excess of actual expenses incurred while engaged in the volunteer activity.

Common Problem: Safety-Sensitive Employees

- Incorrectly identified employee safety-sensitive status
 - ✓ Review each employee's job function independent from title. Determine if the employee could cause or contribute to an accident
 - ✓ Employees who may, at any time, be called upon to perform safety-sensitive functions are considered safety-sensitive employees.

Safety-Sensitive Employee Training

- Training for all safety-sensitive employees
 - ✓ Minimum 60 minutes for drugs
 - ✓ No training requirement for alcohol
- Display and distribution of materials
 - ✓ Information materials
 - ✓ Community service hotline for employee assistance, if available
 - ✓ Policy.

Employee Drug Training Required Components

- The effects and consequences of prohibited drug use on:
 - ✓ Personal health
 - ✓ Safety
 - ✓ The work environment
- The signs and symptoms that may indicate prohibited drug use.

Employee Training Recommended Components

- Major policy provisions
- Drug and alcohol testing procedures
- Effects and consequences of alcohol misuse
- Employee rights and responsibilities

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 3: LEGISLATIVE/REGULATORY HISTORY AND PART 655 DRUG
AND ALCOHOL PROGRAM REQUIREMENTS**

- Where to get help (give names and phone numbers of resources) - To assist employees or their family members in overcoming drug and alcohol abuse problems, recommend that the employer provide names and phone numbers of resources (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc)
- Potential safety risks of certain prescription and OTC medications.

Supervisory Training Requirements

- For supervisors or other company officials authorized to make reasonable suspicion referrals
 - ✓ Definition of “supervisor” addresses function rather than title
- Drugs
 - ✓ 60 minutes in addition to employee training (if safety-sensitive)
 - ✓ Physical, behavioral, and performance indicators of probable drug use
- Alcohol
 - ✓ 60 minutes of additional training
 - ✓ Physical, behavioral, speech, and performance indicators of probable alcohol misuse.

Supervisor Training Should Also Include

- Definition of reasonable suspicion
- Roles and responsibilities of supervisors
- Recognition of signs and symptoms of drug abuse
- Recognition of signs and symptoms of alcohol misuse
- Short term and long term indicators
- Initiating, substantiating, and documenting the referral
- Employee intervention
- Recordkeeping.

Employee Training Timeline

- Ensure that new hires receive training as soon as possible after hire, e.g., during employee orientation.

Supervisor Training Timeline

- Ensure that supervisors and/or other company officials have reasonable suspicion training before they perform job duties that could require the supervisor to make reasonable suspicion determinations.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 3: LEGISLATIVE/REGULATORY HISTORY AND PART 655 DRUG
AND ALCOHOL PROGRAM REQUIREMENTS**

Prohibited Drugs

- Marijuana
- Cocaine
- Amphetamines
 - ✓ Methamphetamines
 - ✓ MDMA/MDA/MDEA
- Opiates
 - ✓ Morphine
 - ✓ Codeine
 - ✓ Heroin (6-AM)
- Phencyclidine (PCP).

Statement of Prohibited Behaviors-Drugs

- Policy must state that consumption of illegal drugs is prohibited at all times. Covered employees may be tested anytime they are on duty. Off duty use may result in an on duty positive.

Statement of Prohibited Behaviors-Alcohol

- General statement: No covered employee with a BAC of 0.02 or above can perform or continue to perform a safety-sensitive function
- On duty use:
 - ✓ Use of alcohol is prohibited while performing a safety-sensitive function
- Pre-duty use:
 - ✓ No alcohol use within 4 hrs. prior to performing safety-sensitive work
 - ✓ No alcohol use for the specified on call hours of employee that is on call. Provides opportunity for employee to acknowledge use of alcohol at the time he/she is called to report to duty - If the employee claims he's able to perform safety-sensitive work, he/she must take an alcohol test before being allowed to work
- Within eight hours following an accident or until after the tests are done - An alcohol test also must be conducted as soon as possible after a vehicle accident that meets the FTA criteria, but no later than eight hours after the accident. Employees cannot consume alcohol until after the test is completed or eight hours have passed.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 3: LEGISLATIVE/REGULATORY HISTORY AND PART 655 DRUG
AND ALCOHOL PROGRAM REQUIREMENTS**

Consequences for Positive Test or Test Refusal

- If positive for drug(s) or alcohol at .04 BAC or above, or test refusal:
 - ✓ Remove from safety-sensitive position
 - ✓ Advise employee of available resources
 - ✓ Refer to a qualified SAP for assessment
 - ✓ Apply own company disciplinary policy.

Consequences for Alcohol Test of 0.02 – 0.039

- Remove from safety-sensitive position for a minimum of 8 hours unless subsequent test results in a concentration of less than 0.02
- Apply own company disciplinary policy.

Certification of Compliance

- The recipient of FTA funds must certify compliance with 49 CFR part 655 requirements on an annual basis
- Must be signed by the recipient's governing board or authorizing official
- Part 655 regulation includes criminal sanctions and fines for false statements or misrepresentations
- Section 5311 (rural) systems should certify compliance to their respective state DOTs
- Failure to certify compliance may result in suspension of federal funds.

Summary

1. Discuss the legislative/regulatory history of U.S. DOT/FTA drug and alcohol testing program
2. Define the elements of an anti drug use and alcohol misuse program required by Part 655
3. List minimum policy requirements
4. Define safety-sensitive functions
5. Describe the minimum training requirements for safety-sensitive employees and supervisors
6. Identify the prohibited drugs and describe prohibited behaviors
7. Describe the consequences following a positive drug and or alcohol test or test refusal
8. Describe the requirements for regulatory compliance by FTA grantees and sub-grantees.



MODULE 4: TESTING TYPES/CATEGORIES



1975-1976
1977-1978

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 4: TESTING TYPES/CATEGORIES

Terminal Learning Objective

Upon completion of this module, the participant will be able to identify testing types or categories and describe the requirements for each test type.

Enabling Learning Objectives

1. Identify the six testing categories
2. Define the content of each category
3. Discuss the requirements of each category
4. Identify category timelines.

Testing Categories

- Pre-employment (sec. 655.41 and 655.42)
- Reasonable suspicion (sec. 655.43)
- Post accident (sec. 655.44)
- Random (sec. 655.45)
- Return to duty (sec. 655.46)
- Follow up (sec. 655.47).

Pre-Employment Testing

- Drug testing required
- Alcohol testing allowed. If employer chooses to test for alcohol, must follow Part 40 procedures
- Individuals to be tested:
 - ✓ All applicants for safety-sensitive positions
 - ✓ All transferees into safety-sensitive positions
- Prior to test, notify individual in writing of requirement to pass test(s)
- Negative test result required prior to the employee's performance of safety-sensitive duties
- Unlike FMCSA, FTA does not allow waivers. Employers that are bought out or consolidated may request pre-employment testing exemption from the FTA Office of Safety and Security
- No acceptance of previous employer's statement in lieu of FTA test
- If test is canceled, employee must retake
- If medical exam is required, contingent offer of employment is necessary beforehand (ADA).

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 4: TESTING TYPES/CATEGORIES

Other Pre-Employment Testing Requirements

- Persons on leave for any purpose (i.e.)
 - ✓ Seasonal layoff
 - ✓ Leave of absence
 - ✓ Worker's compensation
 - ✓ Military leave
- A safety-sensitive employee required to have a pre-employment test if 90 calendar days have elapsed since the employee performed safety-sensitive duties and the individual was not in the random pool
- Applicants who were tested more than 90 days before they perform safety-sensitive duties must have new pre-employment test
- Pre-employment drug test for disabled individuals unable to provide sufficient volume can be reported as negative if physician determines no clinical evidence of illegal drug use.

Previous Employer Record Checks (Sec. 40.25)

- Employer must obtain written consent from applicants to request information from previous U.S. DOT regulated employers that had employed the individual within the previous two years
- Written consent for the release must accompany the request
- If the employee does not provide consent, he/she may not perform safety-sensitive functions
- Information requested
 - ✓ Alcohol test results ≥ 0.04
 - ✓ Verified positive drug tests
 - ✓ Test refusals including adulteration or substitution
 - ✓ Other violations of the U.S. DOT regulations
 - ✓ As appropriate, documentation of successful completion of return to duty process (if unavailable from the employer, seek out information from employee/applicant)
- If there's a record of previous rule violation(s), the employee may not perform safety-sensitive functions unless information is provided documenting successful completion of the return to duty process
- Information must be reviewed prior to employee's performance of safety-sensitive functions
- If not obtained within 30 days, this employer may not allow employee to perform safety-sensitive functions unless the employer has documented good faith efforts
 - ✓ Copy of request on file
 - ✓ At least one follow-up call
- Maintain a written confidential record of information obtained or good faith effort (maintain for 3 years).

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 4: TESTING TYPES/CATEGORIES

Other Pre-Employment Inquiry

- In addition, employer must ask applicant whether he/she has tested positive or refused to test on any pre-employment drug/alcohol test covered by a U.S. DOT agency's drug and alcohol testing program, within the last two years
- Obtain this information in writing (highly recommended) - In the case of an audit
- If the answer is yes, applicant/employee must show proof of successful completion of SAP referral, evaluation, and treatment plan before he/she can be allowed to work in a safety-sensitive position.

Releasing Drug & Alcohol Information

- Employers who receive requests for D&A information from prospective U.S. DOT employers must immediately release the requested information:
 - ✓ Release must be in any written form that ensures confidentiality
 - ✓ Maintain records of information released.

Reasonable Suspicion Testing

- Purpose: not a diagnostic tool. Used only to rule out that the unusual behavior or appearance observed may be caused by drug abuse or alcohol misuse
- Supervisor or other company official must evaluate only the following:
 - ✓ Specific, contemporaneous, and particularly observations concerning appearance, behavior, speech, or body odors of the employee consistent with possible drug use or alcohol misuse
- It's up to employer to determine who is "supervisor" for this purpose
- Supervisor or other company official authorized to make reasonable suspicion determinations must be trained on:
 - ✓ The facts, circumstances, physical evidence, physical signs and symptoms, or patterns of performance and/or behavior associated with drug use and/or alcohol misuse
- Only one supervisor is required to make a testing referral
- Maintain documentation of each reasonable suspicion testing referral.

Reasonable Suspicion Period of Required Compliance

- Drugs - anytime on duty
- Alcohol - only if the observations are made during, just preceding, or immediately following the performance of safety-sensitive functions
- Employees must proceed immediately to a collection site following a reasonable suspicion determination (employee should be transported)
- If an alcohol test is delayed beyond 2 hours, reason(s) for the delay must be documented

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 4: TESTING TYPES/CATEGORIES

- After 8 hours, cease all attempts and document reasons for inability to test.

Post Accident Testing

- Accident: an occurrence associated with the operation of a mass transit vehicle, whether or not the vehicle is in revenue service
- Fatality (testing is mandatory)
- Non fatality (must meet FTA criteria)
- Unless the employee can be completely discounted as a contributing factor, test if there was:
 - ✓ Injury: if individual requires immediate medical treatment away from the scene. Transportation to medical facility can be by any means
 - ✓ Disabling damage: if one or more road vehicles suffer disabling damage that requires a tow away from the site
 - ✓ Removal from revenue service: only if vehicle is a rail car, trolley car, trolley bus, or vessel.

Disabling Damage

- Damage that prevents the vehicle from leaving the scene of the accident in its usual manner in daylight after simple repairs
- It includes damage where the vehicle could have been driven, but would have been further damaged if so driven
- Excludes:
 - ✓ Damage that can be temporarily remedied at the scene without special tools or parts
 - ✓ Tire disablement without other damage
 - ✓ Headlight or taillight damage
 - ✓ Damage to turn signals, horn, or windshield wipers, which make the vehicle inoperable.

Post Accident Testing - Who to Test

- Each covered employee operating the vehicle at the time of the accident
- Any other covered employee whose performance could have contributed to the accident. Fault is not the issue
- Must document decision to test/not to test for every accident
- The decision of who to test shall be based on the employer's determination, using the best available information at the time of the determination.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 4: TESTING TYPES/CATEGORIES

Other Post Accident Testing Requirements

- Employee must remain readily available
- No alcohol use for eight hours or until employee has been tested
- Employer must know of whereabouts
- Employee must provide consent
- Cannot test deceased or unconscious employee.

Post Accident Testing Outside of FTA Thresholds

- Tests performed for accidents that do not meet the FTA accident definition must be performed under the company's own authority using non federal forms.

Time Limitations on Post Accident Testing

- Alcohol
 - ✓ Test should be performed as soon as possible, but no later than eight hours following the accident
 - ✓ If alcohol test cannot be performed within two hours, document reason(s) for test delay, but continue attempt to test
 - ✓ If alcohol test cannot be performed within eight hours, cease all attempts and document the reason(s) for the failure to conduct the test
- Drugs
 - ✓ Perform test ASAP but no more than 32 hours after accident.

Acceptance of Other Test Results

- If the employer is unable to perform the FTA mandated tests within the required time period, the employer may accept the results of a test performed by federal, state, or local officials if the employer is able to obtain such results - (8 hours for alcohol and 32 hours for drugs).

Common Problems: Post Accident Testing Procedures

- Testing often omitted or significantly delayed
- Ill defined policies
- Inadequately trained supervisor
- Testing "just to be safe"
- Lack of supervisor empowerment to discount employee's action as contributing factor
- Incorrect post accident decisions based on FTA definition of accident
- Accident report and post accident decision maker form disagreement on disabling damage and bodily injury
- Maintenance or dispatch functions not considered as contributing factors.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 4: TESTING TYPES/CATEGORIES

Random Testing Requirements

- A scientifically valid method of selection
 - ✓ Each employee has an equal chance of being selected
 - ✓ Update pool immediately prior to draw
 - ✓ Random number selections should be made as frequently as possible
 - ✓ Choose replacement only if employee who was initially selected is unavailable during the entire testing period
- Only U.S. DOT safety-sensitive employees can be included in the pool. Must use the highest random rate applicable
- Test distribution
 - ✓ Spread throughout the year, draw period, week
 - ✓ Include testing on weekends, holidays, late night, early morning (whenever safety-sensitive functions are performed)
- Unannounced and unpredictable
 - ✓ Test immediately after notifying individual
 - ✓ Employer must determine what is reasonable time for employee to report to collection site
- Exercise care in scheduling substitute employees so no advance warning is given.

