

Tipton Community Schools



**FMCSA DRUG AND
ALCOHOL PROGRAM**





FEDERAL DRUG AND ALCOHOL TESTING PROGRAM

DOT BINDER

Indiana Testing, Inc.

881 South Girls School Road

Indianapolis, IN 46231

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www.itihq.com



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CERTIFICATE OF DRUG AND ALCOHOL RANDOM
TESTING PROGRAM PARTICIPATION

This is to certify that

Tipton Community Schools

*is enrolled in a random drug and alcohol testing program,
provided by an authorized and certified drug and alcohol testing company,*

Indiana Testing, Inc.

*and has, in place a drug and alcohol policy
to ensure a drug-free and alcohol-free working environment.*

Charles Williams

President

July 3, 2023

Date

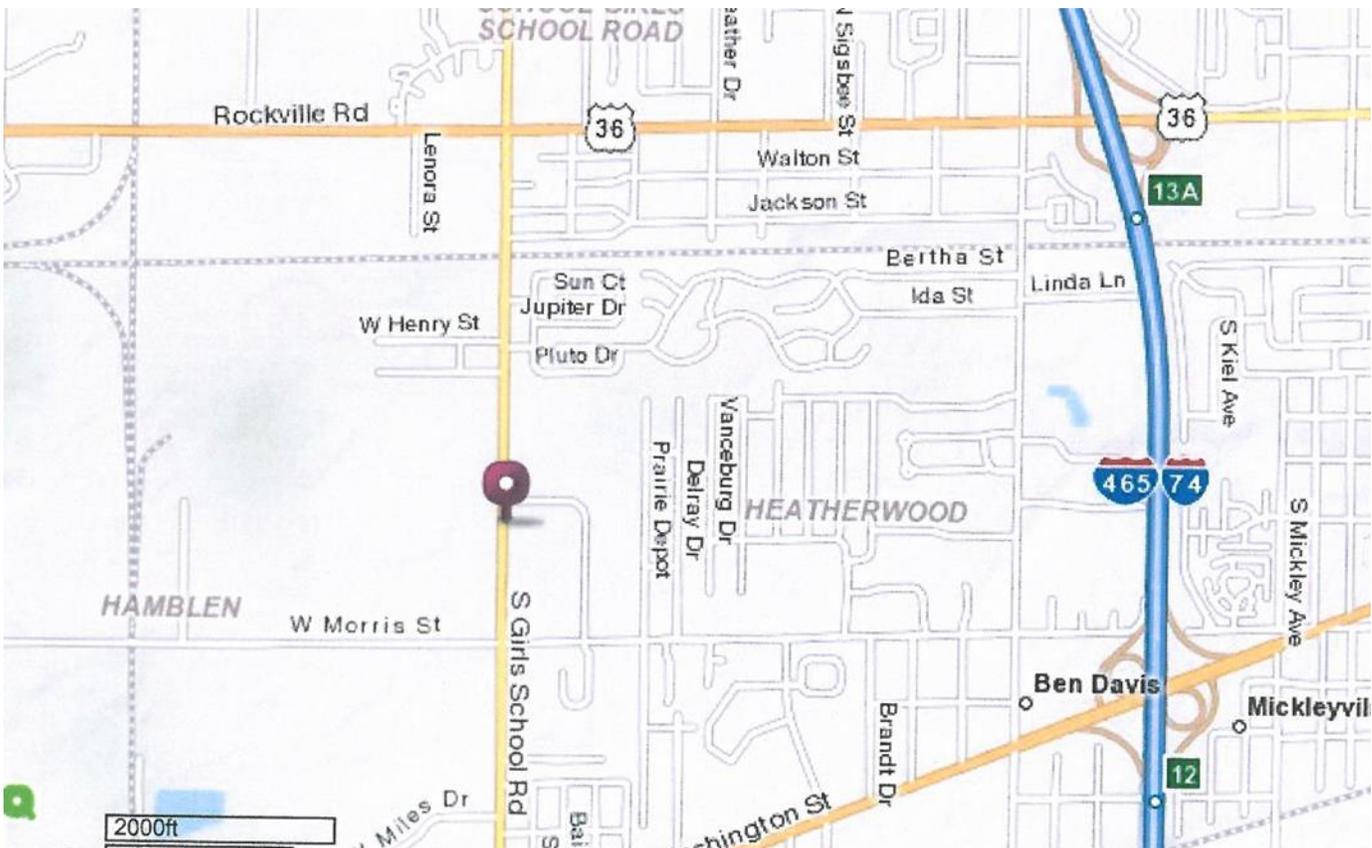
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Indiana Testing, Inc (ITI) Corporate Office

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Monday - Friday
8:00 AM to 4:00 PM





ITI
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Our History:

Indiana Testing (ITI) is a national substance abuse and transportation solution provider founded in 1992.

Since our founding, Indiana Testing (ITI) has provided drug and alcohol services for over 25 years. Over the years, we've evolved to meet the needs of our diverse client base, which includes trucking companies, law enforcement agencies, state and municipal governments, manufacturing companies, and student testing. ITI offers a full range of services to better help our clients manage their substance abuse testing programs.

ITI specializes in implementing, launching and managing your drug testing program to meet and exceed all federal standards. We have crafted our drug and alcohol department to offer a customized menu of services and test panels to meet the unique needs of our private sector and federal programs.

ITI also provides a full safety, training and consulting department to help the safety needs of all of our clients. Our safety team specializes in full DOT consulting for clients as well as mock audits, driver qualification files and ELD's (Electronic Logging Devices).

Our driver qualification files are processed in house by our safety team or online through our secure portal. Drivers can access the secure portal online nationwide to complete their files any time of the day for more convenience. Our mock audits are saving companies hundreds of dollars every day along with ensuring their compliance. As a reseller of approved ELD's, ITI is marching into the future of electronic logging devices as a leader. Our partnership with Omnitrac, the leading ELD provider in the country is strong and we already help hundreds of clients to complete this new mandate.

ITI has distinguished ourselves from our competitors by our dedication to personalized service. ITI is your one stop shop for all of your drug, alcohol and compliance needs



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DOT 5 PANEL DRUG COMPLIANCE PROGRAM

DOT/DHHS/SAMHSA CERTIFIED

Initial Screening Test: (Updated cutoff levels effective 1/1/2018)

49 CFR Part 40 requires the use of immunoassay in the initial screen process. The following information shows the initial cutoff levels that are to be used by the laboratory when screening specimens. The cutoff levels for screening tests are listed below and are expressed in nanograms per milliliter, or billionths of a gram per thousandth liter.

Confirmation Testing: (Updated cutoff levels effective 1/1/2018)

A confirmation test is performed on all initial positive tests using gas chromatography/mass spectrometry (GCMS). All confirmations must be quantitative in their analysis which means that the specific scientific level of drug contained in the specimen collected must be known.

Testing Panel:

Name of Substance	Screening Limit	(GCMS) Confirmation Limit
Cannabinoids (Marijuana)	50 ng/mL	15 ng/mL
Cocaine Metabolite	150 ng/mL	100 ng/mL
Amphetamines (Amphetamine, Methamphetamine)	500 ng/mL	250 ng/mL
Codeine/Morphine	2000 ng/mL	2000 ng/mL
6-Acetylmorphine (Heroin)	10 ng/mL	10 ng/mL
Hydrocodone/Hydromorphone	300 ng/mL	100 ng/mL
Oxycodone/Oxymorphone	100 ng/mL	100 ng/mL
Phenocyclidine (PCP)	25 ng/mL	25 ng/mL
MDMA (Ecstasy)	500 ng/mL	250 ng/mL

Testing Procedures:

Screening - EMIT (Enzyme Multiplied Immunoassay Technique)

Confirmation - GC/ MS

Turnaround Time:

Typically is 24-72 hours, but there are some cases may be longer.

Post Accident Kit:

Preprinted chain-of-custody forms

Split-specimen collection cup with temperature strip

Bottle with tamper-proof self-sealing cap

Security labels

Tamper-proof specimen envelope

MRO Compliance Services:

MRO review and reporting of results by affiliated co-providers

Statistical reporting and record maintenance of drug test program

Blind specimen submittal based on DOT regulations

Random selection services when applicable

Certificate of Accreditation



The Substance Abuse and Mental Health
Services Administration

certifies that

Clinical Reference Lab

Lenexa, KS

NLCP Laboratory Number: 0007

has successfully completed the requirements
of the National Laboratory Certification Program for urine laboratories in accordance
with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Effective December 21, 1989

A handwritten signature in black ink, appearing to read 'Pamela S. Hyde, J.D.', written over a horizontal line.

Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration



A handwritten signature in black ink, appearing to read 'Frances M. Harding', written over a horizontal line.

Frances M. Harding
Director
Center for Substance Abuse Prevention

Explanation of RedArrow's Random Selection Feature

One of the key elements of the REDARROW software system is its ability to produce unbiased random selections of personnel subject to drug and alcohol testing. Integral to the defensibility of REDARROW's selection methodology is the fact that the software operator can in no way manipulate the selection process. The following describes in general terms how REDARROW creates a list of randomly selected personnel for testing. A more comprehensive explanation, complete with all of the statistical trappings, is available upon request from Compliance Software.

STEP 1. A "pool group" is created. The pool group includes those personnel subject to random testing. The operator also specifies the rate of random testing, or a specific number of pool members to be selected each period. For example, the Department of Transportation requires a 50% annual testing rate. This means that, over the course of one year, at least 50 drug tests must be conducted for every 100 employees in the pool.

It is important to understand that the 50 tests do not have to be conducted on 50 different individuals. In fact, this is highly improbable, if not impossible. At a 50% selection rate, the actual probability is that 37 or 38 different individuals will be selected for the 50 tests. This means that 12 or 13 of the 100 individuals in the pool will be selected at least twice or more.

STEP 2. Before beginning the selection process, REDARROW figures out how many tests need to be conducted for the "selection period." The selection period is usually a week or month. The Department of Transportation requires that each member of the pool have an equal chance at being selected for a test every selection period. When figuring out how many tests are needed for the period, REDARROW takes into account absenteeism, incomplete tests, etc. to make sure that the minimum number of required tests is accomplished.

STEP 3. REDARROW uses Fischer Yates Shuffle with Durstenfelds Modernization algorithm, to randomly assign an "index number" to every member of the pool. The employee's index number is usually different every selection period, however, it is possible for the computer to assign the same index number two or more periods in a row. The number of index numbers is always equal to the number of people in the pool for the selection period. The index number becomes the "identity" of each member of the pool group for the selection period.

For example, if the pool group has 100 members, then each member in the pool will receive a randomly assigned index number between 1 and 100.

STEP 4. Using the same random shuffle algorithm, REDARROW assigns a second "Sort Order" number to each member of the pool group. Once this is completed the

members are sorted by that sort order into a selection table in REDARROW. The system then determines the number of tests required for the period and selects that many index numbers starting at the top of the selection table. REDARROW then looks at the index numbers obtained and “selects” those individuals who are assigned those index number to be tested for that periods selection.

For example, After assigning each member of the pool group an index number between 1 and 100 (step3) REDARROW would then assign another random number called the “Sort Order”. Once complete, the selection table would be loaded with index numbers sorted by the sort order value assigned each index number. If REDARROW determined that 5 tests were needed for the period in a pool group of 100 members, it would pick the first 5 records in the Sort Order table and mark them as selected. The index numbers of those 5 records would then be used to obtain the individuals selected for testing. For illustrative purposes, let’s assume that the numbers 34, 45, 67, 35 and 10 were the values from the first 5 records of the Selection Table. REDARROW would then search through the 100 index numbers and find out which pool group member were assigned the index numbers of 34, 45, 67, 35 and 10. Those five individuals would be selected for a test.

IMPORTANT: THIS PROCESS CANNOT BE UNDONE. ONCE REDARROW HAS ASSIGNED INDEX NUMBERS AND MADE SELECTIONS, A PERMANENT RECORD FOR EACH SELECTION IS CREATED.

It is also important to know that the random algorithm used by REDARROW has been thoroughly tested and documented. REDARROW’s random number generator verification is available upon request. Statistical analysis has also determined that computer algorithms are the “best” random generators because they are free from physical biases and can thoroughly document the random selection process.

If the explanation above seems a little confusing, the following example will help illustrate how REDARROW selects individuals for random tests:

Let’s assume that there are 52 people in a room that are subject to random testing. Let’s also assume that 5 people need to be picked for random tests. We can accomplish this goal fairly with two decks of playing cards. First, we would shuffle both decks of cards. We then take the cards from one deck and pass out one card, face down, to each person in the room. Next, we would draw five cards from the second shuffled deck and place them face up on a table. Everyone in the room would then turn their playing card face up. The five cards on the table from the second deck will match up to five individuals in the room holding cards from the first deck. These five individuals are now “picked” for a test.

We could repeat this exercise time and time again, shuffling both decks each time and passing out the cards. The odds are that some individuals will never get "picked", and, in like manner, some individuals will be picked several times.

Composite Random Sampling®

developed by

**L. Craig Murray, Ph.D.
Southern California Edison**

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Patented**

Composite Random Sampling®

Overview

To address fitness-for-duty in the workplace, a unique, cost-effective method of random sampling has been developed. The method, entitled *Composite Random Sampling®* (CRS), combines two well-known sampling methods into one statistical sampling distribution. The two well-known methods are *simple random sampling with replacement* (SRS) and *simple random sampling without replacement*.

Simple random sampling without replacement is not usually used to address fitness-for-duty for obvious reasons. When an employee is subject to testing only once during a year, and is tested at the beginning of the year, then there may be no deterrent to his using an illegal substance for the rest of the year. On the other hand, if SRS is used, each time a random selection is made, all employees are equally likely to be selected, which does provide a deterrent mechanism. However, if the sampling rate is set high, so as to minimize the probability of not choosing an employee during the year, then there is a very high repeat selection of some employees. This can be very aggravating to the employee, who has already passed the screening exam several times. With all likelihood, retesting this employee is an unnecessary expense for the company. If the sampling rate is lowered, in order to reduce the high amount of repeat selection, then the probability of not choosing an employee for testing at least once during the year increases.

The following two tables will help to clarify the benefits of CRS over SRS. In both examples, the CRS parameter α is set equal to 0.5.

<u>per 1000</u>	<u>Simple</u>	<u>Composite</u>	<u>Composite</u>
# not tested	364	364	210
# of tests	1000	762	1000
# tested 4 or more times	18	1	3
years to test 99%**	4.6	1.8	1.4

<u>per 1000</u>	<u>Simple</u>	<u>Composite</u>	<u>Simple</u>
# not tested	50	50	274
# of tests	2901	1281	1281
# tested 4 or more times	332	8	38
# tested 6 or more times	70	0	2
years to test 99%**	1.5	1.1	3.6

Benefits

The new technique of CRS retains the benefits of SRS while eliminating the disadvantages. By combining the two simple random sampling methods, the probability of sampling an employee at least once can remain very high, and the probability of sampling an employee two or more times can be significantly reduced.

The advantages that this technique brings to a fitness-for-duty program is a balance between detecting illegal substance and fairness to employees. This sampling procedure uses random selection during each step of the process, and it does not discriminate against some employees by over-selection or biased selection. Also, the cost to the company is significantly reduced by lowering the number of multiple tests given to employees during the year.**

** estimated values, composite random sampling values not verified

Composite Random Sampling®

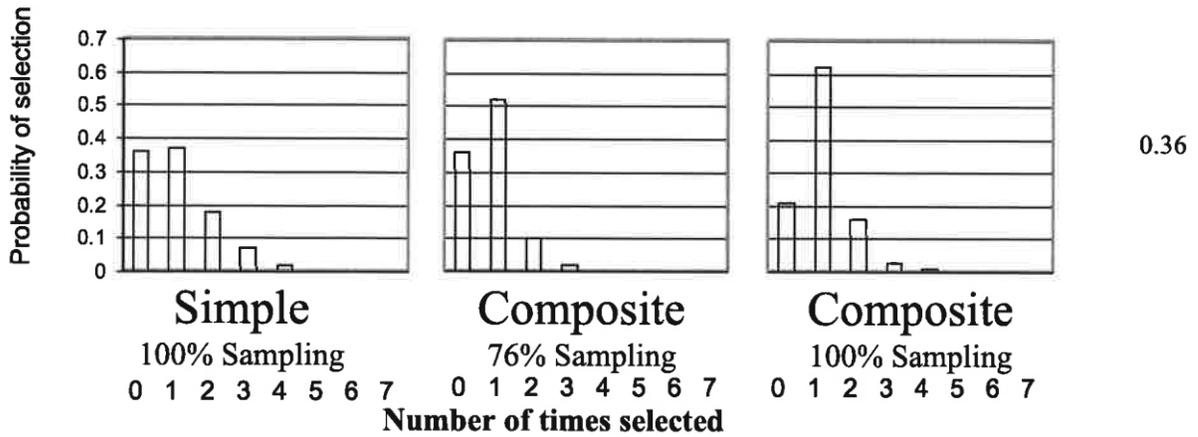
Technical Description

Composite Random Sampling® (CRS) was specifically developed to ensure that a target population is meeting certain standards. The concept of this method is to select 100α percent ($0 \leq \alpha \leq 1$) of the time from the target population using simple random sampling without replacement. The remaining percent of the time, the selections are chosen from the target population using simple random sampling with replacement (SRS). This concept implies that as α increases from 0 to 1, number of repeat selections of individuals decrease, and the rate of sampling and likewise the cost of sampling decrease.

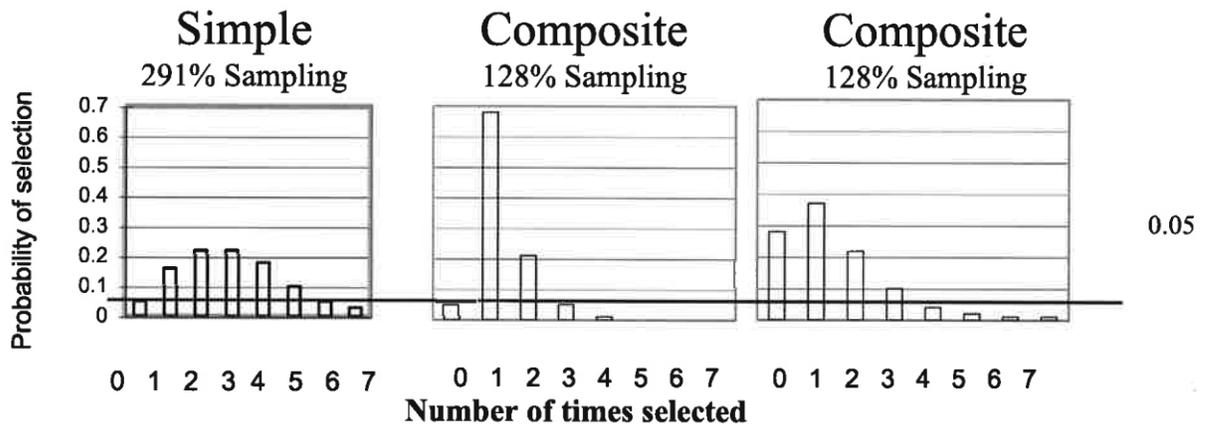
The theoretical probability distribution for composite random sampling can be expressed exactly. The advantage that this brings is twofold. First, the probability distribution can be evaluated for various values of parameters of the distribution. This allows management to select the expected frequency of selection that best meets their needs. Second, the empirical probability distribution can be statistically compared to the theoretical probability distribution, and adjustments in the sampling rate can be made at any point in time in order to maintain management's objectives.

The CRS program is designed to make all decisions in a completely random manner. These decisions include the manner of selection, simple random sampling with replacement and simple random sampling without replacement, and the actual selection of an individual. The program uses an efficient and unique single-pass method of sampling which ensures not only randomness but also adjusts the sample size as the size of the target population changes. The sample size adjustment includes not only the straightforward adjustment due solely to the change in the target population size but also takes into account management objectives or the sampling rule. For example, an objective may be to maintain a yearly sampling rate of 100% or another objective may be to sample at a rate at which 95% of the population will be sampled during the year.

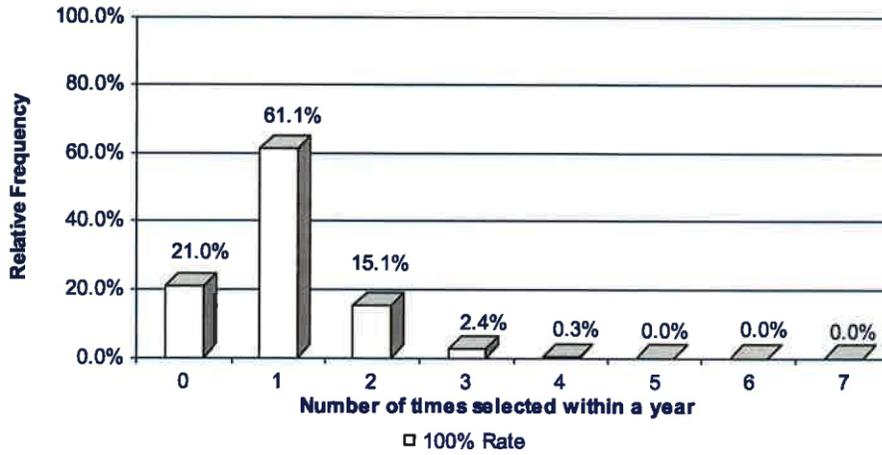
The following two examples will help to clarify the benefits of CRS over SRS. In both examples, the CRS parameter α is set equal to 0.5. The first set of probability distribution graphs show respectively: SRS using a 100% sampling rate, CRS with the probability of non-selection equal to the probability of non-selection for the SRS case, and CRS using a 100% sampling rate.



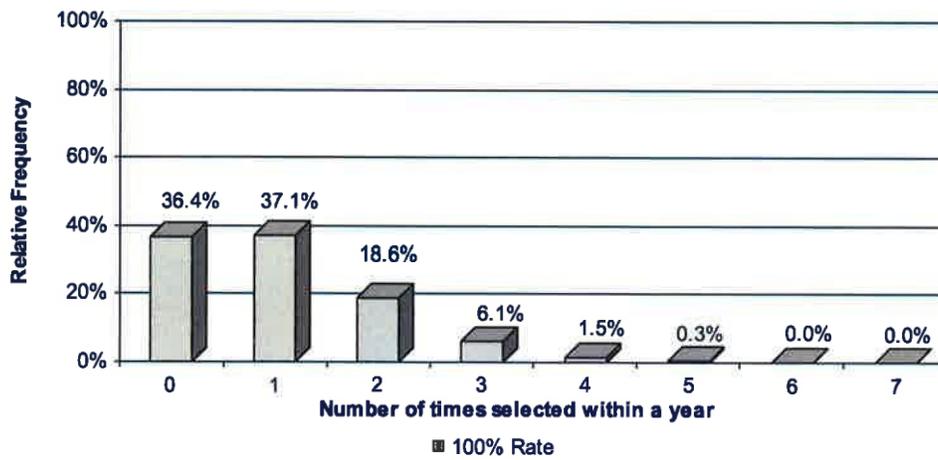
The second set of probability distribution graphs show, respectively: SRS with the probability of non-selection set equal to 5%, CRS with the same probability of non-selection as the SRS case, and SRS using the same sampling rate as CRS.