Minimum Annual Percentage Rates

- 25% of safety-sensitive employees subject to testing for drugs
- 10% of safety-sensitive employees subject to testing for alcohol
- Employers can establish higher rates in policy
- Should increase rate to account for test cancellations to ensure compliance
- Consortium random rate can be applied to pool size of individual employer or to total consortium regardless of the number of consortium members. Must equal, and can exceed, FTA rates.

Random Testing Procedures

- Document the selection process including numbers drawn, date, and time of notification and collection - The FTA auditors look for these when they come to do the on site audit. For every name selected, there must be an appropriate testing record, unless the employee was not tested for a valid reason which should also be documented
- Avoid group testing
- Put measure in place to ensure confidentiality and integrity of process
 - ✓ Limit number of individuals involved
- Previous list expires when new list is generated.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 4: TESTING TYPES/CATEGORIES

Common Problems: Random Testing

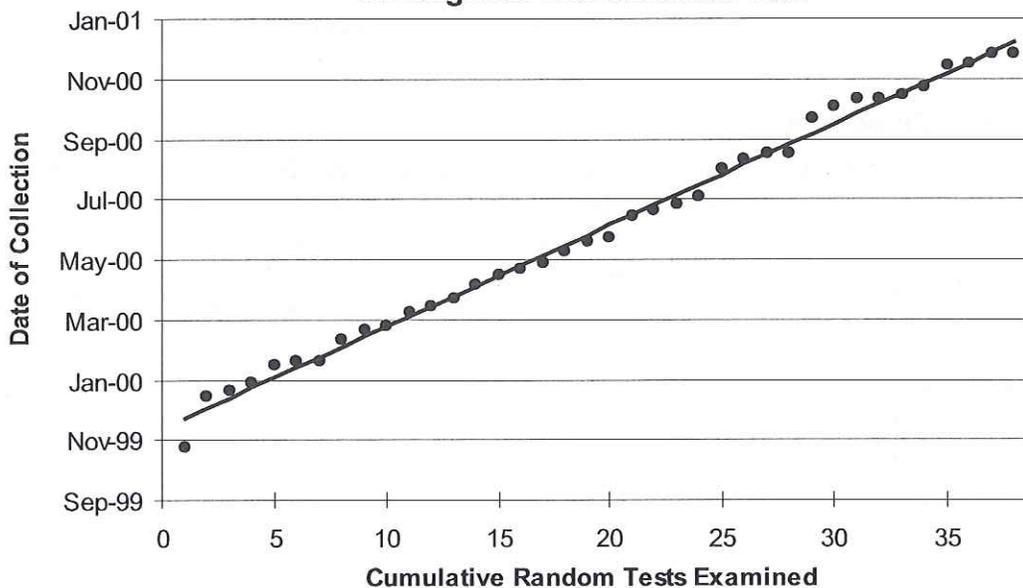
- When to test employees whose performance of safety-sensitive duties are non-routine and sporadic
 - ✓ Drug tests, anytime during shift
 - ✓ Alcohol tests just before, during, or after performance of safety-sensitive function
- Fluctuating employee base formula: $\frac{\# \text{ of S/S employees} \times \% \text{ of tests}}{\# \text{ of draws per year}}$
- DAPM or DER is in random pool – arrange for alternative contact to be notified when administrator's name is selected.

Auditors' Records Review: Random Tests (Year)

- Are random tests reasonably distributed throughout the year?

Sometimes Yes

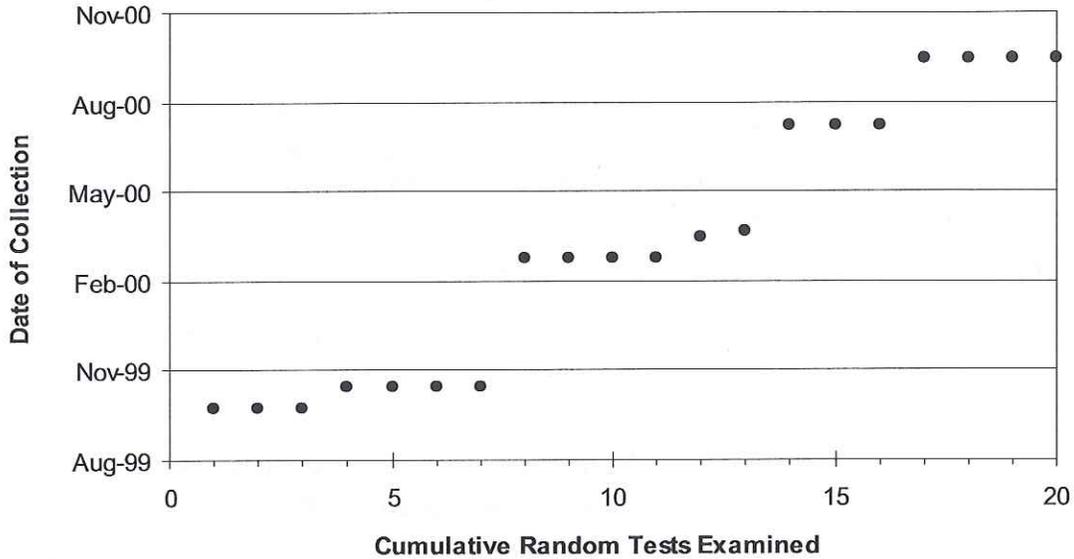
**Chart 1: Random Tests Are Reasonably Spread
Throughout The Calendar Year**



**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 4: TESTING TYPES/CATEGORIES**

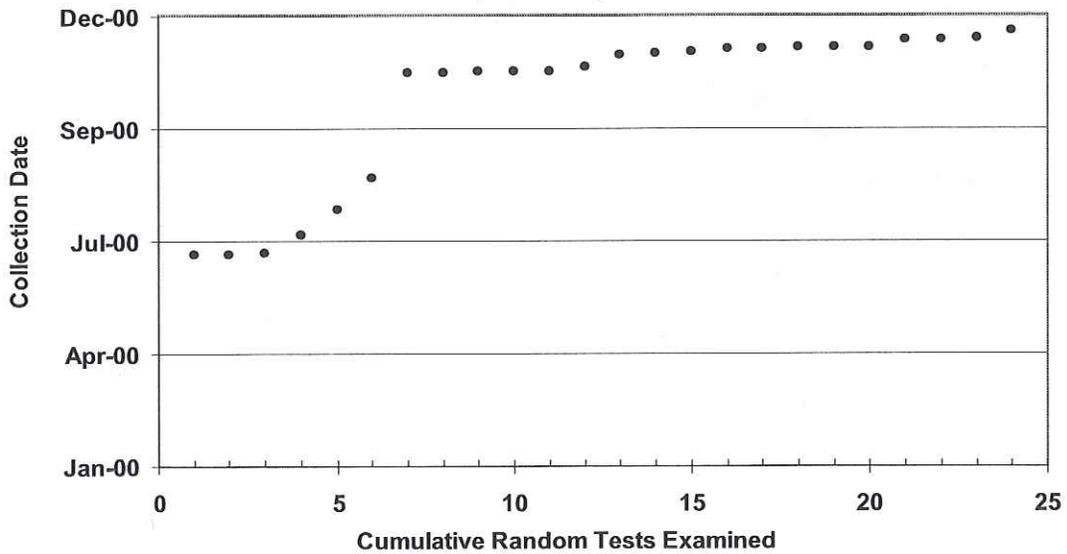
And Sometimes No

Chart 1: Random Tests Not Reasonably Spread Throughout The Calendar Year



And Sometimes Really No

Chart 1: Random Testing Not Reasonably Spread Across All Calendar Days: No Testing Early in 2000, Catch-up Testing at End of Year



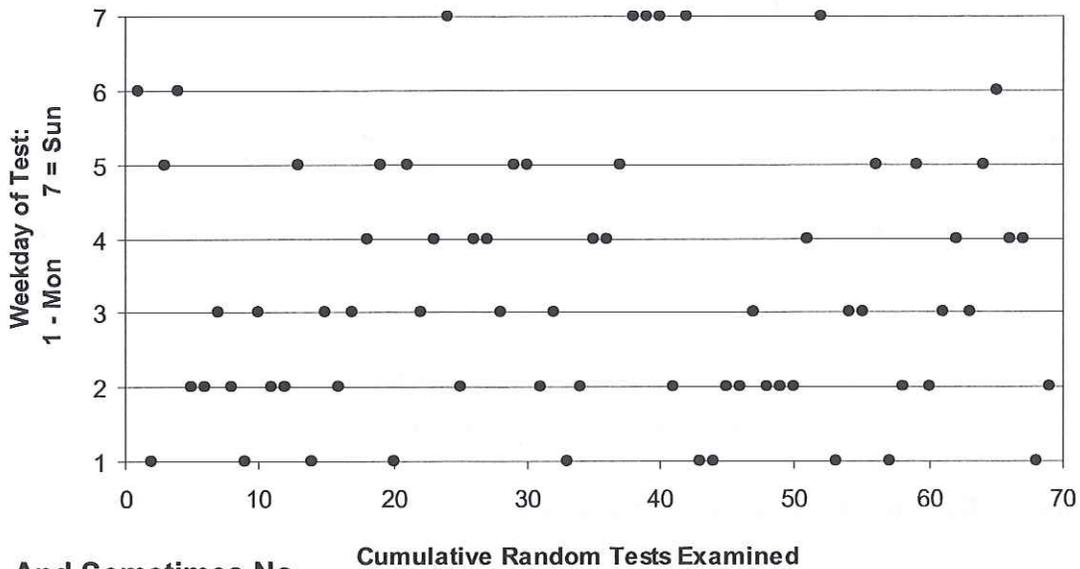
**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 4: TESTING TYPES/CATEGORIES**

Auditors' Records Review: Random Tests (Days)

- Are random tests reasonably distributed across all days of the week?

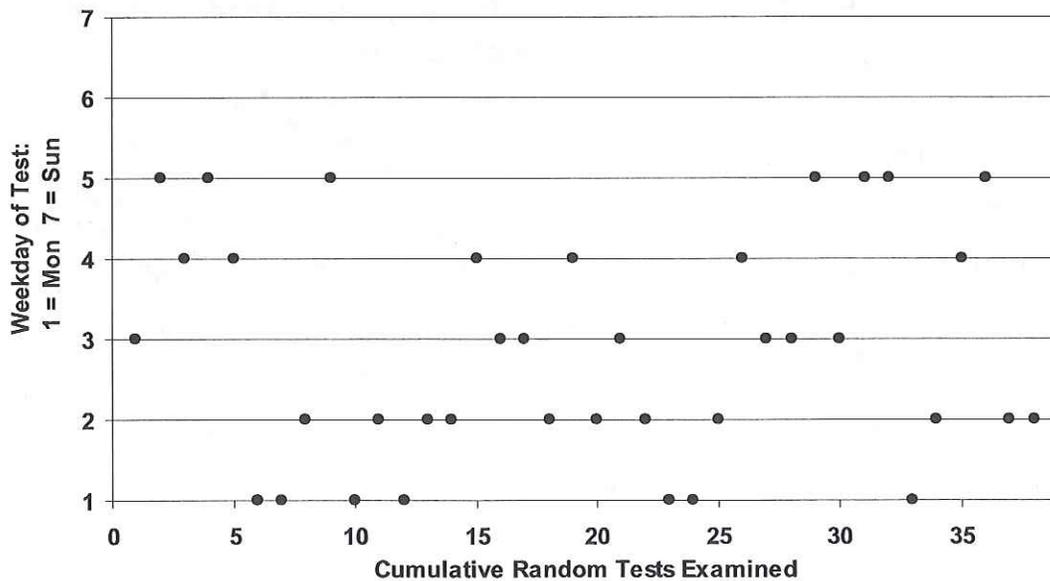
Sometimes Yes

Chart 2: Random Testing Reasonably Spread Across All Days of the Week



And Sometimes No

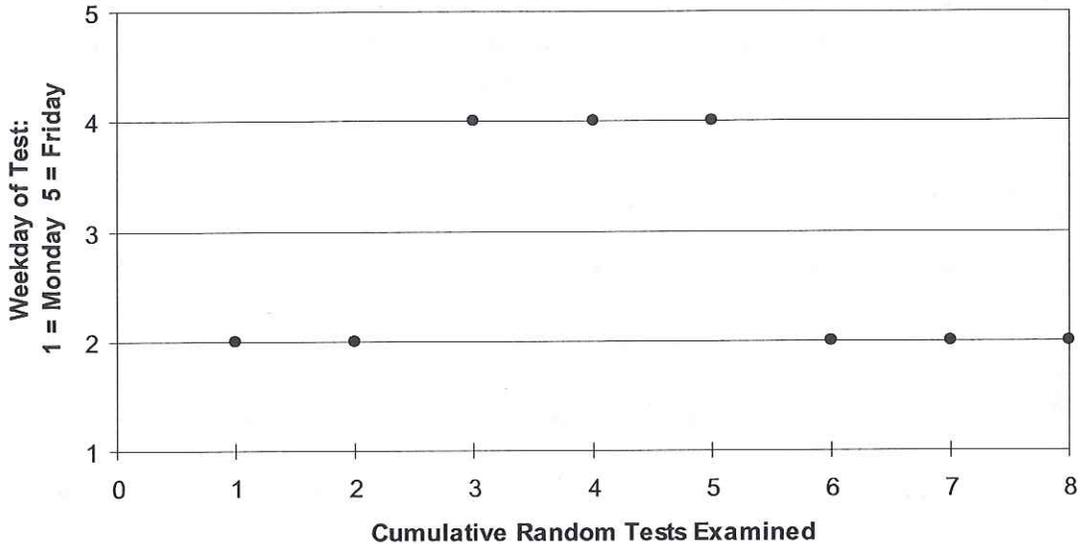
Chart 2: Random Testing Is Not Reasonably Spread Across All Service Days (No Testing on Weekends)



**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 4: TESTING TYPES/CATEGORIES**

And Sometimes Really No

**Chart 2: Random Testing Is Not Reasonably Spread
Across All Service Days**

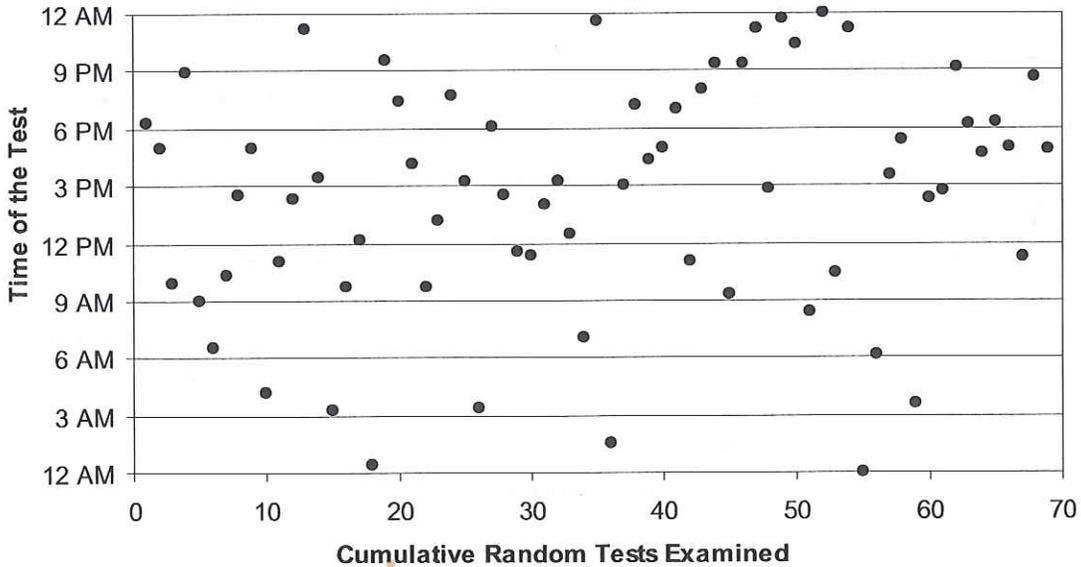


Auditors' Records Review: Random Tests (Hours)

- Are random tests reasonably distributed across all hours of service?

Sometimes Yes

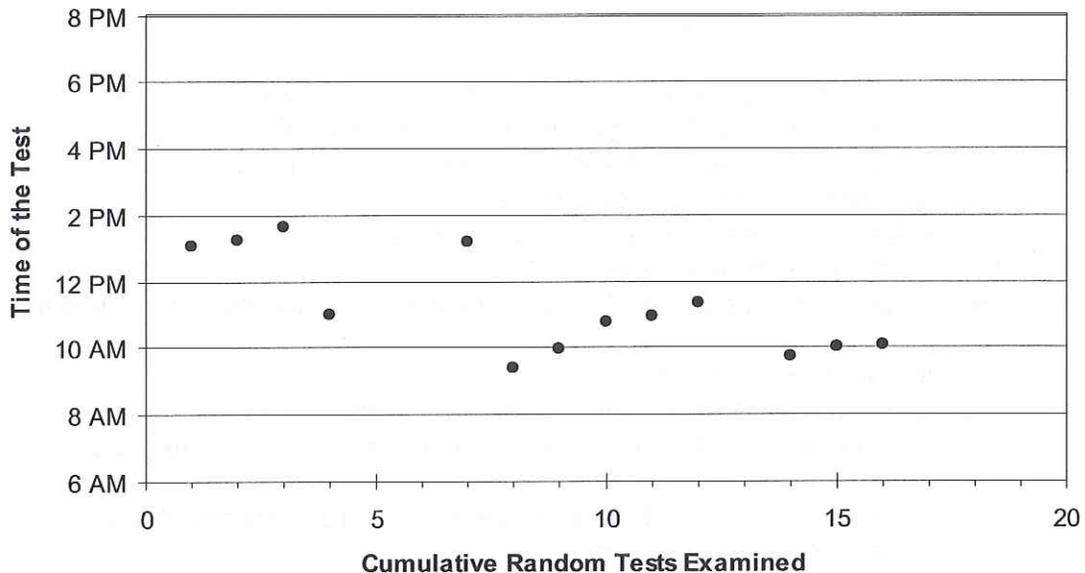
**Chart 3: Random Testing Reasonably Spread Across All
Hours of Operation**



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 4: TESTING TYPES/CATEGORIES

And Sometimes No

**Chart 3: Random Testing Not Reasonably Spread Across
All Service Hours**



Return to Duty Testing

- Purpose: to provide a degree of assurance to the employer that the individual who previously violated the rule is presently drug and alcohol free
- The individual is able to return to duty without undue concern of continued drug abuse or alcohol misuse
- Not a test for an employee returning to duty from a leave of absence.

Return to Duty Testing Requirements

- Following a positive drug or alcohol test result or test refusal, the employee may not be allowed to perform safety-sensitive duties until
 - ✓ Assessed by the SAP
 - ✓ Completed the SAP recommended treatment program
 - ✓ Completed a return to duty test with a negative test result (< 0.02 for alcohol)
- The employer must make the determination of when the employee can return to duty following the completion of the SAP recommended education/treatment program
- A cancelled test requires that the employee must submit to and pass another test

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 4: TESTING TYPES/CATEGORIES

- Must be for whichever substance the employee previously tested positive, however may test for both drugs and alcohol

Follow Up Testing

- Purpose:
 - ✓ To motivate employees to remain drug free and alcohol free after returning to duty following a positive test or test refusal
 - ✓ To provide the employer with assurance that the person has not resumed drug use or alcohol misuse
- SAP submits follow up testing plan to the DER
- Testing must be unannounced
- Frequency: minimum of six (6) tests during twelve months after return-to-duty
- Duration: up to 60 months
- Frequency and duration dependent on SAP assessment
- SAP must not establish actual dates for follow up testing - dates are to be scheduled by the employer
- Employers must not go below or above the SAP recommendations
- A cancelled follow up test must be recollected
- Follow up testing is non negotiable
- Employees subject to follow up testing are also included in the random pool
- The follow up testing plan follows the employee through breaks in service or through subsequent employer(s)
- A follow up test for disabled individuals unable to provide sufficient volume can be reported as negative if medical evaluation shows no clinical evidence of illegal drug use.

Summary

1. Identify the six testing categories
2. Define the content of each category
3. Discuss the requirements of each category
4. Identify category timelines.

MODULE 5: TESTING PROCEDURES



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 5: TESTING PROCEDURES

Terminal Learning Objective

Upon completion of this module, the participant will be able to identify testing procedures for both drugs and alcohol.

Enabling Learning Objectives

1. Describe testing procedures for drugs
2. Define testing procedures for alcohol
3. Discuss testing notice requirements
4. Identify circumstances that constitute a test refusal.

Testing Procedures – Drugs

- Urinalysis for drugs:
 - ✓ Initial screen
 - ✓ Confirmatory test – Gas Chromatography/Mass Spectrometry (GC/MS) or Liquid Chromatography/Mass Spectrometry (LC/MS)
 - ✓ Specimen validity testing
 - ✓ MRO review and verification
- Detailed discussion of Part 40 optional. Employer must make a copy of Part 40 readily available upon request
- Split specimen collection method
- Use of federal Custody and Control Form (CCF) with unique number for identification.



Testing Procedures - Alcohol

- Breath or saliva testing for alcohol in conformance with Part 40 procedures. Detailed discussion optional:
 - ✓ Initial screen: evidential or non-evidential breath or saliva test
 - ✓ Confirmatory test: Evidential Breath Testing (EBT) device only.



Testing and Notice Requirements

- Policy must state that all covered employees are required to submit to drug and alcohol tests conducted in compliance with 49 CFR Parts 40 & 655
- Employer must notify covered employee that the test is required by Part 655 before performing a required drug or alcohol test.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 5: TESTING PROCEDURES

Test Refusals

- Failure to appear for any test (except a pre-employment) at the collection site in the time allotted
- Failure to remain at the test site until the testing process is completed, except in pre-employment situations where leaving before the testing process begins is not deemed to be a test refusal
- Failure to provide a urine, breath, or saliva specimen as required by U.S. DOT Part 40
- Failure to permit the observation or monitoring of specimen collection when it is required
- Failure to provide a sufficient amount of urine or breath specimen without a valid medical explanation
- Failure or refusal to take a second test when required
- Failure to undergo a medical evaluation when required
- Failure to cooperate with the testing process. (Examples: refusal to empty pockets or wash hands after being directed to do so by the collector, or behaving in a confrontational manner that disrupts the collection process)
- For an observed collection, failure to follow the observer's instructions to raise clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if individual is wearing any type of prosthetic device that could be used to interfere with the collection process
- Possession or wearing of a prosthetic or other device that could be used to interfere with the collection process
- Admitting adulteration or substitution of the specimen to the collector or the MRO
- If the MRO reports a verified adulterated or substituted test result
- In alcohol testing, refusal to sign Step 2 of the Alcohol Testing Form (ATF)
- Leaving the scene of the accident without just cause prior to submitting to post-accident tests.

Note: A refusal to test for any of the reasons described in this module is equivalent to a positive test result.

Summary

1. Describe testing procedures for drugs
2. Describe testing procedures for alcohol
3. Discuss testing notice requirements
4. Identify circumstances that constitute a test refusal.

**MODULE 6: URINE SPECIMEN
COLLECTION PROCEDURES**



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 6: URINE SPECIMEN COLLECTION PROCEDURES

Terminal Learning Objective

Upon completion of this module, the participant will be able to identify urine specimen collection procedures.

Enabling Learning Objectives

1. Define collection site personnel training requirements
2. Define requirements for collection site
3. Discuss security measures during collection
4. List steps in the collection process
5. Define problem scenarios in specimen collection
6. Define the circumstances that will result in directly observed collections.

Collection Site Personnel Training Requirements

- Basic information
- Qualification training
- Initial proficiency demonstration
- Refresher training
- Error correction training
- The collector must maintain documentation and provide to U.S. DOT, employers, or C/TPAs upon request.

Requirements For Collection Site

- Privacy enclosure for urination
 - ✓ Single toilet room preferred
- Toilet or void receptacle
- Water source for hand washing, preferably outside privacy enclosure
- Restricted access during collection
- Other water sources in privacy enclosure turned off or secured
- If facility is normally used for other purposes, restrict access to collection materials and specimens
- "Limited access" signs must be posted in areas of public access
- Policies and procedures to prevent unauthorized personnel from entering areas in which urine specimens are collected or stored.

Prior to Each Collection

- Inspect the site
- Secure water sources
- Blue receptacle water
- Secure toilet tank top or blue tank water
- Remove all potential adulterants

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 6: URINE SPECIMEN COLLECTION PROCEDURES

- Ensure that undetected access is not possible
- Secure areas suitable for concealing contaminants
 - ✓ Trash receptacles, paper towel holders, etc.
- Recheck after collection.

Security Measures During Collection

- The collector must:
 - ✓ Conduct only one collection at a time – except during shy bladder waiting period
 - ✓ Keep specimen in view of collector and employee to the greatest extent possible
- Ensure that the collector is the only person that handles the specimen (besides employee) before it is sealed
- Maintain personal control over each specimen and CCF throughout process
- Remain within the collection site until the specimen is sealed.

Preliminary Steps in Collection Process

- Notify DER of late arrival. Unreasonable delay can be considered a test refusal
- Begin testing process without undue delay
- Perform the alcohol test before the drug test
- Verify employee identity
- Explain basic collection procedure. Show the employee the instructions on the back of the CCF
- Advise the employee that failure to comply with collector's directions constitutes a refusal to test
- Direct donor to remove outer garments
- Direct donor to empty pockets and display contents. Give employee option to keep wallet. Must inspect it first
- Instruct employee to list medications only on the back of copy 5 of the CCF.

Before the Employee Provides the Specimen

- The collector must:
 - ✓ Complete step 1 of the CCF
 - ✓ Instruct the employee to wash his/her hands under the collector's observation
- The employee or the collector selects a wrapped single specimen collection cup and unwrap in the presence of both

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 6: URINE SPECIMEN COLLECTION PROCEDURES

- The collector gives the employee the collection container and directs him to provide at least 45 ml of urine in a privacy enclosure
- The collector must observe carefully and note any conduct that clearly indicates an attempt to tamper with the specimen
- The collector instructs the employee not to flush the toilet
- The collector may set a reasonable time for voiding (2 -4 minutes).

When the Employee Presents the Specimen

- The collector must:
 - ✓ Check the specimen for adequacy (at least 45 ml)
 - ✓ Check the temperature within four (4) minutes
 - ✓ Inspect the specimen for signs of tampering or adulteration.

Preparing the Specimen

- The collector completes step 2 of the CCF
- The collector splits specimen into two bottles (primary - 30 ml, split - 15 ml)
- The collector seals, labels, and dates the bottles in full view of the employee (step 3)
- The employee initials labels after labels are applied to the bottles
- Discard any left over specimen
- Direct the employee to read, and sign the certification on step 5, copy 2 of the CCF.



Completing the Collection Process

- The collector signs, dates, and completes step 4 of the CCF
- Ensure that all copies of the CCF are legible and complete
- Distribute copies of the CCF as appropriate
- Secure the specimen bottles and prepare the package for shipment.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 6: URINE SPECIMEN COLLECTION PROCEDURES

Custody and Control Form

- Copy 1 – Test Facility
 - ✓ 24 hours or next business day
- Copy 2 - Medical Review Officer
 - ✓ 24 hours or next business day
- Copy 3 – collector
 - ✓ Maintain for 30 days
- Copy 4 – employer
 - ✓ 24 hours or next business day
- Copy 5 – employee
 - ✓ At completion of the collection.