Distribution of Composite Random Sampling



Distribution of Simple Random Sampling



Multiple Selection Worksheet
A Companion Management Tool to REDARROW for Windows
© 1995 Compliance Software, Inc.

This worksheet will estimate a theoretical distribution of multiple selections based upon user-input parameters. Please note that due to the nature of random selection processes, the distribution you actually observe may differ from the theoretical distribution calculated here.

Part I: User Options

A. Pool Size (N)	57	
B. # Selection Periods per Year	4	Example: Running randomize 1/month = 12, 1/week = 52
C. # Selection Periods Run So Far	4	To look at full year, enter same value entered in "B"
D. Random Selection Method	0	The selection method is determined by the following values: 0 = simple random sampling w/ replacement 1 = simple random sampling w/o replacement 0.5 = composite random sampling as implemented in REDARROW
E. Testing Rate Option	2	Two options are available: 1 = Enter the max% of pool to go Untested for year (Po) 2 = Enter the target % (e.g., 50% for DOT) (R)
F. Percentage (Po or R)	50.00%	

Part II: Distribution Calculations

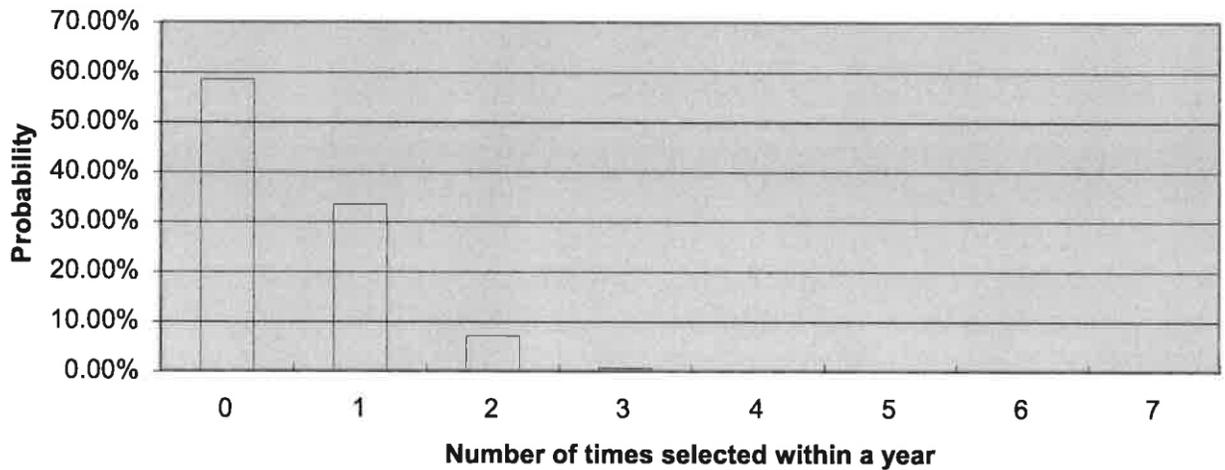
Total # Tests	28.50	
# Tests/Period	7.13	
Po	58.79%	Percentage of the pool that will go Untested for the year
R	50.00%	The effective sampling rate. Equal to "F" above if you chose option 2, otherwise calculated.

Theoretical Expected Distribution

	# individuals	P(x)	
P(0)	33	58.62%	The # individuals & associated probability of not being selected
P(1)	19	33.50%	The # individuals & associated probability of being selected once
P(2)	4	7.18%	The # individuals & associated probability of being selected twice
P(3)	0	0.68%	The # individuals & associated probability of being selected 3x
P(4)	0	0.02%	The # individuals & associated probability of being selected 4x
P(5)	0	0.00%	The # individuals & associated probability of being selected 5x
P(6)	0	0.00%	The # individuals & associated probability of being selected 6x
P(7>)	0	0.00%	The # individuals & associated probability of being selected 7x or more
Totals	56	1	

Part III: Distribution Graph

Theoretical Expected Distribution



STATEMENT OF SUPERVISOR TRAINING PROGRAM

Pursuant to DOT regulations, _____ has established its Supervisor Training Program that consists of education and training for supervisors and company officials.

The Supervisor Training Program addresses the following:

1. The effects and consequences of alcohol and controlled substance use in personal health, safety, and the work environment.
2. The manifestations and behavioral causes that may indicate controlled substance use or abuse.

The training session will contain sixty (60) minutes of training on controlled substances, and sixty (60) minutes of training on alcohol education for a total of two (2) hours.

All supervisors and company officials will be required to attend the education and training programs provided to them, and to provide certification that they have done so.

Company Representative

Date

MROCC

Medical Review Officer Certification Council

certifies that

Philip A. Lopez, M.D.

has successfully met all eligibility and examination criteria
and is hereby designated a

Certified Medical Review Officer

Certification Number: 22-143732

Effective from July 08, 2022

to July 08, 2027





From the Desk of President of ITI

Online at <http://www.itihq.com> 881 S. GIRLS SCHOOL RD INDIANAPOLIS, IN 46231
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ITI IS A FULL SERVICE TURNKEY OPERATION

Just the Facts: Testing process and legal considerations

Drug Testing Methods

Testing a urine sample for the presence of illegal drugs is the most common and economical type of drug test; hair and blood can also be tested for the presence of drugs, but are not as common, economical, or efficient.

Whether you fall under DOT regulations or are working toward a drug-free workplace for all of your employees, Indiana Testing, Inc. (ITI) has the support, training and products you need to help institute and maintain a drug-free workplace. If you do not fall under federal regulations, it is important that you are familiar with your state laws and/or company policies before drafting your drug-testing policy.

Conducting a proper urine collection is the first step in a safe and successful drug test. ITI offers both DOT and Drug-free Workplace courses for proper training in urine collections. We give step-by-step instructions on the collection itself, how to complete the proper forms, and how to package and ship positive screens. Errors in these steps *can lead to invalid tests and court challenges*. If your company must comply with DOT regulations, repeated errors can lead to a DOT investigation.

Whether DOT or Drug-free Workplace, a collector can be designated within your company and trained on proper collection procedures. Or, ITI can arrange that your collections be performed at one of more than 1,000 collection sites around the United States.

ITI bases its Drug-free Workplace programs and sample company policies on DOT regulations. The DrugCheck™ initial screening device, available for Drug-free Workplace programs only, tests for five drugs: marijuana, opiates, phencyclidine, amphetamines and cocaine. Companies may call ITI for more information.

Education and care in these initial steps will make your transition into a drug-free workplace smooth and successful!

When to Drug Test

Federal regulations *require* drug testing in the following six situations; Drug-free Workplace companies may use these as a guide in determining their own testing situations, always following state laws and company policies.

- 1. Pre-employment** - Testing a prospective employee before hiring.

2. **Reasonable suspicion** - Testing after a trained supervisor has witnessed signs of substance abuse.
3. **Post-accident** - Testing following an on-duty accident.
4. **Random** - Testing a percentage of your employees at random, without notice.
5. **Return-to-duty** - Testing an employee who wants to return to work after evaluation and/or treatment following a positive confirmation test.
6. **Follow-up** - Testing unannounced and at random for one year following an employee's return to work after substance abuse treatment.

DOT regulations require testing under the following six situations. Drug-free Workplace companies may use these situations as part of their company policy or as a guide.

1. Pre-Employment:

Companies are required to test applicants they plan to hire who will perform in a safety-sensitive function. A company cannot allow an individual to perform a safety-sensitive function unless they have received a negative drug test result. There are exemptions to the pre-employment testing requirement for Federal Motor Carriers Safety Administration (FMCSA) regulations. All three of the following instances need to be met to be exempt from pre-employment testing:

- The employee participated in a drug testing program that met the requirements of the regulations within the previous 30 days;
- While participating in that program, the employee was either: a) tested within the previous 6 months (from the date of application) and had a negative test result; or b) participated in a random drug testing program continuously during the preceding 12 months;
- The employer ensures that no prior employer has any knowledge or record of a violation of the regulations within the previous 6 months.

In order to comply with the exemption rule, the company must receive documentation from previous employers. If the information is not received, a pre-employment test will be required.

2. Reasonable Suspicion

Supervisors who are in a position to make reasonable suspicion determinations must be trained in recognizing the signs of substance abuse. This training consists of at least 60 minutes of training in recognizing the signs of drug abuse and 60 minutes of training in recognizing the signs of alcohol misuse. A supervisor who has successfully been trained in recognizing the signs of substance abuse must witness behavior that indicates the use of drugs or alcohol before a reasonable suspicion test may be performed.

3. Post-accident

Post-accident testing is required if the following conditions arise:

- Fatality
- The driver receives a moving vehicle citation *and* any person involved in the accident requires immediate medical treatment away from the scene of the accident.
- The driver receives a moving vehicle citation *and* any vehicle in the accident is towed or incurs "disabling damage".

Post-accident testing is time-sensitive. A urine collection must be obtained within 32 hours from

the time of the accident. An alcohol test must be administered within 2 hours; if not, the company has up to 8 hours to complete it. The company must document if the alcohol test could not be completed within 2 hours and why it wasn't completed within that time frame. Alcohol tests not completed within the maximum time frame of 8 hours require documentation of the nearest hospital that could have performed a blood alcohol test within the required time frame.

There is an exception to the drug and alcohol method for post-accident testing. A company may use the results of a post-accident drug and/or alcohol test administered by a law enforcement official if it conforms to federal, state or local law. The employer must be absolutely positive they can obtain these results from the law enforcement official. If in doubt about the ability to obtain these records, the employer should complete the required DOT drug and alcohol test.

4. Random

FMCSA regulations require all CDL drivers undergo random drug and alcohol testing. Once the random selections are announced, those chosen for testing must have the test performed immediately.

The FMCSA requires that twenty-five percent (25%) of the average number of drivers be randomly selected for drug testing using a scientifically valid method and ten percent (10%) of the average number of drivers must be selected for alcohol testing using a scientifically valid method.

5. Return-to-Duty

This testing is required for employees who want to return to work after being unqualified for a safety-sensitive function. The return-to-duty testing can be done once the referral/evaluation has been completed. All return-to-duty testing must be observed by a collector of the same sex except when performed by physicians or nurses, and requires a negative result prior to the employee returning to a safety-sensitive function.

6. Follow-up

Follow-up testing is required after rehabilitation for a drug or alcohol misuse problem and a return-to-duty test. Six unannounced follow-up tests are required within one year of evaluation and treatment by a Substance Abuse Professional (SAP). All follow-up testing must be observed by a collector of the same sex except when performed by physicians or nurses.

***PROCEDURE FOR MANAGING
NON-NEGATIVE DRUG RESULTS***

Dr. Philip Lopez or his assistant will interview and ask the donor to furnish relevant medical history, prescriptions, medical records, etc.

After legal or illegal drug use has been determined via the interview and requested records, we will report the final result to the company's D.E.R.

In the event that Dr. Lopez cannot reach the donor by phone on the day we receive the laboratory result, he will place the call again the next day. If the donor is again unreachable, we will call your company confidant and try to arrange an appointment to speak with the tested individual. If the MRO is unable to interview the employee after two arranged phone appointments, he will declare the test a non-contact positive. Your company policy should state what this type of result means to the employee – i.e., termination, disciplinary action, etc. Be advised that your drug testing program and policy should be reviewed by legal counsel to protect your company against potential litigation.

Philip Lopez

**Philip Lopez, M.D.
Medical Review Officer
ITI**



Driver Qualification File Program Terms

881 S. GIRLS SCHOOL RD INDIANAPOLIS, IN 46231 PHONE: 317-271-2611 FAX: 317-273-4365

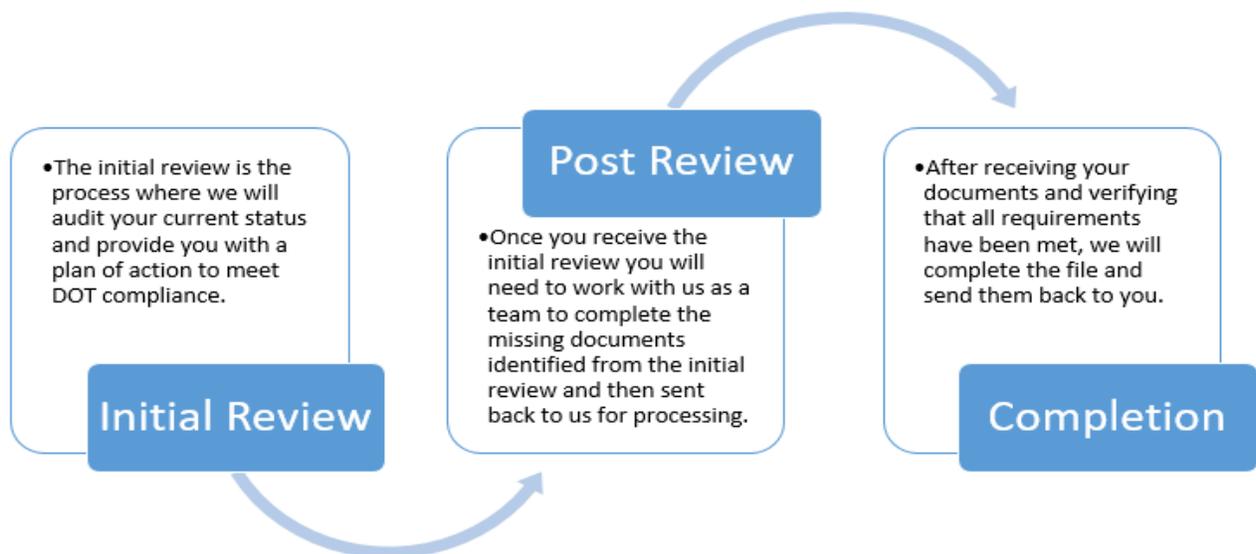
www.ithq.com

NATIONAL TRANSPORTATION SOLUTION PROVIDERS

This preparation service includes all documents required to comply with federal regulation CFR 49, §391.53 of the United States Department of Transportation. This regulation also mandates that all qualification files be kept in a secure location with controlled access.

Thank you for choosing ITI to prepare your driver qualification files. We understand that in today's economy every dollar matters and that's why you chose us. To ensure that you meet compliance in a timely manner we've laid out a simple to follow plan that will give you the fastest turn-around time possible. Please keep in mind that for the purpose of a DOT audit you will be ultimately responsible for the accuracy of the file. For this reason we must work together as a team to ensure accuracy and punctuality for completing the DQF.

We guarantee 100% DOT compliance for your driver file providing the following steps are completed by you and the driver. We will provide you with all the forms necessary and guide you and the driver through the process until completion. Rest assured that you will be assigned to our Compliance Analyst who will give you bi-weekly updates on the status of your completions.



Standard Operating Procedures for DQF:

1. Once you've agreed for us to prepare your DQF's we will arrange for the initial audit of your current DQF's or create new ones if they do not exist. We will also submit for the MVR if applicable.
2. If a pre-employment drug screen is needed we will call and schedule the test. If your driver needs a DOT physical we will immediately notify you to have that done before the driver can begin driving. We will also need the driver to sign their Safety & Performance, Drug & Alcohol history, and FCRA forms prior to driving.
3. Upon completion of the initial review you will receive a status report for each driver and a snapshot of your company's progress towards DQF compliance. This will all come in a package with the missing documents needed to be completed by each driver. You will receive completed files on a monthly basis.
4. When you receive the initial review package you will need to distribute them to all of your drivers for completion and return to us for processing. You have two options for returning the missing documents. You can scan them and then send them via email or USPS to our corporate office. We discourage faxing of these documents as that is a less secure method and they do not always come through clear and legible.
5. While you are working with your drivers to complete the audit from the initial review we will be working with the driver's previous Safety & Performance and Drug & Alcohol history documents. This process could take up to 45 days depending on the previous employer and their turn-around time for these types of request. Previous employers are allowed 30 days to respond. If they do not respond within the allotted 30 days we will document it as such and complete that document as good faith attempt made.
6. Once we receive the documents we will complete the file and create a disaster recovery backup of each file. This **FREE** service add-on is designed to protect you in the event of a natural disaster and you lose your files or are unable to locate them. Just one phone call and we can reproduce the documents for your recovery.
7. Each driver will be maintained in a database which manages the expiration dates for each driver. This gives you peace of mind knowing that you will not be out of compliance due to documents expiring. If applicable we will upload a copy of the medical examiner's report (DOT Physical) to the appropriate State Agency.

Record Retention:

The rule of thumb to follow when it comes to a DQF is that you keep the file intact and complete for the duration of employment and three years after employment ceases. It is imperative that you keep accurate records in the event of a POST-ACCIDENT or other type of adverse situation(s) that may go to litigation. During litigation the opposing counsel will look for every loop hole to prove that you or your driver was at fault for not following compliance. This is why accurate, thorough, and complete DQF's can save you thousands of dollars.

As an added benefit to clients who choose ITI to prepare their DQF's we will provide FREE of charge a digital backup copy for all of your drivers. This is very advantageous to those who do not have a secure system to back up their files or choose not to keep hard copies on-site. If you are caught off guard during an audit we can send a digital copy via email or fax so you don't have to worry about where the files are. If a driver is terminated you must immediately notify us so we can begin the process of terminating the driver.

DQF forms and their requirements:

391 Subpart B – Qualification and Disqualification of drivers (391.11-391.15)

- **§391.11 – General qualification of drivers** - A valid copy of the driver's state issued CDL license.
- **§391.11 – General qualification of drivers** - Certificate of successfully completing a driver's road test in accordance with **§391.31** or a valid CDL license which the employer accepts in lieu of a road test.

391 Subpart C – Background and Character (391.21-391.27)

- **§391.21 – Application for employment**
- **§391.23 – Investigations and inquiries** - An inquiry to each State where the driver held or holds a motor vehicle operator's license or permit during the preceding 3 years to obtain that driver's MVR.
- **§391.23 – Investigations and inquiries** - An investigation of the driver's Safety & Performance and Drug & Alcohol history with Department of Transportation regulated employer(s) from the preceding three years.
- **§391.25 – Annual review of driving record** - Except as provided in [subpart G](#) of this part, each motor carrier shall, at least once every 12 months, review the motor vehicle record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a CMV pursuant to **§391.15**.
- **§391.27 – Record of violations** - You will review this form to certify that the driver has not forfeited bond or collateral on account of any violation which must be listed.

391 Subpart D – Tests (391.31-391.33)

- **§391.31 – Road tests** - Except as provided in [subpart G](#), a person shall not drive a commercial motor vehicle unless he/she has first successfully completed a road test and has been issued a certificate of driver's road test in accordance with this section.

- **§391.33 – Equivalent of a road test** - You may accept a valid CDL license in lieu of the road test §391.31.

391 Subpart E – Physical qualifications and examinations (391.41-391.49)

- **§391.43 – Medical Examination; certificate of physical examination** - A person subject to this part must not operate a commercial motor vehicle unless he or she is medically certified as physically qualified to do so. The driver must receive a Medical Examiner’s Certificate from a qualified and licensed physician as defined in **§390.5**.

395 – Hours of service of drivers (395.8)

- **§395.8 Section J sub-section 2 – When using a driver who has a previous driving experience.** Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

Fair Credit Reporting Act (FCRA):

- This document is required for each driver to sign as a release to request their Motor Vehicle Record from all applicable states. This document covers the MVR only and does not include a credit or criminal history background check.

DOT FMCSR pocket guide to CFR 49:

- This must be provided to all drivers with the receipt page signed by both the driver and employer.

Hazmat Safety & Awareness pocket guide:

- This must be provided to all drivers. The receipt page inside of the book must be signed by driver and employer. (If applicable)

Emergency Response pocket guide:

- This must be provided to all drivers. The receipt page inside of the book must be signed by driver and employer. (If applicable)

Drug & Alcohol Policy:

- All drivers must be provided with the employer’s drug and alcohol policy. Driver must sign a form acknowledging that they’ve received your drug and alcohol policy.

§382.601 Driver Education Packet for Drug and Alcohol Testing:

- **§382.601** - Employer obligation to promulgate a policy on the misuse of alcohol and use of controlled substances. You can refer to section C of ITI’s DOT binder for a copy of this training

packet. If you do not have a binder one can be purchased by sending an email to dqf@itihq.com or via phone to 317-271-2611

Pre-Employment Drug Screen:

- Before you can put a safety sensitive driver on the road you must perform a pre-employment urine lab drug screen through a SAMHSA lab and have the result adjudicated by a certified MRO. You are exempted from having to perform a pre-employment drug screen if the driver can provide proof of enrollment in an on-going DOT random drug screen program without lapse for the 30 days prior.

On-going Maintenance:

To complete the program we offer all DQF clients a reminder service. This service will notify you 60 and 30 days in advance of when documents in your DQF are going to expire and need renewal or attention. For your convenience the driver's MVR will be automatically requested from each applicable State and sent to you for review 30 days prior to the expiration date. We will also provide on an annual basis a form that notifies you of which documents can be removed from the DQF as they are no longer needed for compliance. This will keep your DQF clutter free.

Please keep in mind that once you receive a notification from us it is imperative that you take action immediately. Our experience has shown that it takes a minimum of 30 days for a driver to complete their physical exam, and/or fingerprint if applicable. Other expirations such as a driver's license can be ignored and/or forgotten and cost you hundreds of dollars of downtime if the driver is pulled over for a routine inspection.

***** Please keep in mind that with the exception of response from the previous employer Safety & Performance and Drug & Alcohol History all documents must be completed within 30 days to completely adhere to regulation §391.53. We will guide you through the process to help ensure total compliance. *****

Responsibilities

Please review this chart to understand your responsibilities and contact us with if you have questions. If there are services listed here that you would like for us to assume responsibility for please let us know.

Responsibility for DQF completion	ITI	Employer
Current List of Eligible Drivers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Initial DQF Review:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Document Preparation:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Document Completion:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DQF Electronic File Backup:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Expiration Date Reminder:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety & Performance History Research:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Examiners Report Upload To State Agency:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drivers Road Test Certification:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Annual Review of Driver Record:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DQF Contact Information

Safety and Training Department
 Compliance Analyst
 safety@itihq.com
 Phone: 317-271-2611
 Fax: 317-273-4635



DQF Return Address

ITI Corporate Headquarters
 Attn: Safety Department
 881 S. Girls School Rd.
 Indianapolis, IN 46231

Indiana Testing, Inc.

317-271-2611 or 800-295-2587

www.itihq.com

**DRIVER EDUCATION
PACKET FOR DRUG AND
ALCOHOL TESTING**



**Tipton Community Schools
1051 South Main Street
Tipton, IN 46072**

C-23

THE FOLLOWING INFORMATION IS BEING PROVIDED TO YOU AS REQUIRED BY FEDERAL LAW FOR COMPLIANCE OF THE DOT/FHWA REGULATIONS PERTAINING TO DRUG AND ALCOHOL 382.601-EDUCATION/TRAINING PROGRAMS.



FEDERAL DRUG AND ALCOHOL TESTING POLICY

Online at <http://www.itihq.com>
2611

881 S. GIRLS SCHOOL RD

INDIANAPOLIS, IN 46231

PHONE: 317-271-

NATIONAL TRANSPORTATION SOLUTION PROVIDERS

PURPOSE

It is the policy of **TIPTON COMMUNITY SCHOOLS** that federally regulated employees and employees in safety sensitive positions are free of substance abuse and alcohol abuse. Consequently, the use of illegal drugs by employees is prohibited. Further, employees shall not use alcohol or engage in "prohibited conduct" as defined herein. The overall goal of this policy is to ensure a drug and alcohol-free environment and to reduce accidents, injuries, and fatalities. A copy of this policy and information regarding the harmful effects of drugs and alcohol is available to all employees. The Designated Employer Representative (DER) is designated as the person to answer questions regarding this policy.

SAFETY SENSITIVE FUNCTION

Definition: ***Safety-sensitive function*** is all time spent either waiting to be dispatched; inspecting equipment or otherwise inspecting, servicing, and/or conditioning any commercial motor vehicle; driving; in or upon a commercial motor vehicle; loading/unloading a vehicle, supervising or assisting in the loading/unloading process, attending a vehicle being loaded/unloaded, remaining in readiness to operate a vehicle, or giving or receiving receipts for shipments loaded/unloaded; performing accident-related duties; or repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle. A supervisor, mechanic or clerk, etc., who is on call to perform safety-sensitive functions may be tested at any time they are on call, ready to be dispatched while on-duty (§382.305).

TYPES OF TESTS

Pursuant to regulations promulgated by the Federal Motor Carrier Safety Administration (FMCSA) and the Department of Transportation (DOT), **TIPTON COMMUNITY SCHOOLS**. has implemented six circumstances for drug and alcohol tests: (1) pre-employment, (2) reasonable suspicion, (3) random, (4) post-accident, (5) return-to-duty, and (6) follow-up.

REFUSAL TO TEST

Substitution, adulteration, or refusal to submit to the types of drug and alcohol tests employed by **TIPTON COMMUNITY SCHOOLS**. will be grounds for refusal to hire employee/applicants and to terminate employment of existing employees. A refusal to test is defined to be conduct that would obstruct the proper administration of a test. A delay in providing a urine or breath sample could be considered a refusal. If an employee cannot provide a sufficient urine specimen or adequate breath sample, a physician of **TIPTON COMMUNITY SCHOOLS** 's choice will evaluate him or her.

If the physician cannot find a legitimate medical explanation for the inability to provide a specimen (either urine or breath), it will be considered a refusal to test. In that circumstance, the employee has violated one of the prohibitions of the regulations.

Refusal to submit (to an alcohol or controlled substances test) means:

1. Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner-operator) to appear for a test when called by a C/TPA (see §40.61(a) of this title);
2. Fail to remain at the testing site until the testing process is complete. Provided, that an employee who leaves the testing site before the testing process commences (see §40.63(c) of this title) a pre-employment test is not deemed to have refused to test;
3. Fail to provide a urine specimen for any drug test required by this part or DOT agency regulations. Provided, that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences (see §40.63(c) of this title) for a pre-employment test is not deemed to have refused to test;
4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the employee's provision of a specimen (see §40.67(l) and §40.69(g) of this title);
5. Fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see §40.193(d)(2) of this title);
6. Fail or declines to take a second test the employer or collector has directed the employee to take;
7. Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under §40.193(d) of this title. In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;
8. Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process);
9. Is reported by the MRO as having a verified adulterated or substituted test result.

CONSEQUENCES OF POLICY VIOLATION

Any employee who becomes unqualified or engages in prohibited conduct as set forth herein may be subject to termination of employment.

PRE-EMPLOYMENT TESTING

Before an employee performs any safety-sensitive functions for an employer, the employee must submit to testing for drugs. The employer must receive a negative result from the medical review officer (MRO) prior to allowing the employee to drive or perform other safety-sensitive functions. (Note: The pre-employment regulations are listed in §382.301. However, §382.301(e) suspends pre-employment alcohol testing as of May 1, 1995.)

RANDOM TESTING

TIPTON COMMUNITY SCHOOLS conducts random drug/alcohol testing. **TIPTON COMMUNITY SCHOOLS** or its agents will submit all mandated employees to a computerized random selection system. The random selection system provides an equal chance for each employee to be selected each time random selection occurs. Random selections will be reasonably spread throughout the year. **TIPTON COMMUNITY SCHOOLS** will drug test at no less than the requirements of the FMCSA, however may choose to test at a higher rate, the average number of safety sensitive/mandated positions per calendar year. **TIPTON COMMUNITY SCHOOLS** will select at a minimum 10 percent of the average number of safety sensitive/mandated positions for random alcohol testing. Random selection by its very nature may result in employees being selected in successive selections or more than once a calendar year. Alternatively, some employees may not be selected in a calendar year.

If an employee is selected at random for either drug or alcohol testing, a **TIPTON COMMUNITY SCHOOLS** official will notify the employee. Once notified, every action the employee takes must lead to a collection. If the employee engages in conduct that does not lead to a collection as soon as possible after notification, such conduct may be considered a refusal to test.

POST-ACCIDENT TESTING

Both drug and alcohol testing is performed following any accident involving a fatality; or any accident in which the employee receives a citation under state or local law for a moving traffic violation arising from the accident. (An accident is defined as an incident involving a vehicle in which there is a fatality, an injury treated away from the scene, or where a vehicle is towed from the scene.) After any accident, the employee must contact the employer as soon as possible.

The FMCSA/DOT requires that any time a post-accident drug or alcohol test is required, that it be performed as soon as possible following the accident. If no alcohol collection can be made within eight (8) hours, attempts to collect a breath sample shall cease. If no urine collection can be obtained for purposes of post-accident drug testing within thirty-two (32) hours, attempts to make such a collection shall cease. All attempts shall be documented.

In the event that federal, state, or local officials conduct breath or blood tests for the use of alcohol and/or urine tests for the use of controlled substances following an accident, these tests shall be considered to meet the requirements of this section, provided the tests conform to an applicable federal, state, or local requirements. The employee will sign a release allowing **TIPTON COMMUNITY SCHOOLS** to obtain the test results from federal, state, or local officials.

In the event an employee is so seriously injured that the employee cannot provide a urine specimen or breath sample at the time of the accident, the employee must provide necessary authorization for **TIPTON COMMUNITY SCHOOLS** . to obtain hospital records or other documents that would indicate whether there were controlled substances or alcohol in the employee's system at the time of the accident.

REASONABLE SUSPICION TESTING

A covered employee must be tested for alcohol misuse when **TIPTON COMMUNITY SCHOOLS** . has reasonable suspicion to believe that the employee has violated the rules regarding use of alcohol. A

determination that reasonable suspicion exists must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. Reasonable suspicion testing is authorized only if the required observations are made during, just preceding or just after the period of the workday that the covered employee is performing a safety-sensitive function. A supervisor trained in detecting the symptoms of alcohol misuse must make the observation and determination that a reasonable suspicion exists; however, the supervisor making the determination is not to conduct the reasonable suspicion test on that employee (§382.603). A written record of the observations leading to a controlled substance reasonable suspicion test must be made and signed by the supervisor who made the observations. This record must be made within 24 hours of the observed behavior or before the results of the controlled substance test are released, whichever is earlier.

RETURN-TO-DUTY

This testing is required for employees who want to return to work after being unqualified for a safety-sensitive function. The return-to-duty testing can be done once the referral/evaluation has been completed. All return-to-duty testing must be observed by a collector of the same sex except when performed by physicians or nurses (§40.67(b)), and requires a negative result prior to the employee returning to a safety-sensitive function.

FOLLOW-UP

Follow-up testing is required after rehabilitation for a drug or alcohol misuse problem and a return-to-duty test. Six unannounced follow-up tests are required within one year of evaluation and treatment by a Substance Abuse Professional (SAP). All follow-up testing must be observed by a collector of the same sex except when performed by physicians or nurses (§40.67(b)).

WHAT ARE THE CONSEQUENCES OF A POSITIVE DRUG TEST?

A driver must be removed from safety-sensitive duty if he/she has a positive drug test result. The removal CANNOT take place until the MRO has interviewed the driver and determined that the positive drug test resulted from unauthorized use of a controlled substance. A driver cannot be returned to safety-sensitive duties until he/she has been evaluated by a substance abuse professional, has complied with recommended rehabilitation, and has a negative result on a return-to-duty drug test. Follow-up testing to monitor the driver's continued abstinence from drug use is also required.

PROHIBITED CONDUCT

The following shall be considered "prohibited conduct" for purposes of this policy:

1. No employee shall report for duty or remain on duty while having an alcohol concentration of 0.02 or greater.
2. No employee shall be on duty or operate a commercial motor vehicle while in possession of alcohol unless the alcohol is transported and manifested as part of a shipment.
3. No employee shall use alcohol while performing safety-sensitive functions.
4. No employee shall perform safety-sensitive functions within eight (8) hours after using alcohol.
5. No employee required to take a post-accident alcohol test shall use alcohol for eight (8) hours following the accident or until he/she undergoes a post-accident alcohol test, whichever occurs first.
6. No employee shall refuse to submit to a post-accident, a random, a reasonable suspicion, return-to-duty, follow-up, or post-injury breath-alcohol or urine drug test.
7. No employee shall report for duty or remain on duty when the employee uses any controlled substance, except when use is pursuant to the instructions of a physician who has advised the employee that the substance does not adversely affect the employee's ability to operate a commercial motor vehicle or perform a safety sensitive function.

If TIPTON COMMUNITY SCHOOLS has actual knowledge or has reason to believe that a employee has engaged in prohibited conduct TIPTON COMMUNITY SCHOOLS may require the employee to submit to drug and/or alcohol

testing. If an employee engages in prohibited conduct, the employee is not qualified to drive a commercial motor vehicle or to perform a safety sensitive function and shall be immediately removed from service. **TIPTON COMMUNITY SCHOOLS** may in its discretion and at the request of the employee, keep the employee's position open while such employee attempts to become re-qualified. At its discretion, **TIPTON COMMUNITY SCHOOLS** may also take action against the employee up to and including termination.

SUBSTANCE ABUSE EVALUATION

Any employee who engages in prohibited conduct shall be provided with names, addresses, and telephone numbers of qualified substance abuse professionals. If the employee desires to become re-qualified, the employee must be evaluated by a Substance Abuse Professional (SAP) and submit to any treatment prescribed by the SAP. Following evaluation and treatment, if any, in order to become re-qualified the employee must submit to and successfully complete a return-to-duty drug and/or alcohol test. Such an employee is also subject to follow-up testing. Follow-up testing is separate from and in addition to **TIPTON COMMUNITY SCHOOLS'S** reasonable suspicion, post-accident, and random testing procedures. Follow-up testing shall be on a random basis and be in accordance with the instructions of the Substance Abuse Professional. Follow-up testing may continue for a period of up to 60 months following the employee's return to duty. No fewer than six (6) tests shall be performed in the first twelve (12) months of follow-up testing. The costs of any SAP evaluation or prescribed treatment shall be borne by the employee. **TIPTON COMMUNITY SCHOOLS** does not guarantee or promise a position to the employee should he/she regain qualified status.

AUTHORIZATION FOR PREVIOUS TEST RECORDS

Within 30 days of performing a safety-sensitive function, federal regulations require that **TIPTON COMMUNITY SCHOOLS** obtain certain drug and alcohol testing records from employee's previous employers for the previous 3 years of employment. (Other forms: work record 3 years, DMV and Hazmat 7 years, drug and alcohol authorization form for past employers, 2 years.)

As a condition to employment, the employee shall provide **TIPTON COMMUNITY SCHOOLS** with a written authorization for all previous employers within the three years to release such drug and alcohol testing records as are required under federal regulation.

DRUG URINALYSIS

Drug testing will be performed through urinalysis. Urinalysis will test for the presence of drugs and/or metabolites that adhere to the drugs listed in 49 CFR Part 40.

The urinalysis procedure starts with the collection of a urine specimen. Urine specimens will be submitted to a SAMHSA-certified laboratory for testing. As part of the collection process, the specimen provided will be split into two vials: a primary vial and a secondary vial. The SAMHSA certified laboratory will perform initial screenings on all primary vials. In the event that the primary specimen tests positive, a confirmation test of that specimen will be performed before being reported by the laboratory to the MRO as a positive.

WHO REVIEWS AND INTERPRETS THE LABORATORY RESULTS?

All laboratory results will be reported by the laboratory to a Medical Review Officer (MRO) who is designated by **TIPTON COMMUNITY SCHOOLS**. Negative test results shall be reported by the MRO to **TIPTON COMMUNITY SCHOOLS**. Before reporting a positive test result to **TIPTON COMMUNITY SCHOOLS** the MRO will attempt to contact the employee (in person or by phone) to conduct an interview to determine if there is an alternative medical explanation for the drugs found in the driver's urine specimen. If the driver provides appropriate documentation and the MRO determines that it is legitimate medical use of the prohibited drug, the drug test result is reported as negative to the employer. If the MRO is unable to contact the employee directly, the MRO will contact a **TIPTON COMMUNITY SCHOOLS** management official designated in advance by **TIPTON COMMUNITY SCHOOLS** who shall in turn contact the employee and direct the employee to contact the MRO. Upon being so directed, the employee shall contact the MRO immediately or, if after the MRO's business hours and the MRO is unavailable, at the start of the MRO's next business day. In the MRO's sole discretion, a determination will be made as to whether a result is positive or negative.

Pursuant to FMCSA/DOT regulations, individual test results for applicants and employees will be released to **TIPTON COMMUNITY SCHOOLS** and will be kept strictly confidential unless consent for the release of the test results has been obtained. Any individual who has submitted to drug testing in compliance with this policy is entitled to receive the results of such testing upon timely written request.

An individual testing positive may make a request of the MRO to have the secondary vial tested. A SAMHSA certified laboratory will test the secondary vial different from the one that tested the primary specimen. The individual making the request for a test of the second specimen must pre-pay all costs associated with the test. The request for testing of a second specimen must be made to the MRO within 72 hours of the individual being notified by the MRO of a positive test result.

ALCOHOL TESTS

TIPTON COMMUNITY SCHOOLS will perform alcohol tests using an evidential breath-testing device. **TIPTON COMMUNITY SCHOOLS** may provide use of an evidential breath-testing device through a vendor or agent. The employee shall report to the site of an evidential breath-testing device as notified by **TIPTON COMMUNITY SCHOOLS**. A breath alcohol technician will operate the evidential breath-testing device. The employee shall follow all instructions given by the breath alcohol technician.

WHAT ARE THE CONSEQUENCES OF ALCOHOL MISUSE?

In the event that an employee has a blood alcohol content of 0.02 to 0.0399 on the basis of the evidential breath, the employee shall be removed from duty for 24 hours or until his/her next scheduled on-duty time, whichever is longer. Employees are not medically qualified until after the 24-hour time frame expires. Employees with tests indicating a blood alcohol concentration of 0.04 or greater are considered to have prohibited conduct which may result in disciplinary action up to and including termination. All alcohol tests shall be performed just prior to, during, or just after duty.

WHAT ALCOHOL USE IS PROHIBITED?

Alcohol is a legal substance; therefore, the rules define specific prohibited alcohol-related conduct. Performance of safety-sensitive functions is prohibited:

- While using alcohol
- While having a breath alcohol concentration of 0.04 percent or greater as indicated by an alcohol breath test

Within four (4) hours of using alcohol. For Bus Drivers or HAZMAT carriers within eight (8) hours of using alcohol.

- In addition, refusing to submit to an alcohol test or using alcohol within eight (8) hours after an accident or until tested (for drivers required to be tested) are prohibited.

WHAT ALCOHOL TESTS ARE REQUIRED?

The following tests are required based upon the circumstance:

- **POST ACCIDENT** – conducted after accidents on drivers whose performance could have contributed to the accident (as determined by a citation for a moving violation) and for all fatal accidents even if the driver is not cited for a moving violation
- **REASONABLE SUSPICION** – conducted when a trained supervisor or company official observes behavior or appearance that is characteristic of alcohol misuse
- **RANDOM** – conducted on a random unannounced basis just before, during or just after performance of safety-sensitive functions
- **RETURN-TO-DUTY and FOLLOW-UP** – conducted when an individual who has violated the prohibited alcohol conduct standards returns to performing safety-sensitive duties. Follow-up tests are unannounced. At least 6 tests must be conducted in the first 12 months after a driver returns to duty. Follow-up testing may be extended for up to 60 months following return to duty.

TRAINING

For Designated Employer Representative (DER) and Supervisors:

TIPTON COMMUNITY SCHOOLS shall ensure that Supervisors who are designated to determine whether reasonable suspicion exists to require an alcohol test must receive at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. Supervisors who are designated to determine whether reasonable suspicion exists to require a controlled substance test must receive at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable use of controlled substances under §382.307.

For Employees:

TIPTON COMMUNITY SCHOOLS shall provide educational materials that explain the requirements of §382.601, consequences of violating the regulations, materials that explain the harmful effects of alcohol and drug abuse, and the employer’s policies and procedures with the respect to meeting these requirements. The materials supplied to employees may include information on additional employer policies with respect to the use or possession of alcohol or controlled substances, for example, the consequences for an employee found to have a specified alcohol or controlled substances level based on the employer’s authority independent of §382.601. **TIPTON COMMUNITY SCHOOLS shall ensure that each employee sign a required statement certifying that he/she has received a copy of these materials described in §382.601. (See the “Driver Education Packet” for information and signature page.)**

This policy is not intended, nor should it be construed, as a contract between **TIPTON COMMUNITY SCHOOLS** and the employee. This policy may be changed at any time at the sole discretion of **TIPTON COMMUNITY SCHOOLS**

FMCSA Clearinghouse Mandate, Jan 6, 2020:

The Clearinghouse is an electronic database containing records of violations of CDL drivers in regards to the regulated drug and alcohol program in Part 382. Any violation for positive drug or alcohol test results, including refusals will be entered into the Clearinghouse database and recorded based off the driver's Commercial Driver License #, name, and date of birth. SSNs will NOT be used in the Clearinghouse. The Clearinghouse regulations require employers, like <R&S Trucking Inc.>, to both query and report information regarding CDL drivers. Motor carrier employers must report these things:

Alcohol confirmation test result with an alcohol concentration of 0.04 or greater.

Alcohol refusal to test as specified in 49 CFR 40.261.

Drug refusal to test not requiring a determination by the MRO as specified in 49 CFR 40.191.

Negative return-to-work test result.

Completion of follow-up testing.

Actual knowledge as defined in 49 CFR 382.107.

There are two types of queries. First, a **limited query** checks for the presence of information in the queried driver's Clearinghouse record, and the driver's written consent is obtained outside the Clearinghouse through the *General Consent for Limited Queries of the FMCSA Drug and Alcohol Clearinghouse* form. A **full query** discloses to employers and designated C/TPAs detailed information about any resolved or unresolved violations in a driver's Clearinghouse record. **Full queries are used for ALL prospective pre-employment new hires and for currently employed CDL drivers that have a limited query that returns a result recorded in the Clearinghouse.** However, full query consent must be given ONLY through the FMCSA Clearinghouse website within 24 hours. The Clearinghouse will email the driver and the driver must login to the Clearinghouse site and give full consent within 24 hours or the employer must remove that driver from safety-sensitive functions immediately. **Therefore, the bottom line is that a driver who will not consent to a query cannot drive until consent is given and the query is conducted.**

Employers will be required to report Clearinghouse specified violations of the DOT drug and alcohol testing program incurred by their current or prospective CDL drivers; in addition, all employers of CDL drivers must conduct pre-employment full queries to determine whether the prospective new hire has unresolved drug and alcohol violations that prohibit them from performing safety-sensitive functions. Employers will also be required to run a limited query through the Clearinghouse annually to determine whether any current CDL employees have incurred drug and alcohol violations while working for another employer while also working for you. Any violations reported in the Clearinghouse on behalf of a driver will remain for 5 years from the date of violation determination or until the driver completes the return-to-duty process, whichever is later.

**DRUG AND ALCOHOL TESTING POLICY
EMPLOYEE ACKNOWLEDGMENT AND CONSENT**

Employee Name (please print) _____ Date: _____

EMPLOYEE ACKNOWLEDGMENT

I, the undersigned employee of **TIPTON COMMUNITY SCHOOLS**, acknowledge that I have received a copy of **TIPTON COMMUNITY SCHOOLS** DOT Drug and Alcohol testing program, including its Employee Assistance Program. I certify that I understand the policy and provisions described in it and agree to follow the provisions contained therein.

I further acknowledge that I have received written information regarding FMCSA/DOT testing requirements, drug and alcohol testing procedures, the name(s) of person(s) designated to answer questions about the testing policy and procedures, the effects of drugs and alcohol on an individual's health, work and personal life, and **TIPTON COMMUNITY SCHOOLS**'s Employee Assistance Program (EAP).

REFUSAL TO TEST

I am fully aware and agree that I may be discharged or disciplined for any violation by me of said DOT Alcohol and Drug Policy for any failure or refusal to provide urine and/or breath specimens when requested by my employer, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other failure or refusal to cooperate with my employer in its said DOT Alcohol and Drug Testing Program.

Under FMCSA/DOT regulations, substitution and/or adulteration of a specimen will be treated as a refusal to test. Such refusals shall be treated as a positive test result for the purpose of the regulations.

Any employee involved in a fatality accident who refuses to submit to a post-accident drug test in a timely manner shall be disqualified to drive a commercial motor vehicle for a period of one year.

Executed this the _____ day of _____, 20__.

Employer _____

Employee _____

ADDENDUM TO DRUG AND ALCOHOL POLICY

All employees of **TIPTON COMMUNITY SCHOOLS** , who test positive for drugs and/or alcohol, will assume responsibility for all incurred testing fees. This includes positive results on pre-employment, probable cause, random, post-injury and post-accident testing.

All employees who request that split specimens be forwarded to another laboratory will be responsible for the cost.

Any employee who is referred for SAP evaluation will be required to incur the costs for the return-to-duty testing and all follow-up testing required by FMCSA/DOT and/or **TIPTON COMMUNITY SCHOOLS** .

EMPLOYER

EMPLOYEE SIGNATURE

DATE

DATE

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – Pre-employment testing requirements, apply to driver/applicants of this company.

391.103 Pre-employment testing requirements.

- a)** A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.

- b)** A driver-applicant shall submit to controlled substance testing as a prequalification condition.

- c)** Prior to Collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Notification.

Applicant's Name (Print or Type)

Applicant's Signature

Date

Representative's Signature

Date

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **TIPTON COMMUNITY SCHOOLS** to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that **TIPTON COMMUNITY SCHOOLS** may run an unlimited number of limited queries on me for the duration of my employment with the company.

I also understand that if a limited query conducted by **TIPTON COMMUNITY SCHOOLS** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **TIPTON COMMUNITY SCHOOLS** without first obtaining additional specific consent from me.

I further understand that any MRO (Medical Review Officer) can/will be adding the following information to the Clearinghouse: any adjudicated positive results, adulterated specimens, substituted specimens, and refusals.

In addition, I understand that if I refuse to provide consent for **TIPTON COMMUNITY SCHOOLS** to conduct a limited query of the Clearinghouse, **TIPTON COMMUNITY SCHOOLS** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

(Employee's Name)

(Employee's Signature)

(Date)

Drug/Alcohol Testing Notification and Consent

I understand as required by the DOT Regulations §49 CFR Part 382, and company policy, all prospective drivers must submit to a controlled substance test involving collection of a urine sample which will be tested for the following substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).