Observed Collection – Required

- Temperature out of range or original specimen appears to have been tampered with
- The collector observes materials brought to the collection site or employee conduct that clearly indicates an attempt to tamper with the specimen
- Previous specimen is invalid with no medical explanation
- Split specimen unavailable to confirm following a positive, adulterated, or substituted test result
- Initial test result was negative-dilute with creatinine between 2 - 5 mg/dl
- Effective 8/31/09, if the test is a return-to-duty or follow-up.

Observed Collection Procedures

- Employer or collector must explain to the employee the reason for direct observation
- The collector must complete a new CCF
- Observation must be made by an individual of the same gender as the donor
- Must view urine stream from donor to the collection container
- Effective 8/25/08, prior to specimen collection, observer must request employee to raise his/her shirt, blouse, or dress/skirt as appropriate above the waist, lower clothing and underpants and to turn around to show that he/she is not wearing any type of device that could be used to interfere with the collection process.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 6: URINE SPECIMEN COLLECTION PROCEDURES

Insufficient Volume – AKA “Shy Bladder” Procedures

- Discard original specimen (insufficient volume) unless temperature is out of range or shows evidence of adulteration or tampering
- Instruct the employee to remain at the collection site until the process is completed
- Urge the employee to drink up to 40 ounces of fluid distributed evenly throughout the 3-hour period
 - ✓ Refusal to drink is not a refusal to test
- If a specimen is not provided within three hours of the first attempt, the collection process will be discontinued
- Note the time the collection begins and ends on the CCF
- Immediately notify the DER if the employee is unable to provide a sufficient sample within a 3-hour period
- Fax copy 2 of the CCF to the MRO and copy 4 to the DER
- After consulting with the MRO, the DER must direct the employee to obtain a medical examination within five calendar days
- The referral physician must be acceptable to the MRO
- The medical examination will look for ascertainable physiological conditions or pre existing documented psychological disorders
- If other than the MRO, the referral physician submits written recommendation to the MRO
- The MRO reports his/her written determination to the DER ASAP.

Insufficient Volume: Pre-Employment and Return to Duty

- If the employee has permanent or long term disability:
 - ✓ Physician under direction of the MRO determines if there is evidence of illegal drug use
 - ✓ If no sign of illegal drug use the MRO verifies test as negative
- Physical exam can only be required after contingent offer of employment is made (ADA requirement).

Fatal Flaws Resulting in Cancelled Tests

- No collector’s printed name and signature
- Specimen ID numbers don’t match
- Seal is broken after it leaves the collection site or shows evidence of tampering
- Insufficient amount of urine to test.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 6: URINE SPECIMEN COLLECTION PROCEDURES

Correctable Flaws that may Result in Cancellation

- The collector's signature is omitted on the CCF
- The specimen temperature was not checked
- The employee's signature is omitted without remarks
- The certifying scientist's signature is omitted
- The non federal form was used.

Correction Procedures

- If the collector becomes aware during collection
 - ✓ Must attempt to correct the problem immediately
 - ✓ May begin new collection using the new CCF and collection kit
- Service agents must take all practical action to correct the problems and avoid cancelled tests
- Provide a signed Memorandum For the Record (MFR) or supply missing information in writing (see section 40.205 for details)
- Must correct the problem on the same business day of the error notification
- Maintain written documentation of the correction with the CCF
- Mark the corrected CCF in obvious manner.

Effect of Cancelled Test

- A cancelled test is neither a negative nor a positive test
- Cannot be used to justify a retest except where specified
- Cancelled tests do not count toward compliance with rule requirements (e.g. random rate)
- Cancelled tests do not provide a valid basis for an employer to test under its own authority.

Warning

There are many procedural problems that do not result in test cancellation and do not require corrective action, but may subject the employer to U.S. DOT enforcement action or the service agent to the PIE process (see section 40.209).

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 6: URINE SPECIMEN COLLECTION PROCEDURES

Common Collection Practice Problems

- Violations of drug testing protocols
 - ✓ Not securing sources of water in restroom
 - ✓ Allowing employee access to items that could be used for adulteration or dilution
 - ✓ Not requiring employees to wash hands under collector's supervision
 - ✓ No bluing agent in the toilet
 - ✓ Not asking employees to empty their pockets
 - ✓ Not giving employees option to keep their wallet, or not inspecting it
- Limited service hours
- Delayed collections
- Not knowing how to properly handle insufficient volume
 - ✓ Discontinue testing efforts until next day
 - ✓ No supervision during the 3 hour wait time
 - ✓ No control over access to fluid
 - ✓ Rushed second attempt
- Use of non federal forms for FTA tests and/or inappropriate use of federal forms for non FTA tests.

Summary

1. Define collection site personnel training requirements
2. Define requirements for collection site
3. Discuss security measures during collection
4. List steps in the collection process
5. Define problem scenarios in specimen collection
6. Define the circumstances that will result in directly observed collections.



FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 0000001

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

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

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

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

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

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

G. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

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

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

REMARKS _____

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

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

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

SPECIMEN BOTTLE(S) RELEASED TO:

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

RECEIVED AT LAB OR IITF:

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

Primary Specimen Bottle Seal Intact YES NO
If NO, Enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

NEGATIVE DILUTE POSITIVE for: Marijuana Metabolite (Δ9-THCA) 6-Acetylmorphine Methamphetamine MDMA
 Cocaine Metabolite (BZE) Morphinine Amphetamine MDA
 PCP Codeine MDEA

REJECTED FOR TESTING ADULTERATED SUBSTITUTED INVALID RESULT

REMARKS: _____

Test Facility (if different from above): _____
I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

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

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

RECONFIRMED FAILED TO RECONFIRM - REASON _____
I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

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

Laboratory Name _____
Laboratory Address _____

 0000001 SPECIMEN ID NO.	A	PLACE OVER CAP	0000001 SPECIMEN BOTTLE SEAL	_____ Date (Mo/Day/Yr) _____ Donor's Initials
 0000001 SPECIMEN ID NO.	B (SPLIT)	PLACE OVER CAP	0000001 SPECIMEN BOTTLE SEAL	_____ Date (Mo/Day/Yr) _____ Donor's Initials

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **0000001**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE ACCESSION NO. _____

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

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

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

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

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

G. Collection Site Address: _____

Collector Phone No. _____
Collector Fax No. _____

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

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

REMARKS _____

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

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

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

SPECIMEN BOTTLE(S) RELEASED TO: _____

_____ Signature of Collector AM
PM

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

STEP 5: COMPLETED BY DONOR

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

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

Daytime Phone No. (_____) _____ Evening Phone No. (_____) _____ Date of Birth _____
(Mo/Day/Yr)

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE **POSITIVE** for: _____
 DILUTE

REFUSAL TO TEST because – check reason(s) below: **TEST CANCELLED**

ADULTERATED (adulterant/reason): _____
 SUBSTITUTED
 OTHER: _____

REMARKS: _____

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

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

RECONFIRMED for: _____ **TEST CANCELLED**

FAILED TO RECONFIRM for: _____

REMARKS: _____

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

OMB No. 0930-0158

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 0000001

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No. C. Donor SSN or Employee I.D. No. D. Specify Testing Authority: HHS, NRC, DOT, FMCSA, FAA, FRA, FTA, PHMSA, USCG. E. Reason for Test: Pre-employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, Follow-up, Other. F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP, THC & COC Only, Other. G. Collection Site Address. Collector Phone No. Collector Fax No.

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

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

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

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

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

SPECIMEN BOTTLE(S) RELEASED TO:

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

STEP 5: COMPLETED BY DONOR

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

X Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr) Daytime Phone No. Evening Phone No. Date of Birth (Mo/Day/Yr)

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE POSITIVE for: DILUTE REFUSAL TO TEST because - check reason(s) below: ADULTERATED (adulterant/reason): SUBSTITUTED OTHER: TEST CANCELLED

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

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

RECONFIRMED for: TEST CANCELLED FAILED TO RECONFIRM for:

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

OMB No. 0930-0158

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **0000001**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

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

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

Temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark _____	<input type="checkbox"/> Observed, Enter Remark _____
REMARKS _____		

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

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

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

STEP 5: COMPLETED BY DONOR

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

<input checked="" type="checkbox"/> _____ Signature of Donor	(PRINT) Donor's Name (First, MI, Last) _____	Date (Mo/Day/Yr) _____ (Mo/Day/Yr)
Daytime Phone No. () _____	Evening Phone No. () _____	Date of Birth _____ (Mo/Day/Yr)

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE **POSITIVE** for: _____
 DILUTE

REFUSAL TO TEST because – check reason(s) below: **TEST CANCELLED**
 ADULTERATED (adulterant/reason): _____
 SUBSTITUTED
 OTHER: _____

REMARKS: _____

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

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

RECONFIRMED for: _____ **TEST CANCELLED**
 FAILED TO RECONFIRM for: _____

REMARKS: _____

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

OMB No. 0930-0158

Public Burden Statement:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 0000001

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No. C. Donor SSN or Employee I.D. No. D. Specify Testing Authority: HHS, NRC, DOT, FMCSA, FAA, FRA, FTA, PHMSA, USCG. E. Reason for Test: Pre-employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, Follow-up, Other. F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP, THC & COC Only, Other. G. Collection Site Address. Collector Phone No. Collector Fax No.

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

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

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

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

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements. SPECIMEN BOTTLE(S) RELEASED TO: Signature of Collector, (PRINT) Collector's Name, Date, Time of Collection, Name of Delivery Service.

STEP 5: COMPLETED BY DONOR

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

Signature of Donor, (PRINT) Donor's Name, Date, Daytime Phone No., Evening Phone No., Date of Birth.

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE, POSITIVE, DILUTE, REFUSAL TO TEST, ADULTERATED, SUBSTITUTED, OTHER, TEST CANCELLED.

REMARKS: Signature of Medical Review Officer, (PRINT) Medical Review Officer's Name, Date.

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

RECONFIRMED, TEST CANCELLED, FAILED TO RECONFIRM.

REMARKS: Signature of Medical Review Officer, (PRINT) Medical Review Officer's Name, Date.

OMB No. 0930-0158

Instructions for Completing the Federal Drug Testing Custody and Control Form

When making entries use black or blue ink pen and press firmly

Collector ensures that the name and address of the HHS-certified Instrumented Initial Test Facility (IITF) or HHS-certified laboratory are on the top of the CCF and that the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.

STEP 1:

- Collector ensures that the required information is in STEP 1. Collector enters a remark in STEP 2 if Donor refuses to provide his/her SSN or Employee I.D. number.
- Collector gives collection container to Donor and instructs Donor to provide a specimen. Collector notes any unusual behavior or appearance of Donor in the remarks line in STEP 2. If Donor conduct at any time during the collection process clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the remarks line in STEP 2 and takes action as required.

STEP 2:

- Collector checks specimen temperature within 4 minutes after receiving the specimen from Donor, and marks the appropriate temperature box in STEP 2. If temperature is outside the acceptable range, Collector enters a remark in STEP 2 and takes action as required.
- Collector inspects the specimen and notes any unusual findings in the remarks line in STEP 2 and takes action as required. Any specimen with unusual physical characteristics (e.g. unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing as required.
- Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the Federal Agency, Collector takes action as required, and enters remarks in STEP 2. If no specimen is collected by the end of the collection process, Collector checks the *None Provided* box, enters a remark in STEP 2, discards Copy 1 and distributes remaining copies as required.
- Collector checks the Split or Single specimen collection box. If the collection is observed, Collector checks the Observed box and enters a remark in STEP 2.

STEP 3:

- Donor watches Collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label(s)/seal(s) on the specimen bottle(s).
- Collector dates the specimen bottle label(s)/seal(s) after placement on the specimen bottle(s).
- Donor initials the specimen bottle label(s)/seal(s) after placement on the specimen bottle(s).
- Collector turns to Copy 2 (Medical Review Officer Copy) and instructs Donor to read and complete the certification statement in STEP 5 (signature, printed name, date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in STEP 2 on Copy 1.

STEP 4:

- Collector completes STEP 4 on Copy 1 (signature, printed name, date, time of collection, and name of delivery service), places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.

Privacy Act Statement: (For Federal Employees Only)

Submission of the information on the attached form is voluntary. However, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. Sec. 3301 (2), 5 U.S.C. Sec. 7301, and Section 503 of Public Law 100-71, 5 U.S.C. Sec. 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer (MRO), the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the specimen provided for testing. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

Public Burden Statement:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.



MODULE 7: DRUG TESTING
LABORATORY



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 7: DRUG TESTING LABORATORY

Terminal Learning Objective

Upon completion of this module, the participant will be able to describe the role of the laboratory in the testing program.

Enabling Learning Objectives

1. Describe HHS laboratory standards
2. Identify drugs tested for, and their cut off levels
3. Discuss specimen valid testing and blind specimen testing
4. List categories of lab test results
5. Define employer actions on test results.

HHS Laboratory Standards

- Must be HHS certified
- Follow 49 CFR Part 40 procedures
- Comply with all applicable HHS requirements for DOT testing
- Conduct specimen validity testing effective 8/25/08.

Drugs Tested For

- Marijuana metabolites
- Cocaine metabolites
- Amphetamines
 - ✓ Amphetamine
 - ✓ Methamphetamine
 - ✓ MDMA (Ecstasy)
 - ✓ MDA
 - ✓ MDEA
- Opiate metabolites
 - ✓ Codeine
 - ✓ Morphine
 - ✓ 6-AM (Heroin)
- Phencyclidine (PCP).

Confirmatory Cut Off Levels

- | | |
|-------------------------|-----------|
| • Marijuana metabolites | 15 ng/ml |
| • Cocaine metabolites | 100 ng/ml |
| • Amphetamines | 250 ng/ml |
| ✓ Amphetamine | 250 ng/ml |
| ✓ Methamphetamine | 250 ng/ml |
| ✓ MDMA (Ecstasy) | 250 ng/ml |
| ✓ MDA | 250 ng/ml |
| ✓ MDEA. | 250 ng/ml |

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 7: DRUG TESTING LABORATORY

- Opiate metabolites
 - ✓ Codeine 2000 ng/ml
 - ✓ Morphine 2000 ng/ml
 - ✓ 6-AM (Heroin) 10 ng/ml
- PCP 25 ng/ml.

Specimen Validity Testing

- SVT determines if the specimen is consistent with normal human urine
 - ✓ Determines if a specimen was adulterated, substituted, or diluted
- Lab tests for:
 - ✓ Creatinine level
 - ✓ Specific gravity
 - ✓ PH
 - ✓ Adulterants.

Abnormal Results Should be forwarded to Laboratory for further evaluation

H A N D L E	TEST AND READING TIME	ABNORMAL (LOW)					NORMAL					ABNORMAL (HIGH)							
		Neg		10			20		50			200							
Creatinine	60 - 120 sec mg/dl	Neg		10			20		50			200							
SG	45 sec	1.000		1.005			1.015		1.025			≥1.030 >1.040							
pH	Immed.	2		3			4		5			7		9		≥11			
Glutaraldehyds	60 sec	Neg										Pos							
Nitrite	Immed. µg/ml	Neg										100		250		500		1000	
Pyridinium Chlorchromate	60 sec	Neg										Pos							
Stealth / Bleach	Immed	Neg										Pos Spectrum							

Patents Pending Made and Printed in U.S.A.

Adulterated Specimen

- A specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance
- If unable to identify the adulterant, the primary lab must send it to a second HHS lab
- If the lab identifies a substance not on the HHS list, the lab must report to ODAPC and HHS within three business days.

Dilute Specimen

- A urine specimen with creatinine and specific gravity values that are lower than expected for human urine.

Substituted Specimen

- A urine specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 7: DRUG TESTING LABORATORY

Invalid Drug Test

- The result reported by an HHS-certified laboratory in accordance with the criteria established by HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

Pass any Drug Test - Guaranteed!
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Lab Test Results Reported to the MRO

- Category 1: Negative results
 - ✓ Negative
 - ✓ Negative dilute (reported with numerical values)
- Category 2: Non-negative results
 - ✓ Positive (drugs/metabolites noted)
 - ✓ Positive dilute (drugs/metabolites noted with numerical values for creatinine and specific gravity)
 - ✓ Adulterated (adulterant and confirmatory test values noted and remarks)
 - ✓ Substituted (with confirmatory test values for creatinine and specific gravity)
 - ✓ Invalid (with remarks and actual values for pH results).
- Category 3: Rejected for testing, with remarks
 - ✓ Test will be reported as cancelled by the MRO.

Employer Follow Up Actions on Test Results

- Negative: no action
- Negative dilute, creatinine is => 5 mg/dl: employer may retest, not observed
- Negative dilute, creatinine is between 2 - 5 mg/dl: must retest under direct observation
- Positive: rule violation, apply consequence

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 7: DRUG TESTING LABORATORY

- Positive dilute: rule violation, apply consequence
- Test refusal: rule violation, apply consequence
- Insufficient volume (with medical explanation): test cancelled
- Insufficient volume (without medical explanation): test refusal, treat as positive
- Insufficient volume for pre-employment, RTD, and FU test (employee has LTD and there's a medical explanation): negative
- Fatal flaw rejected for testing: test cancelled
- Fatal flaw rejected for testing for pre-employment and RTD: test cancelled, retest employee
- Invalid result (with medical explanation): test cancelled
- Invalid result (without medical explanation): test cancelled, retest employee under direct observation
- Primary positive/split test fails to reconfirm drug: test cancelled
- Primary adulterated/substituted, split test fails to reconfirm adulteration or substitution: test cancelled
- Primary positive/adulterated/substituted and split is unavailable or invalid: test cancelled, retest employee under direct observation
- Primary positive, split fails to reconfirm but is adulterated: test primary for adulteration.

Semi-Annual Statistical Summaries

- Every January 20th (for July – December data) and July 20th (for January – June data), the lab must transmit to employer - specific data listed in Appendix B of Part 40
- Report must not reveal identity of any employee
- Not required if employer has fewer than 5 aggregate test results for that period.

Blind Specimen Testing

- Less than 2,000 covered DOT employees - not required
- Required of employers with 2,000 or more covered DOT employees
- C/TPAs with 2,000 or more total DOT employees also must comply
- Send to each lab to which you send at least 100 specimens a year blind specimens equal to 1% or up to 50 per quarter. Must be evenly spread throughout the year.
- 75% of blind specimens must be negative: 15% must be positive for one or more of the 5 illegal drugs: 10% must be adulterated or substituted
- Must be certified by the supplier to be negative, positive, adulterated or substituted
- Insure that each blind specimen is indistinguishable to the laboratory from a normal specimen.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 7: DRUG TESTING LABORATORY**

Summary

1. Describe HHS laboratory standards
2. Identify drugs tested for, and their cut off levels
3. Define specimen validity testing and blind specimen testing
4. List categories of lab test results
5. Define employer actions on specific test results.



Master Client:
Report for:
Attention:

Page 1
02-Jul-2012

Diagnostics Incorporated – ES Customer Service

Substance Abuse Testing
Statistical Summary Report
Specimens Reported: 01/2012 to 06/2012



Specimen Type: Urine

Specimen Results Reported: 136

Pre-Employment testing:	75	Post-accident testing:	3
Random testing:	53	Reasonable Suspicion/Cause testing:	1
Return-to-duty testing:	0	Follow-up testing:	0
Type not noted on CCF:	4		

Specimens Reported Negative: 135
Negative and Dilute: 3

Specimens Reported as Rejected for Testing: 0
Fatal Flaw: 0
Uncorrected Flaw: 0

Specimens Reported as Positive: 1

MARIJUANA METABOLITE	0
COCAINE METABOLITE	1
OPIATES	0
CODEINE	0
MORPHINE	0
6-AM	0
PHENCYCLIDINE	0
AMPHETAMINES	0
AMPHETAMINE	0
METHAMPHETAMINE	0
MDMA-ANALOGUES	0
MDA	0
MDMA	0
MDEA	0

Adulterated: 0
Substituted: 0
Invalid Results: 0



**MODULE 8: MEDICAL REVIEW
OFFICER (MRO) VERIFICATION
PROCESS**



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 8: MEDICAL REVIEW OFFICER (MRO) VERIFICATION PROCESS

Terminal Learning Objective

Upon completion of this module, the participant will be able to describe the requirements and responsibilities of a Medical Review Officer (MRO).

Enabling Learning Objectives

1. Define the qualification requirements of an MRO
2. Describe the MRO verification process
3. Define MRO responsibilities
4. Discuss employer requirements.

MRO Responsibilities

- MRO is the independent gatekeeper
- Advocate for the accuracy and integrity of the process
- Provide quality assurance review of the drug testing process, including review of the CCF to determine any reason for test cancellation.

MRO Requirements

- Must be a licensed physician with detailed knowledge of substance abuse disorders and drug testing process
- Have basic knowledge of Part 40 and other agency rules (e.g., Part 655)
- Receive qualification training and pass examination
- Every 5 years, complete re-qualification training and pass examination administered by a nationally-recognized MRO certification board or subspecialty board for MROs
- No conflict of interest with a laboratory
- Must perform duties independently and strictly observe confidentiality when interacting with other service agents (e.g., C/TPA).

MRO Process

- Review copy 1 (lab copy) and copy 2 (MRO copy) of the CCF for fatal and correctable flaws
- Notify employers, collection sites, and laboratories regarding performance issues
- Report to ODAPC or DOT to resolve program issues.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 8: MEDICAL REVIEW OFFICER (MRO) VERIFICATION PROCESS

Employee Notification of Non Negative Result

- Notify employee of confirmed positive, adulterated, substituted, or invalid test results
 - ✓ MRO must make 3 attempts in 24 hours (document efforts to make contact)
 - ✓ If unable to contact, notify the DER and instruct the DER to contact the employee immediately
- Test results should not be discussed with DER
- The DER should instruct the employee to contact the MRO immediately, no later than 72 hours. Document date and time of contact
- DER must inform the employee of the consequences for not contacting the MRO within 72 hours
- If unable to contact the employee within 24 hours, leave a message and notify the MRO. DER may place the employee in temporary medically unqualified status or medical leave. (Sec. 40.131(d)(2)).

Non Contact Positive Result

- Without the employee interview, the MRO may verify test results as positive or refusal to test because of adulteration or substitution, or as cancelled because the test was invalid if:
 - ✓ The employee expressly declines to discuss result with the MRO
 - ✓ The employee fails to contact the MRO within 72 hours of notification by the DER
 - ✓ No contact by either the MRO or the DER within ten days of the MRO's receipt of the lab test result.

MRO Responsibilities Following Employee Contact

- Inform employee of lab test result
- Explain verification interview process
- Give employee medical Miranda warning before obtaining any medical information
- Provide employee an opportunity to present a legitimate medical explanation for the test result
- Review employee's medical history/records
- Assess legitimate medical use
- If applicable, raise fitness for duty issues with the employer
- Verify laboratory results
 - ✓ Negative
 - ✓ Positive
 - ✓ Cancelled
 - ✓ Test refusal (adulterated, substituted)
 - ✓ Invalid

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 8: MEDICAL REVIEW OFFICER (MRO) VERIFICATION PROCESS

- MRO may verify more than one result per test. Example: negative dilute
- Inform employee of verified result and right to request split specimen.
Effective 8/25/08, there is no split specimen testing authorized for an invalid test result
Note: MRO staff has a limited role in the process
- Notify employer of verified test result in a timely manner - same day as verification or next business day, written notification within 2 days
- MRO must report results consistent with the employer's stand down policy (if applicable)
- Notification of test result to DER can be made via C/TPA
- If notification is done by phone, employer or DER must have a means to confirm MRO identity
- Notify employer when retests are required. (Example: negative dilute test result when creatinine is between 2 - 5 mg/dl)
- Protect confidentiality
- Notify employer of use of other performance altering substances by safety/sensitive employees (medical Miranda warning)
- Must not accept an assertion that there is a legitimate medical explanation for the presence of PCP, 6-AM, MDMA, MDA or MDEA in a specimen.

MRO Responsibilities – Split Specimen

- Process employee's request for a split sample test
 - ✓ The request must be made by the employee within 72 hours after the MRO notification
 - ✓ Requests after 72 hours may be accommodated if the MRO concludes there was a legitimate explanation for failure to request within 72 hours
 - ✓ No split specimen testing for an invalid test result
 - ✓ Rule is silent on who pays for the split specimen test
 - ✓ Split specimen results are reported to the employer regardless of who pays for the test
 - ✓ The MRO/Employer cannot deny the split specimen test if the employee requests it
 - ✓ A split test cannot be contingent on advance payment by the employee
 ⚠ The employer can seek reimbursement.

MRO Responsibilities – Negative Test Result

- Review CCF for fatal or correctable flaws
- Review lab report
- Must have copy 1 and copy 2 of CCF before reporting result as negative, copy 1 is not needed if there is an electronic lab report
- Staff must be under direct personal supervision of the MRO
 - ✓ Review 5% up to 500 quarterly.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 8: MEDICAL REVIEW OFFICER (MRO) VERIFICATION PROCESS

Employer Requirements

- DOT test results cannot be changed or disregarded
- The employer must immediately remove the employee from safety/sensitive duties upon notice of a positive test result or test refusal – you should not wait for written report
- Require employees who test positive or refuse a test to successfully complete the return to duty process before allowing them to return to duty
- If notified that an employee's specimen was invalid and a second collection must take place under direct observation, immediately send the employee for a test without advance notice or additional consequences
- An employer who receives a cancelled test result when a negative test result is required (example: pre-employment or return to duty) you must direct the employee to provide another specimen immediately
- If notified that an employee's specimen was dilute with a creatinine between 2 - 5 mg/dl, you must immediately send the employee for a second collection under direct observation.

Stand Down

- Definition: temporarily removing an employee from safety/sensitive duty on the basis of a lab result that has not been verified by the MRO
- Stand down – prohibited unless employer received a waiver from FTA
- Waiver process is extensive
 - ✓ Petition made in writing
 - ✓ Facts and justification to support the waiver
 - ✓ Must meet Part 40 requirements
 - ✓ Submit to the FTA Office of Safety and Security
- Removing an employee from duty while awaiting negative test results following an accident or reasonable suspicion determination is not a prohibited stand down.

Summary

1. Define the qualification requirements of an MRO
2. Describe the MRO verification process
3. Define MRO responsibilities
4. Discuss employer requirements.

MODULE 9: ALCOHOL TESTING PROCEDURES



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 9: ALCOHOL TESTING PROCEDURES

Terminal Learning Objective

Upon completion of this module, the participant will be able to describe DOT Alcohol Testing Procedures (ATP).

Enabling Learning Objectives

1. Describe the qualification and training requirements for Breath Alcohol Technician (BAT) and Screening Test Technician (STT)
2. Describe the alcohol testing site requirements
3. Discuss requirements for initial and confirmatory testing devices
4. Discuss initial and confirmatory alcohol testing procedures.

Who is Qualified to Conduct Alcohol Tests?

- Breath Alcohol Technician (BAT)
- Screening Test Technician (STT).

BAT/STT Training Requirements

- Basic information
- Qualification training
- Initial proficiency demonstration
- Refresher training - Must be done at least every 5 years
- Error correction training - Within 30 days of error notification.

Other BAT/STT Requirements

- BAT/STT must maintain credential documentation
- Must produce credentials upon request
- Immediate or direct supervisors of an employee may not serve as the BAT/STT for the employee
- Law enforcement officers who have been certified by state or local governments to use the EBT/ASD are deemed to be qualified as BAT/STT.

Alcohol Screening Test

- Begin testing process without undue delay
- To the greatest extent possible, perform the alcohol test before performing a drug test
- If confirmation test is required, complete that process before starting a screening test on another employee.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 9: ALCOHOL TESTING PROCEDURES

Alcohol Testing Site Requirements

- Can be a medical facility, mobile facility or dedicated collection facility
- Provide maximum privacy for the individual being tested (visual/aural)
- Provide necessary materials, supplies, equipment, and personnel
- Unauthorized personnel should not be allowed in the testing site
- No one other than the employee, BAT/STT, or a DOT agency rep must actually witness the testing process
- Store the EBT or ASD in a secure place when not being used for testing.