I understand if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer (MRO) before any positive test result is reported to the company.

The result of the drug test will be maintained by the MRO for the company who will report whether the test result was negative or positive to the motor carrier. The MRO or the company may also release the result to my examining physician in connection with my DOT-required physical. The results will not be released to any additional parties without my written authorization.

I also understand, if I test with a measurable blood alcohol content (BAC) of .04 or greater, I cannot return to duty until I see a substance abuse professional (SAP) to resolve alcohol or drug misuse, and produce a result of less than .02 for alcohol and/or a negative drug test under SAP authorization.

I hereby agree to submit to a urine drug test and breathalyzer alcohol test.

Name of Applicant: _____

Applicant's Signature: _____

Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Driver's Name: _____
Address: _____
City: _____
State: _____ Driver's CDL #: _____
Mail to Former Employer: _____ Requested by Prospective Employer: _____

Employment History

Please complete the information requested. We would appreciate your prompt response. Failure to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

The above-referenced individual states that he/she was employed by you as a: _____ commercial motor vehicle driver, _____ truck driver, _____ bus driver, _____ other from _____ to _____. Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Name of Carrier Official: _____
Signature of Carrier Official: _____
Date: _____

1. Is the employment record with your company correct as stated? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? ___ Passenger Car ___ Bus ___ Straight Truck
___ Tractor/Semi-Trailer ___ Other (Specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved: _____
6. Reason for leaving employment: ___ discharged ___ laid off ___ resigned
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

Alcohol & Drug History

Yes No

1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? [] []
2. Was the above named driver verified positive for a controlled substances test result? [] []
3. Has the above named driver refused a required test for alcohol or drugs during the past 12 months? [] []

If the answer to any of the above is yes, please identify the Substance Abuse Professional who administered treatment as required by the Department of Transportation.

_____ -or- [] check here if it is unknown if the driver received treatment.

Name & Telephone Number

Authorization to Release

I, _____, do hereby authorize _____, to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding **three (3) years**:

I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's Signature Date Witness' Signature Date

**ALCOHOL & CONTROLLED SUBSTANCE TEST INFORMATION
FOR PRE-EMPLOYMENT PURPOSES**

I, _____, hereby verify that the following information regarding the
(Employer Printed Name)
test result information for _____ during the past **three (3) years** is true and accurate.

(Employee Printed Name)

1. Positive breath alcohol test resulted in a breath alcohol concentration of .04 or greater:
In the previous **three (3) years** ____ No ____ Yes, date of test _____
Dates and results of follow up tests:

Name and address of SAP:

2. Positive controlled substance test results within the past **three years**: ____ No
____ Yes, date of test _____
Dates of follow-up tests: _____
Name and address of SAP: _____

3. Refused to submit to a substance abuse or alcohol test in the previous **three years**: ____ No
____ Yes, date of refusal _____
Dates of follow-up tests: _____
Name and Address of SAP: _____

Any other use or disclosure of this information is not permitted. I understand that permission to request and obtain this information is required as a condition of employment.

Print Name

Signature

Date

THIS IS IN COMPLIANCE WITH 382.405(F) AND (H), WHICH STATES:
(F) Records shall be made to a subsequent employer upon receipt of written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

WHO CAN ANSWER YOUR QUESTIONS?

The following individual(s) at your **TIPTON COMMUNITY SCHOOLS** may be contacted:

**Randy Carlisle OR
INDIANA TESTING, INC.
881 SOUTH GIRLS ROAD
INDIANAPOLIS, IN 46231**

WHICH DRIVERS ARE REQUIRED TO BE TESTED?

All drivers required to have a commercial driver's license (CDL) are subject to the controlled substances and alcohol testing rules. A CDL is required for drivers operating a vehicle in excess of 26,000 pounds GVWR designed to carry 16 or more passengers (including the driver), or of any size that carries a placard amount of hazardous material.

WHEN IS A DRIVER PERFORMING A SAFETY SENSITIVE FUNCTION?

A driver is performing a safety sensitive function when the driver is doing any of the following:

- Waiting to be dispatched at a facility or other property.
- Inspecting, servicing, or conditioning any commercial motor vehicle at any time.
- Operating a commercial motor vehicle.
- Is a passenger in a commercial motor vehicle.
- Loading or unloading a commercial motor vehicle, supervising or assisting in the loading and unloading, or while waiting to operate the vehicle that is being loaded or unloaded.
- Performing the driver requirements associated with an accident.
- Attending to a disabled commercial motor vehicle.

WHAT DRIVER CONDUCT IS PROHIBITED BY DOT REGULATIONS?

Prohibited conduct includes the following:

- Use of alcohol for four hours prior to duty.
- Use of alcohol while on duty.
- Use of alcohol after an accident for at least 8 hours or until the employee has been tested.
- Use of controlled substances, except as prescribed by a licensed physician with knowledge of the employee's safety-sensitive job duties.
- On a DOT alcohol test, no result of 0.04 BAC or greater.
- On a DOT drug test, no confirmed positive test result.
- Refusal to participate in a DOT alcohol or drug test.

NOTE: For alcohol test results of greater than 0.02 BAC but less than 0.04 BAC, the individual must not perform safety-sensitive duties for at least 24 hours.

NOTE: Drivers in the trucking industry are prohibited from possessing alcohol in any form while performing safety-sensitive duties (except as part of a manifested shipment). Since alcohol is present in many prescription and non-prescription products, including mouthwashes and sprays, drivers should be aware of any products they use that contain alcohol.

UNDER WHAT CIRCUMSTANCES WILL A DRIVER BE TESTED FOR ALCOHOL AND CONTROLLED SUBSTANCES?

1. **Pre-employment:** A drug test is required before an applicant performs any safety sensitive job duty. Testing must occur and a negative drug screen result obtained before the performance of any safety sensitive work duty.
2. **Post-accident:** Both drug and alcohol testing is performed following any accident involving a fatality, or any accident in which the driver receives a citation under state or local law for a moving traffic violation arising from the accident, and one or more of the following: 1) an injury treated away from the scene, or 2) a vehicle is towed from the scene.

3. **Reasonable suspicion:** Testing can be conducted anytime a trained supervisor observes behavior or appearance based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The observations may include indication of the chronic and withdrawal effects of controlled substances. The person who makes the determination that reasonable suspicion exists to conduct an alcohol or drug test shall not conduct the tests of the driver personally. Alcohol and/or drug testing is only authorized if the observations are made during, just preceding, or just after the period of the work day that the driver is required to be in compliance with this part. If reasonable cause is determined to exist and the test is not administered within two hours following the determination, a record should be prepared and maintained on file stating the reasons the test was not promptly administered. If the test is not administered within eight hours following determination, efforts should be ceased to administer the test, and a record prepared and maintained on file stating the reasons for not administering the test. The driver should be notified that a refusal to take the test is subject to the penalties listed in FMCSR 382.605 – just the same as if a positive test result occurs. Under these regulations, even if the driver resigns his/her position, he/she is still not medically qualified to drive until they fulfill the requirements in 382.605 for referral, evaluation and treatment.
4. **Random:** Testing conducted on a random, unannounced basis. The minimum annual rate for drug testing will be 25% of the average number of drivers, and at a 10% annual rate for alcohol. Drivers selected must proceed immediately to the testing site upon notification. A driver will only be tested for alcohol before, during, or immediately after the performance of a safety-sensitive duty.
5. **Return to duty:** Testing conducted when an individual has violated the prohibited conduct regarding alcohol and drug misuse. A driver is required to undergo a return to duty test after engaging in conduct prohibited by Part 382 concerning alcohol or controlled substances. A controlled substances test must have a verified negative result prior to returning to duty. An alcohol test must have a test result lower than 0.02 in order to return to duty.
6. **Follow-up:** Follow-up tests are required for driver's subject to return to duty testing. A minimum of six (6) tests must be conducted within the first twelve (12) months after returning to duty. The Substance Abuse Professional has the discretion to extend the testing numbers and time frame up to five (5) years.

NOTE: Refusal to submit to a controlled substances test will be considered a positive test.

WHAT PROCEDURES WILL BE USED FOR ALCOHOL TESTING?

There are two approved methods for alcohol testing:

- Photo identification (e.g. driver's license, employee ID badge) must be presented at the collection site.
- A technician will use a Q.E.D. device in a private setting. The technician will instruct the driver how to complete the saliva test. If the driver tests above 0.02 on the Q.E.D. device, a confirmation test must be performed on an Evidential Breath Testing (EBT) device; OR
- A Breath Alcohol Technician will use an EBT device in a private setting. Only the driver and the BAT can see or hear the test results. The BAT will select or allow the driver to select a sealed mouthpiece. It will be unwrapped in view of the driver and inserted into the EBT device.

- The BAT will give specific instructions how to complete the alcohol breath testing form and how to complete the test.
- The driver will blow into the mouthpiece of the EBT steadily and forcefully for at least six seconds or until the device indicates that an adequate amount of breath has been obtained.
- If the test result is below 0.02, the driver will sign the certification and fill in the date. The driver is then eligible to return to performing a safety-sensitive function.
- If the result of the test is 0.02 or greater, a confirmation test must be completed. The confirmation test must be taken at least fifteen (15) minutes after the initial screening test, but within thirty (30) minutes. To prevent an artificially high alcohol reading on the confirmation test, the driver should not eat, drink, smoke, chew gum, place anything in the mouth, or belch during the waiting period.

NOTE: Refusal to submit to an alcohol test shall be considered a positive test. This includes the confirmation test following a screening test with a result of 0.02 or greater.

WHAT PROCEDURES WILL BE USED TO TEST FOR THE PRESENCE OF CONTROLLED SUBSTANCES?

The following procedures will be followed for urine collections:

- Photo identification (e.g. driver's license, employee ID badge) must be presented at the collection site.
- You will be asked to remove any unnecessary outer garments such as a coat or jacket, and to empty the contents of your pockets prior to performing the collection. All personal belongings such as purses or briefcases will remain with the outer garments. You may request that these items be in a locked area. You may retain your wallet.
- If you bring any items into the collection site that appear to have been brought with the intent to tamper with your specimen, the collector must perform a direct observation collection using an observer who is the same gender as yourself. (The collection site person working with you will be of the same gender as yourself during an observed collection, and will be the same gender as yourself or a licensed medical professional during a monitored collection.)
- You will be instructed to wash and dry your hands prior to providing a specimen.
- You will witness the unsealing of the collection container and specimen bottles.
- Your specimen will be provided in the privacy of a stall or otherwise partitioned area that allows for individual privacy, unless otherwise indicated.
- The temperature of your specimen must be taken within four minutes after voiding, and must be within the range of 32-38 C/90-100 F. If the temperature is outside the acceptable range, a new test must be conducted immediately under direct observation. Both specimens will then be forwarded for testing, and the collector will notify the CO-OP's DER that a test had to be conducted under direct observation and why.
- The collector will inspect the specimen. If the collector has reason to believe that you may have altered or substituted the specimen (specimen temperature out of range, excessive foaming, smell of bleach, etc.), the collector must collect a second specimen under direct observation using a same-gender observer. This will be reported to a collection site supervisor and to your DER as soon as possible.

You will be asked to initial the identification label on the specimen bottle, and sign a certification statement for the purpose of certifying that the specimen was provided by you. After handing the specimen bottle to the collector, keep the specimen in full view at all times until it is sealed and labeled. Do not leave the collection site until the specimen has been sealed for shipment.

- The specimen will then be placed in a secured bag that will only be opened once the specimens have reached a certified laboratory for testing.
- If at any time during the collection process, you refuse to follow the collection procedures, this may result in a “Refusal to Test”. When such an instance occurs, the collector will inform you of the consequences of a refusal.
- The laboratory reports the results to the MRO (Medical Review Officer). If the test is negative, a negative report is issued to the driver’s employer. If the test is positive, the MRO will contact the driver and inquire about the substances that tested positive. If the driver provides a sufficient (legal) explanation of the substances used, then a negative report will be issued to the driver’s employer.

Split Specimen Testing Procedures

When a driver is notified by the MRO that there has been a verified positive test or a refusal to test because of adulteration or substitution, the driver has 72 hours from the time of notification to request a test of the split specimen. The request may be verbal or in writing. Once a request is made, the MRO must immediately provide written notice to the laboratory that tested the primary specimen, directing the lab to forward the split specimen to a second HHS-certified lab.

It is the responsibility of the motor carrier to make sure that the MRO, first laboratory, and second laboratory perform the split test in a timely manner, once the driver has made a timely request for a test of the split specimen. This responsibility holds true despite the inability or unwillingness of the driver to pay for the split test. The motor carrier does, however, have the right to seek payment or reimbursement for part or all of the cost of the split specimen from the driver.

Dilute Specimens

Employer has the right to establish a policy concerning dilute negative specimens. If the MRO reports a dilute negative result, employer has the option of requiring the driver to take another test immediately. If this option is chosen, it will be included in the employer’s drug and alcohol policy. All drivers will be treated the same under such a policy. If the driver is directed to take another test, the result of the second test will be the test of record. Refusal to take the second test will result in a positive test result being recorded.

Validity Testing

As of August 1, 2001, laboratories will be required to conduct validity testing on all specimens. This is done to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted. This testing is mainly meant to find substances that are used to mask the use of controlled substances. The use of such substances has become more widespread in recent years. The presence of such substances in the specimen will be treated as a refusal to be tested. Drivers still have the right to request a split test be conducted in such a case.

DO I HAVE TO SUBMIT TO TESTING?

YES - Testing is required by the DOT/FHWA.

WHAT ARE THE CONSEQUENCES OF A POSITIVE ALCOHOL TEST?

- If a driver tests 0.02 or greater, safety-sensitive functions cannot be performed.
- A driver with an alcohol level of greater than 0.02, but less than 0.04 cannot return to a safety-sensitive function until 24 hours have passed.
- If a driver has a test result of 0.04 or higher, the driver is not medically qualified to perform safety-sensitive functions, including driving a CMV unless the driver has met the referral, evaluation, and treatment requirements of Part 382.605.

WHAT ARE THE CONSEQUENCES OF A POSITIVE DRUG TEST?

- If a driver tests positive for controlled substances, that driver is not medically qualified to perform safety-sensitive functions, including driving a CMV unless the driver has met the referral, evaluation, and treatment requirements of Part 382.605.

REFERRAL, EVALUATION, AND TREATMENT REQUIREMENTS OF 382.605

- Each driver who has a positive alcohol or controlled substances test shall be advised by employer of the resources available to the driver in evaluating and resolving problems associated with the use of controlled substances and/or misuse of alcohol including the names, addresses, and telephone number of substance professionals and counseling and treatment programs.
- Any driver who engages in such prohibited conduct must be evaluated by a substance abuse professional who shall determine what assistance the driver needs in resolving the problems associated with the positive test. Changes in Federal Regulations now mandate that some level of assistance, education and/or treatment be assigned in every case. In addition, at least the minimum six follow-up tests must be prescribed. This requirement has also been amended to include positive test results on pre-employment controlled substances tests, which had been excluded in the past.
- Before a driver returns to perform safety-sensitive functions, the driver must satisfactorily complete the prescribed program and take a return-to-duty alcohol test if the violation involved alcohol, or a controlled substances test if the violation involved controlled substances. The motor carrier must receive a negative test result on the test before the driver resumes safety-sensitive duties.
- After a driver returns to duty, the driver will be subject to follow-up testing as prescribed by the SAP. Such testing will be unannounced and in addition to any other tests that may come up such as random or post-accident. If the driver leaves one motor carrier and wants to work for another, the requirements for these tests to be conducted will still be in place. It is the responsibility of the driver to inform the new motor carrier of any past violations, and the duty of the motor carrier to make sure that if they use the driver that all required tests are completed.

WHAT ARE THE POSSIBLE EFFECTS OF ALCOHOL ON THE BODY?

Alcohol abuse is responsible for about half of all auto collisions in this country. It is also the most widely used drug. It is a contributing factor to problems in the workplace including diminished productivity and increased absenteeism.

A central nervous system depressant, alcohol first acts on those parts of the brain that affect self-control and other learned behaviors. It impairs alertness, judgment, coordination, and reaction time. It lowers inhibitions and a person's inability to divide attention. If taken in large amounts, alcohol can cause damage to the liver and heart, and can cause permanent brain damage. Heavy drinkers shorten their lives in half.

WHAT ARE THE POSSIBLE EFFECTS OF CONTROLLED SUBSTANCES ON THE BODY? (See following pages)

GENERAL TESTING ISSUES

How long are drugs detected on a urine drug test?

DRUG RETENTION

Alcohol/Ethanol (blood/breath)
(see alcohol chart for peak values)

Amphetamines

Benzodiazepines (Valium, Librium, etc.)

Barbiturates - Long Acting (e.g. phenobarbital)
- Short Acting (e.g. secobarbital)

Cocaine (Crack)

Marijuana (THC) (times are only approximations)

- Infrequent smoker
- Moderate smoker
- Chronic smoker

Opioids (Codeine, Morphine, Heroin, Dilaudid, Percocet, Demerol)

Phencyclidine

PCP (Angel Dust) (chronic use may be up to 30 days)

TIME LINE

Metabolized at the rate of
2/3 drink per hour

2 – 3 Days

1 – 2 Weeks

1 - 3 Weeks

2 – 3 Days

2 – 3 Days

4 -5 Days

Days - Weeks

Weeks

Weeks

2-3 days

1-7 days

Which drugs are commonly tested?

If it is a federally mandated test through DOT, then the urine will be tested for Marijuana (THC), Cocaine, PCP, Opioids, and Amphetamines (Amphetamine and Methamphetamine), as well as tests for adulteration. No other drug test is allowed. Breath alcohol is also tested under the DOT regulations.

For non-regulated testing, the most common tests include the five drug classes above and also tests for Barbiturates, Benzodiazepines (Valium), and Propoxyphene (Darvon or Darvo-cet). Alcohol may or may not be tested in urine or breath according to the company policy.

What does a negative test result mean?

A negative result does not guarantee the absence of drugs, only that the specific drugs tested were either not present or may be below our ability to detect the drugs. If an employee admits to substance abuse, we recommend an evaluation by a Substance Abuse Professional (SAP) as part of an Employee Assistance Program (EAP). A repeat urine drug test or hair drug test may also be indicated.

What if the test is positive?

If a positive test has been confirmed by the laboratory, there may be medical use of a prescription medication or other legitimate explanation. A board-certified toxicologist or MRO is available to assist you with interpreting the result and determining whether any medications or other legitimate explanations were responsible for the positive test result.

Is there any difference in labs?

Yes, there is a BIG difference in the quality of labs. The "gold" standard is a lab that is federally certified by SAMHSA, which is the Substance Abuse and Mental Health Services Administration

(formerly NIDA, National Institute on Drug Abuse). There are very few SAMHSA certified labs as these labs must pass a rigorous inspection process and perform well on proficiency tests (samples sent specifically to challenge the labs competence). They must not only get the correct result, but also the correct quantitation of each drug that was found. If a lab is not certified by SAMHSA, there is no check on the quality of the chain-of-custody process or the quality of the analytical work. We recommend using only a SAMHSA certified laboratory.

What does a medical review officer (MRO) do?

Once a test is determined to be positive by the lab, there must be a review and interpretation of the result. The MRO will look for a medically valid reason for the positive result, procedural errors such as chain-of-custody problems, and interview the donor to act as the liaison between the laboratory and the employer. It is the responsibility of the MRO to request a retest on behalf of the donor should the MRO suspect that an error in the testing process may have occurred. The MRO will then rule as positive or negative.

ADULTERANTS/INTERFERING SUBSTANCES

What's the truth about adulterants? Is there anything that will alter the outcome of the test?

Adulterants have become a very popular subject. SAMHSA-certified laboratories have been given specific guidelines and are now testing for the more common adulterants--Klear (nitrite), Whizzies (nitrite), and UrinLuck (pyridinium chromate) that are generally thought to interfere with the GC/MS confirmation test for THC.

Other adulterants will alter the outcome of the initial test. Below is a summary of compounds known to produce a false negative result on the initial test or GC/MS confirmation in the scientific literature. These are provided for informational use only.

Adulterant	Interferes With
Salt	All EMIT tests
Bleach	All EMIT Tests and FPIA for Amphetamines/THC/Opiates/-PCP and RIA for Amphetamines/Opiates/PCP
Lye (Drano)	All EMIT
Soap	EMIT for Barbiturates/Benzodiazepines/THC/PCP
Bicarbonate	EMIT for Opiates/PCP
Vinegar	EMIT for THC
Visine	EMIT for Benzodiazepines/THC
Golden Seal Tea	EMIT for THC
Detergent	EMIT for THC/Benzodiazepines
Vanish	RIA for Amps/THC/Opiates
Urine-Aid (glutaraldehyde)	All Emit Tests
Mary Jane Super Clean (soap)	EMIT for THC
Klear, Whizzies (nitrites)	GC/MS confirmation for THC
UrinLuck (pyridinium chromate)	GC/MS confirmation for THC

Many labs do tests that are non-specific for adulterants such as pH (acid or alkaline), creatinine (how dilute is the urine?), specific gravity (measures how concentrated the urine is relative to water), and Chloride (present in salt and bleach). The specific gravity test may detect salt and Visine. A test for pH may detect bleach, lye, soap, bicarbonate, vinegar, or Vanish.

Even if these tests are abnormal, the test will be performed anyway and reported. If the lab is unable to test for the specific adulterant, it will be reported as a canceled test. However, most labs are now doing an adulteration panel that includes tests for specific adulterants such as nitrites, pyridine, chromate, salt, soap, bleach, or glutaraldehyde. The test will be reported as positive for the specific adulterant, which would amount to the same thing as a positive test.

What does golden seal root do?

Golden seal root is used as either a tea or as a capsule. It is generally thought that golden seal acts as an interferent and a diuretic, although there is evidence that it acts as an adulterant in vitro (added to a sample) with the EMIT THC assay being particularly susceptible. The active ingredients which may cause the interference have been proposed to be hydrastine, and to a lesser extent, berberine, although the mechanism of how it works is not known. More commonly, golden seal root is thought of as a diuretic (dilutes the urine). One could achieve the same effect on the test by drinking a large volume of water.

What's in Urin-Aid and how does it work?

Urin-Aid contains glutaraldehyde, an organic solvent. It causes an interference on the initial EMIT screening test by disrupting the enzymatic reaction that is necessary to provide a valid result. The results appear as a "super negative" well below all of the other negative results. These results do stand out and may trigger a test for glutaraldehyde.

ALCOHOL- (ETHANOL)

What are the different tests for alcohol? How are results interpreted?

Alcohol is tested in blood, breath, and urine. The results for blood and breath are equal, however, blood is not approved for federally regulated DOT tests. Urine as a specimen is also not allowed under the DOT regulations. If testing is done in the private sector, then any of the tests may be used if consistent with the company policy and any applicable state regulations. The current DOT regulations provide for two decision points. If the breath alcohol is greater than 0.04, then the employee must be immediately removed from the safety sensitive duty and cannot return to duty until evaluated by a substance abuse professional (SAP). If the breath alcohol is between 0.02 and 0.039, the employee must be removed from the safety sensitive job for 8 hours.