EBT Requirements

- Approved by the National Highway Traffic Safety Administration (NHTSA), listed on the Conforming Products List (CPL) without asterisks
- Perform external calibration checks per NHTSA approved Quality Assurance Plan (QAP)
- Must take EBT out of service if external calibration checks are unacceptable
- Ensure that inspection, maintenance, and calibration are performed by qualified personnel
- Maintain records of the inspection, maintenance, and calibration.

Non Evidential Testing Devices

- Listed on the NHTSA conforming products list and instructions for use are included in Part 40
- Quality Assurance Plans (QAPs)
 - ✓ Methods for performing quality control checks
 - ✓ Temperatures at which the device is stored and used
 - ✓ Environmental conditions that may affect ASDs performance
 - ✓ Shelf life
- Use for screening tests only
- Must include directions on proper use and time limit for reading the device
- Include expiration date, if applicable.

Alcohol Screening Testing Procedures

- Require positive ID from employee
- Explain testing procedures (show instructions on back of ATF)
- Complete step 1 of the ATF. (Note: Must use new ATF not later than Jan. 1st, 2011)
- Direct employee to read and sign step 2. Refusal to sign is a refusal to test
- BAT or employee may select a sealed mouthpiece

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 9: ALCOHOL TESTING PROCEDURES

- Open the sealed mouthpiece in view of the employee and insert it into the device
- Instruct the employee to blow steadily and forcefully
- Show the employee the displayed test result
- Ensure that the result is printed correctly on the ATF or the printout that will be affixed to the ATF
- If the screening test result is less than 0.02, sign and date step 3 of the ATF
- Give the employee copy 2 of the ATF and transmit the result to the DER in a confidential manner.

Confirmatory Alcohol Testing

- If the initial test result is 0.02 or greater, a confirmatory test is performed by a BAT using an EBT
- The confirmatory test will be conducted at least 15 minutes, but not more than 30 minutes, from the completion of the initial test
 - ✓ Explain waiting period to the employee
 - ✓ Mark begin and end times in the remarks line of the ATF
- Provide an explanation on remarks for confirmatory tests delayed beyond 30 minutes
- During the 15 minute waiting period, provide information to the employee on the consequences of a positive test
- Observe the employee during the waiting period
- If transportation to a different site is required for confirmatory test, make sure the employee remains under observation during transportation
- The BAT must instruct the employee not to eat, drink, belch, or put anything in the mouth. Tell employee it's for his/her benefit – to prevent an artificially high reading from second test - BATs often forget this
- It is not a refusal to test if the employee does not follow instructions
- Perform an air blank and show the result to the employee - EBT must register 0.00
- Provide a new mouth piece
- Show the test result and unique test number to the employee
- The result of the confirmatory test is deemed final
- The BAT must note the time elapsed between the initial screen and the confirmatory test on the remarks section of the ATF
- If the result is 0.02 or higher, direct the employee to sign step 4 of the ATF. It is not a refusal to test if employee refuses to sign Step 4
- Immediately transmit the test result to the DER in a confidential manner
- If the test result is not received in writing, the DER must establish a mechanism to verify the identity of the BAT sending the information.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 9: ALCOHOL TESTING PROCEDURES

Follow Up Employer Action

- If the confirmatory test result is 0.02 – 0.039, the individual must be removed from duty for eight hours or until the individual tests below 0.02
- If 0.04 or greater, the result is considered a violation of the FTA rule. Make SAP referral and apply employer disciplinary policy.

Documenting the Alcohol Test

- Must utilize DOT ATF for DOT test. Cannot use DOT ATF for non DOT tests
- Use of non DOT form is not a fatal flaw if signed statement is obtained from the BAT/STT
- If result is not printed on ATF, affix printout on ATF with tamper evident tape.

Screen Test Fatal Flaws

- ASD saliva device is read outside the defined time period
- ASD saliva device does not activate
- ASD saliva device used after its expiration date
- EBT display is different than printout.

Confirmatory Test – Fatal Flaws

- BAT conducts confirmation test before the 15 minute waiting period
- No air blank conducted before confirmation test
- Air blank does not result in a reading of 0.00 before confirmation
- EBT that is designed to print does not print the test result
- Next external calibration check is unacceptable.

Correctable Flaws

- BAT/STT fails to sign and date the form (step 3 of the ATF)
- BAT fails to note employee refusal or failure to sign the form following the test
- The BAT/STT uses a non DOT form for the test.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 9: ALCOHOL TESTING PROCEDURES

Corrective Actions

- If BAT/STT becomes aware of an error during test, the BAT/STT should attempt to correct the error or repeat the test
- Retests must use new forms
- Retest is not included in the number of attempts allowed for the employee
- If the test cannot be completed at the initial site, the DER must make all reasonable efforts to ensure the test is conducted at another site as soon as possible.

Effects of Cancelled Alcohol Tests

- No person may declare a test cancelled based on a mistake in the process that does not have a significant adverse effect on the right of the employee to a fair and accurate test.

Summary

1. Describe the qualification and training requirements for Breath Alcohol Technician (BAT) and Screening Test Technician (STT)
2. Describe the alcohol testing site requirements
3. Discuss requirements for initial and confirmatory testing devices
4. Discuss initial and confirmatory alcohol testing procedures.



Appendix G to Part 40 - Alcohol Testing Form

The following form is the alcohol testing form required for use in the DOT alcohol testing program beginning January 1, 2011. Employers are authorized to use the form effective February 25, 2010.

[65 FR 79526, Dec. 19, 2000, as amended 75 FR 8528, February 25, 2010; 75FR 38423, July 2, 2010]



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

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

*Print Screening Results
Here or Affix with
Tamper Evident Tape*

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

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

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

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

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

Signature of Employee

_____/_____/_____
Date Month Day Year

*Print Confirmation
Results Here or Affix
with Tamper Evident
Tape*

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

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

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

REMARKS:

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

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

*Print Additional
Results Here or Affix
With Tamper Evident
Tape*

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

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

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







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BACK OF PAGES 1 and 2



INSTRUCTIONS FOR COMPLETING THE U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL TESTING FORM

NOTE: Use a ballpoint pen, press hard, and check all copies for legibility.

STEP 1 The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to print the employee's name and check the box identifying the reason for the test.

NOTE: If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

STEP 2 Instruct the employee to read, sign, and date the employee certification statement in STEP 2.

NOTE: If the employee refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative.

STEP 3 The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the ATF. For a breath testing device capable of printing, the information may be part of the printed record.

NOTE: Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original printed information, or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with DOT regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Check the box indicating that the waiting period lasted at least 15 minutes.

After conducting the alcohol confirmation test, affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original information, or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

STEP 4 If the employee has a breath alcohol confirmation test result of 0.02 or higher, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

NOTE: If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher.

Forward **Copy 1** to the employer. Give **Copy 2** to the employee. Retain **Copy 3** for BAT/STT records.

BACK OF PAGE 3



**MODULE 10: SUBSTANCE ABUSE
PROFESSIONAL (SAP)**



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 10: SUBSTANCE ABUSE PROFESSIONAL (SAP)

Terminal Learning Objective

Upon completion of this module, the participant will be able to explain the role of a Substance Abuse Professional (SAP) in the DOT drug and alcohol testing program.

Enabling Learning Objectives

1. Describe SAP functions
2. Describe who is qualified to serve as a SAP
3. Determine when a SAP referral is required.

SAP Functions

- To protect the public interest by professionally evaluating the employee who has previously violated DOT rules and recommending appropriate education/treatment, follow up tests, and after care
- To assist the employer in deciding whether or not to return an employee to duty after a policy violation
- The SAP is not an advocate for either the employee or the employer.

SAP Referral Required

- A referral for assessment by a SAP is required regardless of whether the employee is discharged (zero tolerance policy) or given a second chance after a rule violation
- SAP referral applies also to applicants who fail or refuse to take the pre-employment test(s)
- The rule is silent on who pays for the SAP services, the employer may decide
- If the employer requires the employee to pay, include such a statement in the policy (highly recommended)
- If contract is with a national SAP organization, make sure there is a DOT-qualified SAP in your local area.

SAP Credentials

Must be one of the following:

- A licensed physician (medical doctor or doctor of osteopathy)
- A licensed or certified social worker
- A licensed or certified psychologist
- A licensed or certified EAP professional
- State Licensed or certified marriage and family therapist
- Drug and alcohol addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADACCC), or the International Certification Reciprocity

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 10: SUBSTANCE ABUSE PROFESSIONAL (SAP)

Consortium/Alcohol and other Drug Abuse, or the National Board for Certified Counselors - Certification as a drug counselor has to be from one of three national certifying bodies listed above.

SAP Qualification Requirements

- Basic knowledge about SAP functions, Part 40 and other DOT agency rules
- Must have clinical experience in the diagnosis and treatment of alcohol and controlled substances – related disorders
- Undergo qualification training
- Pass an exam administered by a nationally – recognized organization
- Continuing education (12 CEUs every three years).

SAP Responsibilities

- Conduct an initial face to face clinical assessment
- Evaluate the type and amount of assistance needed to resolve problems associated with drug abuse or alcohol misuse and recommend a course of action to the employee
- Refer the employee to an appropriate education or treatment program
- Provide recommendation to the DER in a written report (1st of 2 SAP reports to DER)
- Conduct face to face follow up evaluation to determine individual's active participation and demonstrated successful compliance with recommendations
- Determine if the employee has successfully completed the recommended program.

Note: All SAP evaluations are conducted face-to-face.

- Recommend to the employer whether the person is ready to return to duty and perform his/her safety/sensitive duties (2nd of 2 SAP reports to DER)
- Provide a follow up testing plan including frequency and duration and whether the tests will be for drugs only, alcohol only, or both.

Return To Duty Assessment

- If the SAP determines the employee has not successfully complied with the treatment recommendation, the DER must not return the employee to safety/sensitive function
 - ✓ The DER must take personnel actions consistent with policy and/or labor management agreements

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 10: SUBSTANCE ABUSE PROFESSIONAL (SAP)

- If the SAP determines after care is required, the SAP is to include that in the follow up report
- The employer has the option to require the employee to meet after care recommendations.

Other SAP Responsibilities

- The SAP may not second guess the reason for the test or the employer's decision to test
- The SAP must not be influenced by claims that the test was unjustified or inaccurate or attempts by the employee to mitigate the seriousness of the violation
- The SAP may obtain information from the MROs regarding the drug test results without the consent of the employee
- No second SAP opinions are allowed
- No one except for the SAP can change a SAPs initial evaluation.

Summary

1. Describe SAP functions
2. Describe who is qualified to serve as a SAP
3. Determine when a SAP referral is required.



**MODULE 11: SERVICE AGENT
OVERSIGHT**



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 11: SERVICE AGENT OVERSIGHT

Terminal Learning Objective

Upon completion of this module, the participant will be able to describe procedures for overseeing service agents used in the U.S. DOT drug and alcohol testing program.

Enabling Learning Objectives

1. Identify service agents that require monitoring
2. Describe suggested oversight procedures.

Service Agents To Monitor

- Collection sites (collectors and BATs)
- Medical Review Officers (MRO)
- Substance Abuse Professionals (SAP)
- Consortium/Third Party Administrator (C/TPA).

Note: On-site visit is not required except for collection sites.

Employer Responsibilities

- Responsible for actions of officials, representatives, and service agents
- All agreements between employers and service agents are deemed as a matter of law to require compliance
- FTA grantees – sub grantees can contract out program functions, but cannot contract away compliance responsibility
- Ensure that all service agents meet Part 40 qualification requirements
- Require service agents to provide documentation of credentials
- Good faith use of a service agent is not a defense for non-compliance
- Employer is responsible for obtaining test results and other information that is needed for compliance purposes
 - ✓ Do not assume that no news is good news.

Are You Satisfied With Your Service Agents?

- Consider the number and explanation for cancelled tests
- Timeliness of collection and transfer of split specimens
- Volume capacity, location, and service hours
- Ability to perform after hours testing
- Ease of communicating and reporting
- Do not assume that service agents are conducting the test in compliance with the regulations
 - ✓ That includes TPAs and Consortia.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 11: SERVICE AGENT OVERSIGHT

Consortium/Third Party Administrator

- Not required by U.S. DOT or FTA
- May serve as intermediary at employer discretion
- Must maintain confidentiality
- Must meet time requirements
- Must provide U.S. DOT requested information to employer within two days.

C/TPAs as Intermediaries

- May transmit the following drug test information from MRO to employer:
 - ✓ Test refusals
 - ✓ Cancelled tests
 - ✓ Split specimen reconfirmation
 - ✓ Retest requirements
 - ✓ Insufficient specimen
 - ✓ Drug test results
 - ✓ Shy bladder refusal
 - ✓ Dilute specimens
 - ✓ CCFs
- Changed test result - is what can happen when the MRO changes the initial verified result after reopening the verification process and obtaining additional information from the employee
- Transmission of laboratory statistical report
- Confirmed positive for stand down
- Transmission of 2 year test results to subsequent employers
- Direct observation collections
- Employee no shows
- DER contact information
- Alcohol screen and confirmatory test results <0.02 - Anything at 0.02 or above must be transmitted directly to the DER.

C/TPAs May Not Act as Intermediaries

- Transmission of laboratory drug test results to MRO
- Transmission of medical information from MRO to employers
- Transmission of SAP reports to employers
- Transmission of positive alcohol test results of .02 BAC or above to employers.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 11: SERVICE AGENT OVERSIGHT

C/TPA as Program Administrator

- May operate random testing programs
- May maintain random pool
- May assist with other types of testing
- May assist in implementation of follow up testing plans
- May receive and maintain all records without employee consent
 - ✓ Test results
 - ✓ Program operation records
- Must transfer records immediately upon request without fee
- Must notify employer immediately of business status change
- Must not act as DER.

Public Interest Exclusion (PIE)

- What is a PIE?
 - ✓ Public Interest Exclusion - not allowed to work in U.S. DOT programs
 - ✓ Initiated by U.S. DOT
- Purpose of PIE
 - ✓ Protect public interest
 - ✓ Protect employer and employee from serious non-compliance
- Basis for PIE being issued
 - ✓ Failure or refusal to provide service consistent with U.S. DOT rules
 - ✓ Failure to cooperate with U.S. DOT or inspections, compliance and enforcement reviews, or requests for documentation
- U.S. DOT policy on PIE proceeding
 - ✓ Only in cases of serious, uncorrected non-compliance issues
 - Affects safety
 - Outcomes of test results
 - Privacy and confidentiality
 - Affects employee due process
 - Affects honesty and integrity of testing program
 - Failure to provide cooperation and info to U.S. DOT representatives.

Compliance Tips

- Conduct periodic mock collections to identify procedural flaws
- Monitor cancelled test rates and require detailed explanations for each
- Investigate any reports by employees of flawed procedures
- Provide service agents with copies of U.S. DOT and FTA rules and procedural manuals
- Require documentation of service agent credentials and qualifications

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 11: SERVICE AGENT OVERSIGHT**

- Even though not a regulatory requirement, consider requiring service agents to hold memberships in their respective industry's trade association
- Include specific and detailed minimum performance standards in contracts that provide disincentives for cancelled tests or non performance
- If service agents are unwilling to perform their duties consistent with the regulations, consider canceling their contract and obtaining service elsewhere.

Summary

1. Identify service agents that require monitoring
2. Describe suggested oversight procedures.

MODULE 12: CONTRACTOR OVERSIGHT



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 12: CONTRACTOR OVERSIGHT

Terminal Learning Objective

Upon completion of this module, the participant will be able to define contractor oversight.

Enabling Learning Objectives

1. Describe suggested oversight procedures.

Contractor Compliance Requirements

- Covers contract personnel who are “standing in the shoes of” the transit system’s safety/sensitive employees
- It is the grantee’s responsibility to ensure that contractors and their surface agents comply with the regulations
- Grantees must certify to the FTA compliance by there contractors.

Suggested Contractor Oversight Procedures

- Start from the bid process. Make sure contractors understand their responsibilities under Part 40 and Part 655
- Obtain copy of contractor’s policy and determine if it’s compliant
- Provide a copy of your policy and the DOT/FTA regulations and guidelines or give them the DOT and FTA websites
- Make compliance a condition of the contract
- Conduct periodic assessments. Make sure their service agents are qualified under Part 40
- Audit testing records on-site
- Require and monitor quarterly and annual MIS reports
- Require immediate corrective action(s) to remedy problems identified
- Include in own program (optional)
- Invite contractors to participate in your testing and training program.

Summary

1. Describe suggested oversight procedures.





**MODULE 13: RECORDKEEPING
AND REPORTING PROCEDURES**



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 13: RECORDKEEPING AND REPORTING PROCEDURES

Terminal Learning Objective

Upon completion of this module, the participant will be able to describe recordkeeping and annual reporting procedures.

Enabling Learning Objectives

1. Discuss the general rules on recordkeeping
2. List periods of retention
3. Describe paper trails
4. Discuss documentation required for the various testing types
5. Describe the requirements for annual DAMIS reports.

General Rules on Recordkeeping

- Drug and alcohol records must be kept in a secure location with controlled access
- Kept separate from personnel records to protect confidentiality.

Minimum Periods of Retention

- Five years
- Three years
- Two years
- One year.

Five Year Recordkeeping Requirements

- Positive test results (including blind specimens)
 - ✓ Alcohol test form (≥ 0.02)
 - ✓ Custody and control form
- Documentation of test refusals
- Employee disputes
- Employee referrals to SAP
- Return to duty and follow up testing documentation
- MIS reports.

Three Year Recordkeeping Requirements

- Previous employer drug and alcohol test records (pre-employment background checks)
- Good faith effort documentation.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 13: RECORDKEEPING AND REPORTING PROCEDURES

Two Year Recordkeeping Requirements

- Collection process records
 - ✓ Collection log books, if used
 - ✓ Random selection process
 - ✓ Reasonable suspicion documentation
 - ✓ Post accident testing documentation
 - ✓ MRO documents verifying existence of a medical explanation for insufficient volume
 - ✓ Records of inspection, maintenance, and calibration of EBT
- Education and training
 - ✓ Drug use awareness training
 - ✓ Policy and explanation of regulatory requirements
 - ✓ Statement on alcohol misuse awareness
 - ✓ Display materials
 - ✓ Supervisory training
 - ✓ Names of employees attending training and dates/times, and agendas for such training
 - ✓ Certification that training complies with requirements of Part 655.

Recommendation: Keep training records for an indefinite period.

One Year Recordkeeping Requirements

- Cancelled drug test results
- Negative test results
 - ✓ Alcohol test results less than 0.02
 - ✓ Alcohol test form with results
 - ✓ Employer's copy of the federal CCF.

Paper Trails

- Able to withstand challenge
- Document policies, procedures, and subsequent revisions
- Document every test decision.

Consent Forms Cannot be Required

- Employer or service agents cannot require an employee to sign a consent, release, waiver of liability, or indemnification agreement with respect to drug and alcohol tests
- HIPAA rules do not require DOT covered employers and service agents to obtain written employee authorization to disclose D&A testing information required by DOT agency testing rules.

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 13: RECORDKEEPING AND REPORTING PROCEDURES

Pre-Employment Documentation

- Order for testing form indicating type of test and other relevant information
- A custody and control form for every test
- A verified negative test result for every new employee hired into a safety/sensitive position
- Date, time, and result of each test conducted
- Date of MRO report prior to performance of safety/sensitive function
- Previous employer drug and alcohol test records (if applicable)
- Employee acknowledgment of receipt of policy.

Post Accident Test Documentation

- Order for testing form indicating type of test and other relevant information
- Accident identification information:
 - ✓ documentation of whether circumstances meet definition of accident
- Documentation on decision to test or not to test
- Documentation supporting determination of whether the employee could be completely discounted as a contributing factor
- Time/Date of accident and test
- Alcohol test result
- Documentation of reason for test delay or inability to test
- Custody and control form and alcohol testing form for every post accident test
- MRO report of drug test result.

Random Testing Documentation

- Order for testing form indicating type of test and other relevant information
- Method of random number selection and employee notification
- Numbers selected for each draw
- Test schedule
- Time/Date of notification of employee for test
- Documentation of method used to determine the type of test conducted (e.g., drug only, alcohol only, both)
- Custody and control form and alcohol testing form for each test conducted
- Test result for each test conducted.

Reasonable Suspicion Documentation

- Order for testing form indicating type of test and other relevant information
- Documentation of circumstances associated with the reasonable suspicion determination
- Time/Date of determination, notification, and test

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 13: RECORDKEEPING AND REPORTING PROCEDURES

- Custody and control form and alcohol testing form for each test conducted
- Test result for each test conducted
- Documentation of reasonable suspicion training received by supervisor(s) who made the determination to test.

Return To Duty and Follow Up Testing Documentation

- Order for testing form indicating type of test and other relevant information
- SAP referral
- Documentation of completion of SAP recommended treatment program
- SAP return to duty recommendation
- SAP recommendation for frequency and duration of follow up testing
- Custody and control form and alcohol testing form for each test that corresponds to SAP recommendations
- Test result for each test conducted.

Annual MIS Reports

- DOT final rule re ONE DOT MIS form took effect on July 23, 2003
 - ✓ Streamlined annual reporting of D&A data
 - (Replaced 21 MIS forms with one)
 - ✓ Standardized the information collected across all DOT agencies
 - (Same form/one set of instructions for all DOT employers)
 - ✓ Reduced the amount of data reported
 - (For FTA, 14 data elements were eliminated).

U.S. DEPARTMENT OF TRANSPORTATION BRUC AND ALCOHOL TESTING MIS DATA COLLECTION FORM OMB No. 2105-0029

Calendar Year Covered by this Report: _____

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

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:
 - MCMCA - Motor Carrier: DOT # _____ Owner-operator (circle one) YES or NO - Employer (circle one) YES or NO
 - FAA - Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____
 - FTA - Pipeline: (Check Gas Gathering, Gas Transmission, Gas Distribution, Transport Intermediate Liquids, Transport Carbon Dioxide)
 - FRA - Railroad: Total Number of observed/documentated Part 213 "Rule O" Observations for covered employees: _____
 - CSCG - Maritime: Vessel ID # (USCG or State Issued): _____ (If more than one vessel, list separately.)
 - FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees in All Employee Categories: _____
 (B) Enter Total Number of Employee Categories: _____

(C)

Employee Category	Total Number of Employees in this Category

If you have multiple employee categories, complete Section I and II (A) & (B). Take this Abbreviated form and make one copy for each employee category and complete Section III (C), III, and IV for each separate employee category.

III. Drug Testing Data:

Type of Test	Refined Results												
	1	2	3	4	5	6	7	8	9	10	11	12	13
Pre-Employment	Total Number of Tests Administered (of Categories 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12)	Number of Tests Administered with Negative Results	Number of Tests Administered with Positive Results	Number of Tests Administered with Suspicious Results	Number of Tests Administered with Invalid Results	Number of Tests Administered with Unavailable Results	Number of Tests Administered with Other Results						
Random													
Post-Accident													
Reasonable Suspicion													
Return-to-Duty													
Follow-Up													
TOTAL													

IV. Alcohol Testing Data:

Type of Test	Refined Results							
	1	2	3	4	5	6	7	8
Pre-Employment	Number of Tests Administered (of Categories 1, 2, 3, 4, 5, 6, 7, and 8)	Number of Tests Administered with Negative Results	Number of Tests Administered with Positive Results	Number of Tests Administered with Suspicious Results	Number of Tests Administered with Invalid Results	Number of Tests Administered with Unavailable Results	Number of Tests Administered with Other Results	Number of Tests Administered with Other Results
Random								
Post-Accident								
Reasonable Suspicion								
Return-to-Duty								
Follow-Up								
TOTAL								

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 13: RECORDKEEPING AND REPORTING PROCEDURES

DAMIS Reporting Requirements

- Employers must use the averaging formula to count the number of covered employees
- The average number of safety/sensitive employees for the random period must be calculated prior to each random selection
- Employers conducting random tests more frequently than monthly are not required to do the averaging more than once a month
- The number of specimens collected will include all negative, positive, and refusals to test, no matter the reason for the refusal
- Cancelled tests or invalid tests will not be included
- For those requiring a second test, the result of the subsequent test will count, provided it too is not cancelled
- If more than one specimen is sent to the lab for the same testing event, they will count together as one collection
- Internet submission is preferred. It is DOT agency specific
- FTA/Volpe due date: March 15th following the reporting period.

Summary

1. Discuss the general rules on recordkeeping
2. List periods of retention
3. Describe paper trails
4. Discuss documentation required for the various testing types
5. Describe the requirements for annual DAMIS reports.



MODULE 14: CONFIDENTIALITY & INFORMATION DISCLOSURES



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 14: CONFIDENTIALITY & INFORMATION DISCLOSURES

Terminal Learning Objective

Upon completion of this module, the participant will be able to explain the requirements for confidentiality and information disclosures concerning drug and alcohol records.

Enabling Learning Objectives

1. Define confidentiality of drug and alcohol testing information
2. Define rules for information release with or without the employee's consent
3. Discuss information release requirements for service agents.

Confidentiality

- The confidentiality of drug and alcohol testing information is a critical concern of all employees
- Employers must apply strict confidentiality standards to all aspects of testing program
- Inadvertent disclosure of the names of employees who were tested and their test results may result in legal action
- Without the employee's written consent, records must be released only to those who are authorized under DOT/FTA rules
- Employer must identify who, within the organization, can have access to drug and alcohol files and for what purpose.

Information Release

- A specific written consent must be signed each time information is to be disclosed. Blanket releases are prohibited
- Employee must not be given access to SAP follow up testing plan (frequency and duration)
- Releases must be signed by employee anytime information is to be released to:
 - ✓ The employee
 - ✓ Union representatives
 - ✓ Subsequent employers
 - ✓ To any other third party designated by the employee
- No signed release is required when information is provided to:
 - ✓ The National Transportation Safety Board (NTSB) when investigating an accident
 - ✓ A decision maker in a lawsuit or grievance
 - ✓ Administrative proceeding initiated by or on the behalf of the employee tested and resulting from a positive test result or test refusal

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 14: CONFIDENTIALITY & INFORMATION DISCLOSURES

- ✓ The DOT or any DOT agency with regulatory authority over the employer or any of its employees
- ✓ To a state oversight agency authorized to oversee rail fixed guideway systems
- ✓ State DOT or grantee that has oversight responsibility and is required to certify compliance to FTA
- ✓ Effective 6-13-08, DOT also authorizes employers and TPAs to disclose to state CDL authority's drug and alcohol violations of employees who hold CDLs and operate CMVs when a state law allows it. (Examples: Washington, Oregon, or Texas)
- ✓ A criminal or civil action resulting from an employee's performance of safety-sensitive duties in which a court or competent jurisdiction determines the test information is relevant to the case and orders the employer to produce the information
 - Release must be made with a binding stipulation that the decision maker will make the information available only to parties to the proceeding
 - Release of information to law enforcement agencies based solely on the request of the law enforcement agency is not allowed.

Information Release Related to Criminal or Civil Action

- Release must be made with a binding stipulation that the decision maker will make the information available only to parties to the proceeding
- Release of information to law enforcement agencies based solely on the request of the law enforcement agency is not allowed.

Information Release by Service Agent(s)

- When requested by employer in response to legal proceeding
- When employee is likely to pose a significant safety risk
- When employee is likely to be determined unqualified under an applicable DOT agency regulation
- Information may be released to:
 - ✓ Employer
 - ✓ Referral physician
 - ✓ SAP
 - ✓ Physician responsible for medical qualification under DOT regulations
 - ✓ DOT agency
 - ✓ National Transportation Safety Board (NTSB)
- Employers and service agents must immediately notify employees in writing of any information released in connection with legal proceedings
- Service agents must provide requested information to the employee within ten business days of receiving the request

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 14: CONFIDENTIALITY & INFORMATION DISCLOSURES

- Only reproduction and preparation costs can be charged
- Labs are not allowed to release a specimen without obtaining ODAPC permission.