Can mouthwash interfere with a breath alcohol test?

No, if it is done correctly. According to the DOT regulations, one must perform a confirmation test and wait 20 minutes to allow for the residual mouth alcohol to dissipate. The breath alcohol test measures deep lung air. The residual mouth alcohol is gone in as little as 5 minutes, so 20 minutes is plenty of time to wait for the confirmation test.

Can the donor test positive for alcohol due to over-the-counter cough medications?

Yes. There are a number of brands that contain alcohol. In general, one would have to consume a very large quantity in order to test positive, but it is possible particularly on a urine alcohol.

What are the effects of drugs on the body?

Drugs of abuse affect the brain and either slow (depress) or accelerate (stimulate) actions and reactions.

Drugs such as marijuana (active ingredient THC), Opiates (such as codeine, morphine, heroin, Methadone, propoxyphene (Darvon), Benzodiazepines (for example Valium, Librium), Barbiturates (phenobarbital and Fiorinal), and alcohol are depressants while amphetamines and cocaine are stimulants.

Changes in our body chemistry alter both how our bodies work (our physiology), and how we feel about ourselves and our lives (our psychology). Drugs interfere with normal brain function and other vital body organs including the heart, lungs, liver, pancreas, stomach, and reproductive systems. These changes can range from mild to severe and overdose can result in death.

AMPHETAMINE & METHAMPHETAMINE

Are there any other drugs that are metabolized by the body into amphetamines?

Yes. There is Benzphetamine (Didrex) used to treat weight loss and Selegiline (Eldeprl) used for parkinsonism. There is another drug which is prescribed in Mexico, but not in the U.S. which is Clobenzorex (Asenlix) used to treat weight loss.

Do over-the-counter cold medications interfere with a drug test and cause an error in the test?

The over-the-counter cold medications are structurally very similar to amphetamines and may cause interference in the initial screening test, but not in the confirmation test by GC/MS, which is the only approved confirmatory technique in certified laboratories. It is important that all screening tests be confirmed. These compounds are present in many prescription and over-the-counter medications. It is important to do GC/MS to eliminate the chance of false positives due to these structurally similar compounds.

What are amphetamines?

Amphetamines are central nervous system stimulants that may be taken orally or injected. Amphetamines tend to increase alertness and physical activity. Amphetamines are used to counteract drowsiness, whether caused by lack of sleep, sleeping pills, other "downers", or alcohol.

What are some of the signs of amphetamine use?

- dilated pupils
- dry mouth and nose
- bad breath
- frequent lip licking
- excessive restless activity
- difficulty sitting still
- lack of interest in food or sleep
- irritable, argumentative, nervous
- talkative (conversation often lacks continuity)
- subjects change rapidly
- alertness, wakefulness, mood elevation
- loss of appetite, exhaustion
- sense of power and a false sense of security.

BARBITURATES

What are barbiturates?

Barbiturates are prescription sedative hypnotic drugs used to treat anxiety, stomach discomfort, pain, and sleep disorders. Longer acting barbiturates such as phenobarbital are used to treat epilepsy. Some are short acting such as pentobarbital (Nembutal), secobarbital (Seconal); intermediate acting such as amobarbital (Amytal), butalbital (Fiorinal, Fioricet, Esgic and others); and long acting Phenobarbital.

What are the signs of barbiturate use?

- central nervous system depressant
- mild intoxication (similar to alcohol)
- slurred speech
- lack of coordination
- lethargy
- headaches
- sensations of numbness or tingling
- dizziness
- confusion
- drowsiness

What are some of the health risks of using barbiturates?

As with other sedative hypnotics, barbiturates can produce physical dependence and withdrawal. Barbiturates were first introduced in the early 1900's. In the 1970's, barbiturate overdose was a leading cause of death. Due to the abuse and overdose potential, barbiturates can be very dangerous if taken in greater than prescribed dosages. These drugs are very dangerous when used in combination with other central nervous system depressant drugs such as alcohol. Overdose can result in depression of the central nervous system, depression of the cardiovascular system, and respiratory depression, which can lead to death. Other dangerous effects of overdose are shock with cool and clammy skin, decreased blood pressure, decreased oxygen carrying capacity of the blood, and coma.

BENZODIAZEPINES

What are Benzodiazepines?

Benzodiazepines are one of the most commonly prescribed drugs in the United States. They are sedative hypnotic drugs that relieve anxiety with less harmful side effects than the barbiturates. The benzodiazepine class of drugs includes Diazepam (Valium), Oxazepam (Serax), Chlordiazepoxide (Librium), Chlorazepate (Tranxene), Temazepam (Restoril), Alprazolam (Xanax), Triazolam (Halcion), Lorazepam (Ativan) and Prazepam (Centrax).

What are the signs of benzodiazepine use?

- lethargy
- sedation
- motor uncoordination
- intellectual impairment
- sleepiness
- impaired speech
- decreased anxiety
- muscle relaxation
- light headedness
- confusion
- disorganization of thought

What are some of the health risks of using benzodiazepines?

They are relatively safe even at high doses, which is why they are replacing the barbiturates as sedative hypnotics. Sedation and respiratory depression at high doses are enhanced with alcohol and other central nervous system depressants. These drugs have an abuse potential.

Cocaine – “CRACK”

What is the difference between "Crack" and Cocaine?

Cocaine is a local or topical anesthetic that stimulates the central nervous system. It is snorted (inhaled through the nose), injected, or in its free-base form, smoked by inhaling its vapors. It is sometimes called coke, toot, and nose candy. In its free-base form, it is sometimes called rock, crack, or base. The effects of the drug begin within minutes after entering the system and start with a brief intense euphoric feeling of well being, which peaks within 15 to 20 minutes and is followed by depression.

What are the signs of cocaine or "crack" use?

- dilated pupils
- dry mouth and nose
- frequent lip licking
- excessive restless activity
- difficulty sitting still
- lack of interest in food or sleep
- irritability, argumentative, nervous
- talkative (conversation often lacks continuity)
- subjects change rapidly
- runny nose
- chronic cold or sinus/nasal problems
- nosebleeds and use or possession of paraphernalia (glass vials, glass pipe, white crystalline powder, razor blades, syringes, needle marks)
- experience severe shifts in mood.
- extremely sensitive to loud noises. This sensitivity can create paranoia, which leads to an inability to concentrate on tasks.

What are some of the health risks of using "crack" or cocaine?

Cocaine over stimulates the circulatory, respiratory, and central nervous systems. Cocaine interferes with the natural chemical in the brain that stimulates and regulates the firing of nerve cells. Muscle spasms in various parts of the body can occur. Overstimulation of the nervous system can cause convulsions, which can lead to respiratory collapse and death. Long term crack (rock-like bits of cocaine that can be smoked) users have also suffered permanent damage to the cortex, the part of the brain that is used to think.

HAIR TESTING ISSUES

What about hair tests for drugs?

Hair analysis is being increasingly used by many employers during the pre-employment process, and some employers are using it for random testing also. Employers have found that hair offers the ability to stop nearly twice as many drug users at the door before they are employed due to the longer detection window of 90 days. In addition, hair testing for drugs of abuse has been found to be a reliable tool in child custody cases.

Why use hair analysis for pre-employment testing in the workplace?

Urine pre-employment testing is often called a "liquid IQ" test. Is the applicant smart enough to abstain from drug use for a week before the drug test? The most serious challenge to an effective pre-employment drug-testing program is the limited detection time of drugs in urine. Amphetamine, Opiate, PCP and cocaine have average limits of detection of 2 to 3 days on a urine test. Marijuana is detectable for 4-5 days in an infrequent user, and up to several weeks from a heavy (chronic user) on a urine test. However, drug deposits in hair remain as long as the hair is left uncut. Hair testing laboratories test for drugs deposited in hair over a period of approximately 90 days. Urine appears to be more susceptible to adulteration, hydration and switching. The applicant has ample time while searching for employment to plan a method to avoid a positive result in urine. Adulterants are common and easily obtained (see section on adulterants for more info). Hair analysis provides a greater challenge to these applicants for a number of reasons:

- The applicant cannot replace his hair with someone else's.
- The applicant cannot adulterate hair by placing anything in or on the sample while in the specimen collection area.
- The collector takes the hair directly from the applicant and the sample is never out-of-sight.
- The applicant cannot eat or drink anything that will dilute a hair sample.

There have been reports of individuals who strip, bleach and re-dye their hair to its original color. This may be effective if the applicant is an occasional user and his/her levels were at or near the cutoff. In most cases, the cutoff level used by the more sophisticated laboratories is low enough that stripping the hair will not remove all of the drug that has been deposited.

Is hair analysis appropriate for other workplace drug testing?

Because hair testing detects drug use over a long period of time (approximately 90 days), it is not an appropriate method for post-accident or reasonable suspicion testing. In both of these situations, the result should detect the drug use of an individual as close as possible to the time of the incident. Urine combined with a breath alcohol specimen is the appropriate sample for this type of testing. There are employers who are using hair analysis for random testing. However, the vast majority of employers who use hair testing use it solely for pre-employment, and use urine for random, post-accident and reasonable suspicion testing.

Do drugs deposit in or on hair?

The current scientific research indicates that drugs deposit in hair by several methods. These include transmission from the blood supply through perspiration and skin oil. In addition, drugs are externally deposited on the hair by environmental smoke, or more reasonably by smoke from the user's own

ingestion. As with the smoke from tobacco users, an individual's hair will be more susceptible to environmental smoke from his or her own drug use activity.

Does chemical treatment of the hair affect test results?

Commonly used hair products (shampoos, conditioners, sprays, mousses and gels) have no significant effect on test results. In fact, normal hair washing helps to remove the external presence of drugs on the hair. Drug residues remain permanently entrapped in the hair.

How much hair is needed for the test?

Assuming the sample is taken from the head, the amount of hair needed is a snip about the thickness of a shoelace tip and at least 1½ inch long. This represents a relatively small amount of hair and should be cosmetically undetectable.

Can tests be conducted on individuals with little or no head hair?

Yes. Hair can be collected from several locations on the head and combined to obtain the required amount of hair. If necessary, body hair such as leg or chest hair can be used as an alternative to head hair.

Marijuana

Can a donor test positive through passive inhalation because he was in the same room with someone smoking marijuana?

This is a question that has had a long history. It has been shown that it is possible to have detectable levels of THC from passive inhalation, although at current DOT cutoffs (50ng/ml) used in certified labs, it is agreed that this is not possible. The controversy came from studies that showed it is possible to produce a positive urine test when an initial cutoff of 20ng/ml is used. There are numerous scientific articles that validate this point. However, exposure conditions were so unrealistic that they were characterized as nearly intolerable.

How long does Marijuana stay in the body?

This is not an easy question to answer because marijuana is a fat-soluble drug. If a person is a first time user it will probably all be out of the system in about 5 days. For chronic users (several times a week for a long period of time) marijuana is stored in the fat and slowly released over time. In this case, marijuana can be detected for weeks or in rare cases even months after smoking. If one is not a first time user or a chronic user, i.e., somewhere in between, the range is a couple of weeks, but this can vary from one individual to another.

How long is marijuana detectable on a urine test?

THC in marijuana is strongly absorbed by fatty tissues in various organs. Generally, traces (metabolites) of THC can be detected by standard urine testing methods several days after a smoking session. However, in heavy chronic users traces can sometimes be detected for weeks after they have stopped using marijuana.

What is marijuana? Are there different kinds?

Marijuana is a green, brown, or gray mixture of dried, shredded flowers and leaves of the hemp plant (*cannabis sativa*). Before the 1960s, many Americans had never heard of marijuana, but today it is the most often used illegal drug in this country. Cannabis is a term that refers to marijuana and other drugs made from the same plant. Stronger forms of cannabis include sinsemilla, hashish ("hash" for short), and hash oil. All forms of cannabis are mind-altering (psychoactive) drugs; they all contain THC (delta-9-tetrahydrocannabinol), the main active chemical in marijuana. Hashish (the sticky resin from the female plant flowers) has an average of 3.6% with a range as high as 28%. Hash oil, a tar-like liquid distilled from hashish, has an average of 16% with a range as high as 43%.

How is marijuana used?

Most users roll loose marijuana into a cigarette (called a joint or a nail). The drug can also be smoked in a pipe. One well-known type of water pipe is the bong. Some users mix marijuana into foods or use it to brew a tea. Lately, young people have a new method. They slice open cigars and replace the tobacco with marijuana making what's called a blunt.

What are the signs of marijuana use?

- sleepiness in later stages

- forgetfulness in conversation
- reduced concentration and coordination
- inflammation in whites of eyes
- pupils likely to be dilated
- hunger
- odor similar to burnt rope on clothing or breath
- tendency to drive cars slowly, below speed limit
- distorted sense of time passage
- use or possession of paraphernalia (rolling papers, pipes, dried plant material, roach clips)

Driving experiments show that marijuana affects a wide range of skills needed for safe driving. Thinking and reflexes are slowed making it hard for employees to respond to sudden, unexpected events. Furthermore, an employee's abilities to "track" through curves, brake quickly, maintain proper speed and distance between vehicles are affected. Research shows that these skills are impaired for at least four to six hours after smoking a single marijuana cigarette.

How many people smoke marijuana? At what age do children generally start?

A recent government survey tells us:

Over 70 million Americans over the age of 12 have tried marijuana at least once. About 10 million had used the drug in the month before the survey. More than 5 million Americans smoke marijuana at least once a week. Among teens aged 12 to 17, the average age of first trying marijuana was 13.5 years old. A yearly survey of students in grades 8 through 12 shows that by 10th grade, nearly 16% are "current" users (that is, used within the past month). Among 12th-graders, nearly 40% have tried marijuana/hash at least once, and 19% were current users. Other researchers have found that use of marijuana and other drugs usually peaks in the late teens and early twenties, then goes down in later years.

How can I tell if my child has been using marijuana?

There are some signs you might be able to see. If someone is high on marijuana, he or she might seem dizzy and have trouble walking, seem silly and giggly for no reason, have very red, bloodshot eyes; and have a hard time remembering things that just happened. When the early effects fade over a few hours, the user can become very sleepy.

Parents should be aware of changes in their child's behavior, although this may be difficult with teenagers. Parents should look for withdrawal, depression, fatigue, carelessness with grooming, hostility, and deteriorating relationships with family members and friends. In addition, changes in academic performance, increased absenteeism or truancy, lost interest in sports or other favorite activities, and changes in eating or sleeping habits could be related to drug use. However, these signs may also indicate problems other than use of drugs.

Does using marijuana lead to use of other drugs?

Long-term studies of high school students and their patterns of drug use show that very few young people use other illegal drugs without first trying marijuana. Using marijuana puts children and teens in contact with people who are users and sellers of other drugs. Therefore, there is more of a chance for a marijuana user to be exposed to and urged to try more drugs.

What happens after a person smokes marijuana?

Within a few minutes of inhaling marijuana smoke, the user will likely feel, along with intoxication, a dry mouth, rapid heartbeat, some loss of coordination, poor sense of balance, and decreased reaction time. Blood vessels in the eye expand so the user's eyes look red. For some people, marijuana raises blood pressure slightly and can double the normal heart rate. This effect can be greater when other drugs are mixed with the marijuana, but users do not always know when that happens. As the immediate effects fade, usually after 2 to 3 hours, the user may become sleepy.

Can a user have a bad reaction?

Yes. Some users, especially someone new to the drug or in a strange setting, may suffer acute anxiety and have paranoid thoughts. This is more likely to happen with high doses of THC. These scary feelings will fade as the drug's effects wear off. In rare cases, a user who has taken a very high dose of the drug can have severe psychotic symptoms and need emergency medical treatment. Other kinds of bad reactions can occur when marijuana is mixed with other drugs such as PCP or cocaine.

Do marijuana users lose their motivation?

Some frequent, long-term marijuana users show signs of a lack of motivation (amotivational syndrome). Their problems include not caring about what happens in their lives, no desire to work regularly, fatigue, and lack of concern about how they look. As a result of these symptoms, most users tend to perform poorly in school or at work. Scientists are still studying these problems.

OPIOIDS (NARCOTICS)

What are opiate narcotics?

The opiate class of narcotics includes morphine, codeine, and heroin. Synthetic opiates are hydrocodone, hydromorphone (Dilaudid), oxycodone (Percodan), meperidine (Demerol) and propoxyphene (Darvon, Darvocet) and methadone which is a synthetic opiate used for heroin detoxification. These drugs are used medicinally to relieve pain, but also have a high potential for abuse. Opiates tend to relax the user. A user will feel an immediate rush when the opiates are injected or smoked (heroin), but may soon experience other unpleasant side effects including restlessness, nausea, and vomiting.

What are the signs of opiates use?

- mental dullness
- lethargy and drowsiness
- going back and forth from alert to drowsy
- cold, moist skin or "gooseflesh"
- scratches frequently
- slurred speech
- constricted pupils that fail to respond to light
- if injected, needle tracks or scars
- paraphernalia (syringes, spoons, medical droppers, bent spoons, metal bottle caps, small glassine bags or foil packets)

What are some of the health risks of using opiates (narcotics)?

These drugs, including codeine, morphine, and common painkillers such as Demerol and Darvon are all legally manufactured from opium, which is a by-product of the poppy plant. Heroin, an illegally manufactured product, as well as those legal narcotics, all find their way into the drug marketplace. When taken outside a doctor's care, the user risks mental and physical dependence in the form of prolonged lethargy, apathy, slurring of speech, and loss of judgment and self-control. All of these may result in convulsions, coma, nausea, diarrhea, vomiting, and malnutrition as the use of the drug replaces a balanced diet.

OVER-THE-COUNTER MEDICATION

Do over-the-counter cold medications interfere with a drug test and cause an error in the test?

No, if results have been confirmed by GC/MS. The over-the-counter cold medications are structurally very similar to amphetamines and may cause interference in the initial screen-ing test only, but not in the molecular fingerprint confirmation test by GC/MS, which is the only, approved confirmatory technique in certified laboratories. This is why it is necessary to confirm all positive screens. The compounds that we are talking about are pseudoephedrine (Sudafed, Actifed, Contac Drixoral and many others), phenylpropanolamine (Robitussin, Triaminic and others) phenylephrine (Dristan, Neo-Synephrine and others) and ephedrine (Primatene, Bronkaid). These compounds are present in many prescription and over-the-counter medications. Since certified laboratories use GC/MS, that eliminates the chance of a false positive due to these structurally similar compounds.

PCP – “ANGEL DUST”

What is "angel dust" or PCP?

Phencyclidine (PCP), also commonly known as "angel dust", is an outlawed animal tran-quilizer that may be smoked, snorted, injected, or taken orally. PCP is known for its long term potential to create psychotic behavior, violent acts, and psychosis. For many users, PCP changes how they see their own bodies and almost everything around them.

What are some of the signs of PCP use?

- unpredictable behavior with mood swings from passiveness to violence for no apparent reason, possibly including self-destructive behavior
- symptoms of intoxication
- disorientation with agitation and violence if exposed to excessive sensory stimulation
- fear, terror, rigid muscles, strange gait
- deadened sensory perception, possibly unaware of severe injuries
- pupils may appear dilated
- non-communicative mask-like facial appearance
- floating pupils
- hallucination
- synaesthesia (see sounds, smell colors)
- comatose if large amount consumed
- inability to concentrate on tasks can cause accidents
- users are a potential safety risk

What are the health risks of using PCP?

PCP or "angel dust" was originally manufactured as a human, then animal, tranquilizer and can cause violent and self-destructive behavior. "Dust" affects brain functions. Often it takes the user both out of reality and into a mindset that overrides the natural tendency to be cautious in dangerous circumstances. Consequently, users often place themselves in situations that may cause serious injury. They may become irrational and think themselves to be indestructible. Use may also result in blurred vision, diminished sensations, ataxia (uncoordination), muscle spasms, auditory hallucinations and variable motor depression, which may lead to other aggressive or bizarre behavior. Blood pressure rises, and there may be excessive sweating and salivation. High doses may lead to convulsions, coma, hyperpyrexia (fever), and respiratory depression or arrest (death).

POPPY SEEDS & TESTING ISSUES

I've heard that poppy seeds will cause a false positive test. What is the truth?

Poppy seeds will cause a true positive test for opiates, more specifically, morphine. The explanation is easy. Where do poppies come from? They come from poppy seeds. Since poppies contain morphine then poppy seeds should also contain morphine--they do!

How do you differentiate morphine in poppy seeds from other sources?

If the morphine quantitation is greater than 2000ng/ml, then another test, a 6 monoacetyl-morphine (MAM), is automatically performed (as of 12/1/98) on federal workplace samples. Monoacetylmorphine is a specific heroin metabolite and is proof of heroin use.

What are the sources of morphine positive other than poppy seeds?

Morphine can come from heroin use, codeine (morphine is a metabolite), or from using pure morphine.

Will Dilantin or Phenobarbital cause a positive test for barbiturates?

Phenobarbital is a barbiturate and will cause a positive test result for barbiturates. Phenytoin (Dilantin) is not a barbiturate; however a metabolite, hydroxyphenytoin has minimal cross reactivity on the initial screening test. There is no interference on the confirmatory GC/MS test; therefore, Dilantin (Phenytoin) has no effect on the eventual result for barbiturates.

What about herbal teas?

Several years ago there was an herbal Inca tea that actually contained cocaine since it was made from the coca plant. Since this product contained cocaine, it was quickly removed from the market by the DEA. There are no herbal teas currently marketed that contain cocaine. Therefore no herbal tea that is legally manufactured will cause a problem with the test for cocaine.

Will the donor test positive for heroin due to Phenergan, Vick's Formula 44, tonic water or poppy seeds?

None of these compounds contain Heroin. See the response under poppy seeds for a complete discussion of this issue. There is a type of Phenergan that contains codeine that is metabolized to morphine. This is a good example of the need for an MRO to review test results to verify a valid prescription that may account for a positive result for morphine. Any prescription cough syrups that contain codeine also will metabolize to morphine and should require an MRO for interpretation. Tonic water contains no opiate or any compound that could lead to a positive heroin or opiate result. This myth came from the fact that quinine (present in tonic water) is also used to "cut" heroin. Obviously, the presence of quinine is not indicative of heroin use.

MDMA/MDA – “ecstasy”

What is "ecstasy" or MDMA

Ecstasy is also known as MDMA or Methylenedioxyamphetamine. It belongs to a family of drugs called, “entactogens,” which literally means, “touching within.” Other drugs in this category include MDA, MDE, and MBDB. Before it was made illegal in 1985, MDMA was used by Psychiatrists as a therapeutic tool. Studies are currently underway in several countries, including the United States and Israel to assess MDMA’s effectiveness in the treatment of post traumatic stress disorder or PTSD.

What are the effects?

MDMA is a “mood elevator” that produces a relaxed, euphoric state. It does not produce hallucinations. MDMA takes effect 20-40 minutes after taking a tablet, with little rushes of exhilaration which can be accompanied by nausea. 60-90 minutes after taking the drug, the user feels the peak effects.

INDIANA SUBSTANCE ABUSE PROFESSIONAL (SAP)

REFERENCES

When a positive DOT result is received, the decision of whether to retain or terminate the employee must be made. If the employee is to be terminated, he/she will need the information of two DOT qualified SAPs. If the employee is to be retained, he/ she must successfully complete the return to duty process before returning to safety-sensitive duties.