Summary

1. Define confidentiality of drug and alcohol testing information
2. Define rules for information release with or without the employee's consent
3. Discuss information release requirements for service agents.



**MODULE 15: FTA AUDIT PROCESS
AND COMMON PROBLEMS
FOUND**



SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 15: FTA AUDIT PROCESS AND COMMON PROBLEMS FOUND

Terminal Learning Objective

Upon completion of this module, the participant will be able to identify and describe FTA drug and alcohol audit process and identify common problems found in previous audits.

Enabling Learning Objectives

1. Describe the initial audit steps
2. Define the audit timeline
3. Prepare for the audit
4. Discuss problem areas commonly reported.

FTA Audits

- Purpose: assess compliance with drug and alcohol testing regulations (49 CFR Part 40 and Part 655)
- Performed by an audit team comprised of FTA rep, contract auditors and state or regional rep
- 1 to 2 days on site
- 2 to 3 systems and their contractors per week
- Comprehensive
- Includes mock specimen collections (sometimes done in a “clandestine” way)
- Includes audit of safety-sensitive contractors
- Includes audit of service agents
- Systems may be audited more than once.

Audit Process

- Notification in writing and request for information (4-6 weeks in advance)
- Rural systems and their respective state DOTs are contacted simultaneously
- Submittal of pre-audit materials on or before the submission date listed on audit notice
- Site visit within eight weeks
- Scheduled to avoid conflicts with other FTA oversight functions
- Policy review and analysis
 - ✓ If undergoing a revision, a draft policy is ok
- Records review and analysis of testing data
- Laptop real time interview process
- Exit interview letter and final report with deficiencies
- Grantee decides who to invite to the exit interview.
- Audit report is final and non-negotiable

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 15: FTA AUDIT PROCESS AND COMMON PROBLEMS FOUND**

- Team provides software the employer will use to respond
- 90 days for response and documentation of corrective action(s) taken
- Policy may be submitted early
- Your goal: Receive a compliance letter.

Audit Timeline

	Weeks from Initial Notification																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Notification of Audit																						
Requested Material Sent to FTA and Audit Team																						
Recipient/Sub-Recipient/Contractor Prepares for Audit																						
Audit																						
Recipient/Sub-Recipient/Contractor Takes Corrective Action																						
Documentation of Corrective Actions Due																						

Preparation for Audit

- Ensure all relevant personnel are available during the site visit
 - ✓ DAPM and DER
 - ✓ Other agency staff as appropriate
 - ✓ Service agents
 - ✓ Safety-Sensitive contractors and their service agents
 - ✓ Will still conduct audit even if DAPM/DER is on vacation

Note: Interviews with service agents usually happen prior to on-site visit.

- Upon notification of audit, immediately collect, copy and submit relevant documentation to FTA
 - ✓ Recipient/Sub recipient information
 - ✓ Contractor information
- View audit in positive manner
- Arrange to have ready access to all relevant records and documents
 - ✓ Must be available on site
 - ✓ Data from service agents
 - ✓ Data from safety-sensitive contractor
 - ✓ Memos to and from service agents
- Impart the seriousness of the audit to those individuals that will be involved
- DAPM coordinates interviews an site visits

SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE MODULE 15: FTA AUDIT PROCESS AND COMMON PROBLEMS FOUND

- Give complete cooperation
- Be prepared to provide complete documentation
- Provide clear, descriptive answers
- Review audit questionnaires (see participant thumb drive) prior to audit.

Problem Areas Commonly Reported

- Applicable regulations (FTA vs. FMCSA)
- Policy flaws
- After hours collection not being performed
- Procedural errors during specimen collection
- Post accident testing procedures ill defined
- Random selection/notification process compromises integrity of program
- Confidentiality of information compromised
- Records incomplete (documentation of testing delays missing)
- Program not current in compliance with revised rules
- Service agents' non-compliance
- Safety-Sensitive contractor's non-compliance
- Safety-Sensitive employees incorrectly identified
- SAPs role misunderstood.

Summary

1. Describe the initial audit steps
2. Define the audit timeline
3. Prepare for the audit
4. Discuss problem areas commonly reported



**MODULE 16: FTA GUIDELINES ON
PRESCRIPTION AND OTC
MEDICATIONS**



**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 16: FTA GUIDELINES ON PRESCRIPTION AND OTC
MEDICATIONS**

Terminal Learning Objective

Upon completion of this module, the participant will be able to describe FTA guidelines regarding use of prescription and OTC medications by transit safety-sensitive employees.

Enabling Learning Objectives

1. Explain the basis for this module
2. Define prescription drugs and over-the-counter drugs
3. List related safety issues
4. Summarize NTSB recommendation
5. Discuss FTA recommended policy elements and employer responsibilities
6. Discuss FTA's plan-of-action.

Prescription and Over the Counter Medication

- Based on NTSB recommendation to the FTA
- Guidelines only, not covered by federal rules
- Bottom line: reduce potential safety risks by removing impairment in the workplace, regardless of source.

Definitions

- Prescription drugs (Rx) are medications which require written authorization for use by a licensed healthcare professional must include:
 - ✓ Patient's name and date
 - ✓ Name of medication
 - ✓ Quantity/Amount dispensed
 - ✓ Dosage, frequency, method of administration
 - ✓ Refills
- Over-The-Counter (OTC) medications are any legal, non prescription substance taken for relief of discomforting symptoms which may include:
 - ✓ Capsules
 - ✓ Powders
 - ✓ Tablets
 - ✓ Liquids.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 16: FTA GUIDELINES ON PRESCRIPTION AND OTC
MEDICATIONS**

Safety Issues Concerning use of Rx and OTC Meds

- Agitation
- Anxiety
- Blurred vision
- Breathing difficulty
- Chest pain
- Chest tightness
- Confusion
- Dizziness
- Disorientation
- Double vision
- Drowsiness
- Emotional instability
- False sense of well being
- Fatigue
- Fever
- Hallucinations
- Severe headache
- Hyperventilation
- Insomnia
- Light headedness
- Muscle cramps
- Nausea, vomiting
- Nervousness
- Palpitations
- Poor coordination
- Rapid or irregular heart beat
- Restlessness
- Ringing in the ears
- Sedation
- Seizures
- Severe diarrhea
- Tremors
- Weakness.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 16: FTA GUIDELINES ON PRESCRIPTION AND OTC
MEDICATIONS**

Summary of NTSB Recommendation

- Educate transit systems on potential safety risks of employee use of certain prescription and OTC medications
- In turn, transit systems should educate safety/sensitive employees of such risks
- Train employees about their responsibility regarding use of prescription and OTC medication
- Have qualified medical personnel determine the medication's potential effects on employee performance.

FTAs Response

- Issued a dear colleague letter to all grant recipients encouraging them to:
 - ✓ Educate safety-sensitive employees
 - ✓ Review current policy with regards to use of certain prescription and OTC medications
 - ✓ Immediately institute educational programs that address the potential risks of certain medications.

FTA Recommended Policy Elements

- Statement acknowledging the risks associated with the use of certain prescription and OTC medications that affect work performance
- Emphasis on safety
- Recognition of employee's medical needs balanced against need to perform job safely and effectively.

Suggested Elements of Prescription/OTC Policy

- Employee reporting
- Confidentiality
- Medical review/authorization
- Use of leave benefits, limitations
- Consequences of violating policy provisions
- Roles and responsibilities of employees, management, and other key players (MRO, medical practitioner, pharmacist, etc.)
- Recordkeeping and information disclosures.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 16: FTA GUIDELINES ON PRESCRIPTION AND OTC
MEDICATIONS**

Suggested Employee Roles & Responsibilities

- When ill or injured, obtain appropriate medical treatment
- Be aware of medical condition and impact on job performance
- Be aware of potential side effects of prescription and OTC medication that may pose a safety risk in the workplace
- Inform medical practitioner of:
 - ✓ Safety-sensitive job duties
 - ✓ Other Rx, OTC meds, vitamins, herbal remedies, dietary supplements that employee is taking
 - ✓ Reaction to any medication
- Obtain medical authorization to take prescribed medication while on duty or subject to duty
- If possible, ask for alternative prescription/dosage/schedule that does not jeopardize safety
- Get clear directions from the medical practitioner or pharmacist regarding:
 - ✓ Dosage
 - ✓ Frequency
 - ✓ Method of use
 - ✓ Possible side effects
 - ✓ Interaction with other medications
- Always take medication as directed
- Read drug facts label on OTC medications
- Inform manager when taking medications that may impact safety on the job.

Warnings

- Do not take larger doses than prescribed
- Do not take longer than prescribed
- Do not double dose after missing a dose
- Do not self medicate with OTC or someone else's Rx in lieu of obtaining medical treatment
- Do not use an expired prescription
- Do not stop taking medication just because you feel better. Take for length prescribed
- Do not take for granted that prescription is correct
 - ✓ Always read the label
 - ✓ Make sure you have the right prescription with right dosage
- Never combine meds in the same bottle
- Never store in humid locations (bathroom)
- Make sure you understand the directions. If in doubt, ask questions
- If possible, use same pharmacy

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 16: FTA GUIDELINES ON PRESCRIPTION AND OTC
MEDICATIONS**

- Always ask about interactions
- Keep medication in original labeled bottle
- Individual often can not judge own level of impairment
- Side effects may change/intensify/ lessen with prolonged use
- Follow instructions on whether to take with food or on an empty stomach
- Do not change dosage schedule without medical practitioner approval. It can alter effect
- Monitor your reaction to the Rx and OTC
- Do not perform safety-sensitive duty if impaired.

Medical Review Procedural Models

- Model 1 – employee responsibility
- Model 2 – medical authorization
- Model 3 – list of approved/not approved medications.

Model 1 – Employee Responsibility

- Employee asks medical professional about side effects and potential impact on ability to perform safety-sensitive duties
- Employee monitors reaction to Rx/OTC
 - ✓ Assumes employee can judge own level of impairment, which may not be true
- Employee requests leave if impaired
 - ✓ May or may not get statement from doctor.

Model 2 – Medical Authorization

- Employee obtains medical authorization form from employer
- Employee asks medical professional about side effects and potential impact on safety-sensitive duties
- If no adverse impact, doctor signs form indicating employee may perform safety-sensitive duty
- If adverse impact, doctor signs form indicating employee must be off safety-sensitive work for a specified period of time
- Employer may ask company physician or MRO to review medical authorization form
- After discussion with prescribing physician, company physician or MRO may overturn prescribing physician's authorization.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 16: FTA GUIDELINES ON PRESCRIPTION AND OTC
MEDICATIONS**

Model 3 – List of Approved/Not Approved Medications

- Employer provides employee or medical professional with a list of:
 - ✓ Approved medications for use without medical authorization
 - ✓ Medications that require medical authorization
 - ✓ Medications not approved for use
- Employee compares Rx to list
- Attempts to obtain alternate if Rx not approved or requiring medical authorization
- If no alternate available, request authorization from medical practitioner.

FTA's Response

- Developed a three-year snapshot of transit industry safety record
- Identified and evaluated causal methods used by other agencies such as FMCSA, FRA, and NTSB
- Conducted in-depth interviews
- Evaluated case studies from large transit systems
- Obtained input from advisory panel composed of transit industry professionals and medical and legal experts
- Revised/updated the "Prescription and Over-the-Counter Medications Tool Kit":
 - ✓ Better organized
 - ✓ Contains forms that can be modified
 - ✓ Contains samples of best practices from systems of all sizes
 - ✓ Has Quick Reference tables
 - ✓ Provides resources for training.

Commentary

- The primary objective of implementing a Rx/OTC policy and training employees is to enhance the safety of employees, customers, and the public
- Employees must accept responsibility for their own medical treatment
 - ✓ Likewise, they must accept responsibility for protecting public safety.

**SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE
MODULE 16: FTA GUIDELINES ON PRESCRIPTION AND OTC
MEDICATIONS**

Sources of Information

- Partnership for a Drug Free America:
www.drugfree.org
- Substance Abuse and Mental Health Services Administration (SAMHSA):
www.samhsa.gov
- National Clearinghouse for Alcohol and Drug Information (NCADI)
www.ncadi.samhsa.gov
- Center on Substance Abuse Treatment (CSAT) www.csat.samhsa.gov
- National Institute on Drug Abuse (NIDA) www.drugabuse.gov
- National Institute of Mental Health (NIMH) www.nimh.nih.gov
- Internet drug list: www.rxlist.com.

Point of Contact

- FTA, Office of Safety and Security (617) 494-2395
- TSI, Transit Safety and Security Division, Substance Abuse Management and Program Compliance Course Manager (405) 954-2336.

Summary

1. Explain the basis for this module
2. Define prescription drugs and over-the-counter drugs
3. List related safety issues
4. Summarize NTSB recommendation
5. Discuss FTA recommended policy elements and employer responsibilities
6. Discuss FTA's plan-of-action.



PROFESSIONAL DEVELOPMENT HOURS

Upon successful completion of TSI's Substance Abuse Management and Program Compliance course, participants are eligible for 19.5 Professional Development Hours through the Employee Assistance Certification Commission (EACC)/Employee Assistance Professional Association (EAPA).

PDHs awarded by the EACC may be applied towards meeting Certified Employee Assistance Professional (CEAP), psychology, counseling, social work, education, related credentialing, and accreditation or licensure requirements as accepted by the respective credentialing board or agency.

In addition, participants who successfully complete the course also earn up to eight (8) hours of Continuing Education required by the Substance Abuse Program Administrator's Certification Commission (SAPACC) towards C-SAPA certification.

Participants interested in acquiring PDHs or CE hours towards a professional designation should contact the following:

Shirley Springfloat
Employee Assistance Certification Commission
2101 Wilson Blvd., Suite 500
Arlington, VA 22201
Phone: (703) 387-1000
Fax: (703) 522-4585
E-mail: s.springfloat@eap-association.org

OR

SAPACC
7220 SW Sylvan Ct.
Portland, OR 97225-3742
Phone: (866) 538-4788
Fax: (503) 297-4748