For a listing of DOT qualified SAPs, visit:

www.saplist.com

or

Contact the ITI MRO-A: 317-999-6949

Upon contacting a SAP, please inquire and confirm “Are you DOT certified?” before using their services.

Indiana Testing, Inc

881 South Girls School Road, Indianapolis, IN 46231

DRUG HOTLINE NUMBERS

Alcoholic Anonymous World Service Office (AA)

475 Riverside Drive, New York, NY 10115

(212) 870-3400 – The original 12-step self-help program with free meetings in nearly every community and more than 100 countries.

Narcotics Anonymous (NA)

P. O. Box 9999, Van Nuys, CA 91409

(818) 773-9999 – Focusing on other drug problems, one of the many other self-help groups based on the AA model.

Al-Anon/Alateen Family Groups

P. O. Box 862, Midtown Station, New York, NY 10018-0862

(800) 344-2666 – Also based on the AA model, for those who have been affected by someone else's alcohol or other drug problem

Nar-Anon Family Groups

P. O. Box 2562, Palos Verdes Peninsula, CA 90274

(310) 547-5800 – The other drug counterpart to Al-Anon.

Adult Children of Alcoholics (ACA/ACOA)

P. O. Box 3216, Torrance, CA 90510

(310) 534-1815 – Self-help groups for those who grew up in families with alcoholism. Send a self-addressed stamped envelope for a list of meetings in your area.

Women for Sobriety

P. O. Box 618, Quakertown, PA 18951

(800) 333-1606 – Self-help meetings offering emotional support to women in recovery.

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION
(800) 792-6686

DRUG & ALCOHOL TRAINING PACKET DRIVER'S ACKNOWLEDGEMENT

I certify that I have received a copy of **TIPTON COMMUNITY SCHOOLS** drug and alcohol training packet that explains the drug and alcohol testing requirements contained in CFR 49 Part 382 of the Federal Motor Carrier Safety Regulations, as well as procedures to follow in order to give a reasonable suspicion drug or alcohol test to a driver. I understand that as a condition of employment, I must comply with the guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with drug and/or alcohol abuse during my employment with **TIPTON COMMUNITY SCHOOLS**, I will seek assistance through the current drug and alcohol testing program administrator/DER.

Signature

Date



Indiana Testing, Inc

Online at <http://www.itihq.com> 881 S. GIRLS SCHOOL RD INDIANAPOLIS, IN 46231 PHONE: 317-271-2611 FAX: 317-248-1072

AUTHORIZATION FOR POST ACCIDENT DRUG AND ALCOHOL TESTING

This is to certify that I am giving consent for all documents to be released to my employer that would indicate whether there were any controlled substances and/or alcohol in my system at the time of medical treatment as a result of a job related accident where I may be too seriously injured to submit to a normal alcohol and/or controlled substance test.

Upon receipt of these reports and documents, it was determined the employee's testing showed:

Negative for Alcohol	<input type="checkbox"/>	Positive for alcohol	<input type="checkbox"/>
Negative for controlled substance	<input type="checkbox"/>	Positive for controlled substances	<input type="checkbox"/>
Positive tests for alcohol/controlled substances requiring additional testing and/or investigation:			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

Employee Signature

Date

Employer Representative

Date

Pre-Employment Drug Screen Result Form

This form documents pre-employment drug screen test results. Please attach the verified copy of the pre-employment drug result and place in the employee's driver qualification file. Photocopy this form and use one form for each report.

Name of Employee (please print): _____

Social Security Number: _____

Date of Pre-Employment Drug Screen: _____

Name and location of collection site: _____

Laboratory analyzing the specimen:

**Clinical Reference Laboratory
8405 Quivira Road
Lenexa, Kansas 66215**

Medical Review Officer:

**Dr. Philip Lopez
881 South Girls School Road
Indianapolis, IN 46231**

The drug test result reported was:

Negative

Positive for:

Not Needed

Marijuana (THC)

Cocaine

Opioid

Amphetamines

Phencyclidine (PCP)

I certify these were the drug test results reported to me by telephone on the _____ day of _____, 20____.

Name of company official (please print): _____

Signature of company official: _____

DOCUMENTATION OF RANDOM TEST SELECTION AND NOTIFICATION

Use this form to document how and when you notified a driver of his or her random selection, and the approximate time that collection of the urine and alcohol breathalyzer took place after notification. Keep copies of these forms with the general administrative records for your drug testing program. If you wish, copy the form onto your company letterhead.

Date of selection by Company or it's Agent: _____

Driver's Name

Driver's Identification Number

Date of Driver Notification

Time of Driver Notification *

Driver was notified (check all that apply):

in person by _____ by telephone by _____

other (please describe) _____

Location of Driver at time of Notification: _____

Name of Collector / BAT

Date of Collection

Time of Collection

I hereby certify the above information to be a true and correct record of the driver's selection for testing and the sample collection which resulted from such collection.

Signature of DER (Designated Employer Representative)

Date

***If more than a few hours elapsed between the time the driver was notified to report and the time that the collection took place, please record the circumstances on the back of this form.**

CDL DRIVER DISQUALIFICATION - UPDATING THE NEW RULES

Most professional drivers have undoubtedly heard about the new commercial driver's license (CDL) disqualification rules that **Indiana Legislature passed on September 20, 2005**, but many do not understand exactly how it affects them or when. "Will I lose my CDL if I'm caught speeding in my four wheeler?" "What offenses will disqualify me?" "These rules don't apply to me yet - right?" These and other common questions are a sign that training is needed on the disqualification rules. This training blueprint will address the basics of the revised CDL disqualification rules and how they could affect professional drivers.

Background

The Federal Motor Carrier Safety Administration (FMCSA) issued its revised CDL disqualification rules on July 31, 2002, and the changes took effect on September 30 (though states have until September 30, 2005, to implement them). The new rules are primarily found in the Federal Motor Carrier Safety Regulations under 49 CFR Part 383.

New provisions include:

- Disqualification for violations occurring in a non-commercial motor vehicle (CMV);
- Disqualification for driving while suspended or disqualified, or for causing a fatality;
- Emergency disqualification of drivers posing an imminent hazard;
- Expanded definition of "serious traffic violations";
- Extended driver record check;
- New notification requirements; and
- A school bus endorsement.

What is Disqualification?

Disqualification means:

- a) The suspension, revocation, cancellation of a CDL by the state that issued it.
- b) Withdrawal of a person's privileges to drive a CMV by a state as the result of a violation of traffic control laws (other than parking, vehicle weight, or vehicle defect violations).
- c) A determination by the FMCSA that a person is not qualified to operate a CMV under 49 CFR Part 391, Qualification of Drivers.

Note: *Motor carriers are not authorized to disqualify drivers. That authority lies with the states.*

Non-CMV Offenses

Unlike the previous rules, a CDL driver can now be disqualified for offenses committed in a "non-CMV", which includes virtually any motor vehicle.

The following are violations in a non-CMV for which a CSL holder can be disqualified (after conviction):

- Being under the influence of drugs or alcohol;
- Refusing to take an alcohol test;
- Leaving the scene of an accident;
- Using a vehicle to commit a felony;
- Speeding excessively (15 mph or more over the limit);
- Driving recklessly;
- Making improper or erratic lane changes;
- Following too closely; and
- Violating a traffic control law in connection with a fatal accident.

New Disqualifying Offenses

The new CDL rules added the following two disqualifying offenses, which apply to the operation of CMV's:

- Driving a CMV after a CDL has been revoked, suspended, or canceled for operating a CMV; and
- Causing a fatality through the negligent or criminal operation of a CMV.

Imminent Hazards

The FMCSA is now authorized to disqualify any driver whose driving is determined to constitute an “imminent hazard”. This includes driving behavior that is substantially likely to cause death, serious illness, severe injury, or a substantial endangerment to health, property, or the environment. Drivers posing an imminent hazard may be dis-qualified for up to one year.

Note: *A federal agency has the authority to disqualify these drivers, so this provision can affect drivers today even if the states have not yet implemented the new rules.*

Serious Traffic Violations

The regulation expands the loss of serious traffic violations to include:

- Drivers who fail to obtain a CDL;
- Driving a CMV without a CDL in the driver’s possession; and
- Operating a CMV without the proper CDL and/or endorsement for the vehicle being operated or the cargo or passengers being transported.

Railroad-Highway Crossings

The rules detail the railroad-highway grade crossing offenses that result in disqualification, including:

- Failing to slow down, stop, and/or check the tracks when required;
- Failing to leave enough space to drive completely through a crossing without stopping;
- Failing to obey a traffic control device or enforcement official; and
- Failing to make sure there is enough undercarriage clearance.

Out-of-Service Orders

A driver will be disqualified for violating a driver or vehicle out-of-service order. The disqualification period doubles when hazardous materials are involved.

Training Note: *If you haven’t done so already, this would be a good time to provide a copy of the new rules to your drivers. In the regulations, 49 CFR 383.51 contains a handy if/then table summarizing the disqualifying offenses and their penalties.*

Disqualification Period

The period of disqualification varies depending on the offense and the driver’s history of offenses:

- For major offense, including drug, alcohol, or felony-related convictions or leaving the scene of an accident, a driver would be disqualified for one year, or three years if hazardous materials were involved. For a second conviction, the driver would be disqualified for life.
- For serious traffic violations, including speeding, reckless driving, following too closely, driving without a CDL, traffic-control-related violations, etc., a driver would be disqualified for 60 days after the second conviction and 120 days after three or more convictions within three years.
- For railroad-highway grade crossings, the disqualification period is at least 60 days upon first conviction, at least 120 days upon second conviction within three years, and at least one year for three or more convictions within three years.
- For violating out-of-service orders, drivers will be disqualified for 90 days to two years after the conviction, one to five years after a second conviction within a ten-year period, and three to five years for three or more convictions within a ten-year period.

Employer Notification

CDL drivers are required to notify their employers and licensing states about convictions, as follows:

- After being convicted of violating a traffic control law (other than parking violation), the driver must notify, in writing and within 30 days of conviction, the state that issued his/her license and his/her current employer. The notification must include the information listed in 381.31 (c).
- If a driver’s license is suspended, revoked, or canceled, or he/she loses the right to operate a CMV or is disqualified, then he/she must notify his/her employer before the end of the day the employee received notice.



Clarifications: Driver Disqualification §383.51

Part 383 defines the disqualification criteria applying to drivers of commercial motor vehicles in intrastate, interstate, or foreign commerce. The term “commercial motor vehicle” is defined as all vehicles weighing more than 26,000 pounds, all vehicles designed to transport 15 or more people, and all vehicles used in the transportation of hazardous materials that require placards.

While only the state or the Federal Highway Administration has the authority to take official “disqualification” action against a driver, regulations specify automatic disqualification for conviction of offenses stated in §383.51. During such time, the employer is prohibited from using the driver during the disqualification period. See §391.15 for further clarification.

Disqualifying Offenses

A driver is disqualified from driving by §383.51 if he/she is convicted (including forfeiture of bond or collateral) of any of the following while operating a commercial motor vehicle:

- Having an alcohol concentration of .04% or more, being sited for DUI (driving under the influence) as determined by state law, or refusing to be tested
- Operating under the influence of a controlled substance
- Leaving the scene of an accident
- Committing a felony
- Committing a felony involving manufacturing, distributing, or dispensing a drug

Length of Disqualification:

First conviction, except drug felony 1 year
 Committed while hauling hazardous material..... 3 years
 Second convictionlife (may be reduced to 10 years under certain conditions)
 A single drug felony conviction.....life

Serious Traffic Violations

Serious traffic violations are defined in §383.5 as:

- Excessive speeding (15 mph or more over the posted speed limit)

- Reckless driving
- Improper lane changes
- Following too closely
- A traffic violation resulting in a fatal accident

Disqualification Period for Serious Traffic Violations is as follows:

Two violations within three years 60 days
Three violations within three years..... 120 days

Violations of Out-of-service Orders

Disqualification periods for out-of-service violations are defined in §383.51(d) as:

While on the road, a driver or vehicle may be placed out-of-service by an enforcement officer for a certain period of time or until a given problem has been corrected. A driver convicted of violating the order will be subjected to a fine and disqualification period.

The regulations establish a range of penalties that allows for judicial discretion in setting the disqualification period for the driver. The ranges are:

First violation **90 days to one year**
Second violation within a ten (10) year period..... **one to five years**
Three or more violations within a ten (10) year period. **three to five years**

Bus drivers and haulers of hazardous materials will incur more severe penalties. The first violation will result in at least 180 days of disqualification, and any subsequent violation will require a three-to-five year disqualification.

Fines for violating out-of-service orders are set in §383.51. For drivers, the range is \$1000-\$2500 and \$2500-\$10,000 for the carrier.

Annual Review of List of Violations 391.27

The regulations require the motor carrier to request information regarding violations on the employment application and request a list annually for each driver. Specifics of the requirements are as follows:

- This list must include all violations of motor vehicle traffic laws or ordinances for which the driver was convicted, or forfeited bond or collateral during the preceding 12 months.
- If there were no violations, the record must still be submitted to the motor carrier indicating there were none.
- CDL drivers must notify their employer of any motor vehicle violations within 30 days (383.31). These violations do not need to be reported on the annual list.

The list of violations must be included in the driver’s qualification file.

Explanations: Motor Vehicle Records (MVR) 391.23, 391.25

Regulations require motor carriers to obtain an MVR for the previous three (3) years for each new driver hired. The requirements are as follows:

- The request for MVR records must be made before the date the driver's employment begins.
- The request must be sent to every state in which the driver held a license or permit during the past three (3) years.
- The request must meet state requirements.
- A copy of each state's record, or response that a record doesn't exist, must be maintained in the driver's qualification file.

Railroad-Highway Grade Crossing Disqualifying Offenses

A driver can be disqualified if he fails to stop at a railroad crossing and he is carrying passengers or hazardous materials. All other drivers are required to slow down and check that the tracks are clear before crossing.

The following disqualifying offenses apply to all drivers:

- Failure to have sufficient space to completely drive through the crossing without stopping
- Failure to obey a traffic control device or the directions of an enforcement official at the crossing
- Failure to clear a crossing because of insufficient undercarriage clearance

Section 383.51(e)(2) defines the disqualification period for the above listed violations:

First Violation..... at least 60 days
Second Violation within a three (3) year period..... at least 120 days
Three or more violations in a three (3) year period at least a year

Section 383.53(c) states that employers will be subject to a fine up to \$10,000 if they knowingly allow, require, or authorize a driver to operate a commercial vehicle in violation of the railroad-highway grade crossing regulations.

RECORD OF DISQUALIFICATION PART 383

In accordance with regulations as prescribed by the United States Department of Transportation, 49 CFR, Sec. 383.51, this employer has learned that the driver named below was convicted of the disqualifying offense shown below. This employer is prohibited from using the driver for driving during the officially prescribed disqualification period. The disqualification code is shown on the reverse side.

This notice issued to: _____ Date: _____

Period of Disqualification: ___ 1 Year ___ Lifetime
 ___ 3 Years ___ 60 Days
 ___ 10 Years ___ 120 Days

Other: _____

Code:

___ Disqualified from driving effective date _____ through date of _____ after which DOT named driver shall request reinstatement in writing including corrective action taken regarding disqualification.

___ Termination of Employment effective date _____.

- (1) Reinstatement of employee is entirely at discretion of employer.
- (2) Any petition of application for re-employment shall be accompanied by statement as to qualification, and evidence of compliance with federal and state regulations.

DISQUALIFICATION PERIOD

Major Offenses 383.51(b)

First Conviction > 1 year if committed an offense listed in 383.51 (b)(1) - 383.51(b)(8).

First Conviction - Hazardous Materials > 3 years if committed an offense listed in 383.51(b)(1) - 383.51(b)(8) while transporting hazardous materials.

First Conviction - Drug Felonies > Lifetime if driver commits offense listed in 383.51(b)(9).

Subsequent Conviction > Lifetime for any offense listed in 383.51(b)(1) - 383.51(b)(8); 10 years under criteria described in 383.51(a)(5).

Serious Traffic Violations 383.51(c)

Second Conviction - 60 day if during 3-year period driver commits two serious traffic violations.

Third or Subsequent Conviction - 120 days if during 3-year period driver commits three serious traffic violations.

Railroad/Highway Grade Crossing Offenses 383.51(d)

First Conviction - No less than 60 days.

Second Conviction - No less than 120 days.

Third Conviction - No less than 1 year.

Violation of Out-of-Service Orders 383.51(e)

First Conviction - 90 days up to 1 year.

Second Conviction - 1 year up to 5 years for second conviction in a 10-year period.

Subsequent Conviction - 3 years up to 5 years for three or more convictions in a 10-year period.

Hazardous Materials and Passenger Convictions - 180 days up to 2 years for first conviction, 3 years up to 5 years for subsequent conviction in a 10-year period.

EMPLOYER: _____

FEDERAL DISQUALIFICATIONS – PART 383

The disqualification criteria in Sec. 383.51 apply to offenses committed in both commercial and non-commercial motor vehicles by drivers of commercial vehicles in intrastate, interstate, or foreign commerce. The term “commercial motor vehicle” includes all vehicles with a gross weight rating of 26,001 or more pounds, all vehicles designed to transport more than 15 people, and all vehicles of any size used in the transportation of hazardous materials which require placarding.

MAJOR OFFENSES

<u>Date(s) of Conviction</u>	<u>Code</u>	<u>Regulation</u>
_____	A	383.51(b)(1)-(4) Operating under influence of alcohol or drug. (383.51(b)(3) is not applicable to non-commercial motor vehicles.)
_____	B	383.51(b)(5) Leaving scene of accident.
_____	C	383.51(b)(6) A felony involving a motor vehicle other.
_____	D	383.51(b)(7) Driving a CMV while the CDL is revoked, suspended, or canceled, or the driver is disqualified from operating a CMV.*
_____	E	383.51(b)(8) Causing a fatality through negligent operation of a CMV.*
_____	F	383.51(b)(9) Using a motor vehicle to commit a felony involving manufacturing, distributing, or dispensing a drug.

SERIOUS TRAFFIC VIOLATION

<u>Date(s) of Conviction</u>	<u>Code</u>	<u>Regulation</u>
_____	G	383.51(c)(1) Excessive speeding.
_____	H	383.51(c)(2) Reckless driving.
_____	I	383.51(c)(3) Improper lane changes.
_____	J	383.51(c)(4) Following too closely.
_____	K	383.51(c)(5) Traffic violation arising in connection with a fatal traffic accident.
_____	L	383.51(c)(6) Driving a CMV without obtaining a CDL.*
_____	M	383.51(c)(7) Driving a CMV without a CDL in the driver’s possession.*
_____	N	383.51(c)(8) Driving a CMV without proper class of CDL and/or endorsement.*

RAILROAD/HIGHWAY GRADE CROSSING OFFENSES

<u>Date(s) of Conviction</u>	<u>Code</u>	<u>Regulation</u>
_____	O	383.51(d) Violation of railroad/highway grade crossing.*

VIOLATION OF OUT-OF-SERVICE ORDERS

<u>Date(s) of Conviction</u>	<u>Code</u>	<u>Regulation</u>
_____	P	383.51(e) Violation of out-of-service order.*

382.213: Controlled Substance Use (Prescription drugs)

The question has arisen pertaining to what a carrier/school can do to ensure that their drivers are not operating their Commercial Motor Vehicles (CMV)/school bus while taking prescribed medications. Such medications, while prescribed from a doctor, could, might or will cause impairment of a driver while operating a CMV/School bus.

382.601: A carrier/school must promulgate a policy, (already required) on the misuse of alcohol and use of controlled substances. ITI issues such a policy for any carrier/school enrolled in our Drug and Alcohol Random testing program. The carrier/school has an option to include additional employer policies with respect to the use of alcohol and/or controlled substances.

382.213(d): Controlled Substances—says “An employer may require a driver to inform the employer of any therapeutic drug use.” ITI recommends this regulation, which is already in force, be included in any drug and alcohol policy the carrier/school promulgates. To further protect the school, **382.213** interpretation states: “A physician must specifically advise the driver that the substances in a prescription will not adversely affect the driver’s ability to safely operate a CMV”. We further recommend you require drivers to take a form, (attached) to their doctor, present it to the doctor to be completed, and require the completed form be delivered back to the transportation director.

The scenario should go like this:

1. Your driver goes to the doctor for an injury, pain or any medical condition.
2. The doctor prescribes a medication.
3. Your driver must advise the doctor he/she is a CMV driver, (according to your policy) and provide the form to the doctor to be completed.
4. The doctor must specifically advise the driver that substances in the prescription will not adversely affect the driver’s ability to safely operate the CMV/school bus. **(382.213 regulation interpretation)** and have the doctor complete the form.
5. The driver, according to the carrier/school policy returns this information and the completed form to the carrier/school Transportation Director.
6. The Transportation Director reviews the information and determines if he/she will allow the driver to safely operate the CMV/school bus.
7. Keep all information and documentation pertaining to each incident in the drivers file.

Note: It is important to remember that a doctor's statement will not override **State Law**. It is against the law (**9-30-5-5**) to operate a motor vehicle under the influence of drugs. The statute does not distinguish between illegal or legally obtained drugs. As indicted below, it is a legitimate defense, that your doctor states that "in his medical opinion" the prescribed medication will not affect your ability to safely operate a CMV/school bus, however; it will not (on its own merit) keep you from being arrested.

See statement below:

(e) It is a defense under subsection (a)(2), (b)(2), or (c)(2) that the accused person consumed the controlled substance under a valid prescription or order of a practitioner (as defined in IC 35-48-1) who acted in the course of the practitioner's professional practice.

*As added by P.L.2-1991, SEC.18. Amended by P.L.53-1994, SEC.6;
P.L.97-1996, SEC.4; P.L.96-1996, SEC.4; P.L.33-1997, SEC.9;
P.L.1-2000, SEC.9; P.L.120-2000, SEC.1; P.L.175-2001, SEC.9;
P.L.82-2004, SEC.2; P.L.76-2004, SEC.4; P.L.2-2005, SEC.36;
P.L.102-2010, SEC.1; P.L.125-2012, SEC.336.*



Random Pool Add/Delete Form for Drug Testing

Adding to Pool and/or Deleting From Pool

The year is coming to a close, and in order to be ready for your random testing at the beginning of next year we need to make sure your participant list is up to date. In order to make sure that your selection list is correct, please review your current participant list (attached to this email) and note any changes by filling out and returning this form. If you have no changes this quarter then please attach a copy of the employee list and simply state "No changes" and your Tipton Community Schools .

Date: _____ Company: _____

Person making this request: _____

Phone: _____ Fax: _____ Email: _____

ADDITIONS TO POOL:

	Employee Name	Employee SSN Or ID number	DOT employee or Non-DOT employee	Employee Home Base
1				
2				
3				
4				
5				
6				
7				
8				
9				

NAMES TO BE REMOVED FROM POOL:

	Employee Name	Employee SSN Or ID number	DOT employee or Non-DOT employee
1			
2			
3			
4			
5			
6			
7			
8			
9			

Fill in the requested information and email to:
customer.service@itihq.com
 or fax to:(317)2481072

Call ITI at (317) 271-2611 or (800) 295-2587 if you have questions.



Online at <http://www.itihq.com> 881 S. GIRLS SCHOOL RD INDIANAPOLIS, IN 46231 PHONE: 317-271-2611 FAX: 317-248-1072

ITI IS A FULL SERVICE TURNKEY OPERATION

Post-Accident Regulations
§382.303 Post-Accident Testing

(a) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol and controlled substances each surviving driver;

(a)(1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or

(a)(2) Who receives a citation under state or local law for a moving traffic violation arising from the accident, if the accident involved:

(a)(2)(i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident, or

(a)(2)(ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(a)(3) This table notes when a post-accident test is required to be conducted by paragraphs (a)(1) and (a)(2) of this section.

Type of accident involved	Citation issued to the CMV driver	Test must be performed by employer
Human fatality	YES	YES
	NO	YES
Bodily injury with immediate medical treatment away from the scene.	YES	YES
	NO	NO
Disabling damage to any motor vehicle requiring tow away.	YES	YES
	NO	NO

TABLE FOR §382.303(a)(3)

(b)(1) *Alcohol tests* - If a test required by this section is not administered within two hours following the accident, the employer shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a test required by this section is not administered within eight hours following the accident, the employer shall cease attempts to administer an alcohol test and shall prepare and maintain the same record. Records shall be submitted to the FHWA upon request of the Associate Administrator.

(b)(2) For the years stated in this paragraph, employers who submit MIS reports shall submit to the FHWA each record of a test required by this section that is not completed within eight hours. The employer's records of tests that are not completed within eight hours shall be submitted to the FHWA by March 15, 1996, March 15, 1997, and March 15, 1998, for calendar years 1995, 1996, and 1997 respectively. Employers shall append these records to their MIS submissions. Each record shall include the following information:

(b)(2)(i) Type of test (reasonable suspicion/post-accident);

(b)(2)(ii) Triggering event (including date, time, and location);

(b)(2)(iii) Reason(s) test could not be completed within eight hours;

(b)(2)(iv) If blood alcohol testing could have been completed within eight hours, the name, address, and telephone number of the testing site where blood testing could have occurred; and

(b)(3) Records of alcohol tests that could not be completed in eight hours shall be submitted to the FHWA at the following address:

Alcohol Testing Program
Office of Motor Carrier Research and Standards (HCS-1)
Federal Highway Administration
400 Seventh Street, SW
Washington, DC 20590

(b)(4) *Controlled substance tests* - If a test required by this section is not administered within 32 hours following the accident, the employer shall cease attempts to administer a controlled substances test, and prepare and maintain on file a record stating the reasons the test was not promptly administered. Records shall be submitted to the FHWA upon request of the Associate Administrator.

(c) A driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the employer to have refused to submit to testing. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for

the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

(d) An employer shall provide drivers with necessary post-accident information, procedures and instructions prior to the driver operating a commercial motor vehicle, so that drivers will be able to comply with the requirements of this section.

(e)(1) The results of a breath or blood test for the use of alcohol, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to the applicable Federal, State or local alcohol testing requirements, and that the results of the tests are obtained by the employer.

(e)(2) The results of a urine test for the use of controlled substances, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to the applicable Federal, State or local controlled substances testing requirements, and that the results of the tests are obtained by the employer.

(f) *Exception.* This section does not apply to:

(f)(1) An occurrence involving only boarding or alighting from a stationary motor vehicle;
or

(f)(2) An occurrence involving only the loading or unloading of cargo; or

(f)(3) An occurrence in the course of the operation of a passenger car or a multipurpose passenger vehicle (as defined in 571.3 of this title) by an employer unless the motor vehicle is transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with §177.823 of this title.

**Tipton Community Schools
POST ACCIDENT INCIDENT REPORT**

Driver Name: _____ Social Security Number: _____

Date/Time of Accident: _____ Accident Location: _____

Is the accident DOT recordable? (i.e. Fatality, disabling damage to a vehicle, medical attention treated away from the scene, citation issued by law enforcement *****Recordable accidents require drug& Alcohol test.**)

Was the accident recordable? Yes No (If yes, attach copies of law enforcement report(s), and drug & alcohol testing form(s))

Fatality Disabling damage (tow-away) Medical attention treated away from the scene Citation

Were drug and alcohol tests performed? Yes No

If yes, what is the name and address of the facility:

If an alcohol test is required and it was not administered within 2 hours after the accident or the alcohol test is not performed within 8 hours; cease all attempts and document reason(s) below.

If a drug test is required and it is not administered within 2 hours after the accident or the drug test is not performed within 32 hours; cease all attempts and document reason(s) below.

Names(s) of individual(s) involved in the accident or its investigation (Passenger(s), other driver(s), pedestrian(s), witnesses, law enforcement officer(s), etc).

Was there a co-driver? Yes No If yes, please print their name: _____

ACCIDENT MONITORING PROGRAM

REGULATIONS 2005/2006

Motor carriers shall retain an accident register for a period of three years after an accident has occurred.

The register must contain the following information:

1. Date of accident
2. City or town where the accident occurred (or closest town or city to location of accident)
3. Driver's name
4. Number of fatalities
5. Number of injuries
6. State whether hazardous materials (other than fuel spilled from fuel tanks of motor vehicles involved in the accident) were released
7. Copies of all accident reports required by state or other governmental entities or insurers

Applicants must ensure they have established accident countermeasures and driver training programs to reduce accidents. The Federal Motor Carrier Safety Administration (FMCSA) Accident Countermeasures Manual may be accessed from the FMCSA website at www.fmcsa.dot.gov. This manual was created to assist motor carriers in analyzing their accidents and incidents, and developing strategies to eliminate future occurrences.

FURNISHING RECORDS

All records and documents required by the Federal Motor Carrier Safety Regulations shall be made available for inspection within 48 hours of a request by a special agent or authorized representative of the FMCSA, as required by 49 CFR/390.29.

Tipton Community Schools

Accident Register from January 1 to December 31 _____ (year)

Date:	Time:	Citation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Vehicle(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
		Driver #1.		
Police Report Copy <input type="checkbox"/> Yes <input type="checkbox"/> No		Fleet #	Trailer #	Hazmat: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address of Accident:				
City:		State:	Zip Code:	Landmark(s):
DOT Recordable: <input type="checkbox"/> Yes <input type="checkbox"/> No		Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen ID#	Alcohol Test: <input type="checkbox"/> Yes <input type="checkbox"/> No

Driver #1.		Driver #2.	
Date:	Time:	Citation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No
If there were fatalities, how many? :		Non-Fatal Injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No	If there were injuries, how many? :
Police Report Copy <input type="checkbox"/> Yes <input type="checkbox"/> No		Fleet #	Trailer #
Street Address of Accident:			
City:		State:	Zip Code:
DOT Recordable: <input type="checkbox"/> Yes <input type="checkbox"/> No		Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Test: <input type="checkbox"/> Yes <input type="checkbox"/> No

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		Driver #1.		
Police Report Copy <input type="checkbox"/> Yes <input type="checkbox"/> No	Fleet #		Trailer #	Hazmat: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address of Accident:				
City:		State:	Zip Code:	Landmark(s):
DOT Recordable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen ID#		Alcohol Test: <input type="checkbox"/> Yes <input type="checkbox"/> No

Driver #1.				Driver #2.			
Date:	Time:	Citation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Vehicle(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If there were fatalities, how many? :		Non-Fatal Injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No		If there were injuries, how many? :			
Police Report Copy <input type="checkbox"/> Yes <input type="checkbox"/> No	Fleet #		Trailer #	Hazmat: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address of Accident:							
City:			State:	Zip Code:	Landmark(s):		
DOT Recordable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen ID#			Alcohol Test: <input type="checkbox"/> Yes <input type="checkbox"/> No		

DETERMINING PREVENTABILITY OF ACCIDENTS

The heart of accident analysis is the determination of preventability, based on the facts furnished in the motor carrier's recordable accident register, and from various other sources. These sources of information must be evaluated in light of all available facts that are pertinent to the cause of the accident. Digging out these facts from the information on these reports can be difficult in practice due to the limited data contained in some reports. However, the information can be obtained in many instances by a detailed analysis and reconstruction of the accident sequence.

Each accident must be judged individually. Certain types will generally fall in the non-preventable category, and certain others, in the absence of extenuating circumstances and conditions, fall in the preventable category. The types of accidents listed below do not cover every accident that may occur, but they are intended to provide general guidance to assist in determining preventability.

NON-PREVENTABLE ACCIDENTS

Struck in Rear by Other Vehicle

Non-preventable if:

- Driver's vehicle was legally and properly parked
- Driver was proceeding in his/her own lane of traffic at a safe and lawful speed
- Driver was stopped in traffic due to existing conditions or was stopped in compliance with traffic sign or signal or the directions of a police officer or other person legitimately controlling traffic
- Driver was in proper lane waiting to make turn.

Struck While Parked

Non-preventable if:

- Driver was properly parked in a location where parking was permitted
- Vehicle was stopped, parked, or left standing in accordance with Sections 392.21 and 392.22 of the Federal Motor Carrier Safety Regulations.

PREVENTABLE ACCIDENTS

Accidents at Intersections

Preventable if:

- Driver failed to control speed so that he/she could stop within available sight distance
- Driver failed to check cross-traffic and wait for it to clear before entering intersection
- Driver pulled out from side street in the face of oncoming traffic
- Driver collided with person, vehicle, or object while making right or left turn
- Driver collided with vehicle making turn in front of him/her.

Striking Other Vehicle in Rear

Preventable if:

- Driver failed to maintain safe following distance and have his/her vehicle under control
- Driver failed to keep track of traffic conditions and did not slow down

- Driver failed to ascertain whether vehicle ahead was moving slowly, stopped, or slowing down for any reason
- Driver misjudged rate of overtaking
- Driver came too close before pulling out to pass
- Driver failed to wait for vehicle ahead to move into the clear before starting up
- Driver failed to leave sufficient room for passing vehicle to get safely back in line.

Sideswipe and Head-on Collisions

Preventable if:

- Driver was not entirely in his/her proper lane of travel
- Driver did not pull to right and slow down or stop for vehicle encroaching on his/her lane of travel when such action could have been taken without additional danger.

Struck in Rear by Other Vehicle

Preventable if:

- Driver was passing slower traffic near an intersection and had to make sudden stop
- Driver made sudden stop to park, load, or unload
- Vehicle was improperly parked
- Driver rolled back into vehicle behind them while starting on grade

Squeeze Plays and Shutouts

Preventable if:

- Driver failed to yield right-of-way when necessary to avoid accident

Backing Accidents

Preventable if:

- Driver backed up when backing could have been avoided by better planning his/her route
- Driver backed into traffic stream when such backing could have been avoided
- Driver failed to get out of cab and check proposed path of backward travel
- Driver depended solely on mirrors when it was practicable to look back
- Driver failed to get out of cab periodically and recheck conditions when backing a long distance
- Driver failed to check behind vehicle parked at curb before attempting to leave parking space
- Driver relied solely on a guide to help him/her back
- Driver backed from blind side when he/she could have made a sight-side approach.

Accident Involving Rail Operated Vehicles

Preventable if:

- Driver attempted to cross tracks directly ahead of train or streetcar
- Driver ran into side of train or streetcar
- Driver stopped or parked on or too close to tracks.

Accidents While Passing

Preventable if:

- Driver passed where view of road ahead was obstructed by hill, curve, vegetation, traffic, adverse weather conditions, etc.
- Driver attempted to pass in the face of closely approaching traffic
- Driver failed to warn driver of vehicle being passed
- Driver failed to signal change of lanes
- Driver pulled out in front of other traffic overtaking from rear
- Driver cut in too short while returning to right lane.

Accidents While Being Passed

Preventable if:

Driver failed to stay in his own lane and hold speed or reduce it to permit safe passing.

Accidents While Entering Traffic Stream

Preventable if:

- Driver failed to signal when pulling out from curb
- Driver failed to check traffic before pulling out from curb
- Driver failed to look back to check traffic if he/she was in position where mirrors did not show traffic conditions
- Driver attempted to pull out in a manner that forced other vehicle(s) to change speed or direction
- Driver failed to make full stop before entering from side street, alley, or driveway
- Driver failed to make full stop before crossing sidewalk
- Driver failed to yield right of way to approaching traffic.

Pedestrian Accidents

Preventable if:

- Driver did not reduce speed in area of heavy pedestrian traffic
- Driver was not prepared to stop
- Driver failed to yield right of way to pedestrian.

Mechanical Defects Accidents

Preventable if:

- Defect was of a type that driver should have detected in making pre-trip or en-route inspection of vehicle
- Defect was of a type that driver should have detected during the normal operation of the vehicle
- Defect was caused by driver's abusive handling of the vehicle
- Defect was known to driver, but ignored
- Driver was instructed to operate with known defect.

All Types of Accidents

Preventable if:

- Driver was not operating at a speed suitable for the existing conditions of road, weather, and traffic
- Driver failed to control speed so that he/she could stop within assured clear distance
- Driver misjudged available clearance
- Driver failed to yield right-of-way to avoid accident
- Driver failed to accurately observe existing conditions

Driver was in violation of company operating rules or special instructions, the regulations of any Federal or State regulatory agency, or any applicable traffic laws or ordinances.

ACCIDENT COUNTERMEASURES: SUCCESS STORIES

References in parentheses are to cases in the **Commercial Vehicle Preventable Accident Manual (Countermeasures Manual)**.

CASE #1

An Oregon-based carrier transporting wood chips from the coast to the Eugene area began to have an unusual number of accidents. An analysis by the Safety Specialist revealed that the majority of the accidents occurred on a three-mile stretch of the route being used. This two-lane road was narrow, winding, and frequented by tourists in summer, and plagued with fog, ice, and snow in winter. Further investigation revealed that for the past eight months construction had been underway along the three-mile stretch - about the same time the accidents had been happening. The highway department indicated that construction would continue for another six months.

COUNTERMEASURE:

The Safety Specialist discussed the findings with management and recommended the carrier's vehicles be rerouted until the construction was complete. (*Countermeasures Manual Case No. A11-Planning Schedules, Loads and Routes*) The carrier realized that it could not continue with the increased level of accidents for another six months and agreed with the recommendation. Although the new route was approximately 30 miles more each way, the benefit of reducing accidents outweighed this.

CASE #2

An Illinois-based produce hauler was experiencing a high number of driver injuries resulting in a large number of workman compensation claims. A Safety Specialist's review of the accidents revealed that drivers were wrenching their necks inside their cabovers (vs. conventional cabs) when passing over bumps in the road. The drivers were being thrown unexpectedly out of their seats and into the windshield or ceiling of their tractors. The cabovers were identified as being the primary source of these incidents - the driver's seat is located directly over the front wheels and provides little resistance or cushion to reduce the impact of bumps in the road to the driver.

COUNTERMEASURE:

The Safety Specialist recommended that the carrier insert language into their employee manual requiring drivers to wear their seat belts. (*Countermeasures Manual Case No. A8-Company Driver Manuals*) The carrier agreed to the recommendation and, in addition, instructed guards at each terminal gate to check drivers before leaving to ensure they were complying with the company's policy. This simple solution, which had been overlooked by everyone, turned out to be the key in reducing this type of injury to zero.

CASE #3

An Indiana-based school bus contractor was experiencing a high number of accidents caused by driver inattention. After examining all of the carrier's accidents, the Safety Specialist determined that they all were occurring during the month of June. The Safety Specialist also came to the conclusion that no specific driver or vehicle was responsible for the accidents. It seemed that the drivers, in general, were becoming inattentive because summer was near and they were anticipating the end of the school year. Further analysis revealed that the Safety Director held two safety meetings a year with the drivers, one in September and another in February.

COUNTERMEASURE:

The Safety Specialist recommended to the carrier that it should begin holding safety meetings sometime in April and provide each driver with a one-page handout in the period prior to the start of these meetings to keep them alert. (Countermeasures Manual Case No. A7-*Fleet Safety Program and Supervision*)

This simple solution turned out to be the key in reducing these accidents to zero. When the Safety Director was asked why he had never noticed this problem, he replied "This was right there in front of me, but I just never had the time to sit down and look at it in this manner!"

CASE #4

A Utah-based carrier, which conducts the majority of its business west of the Mississippi River, was experiencing a high number of accidents. After discussion with some drivers and management officials, an analysis by the Safety Specialist revealed that a high number of accidents occurred during the same time of day on a three-to-five mile section of a certain interstate, heading west. Apparently, drivers were being blinded as they came over the crest of a very large hill at sunset.

COUNTERMEASURE:

The Safety Specialist discussed the situation with management and recommended that the carrier change the time its drivers were being dispatched. The carrier agreed with the recommendation and immediately began to dispatch drivers an hour earlier or an hour later in order to avoid driving over the hill at sunset. This change eliminated the accidents.

CASE #5

During a review of a large Indiana-based household goods carrier that operates over 5,000 tractor-trailers, a Safety Specialist discovered that the carrier was experiencing a high number of rear-end collisions. Some of these accidents caused damage to the extent that they were reportable to the DOT. Most were of a lesser amount, but still added to the carrier's cost of operation.

COUNTERMEASURE:

The Safety Specialist recommended the installation of brake and turn signal lights at the top of the carrier's trailers. (Countermeasures Manual Case No. B6-*Turning Left and Right*) (Countermeasures Manual Case No. C10-*Vehicle lighting and Conspicuity*) This reduced accidents almost immediately.

CASE #6

During a review of a Washington-based grocery company, operating over 100 tractor trailers primarily in urban areas, the Safety Specialist discovered an accident pattern - an inordinate number of right turn accidents. Some of the accidents caused damage to the extent that they were reportable to DOT. Most caused damages in a lesser amount, but still added to the carrier's cost of operation.

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A Missouri-based farm commodity and hazardous material transporter was experiencing a high number of accidents. Examination of all its accidents revealed that they occurred during bad weather, and that the majority of them were caused by drivers who were not paying attention to the road conditions (driving too fast for the weather).

COUNTERMEASURE:

The Safety Specialist recommended that the carrier implement a safe driver recognition/incentive program and a driver training program geared to avoiding accident situations and to driving in adverse weather conditions. (Countermeasures Manual Case No. A3-*Safe Driving Recognition*) (Countermeasures Manual Case No. A4-*Driver Safety Infractions*) (Countermeasures Manual Case

No. A7-*Fleet Safety Program and Supervision*) (Countermeasures Manual Case No. B11-*Driving in Adverse Conditions*) The carrier agreed with the recommendations, and now holds quarterly safety meetings with 95 percent driver participation. Any driver who attended the previous meeting and was accident free during the quarter receives a \$150 U.S. Savings Bond. The carrier also implemented a driver training program and classroom instruction on accident situations and driving in adverse weather conditions. After the carrier took this proactive stance, its accident rate improved from 0.88 to 0.37 over 12 months.

CASE #10

A city-based carrier that operates over 30 delivery trucks was experiencing a high number of accidents. An analysis by the Safety Specialist revealed that a majority of accidents occurred within a two to three block area downtown every Thursday between nine and ten in the morning. The analysis also revealed that drivers were paid every Thursday morning, and that a number of banks are located within the problem area. Apparently, after they were paid in the morning drivers would stop at the banks while on-duty to cash their paychecks. Driving in this highly congested area during rush hour placed both the driver and vehicle in extremely unfavorable conditions. Cashing the checks during the morning rush hour traffic was placing both the driver and vehicle in the worst possible place at the busiest time of the day and led to the high number of accidents.

COUNTERMEASURE:

After further discussion with management officials, the Safety Specialist recommended that the carrier change the time the drivers were being paid. The carrier agreed with the recommendation and began paying the drivers at the end of the day. The change forced drivers to cash their paychecks after work while off-duty, and eliminated the accidents.

CASE #11.

An Illinois-based carrier that operates over 200 tractor trailers was experiencing a high number of accidents. An analysis by the carrier's Safety Director revealed that the majority of these accidents fell into three main categories. The carrier was experiencing:

- too many right turn accidents
- too many backing accidents
- too many right lane change accidents.

COUNTERMEASURE:

After further discussion among management officials, the carrier developed a program that was based on the three accident types that were occurring most frequently. Each accident type was assigned a different color dot sticker: red, blue, and yellow. The number one accident situation (right turns) was assigned a red dot sticker. The number two accident situation (backing) was assigned a blue dot sticker. The number three accident (right lane change) was assigned a yellow dot sticker. The dots were placed on the right side mirror of the motor carrier's vehicle as a safety reminder to drivers who had accidents. The carrier also placed a large red sticker halfway back on the side of trailers to aid drivers when making right turns. If a driver could not see the colored sticker in the right side mirror, then he/she had not pulled far enough out to execute the turn.

After implementing the program, the carrier began to see accident numbers starting to decrease considerably. After a few months, however, the carrier became lax in seeing that the dots remained affixed. Accident rates started to rise again. The Safety Director states that the carrier now makes sure that when a unit comes through the shop, the safety dots are checked and replaced if needed. Other carriers could easily copy this program to meet their own company's most frequent accident situations.

CASE # 12

Motor carriers in California and Tennessee have recently experienced accidents involving the driver's inability to see other vehicles because of poor visibility (specifically in fog or dust storms).

COUNTERMEASURE:

According to researchers here and in Europe, use of front and rear running lights during daylight hours would save lives and prevent injuries, since many crashes are caused by poor visibility. These running lights can be:

- special additional lights
- reduced-intensity headlights for daytime use, or
- high-intensity parking lights

In Finland, researchers found that during a six-year period the use of daytime running lights in winter reduced daytime crashes by 21%. In Sweden, results were similar - crashes decreased by 11%. Finland, Sweden, and Denmark now require all drivers to use daytime running lights. In 1989, Canada passed legislation requiring that all new cars, trucks, vans, and buses be equipped with front lights that turn on whenever the engine is running. According to James White of Transport Canada, about 20% of all drivers voluntarily use running lights in the daytime. By 1994, he said enough new vehicles will be on the road to bring the total to two in five vehicles with lights on in the daytime.

Of course, all of these countries are in the north where it can be relatively dark much of the day in the winter. What about here in the United States? Some states already require the use of headlights just after sunrise, before sunset, or whenever visibility is poor. New York recently passed a law requiring the use of low-beam headlights whenever it rains, snows, sleets, or hails. Anytime one has windshield wipers on in New York, headlights must be switched on or the driver risks being ticketed for an equipment violation (a \$100 fine).

In one study, the Insurance Institute of Highway Safety (a research organization supported in part by the insurance industry) equipped 2,000 trucks and vans with automatic daytime running lights for a year. Crashes decreased by 13% in bad weather and 7% at other times - less than the reduction shown in several European studies, but enough to lend support to the use of daytime running lights.

A government study completed in April 1990 showed that in light levels equivalent to early morning or twilight, drivers were able to see vehicles with running lights sooner than those with no lights. The lights improved visibility and provided drivers going 55 miles per hour with about three extra seconds to brake or take other action to prevent a crash.

Several car makers including General Motors, Chrysler, Ford, and Volvo, voiced support for daytime running lights as a way to decrease highway deaths and injuries. General Motors has filed a petition with the National Highway Traffic Safety Administration for clearance to install daytime running lights.

Daytime running lights won't affect gas mileage by much: for every \$10 spent on gas, they would cost an extra nickel (0.5 percent, according to a study by the Canadian government). Some people may object that these daytime lights can be blinding for other drivers, especially when reflected in rearview mirrors, and for older drivers. One government study indicated that glare in the rearview mirror during daytime could be a problem though the age of the driver was not a significant factor. The right intensity for running lights under different conditions "should be considered" in recommending lamp design, the study concluded.

Meanwhile, it makes good safety sense to switch on low-beam headlights in adverse weather conditions, at daybreak, dusk, and on dark and overcast winter afternoons.

REVENUE NECESSARY TO PAY FOR ACCIDENT LOSSES

This table shows the dollars of revenue required to pay for different amounts of costs for accidents.

It is necessary for a motor carrier to generate an additional \$1,250,000 of revenue to pay the cost of a \$25,000 accident, assuming an average profit of 2%. The amount of revenue required to pay for losses will vary with the profit margin (as shown in chart below).

REVENUE REQUIRED TO COVER LOSSES

YEARLY ACCIDENT COSTS	VS. PROFIT MARGIN				
	1%	2%	3%	4%	5%
\$1,000	\$100,000	\$50,000	\$33,000	\$25,000	\$20,000
5,000	500,000	250,000	167,000	125,000	100,000
10,000	1,000,000	500,000	333,000	250,000	200,000
25,000	2,500,000	1,250,000	833,000	625,000	500,000
50,000	5,000,000	2,500,000	1,667,000	1,250,000	1,000,000
100,000	10,000,000	5,000,000	3,333,000	2,500,000	2,000,000
150,000	15,000,000	7,500,000	5,000,000	3,750,000	3,000,000
200,000	20,000,000	10,000,000	6,666,000	5,000,000	4,000,000

Accident costs consist of any/or all of the following:

- Vehicle Damage
- Loss of Revenue
- Administrative Costs
- Police Reports
- Cargo Damage
- Possible Effects on Cost of Insurance
- Possible Effect on Cost of Workmen's Compensation Insurance
- Towing
- Storage of Damaged Vehicle
- Damage to Customer Relationships
- Legal Fees
- Customer's Loss of Revenue Directly Attributable to Accident

INDIANA SUBSTANCE ABUSE PROFESSIONAL (SAP) REFERENCES

When a positive DOT result is received, the decision of whether to retain or terminate the employee must be made. If the employee is to be terminated, he/she will need the information of two DOT qualified SAPs. If the employee is to be retained, he/ she must successfully complete the return to duty process before returning to safety-sensitive duties.

For a listing of DOT qualified SAPs, visit:

www.saplist.com

or

Contact the ITI MRO-A: 317-999-6949

Upon contacting a SAP, please inquire and confirm

“Are you DOT certified?”

before using their services.

Sample Termination Letter DOT

TO: EMPLOYEE NAME

FROM: TIPTON COMMUNITY SCHOOLS

You are no longer eligible for employment at this company. If you seek further employment as a CDL driver, be advised of the following information.

You cannot drive a DOT regulated vehicle in the United States until you:

- 1) Complete an evaluation by a qualified Substance Abuse Professional (SAP). You may obtain a list of qualified SAPs from the Human Resource Department.
- 2) Complete all treatment or rehabilitation recommended by the SAP.
- 3) Complete return-to-duty procedures with negative DOT drug/alcohol testing results.

You must then complete follow-up DOT drug/alcohol testing procedures recommended by SAP (a minimum of six random follow-up tests within a 12 month period).

The costs associated with these evaluations and treatments are YOUR responsibility.

For more information, you can reference the regulations governing return-to-duty procedures for DOT (49 CFR, Part 40) on their website, www.fmcsa.dot.gov, or call 1-800-DOT-SAFT.

Sincerely,

Tipton Community Schools

DOT RETURN-TO-DUTY AUTHORIZATION

CONDITIONS FOR RETURN TO DUTY AFTER A POSITIVE TEST RESULT

OFFICIAL NOTICE TO: _____ DATE: _____

(Printed Employee Name)

In accordance with the substance abuse policy of _____, you are authorized to return to work under the following conditions:

Step 1: You must have made an initial appointment with a substance abuse professional (SAP). The Department of Transportation (DOT) rules define the SAP to be a licensed physician (medical doctor or doctor of osteopathy), a licensed or certified psychologist, a licensed or certified social worker, or licensed or certified employee assistance professional. This is a referral and recommendation report. After the evaluation report has been issued, you must complete the recommendations by the SAP's evaluation report. This report will be sent to the company's program director.

Step 2: After completion of the recommendation by the SAP, you will set up another interview with your SAP to receive a report to return to duty. You must also have a DOT return-to-duty negative test.

Step 3: After returning to duty, you will be subject to unannounced follow-up testing for the next 12 months or longer. These follow-up tests will be in addition to any random tests you may be selected to take. If you fail any drug tests after returning to duty, you will be terminated.

Your signature below indicates you have read these terms for your return to duty, and agree to abide by the terms.

Employee's Signature

Date

Employer's Drug and Alcohol Program Director

Date

Witness (Designated Employee Representative)

Date



Indiana Testing, Inc

Online at <http://www.itihq.com> 881 S. GIRLS SCHOOL RD INDIANAPOLIS, IN 46231 PHONE: 317-271-2611 FAX: 317-248-1072

ITI IS A FULL SERVICE TURNKEY OPERATION

SUBSTANCE ABUSE PROFESSIONAL GUIDELINES

FOR DOT WORKPLACE DRUG AND ALCOHOL TESTING

What you should expect from a DOT Substance Abuse Professional

Definition: DOT defines a Substance Abuse Professional (SAP) to be a licensed physician (MD or DO); a licensed or certified psychologist, social worker, or employee assistance professional; or an alcohol and drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Certification Commission. A SAP who meets only state certification does not necessarily meet DOT criteria. All SAPs must have knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders.

The DOT does not certify, license, or approve individual SAPs. The SAP must be able to demonstrate to the employer the qualifications necessary to meet DOT rule requirements.

Reports: All SAP reports made to the employer should be in letter format with the SAP's official letterhead, signed by the SAP, and should contain the following:

1. Employee's name & social security #.
2. Employer's name and address.
3. Reason for the initial assessment (specific violation and date).
4. Date(s) of initial and subsequent SAP assessment(s).
5. SAP's telephone number.

Evaluation: The evaluation should provide a face-to face clinical assessment, treatment recommendations, and treatment plan to be successfully complied with prior to the employee becoming eligible for follow-up evaluation and subsequent return to safety-sensitive functions. After a SAP evaluates an employee, the SAP must notify the employer in writing of the findings and recommendations. In addition to the format described in "Reports" above, the notification to the employer should include:

- (If SAP determines no treatment is necessary) SAP's reasons determining that the employee needs no assistance in resolving a drug or alcohol problem.
- (If SAP determines treatment is necessary) SAP's treatment recommendation and follow-up testing plan.

Referral: If the evaluation indicates the employee requires assistance with associated drug or alcohol problems, the SAP refers the employee to the appropriate treatment program. The SAP should consider employee insurance coverage, employee ability to pay for care, employer treatment contracts, employer policies regarding availability of leave for employees needing assistance, and availability of programs. Community lectures and self-help groups (e.g., AA and NA) may qualify as education, but do not qualify as treatment.

SAPs are prohibited from referring an employee to the SAP's private practice or to a person or organization from which the SAP receives remuneration or to a person or organization in which the SAP has financial interest.

Follow-Up Evaluation: Before an employer can consider the employee for return to safety-sensitive functions, a SAP is required to re-evaluate the employee. The employee should not be considered eligible for receiving a follow-up evaluation prior to completion of an in-patient or partial in-patient/day-treatment

program. Furnished with information from the treatment program that the employee has made sufficient progress, the SAP will meet with the employee to discuss the treatment effort, as well as return-to-duty and follow-up testing issues. Based upon clinical judgment that the employee has made sufficient progress, the SAP will provide the employer with a recommendation and follow-up testing plan.

If upon believing the individual has not demonstrated successful compliance with the treatment recommendation, the SAP will postpone the re-evaluation pending the employee's further compliance with the treatment plan.

In addition to the format described in "Reports" above, the notification to the employer should include:

- Brief synopsis of the rehabilitation plan.
- Name of practice or program providing the treatment.
- Inclusive dates of the employee's treatment program.
- Clinical characterization of the employee's participation in the treatment program.
- SAP's clinical determination as to the employee's demonstration of successful compliance.
- Follow-up testing plan.

Follow-up testing: The SAP must present the employer and the employee a plan for follow-up testing. The SAP can re-evaluate the plan and terminate the plan at any time following the completion of the minimum required six tests during the first 12 months (not less). Testing should be spread throughout the year, unpredictable, and unannounced. An employee's follow-up testing program can last up to 60 months. The employer is responsible for ensuring that an individual is tested according to the plan. This follow-up testing requirement is in addition to tests accomplished through the employer's random testing program.

Release of information: The SAP will need to be able to receive and communicate pertinent information regarding the employee's evaluation and treatment progress. For confidentiality considerations, the SAP needs to obtain from the employee specific releases authorizing disclosure of information.

Exceptions to confidentiality primarily occur if the client poses a clear and imminent danger to self or others, if there is known or suspected child abuse or neglect, when medical records are court ordered by a judge compelling disclosure, or when the counselor seeks medical or legal consultation. Client record information can also be released to DOT for audit and review purposes in accordance with federal disclosure rules.

Recordkeeping: Records pertaining to a determination by a SAP concerning an employee's need for assistance and records concerning an employee's ability to demonstrate successful compliance with recommendations of the SAP need to be maintained for a period of five years. Records should be maintained in limited access areas that permit no unauthorized entry.

The Substance Abuse Professional Guidelines

United States Department of
Transportation



Introduction: “Why is this program so important?”



Safety is our no. 1 priority at the U.S. Department of Transportation. And a cornerstone of our safety policy is ensuring that transportation providers across all modes – on roads, rails, water, or in the air, over land and underground – employ operators who are 100 percent drug- and alcohol-free. We want – and we insist upon – safety-conscious employees at all times and under all circumstances.

Fortunately, the transportation industry over time has worked hard to reduce the number of accidents and crashes directly related to drug and alcohol use. Nevertheless, human risk factors remain – and some transportation workers do use illicit drugs, or abuse alcohol, despite serious efforts to deter them.

We must never stop trying to improve our safety record where substance abuse is concerned. We can start by making sure that employees are properly educated on the personal and professional consequences of drug use and alcohol misuse. Supervisors must be appropriately trained to identify signs and symptoms of drug and alcohol use.

Employers must also have strong drug and alcohol testing programs. And employees must be removed from safety-sensitive duties immediately after they violate drug and alcohol testing rules. It is very important that employees are not returned to safety-sensitive duty until they are referred for evaluation and have successfully complied with treatment recommendations.

I know you will support these important measures, so that we can assure the traveling public that our transportation system is the safest it can possibly be.

A handwritten signature in blue ink, appearing to read "Ray LaHood".

Ray LaHood
Secretary of Transportation
U.S. Department of Transportation
July 2009

THE SUBSTANCE ABUSE PROFESSIONAL

SECTION I: INTRODUCTION

The Department of Transportation (DOT) regulation -- 49 CFR Part 40 -- defines the Substance Abuse Professional (SAP) as a person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare. In order to be a SAP, you need to have certain credentials, possess specific knowledge, receive training, and achieve a passing score on an examination. There is also a continuing education requirement.

Credentials: You cannot be a SAP unless you are a licensed physician (Doctor of Medicine or Osteopathy); or a licensed or certified social worker; or a licensed or certified psychologist; or a licensed or certified employee assistance professional; or a state-licensed or certified marriage and family therapist; or an alcohol and drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC), or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC), or by the National Board of Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC).

Knowledge: You cannot be a SAP unless you have knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders. You cannot be a SAP without understanding how the SAP role relates to the special responsibilities employers have for ensuring the safety of the traveling public. Nor can you be a SAP unless you are well informed about Part 40, pertinent DOT agency regulations, these SAP guidelines, and any significant changes to them. It is important to note that your degrees and certificates alone do not confer to you these knowledge requirements.

Training: You cannot be a SAP unless you receive qualification training. The qualification training must include the nine required components laid out in Section 281(c) of Part 40. You must have completed this training requirement by December 31, 2003, if you become a SAP on or before December 31, 2003. If you become a SAP after December 31, 2003, you must meet this training requirement before you perform any SAP functions.

Examination: Following completion of your training, you must satisfactorily complete an examination. This examination must be given by a nationally recognized professional or training organization and must comprehensively cover all the elements required for the qualification training. Please be aware that DOT requires these training or professional organizations to have their SAP examination validated by a test evaluation organization.

Continuing Education: During each three-year period following satisfactory completion of your training and examination, you must complete at least 12 professional development hours (e.g., Continuing Education Units) relevant to your performing SAP duties.

As a SAP, be absolutely sure you understand what is at stake each time you work with an employee who has violated DOT rules. Because you choose to be a SAP, you elect to have a special relationship and bond with everyone the employee will encounter if that employee returns to the performance of safety-sensitive duties. The traveling public is made up of kids, moms, dads, boyfriends, girlfriends, wives, husbands, partners, close friends, acquaintances, strangers, co-workers, neighbors, and many others. All are riding on, literally and figuratively, the decisions you make. In your counseling work, you always view the person walking through your door as your client, and rightfully so: Now DOT is asking that you view the public as your client as well.

We recognize this may represent a departure for you. However, we think it crucial to the important role you play as “Gatekeeper” for DOT’s return-to-duty process. You represent the major decision point (and in some cases the only decision point) an employer may have in choosing whether or not to place an employee behind the steering wheel of a school bus, in the cockpit of a plane, at the helm of an oil tanker, at the throttle of a train, in the engineer compartment of a subway car, or at the emergency control valves of a natural gas pipeline. Your responsibility to the public is enormous!

In accepting this responsibility, please remember that as a SAP you are advocate for neither the employer nor the employee. Your function is to protect the public interest in safety by professionally evaluating the employee and recommending appropriate education and/or treatment, follow-up tests, and aftercare. Your recommendations should, to the greatest extent possible, protect the public safety in the event that the employee returns to the performance of safety-sensitive functions.

As you know, the primary safety objective of the DOT rules is to prevent, through deterrence and detection, alcohol and controlled substance users from performing transportation industry safety-sensitive functions. As a SAP, you are responsible for several duties important to the evaluation, referral, and treatment of employees identified through breath and urinalysis testing as being positive for alcohol and controlled substance use, or who refuse to be tested, or who have violated other provisions of the DOT rules.

Your fundamental responsibility is to provide a comprehensive face-to-face assessment and clinical evaluation to determine what level of assistance the employee needs in resolving problems associated with alcohol use or prohibited drug use. Then you must recommend a course of education and/or treatment with which the employee must demonstrate successful compliance prior to returning to DOT safety-sensitive duty. Treatment recommendations can include, but are not limited to: In-patient treatment, partial in-patient treatment, out-patient treatment, education programs, and aftercare. Education recommendations can include, but are not limited to bona fied drug and alcohol education courses, self-help groups, and community lectures.

Upon the determination of the best recommendation for assistance, you will serve as a referral source to assist the employee's entry into an acceptable program. As a SAP, you should have a working knowledge of quality programs and qualified counselors as well as insurance, benefit plans, and payment requirements. In addition, you, when possible, should be cognizant of the employer's policies regarding payment for treatment; on-duty-time treatment programming; and the granting of administrative, sick, and/or annual leave for both in-patient and out-patient treatment. You should also make information available to the employee regarding meetings of Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon, as well as other tenable self-help groups.

Prior to the employee's return to safety-sensitive duties, you are required to provide a face-to-face follow-up evaluation with the employee to determine if the individual has demonstrated successful compliance with recommendations of the initial evaluation. This evaluation must be accomplished before an employer can consider the employee for return to safety-sensitive functions. Therefore, the evaluation serves to provide the employer with assurance that the employee has made appropriate clinical progress sufficient to return to duty.

As the SAP, you also develop and direct a follow-up testing plan for the employee returning to work following successful compliance. The number and frequency of

unannounced follow-up tests is directed by you, and is to consist of at least six tests in the first 12 months following the employee's return to safety-sensitive duties. If poly-substance use has been indicated, the follow-up testing plan should include testing for drugs as well as alcohol (for the drug rule violator). Follow-up testing can last up to 60 months, but can be terminated by you any time after one year (if all tests recommended up to that point are completed). This follow-up testing requirement is in addition to tests accomplished through the employer's random testing program.

In directing the follow-up testing plan, you will specify the number and frequency of the follow-up tests. The employer would then be responsible for ensuring that the individual is tested according to the plan. Follow-up testing is an important way that the employer has to determine if the employee has stopped using controlled substances or misusing alcohol. It is important to note that the employer must conduct **all** of the follow-up tests (as well as the return-to-duty test) as directly observed collections – **which includes a procedure for ensuring the employee does not have a prosthetic and other devices designed to carry “clean” urine or a urine substitute.**

As you know, there are times when an employee will need continuing assistance with an alcohol or drug problem even if the employee is ready to return to work. At these times, you will provide the employee and employer with your recommendations for “aftercare” – continuing education and/or treatment needed after return to safety-sensitive duties.

It is important to note that employers are not required to provide a SAP evaluation or any subsequent recommended education or treatment for an employee. However, if the employer offers the employee an opportunity to return to DOT safety-sensitive duty, the employer must ensure that the employee goes through the entire SAP return-to-duty process to include successful compliance with the SAP's recommendations. Payment is left for employers and employees to decide and may be determined by existing management-labor agreements, employer policies, or health care benefits.

Your work as a SAP is a very important part of DOT's efforts to help make our transportation industries the safest in the world. You represent one of the

professionals willing to accept a vital role in protecting public safety. The job you do as “Gatekeeper” of the return-to-duty process provides important help to the employee, the employer, and to the traveling public.

SECTION II: SAP DUTIES

THE EVALUATION PROCESS

Consistent with sound clinical and established SAP standards of care in clinical practice, and utilizing reliable alcohol and drug abuse assessment tools, the SAP must conduct a face-to-face evaluation of the client. This type of session is essential to provide the SAP with an opportunity to objectively evaluate the "non-verbals" -- those physical cues to internal feelings, thoughts, and behaviors. The SAP should be cognizant of the client's appearance, posture, carriage, ability to make eye contact, and ability to relate in-person as well as other physical characteristics that would be indicative of alcohol and drug use and abuse. Attention should be placed upon the rule violation that brought the employee to the point of being required to have the SAP evaluation. Always, the SAP must provide immediate attention to individuals who may be in danger to themselves or others.

The evaluation should be comprised of a standard psychosocial history; an in-depth drug and alcohol use history (with information regarding onset, duration, frequency, and amount of use; substance(s) of use and choice; emotional and physical characteristics of use; associated health, work, family, personal, and interpersonal problems); and, a current mental status. The evaluation should provide a diagnosis, treatment recommendations, and a treatment plan to be successfully complied with prior to the employee becoming eligible for follow-up evaluation and subsequent return (if the employer desires) to safety-sensitive functions.

When an employee has tested positive on or refused a drug test because of adulterating or substituting a specimen, the SAP may consult with the Medical Review Officer (MRO) who verified the employee’s drug test in gathering information for this evaluation. The MRO and SAP are free to discuss the test result, quantitation levels (if available), and any other pertinent medical information disclosed during the MRO’s verification interview with the employee. This information can be provided without the employee’s signed release.

It is important to note that SAPs are prohibited from considering certain factors in determining recommendations for assistance. These are:

1. Employee claims that the testing process was unjust or inaccurate.
2. Employee statements attempting to lessen the seriousness of a DOT rule violation.
3. The SAP's own personal opinions about the justification and rationale for drug and alcohol testing.

Upon a SAP's determining what level of assistance the employee needs with a drug or alcohol problem, the SAP must inform the employer in writing of this decision. The SAP is to send this report directly to the employer and not to a third party or entity for forwarding to the employer. No third party is authorized to change the SAP's report in any way. This notification should be in letter format with the SAP's own letterhead, signed and dated by the SAP, and must contain the following items:

1. Employee's name and social security number;
2. Employer's name and address;
3. Reason for the assessment (specific violation of the rules and date);
4. Date(s) of the SAP assessment;
5. SAP's education and/or treatment recommendation; and
6. SAP's telephone number.

Employees and employers are prohibited from seeking a second SAP evaluation in order to obtain another recommendation after a qualified SAP has evaluated the employee. Employers are not to rely upon a second evaluation if the employee obtains one contrary to this prohibition.

In addition, no one may change in any way the SAP's evaluation or recommendations for assistance. For example, a third party is not permitted to make more or less stringent a SAP's recommendation by changing the evaluation or seeking another SAP's evaluation. However, the SAP who made the initial evaluation may modify the evaluation and recommendations based on new or additional information (e.g., from an education or treatment program).

THE REFERRAL PROCESS

Following the evaluation, the SAP's referral of the employee to the appropriate program is vital. This referral should be consistent with clinically evaluated employee needs. The SAP should also take into consideration other stipulations such as employee insurance coverage, employee ability to pay for care, employer treatment contracts, employer policies regarding availability of leave for employees needing assistance, and availability of treatment and education programs.

The SAP should have a working knowledge of quality programs and qualified counselors. When a variety of appropriate treatment programs are available within the employee's geographical area, the SAP may permit the employee to select the facility or practice from a SAP-approved provider list. The SAP should facilitate the referral by making contact with the recommended program. It is not necessary for the SAP to make the initial appointment for the employee unless the SAP believes it necessary. The SAP should transmit, by appropriate means, the treatment plan with diagnostic determinations to the treatment provider.

The SAP cannot refer an employee to the SAP's private practice or to a person or organization from which the SAP receives remuneration or to a person or organization in which the SAP has a financial interest. To prevent the appearance of a conflict of interest, the intent of the rules is to preclude the SAP from making referrals to entities with which the SAP is financially associated (to include any in-patient, out-patient, and education organizations or practices). However, this requirement could impose hardship upon employer and employees in remote areas or in situations where employee assistance is provided by contract or through a health insurance program. Therefore, the rules do not prohibit the SAP from referring an employee for assistance by:

1. A public agency (e.g., an out-patient treatment facility) operated by a State, county, or municipality;
2. A person employed by or under contract to the employer to provide alcohol and drug treatment and/or education services (e.g., the employer's contracted treatment provider);

3. The sole source of therapeutically appropriate treatment under the employee's health insurance program (e.g., the single substance abuse in-patient treatment program made available by the employee's insurance coverage plan); or

4. The sole source of therapeutically appropriate treatment reasonably accessible to the employee (e.g., the only education program reasonable located within the general commuting area).

The intent of these prohibitions is to ensure that the SAP referral in no way is of financial benefit to the SAP. And, because the SAP needs to have knowledge of reliable treatment resources, the SAP needs to maintain objectivity in determining what actually constitutes a reliable resource.

THE FOLLOW-UP EVALUATION PROCESS

The SAP's evaluation of the employee prior to return to safety-sensitive duties is vital in gauging (for the employer) the employee's success in meeting the requirements in the initial evaluation's treatment plan. The violation of a DOT drug and alcohol rule has rightfully caused the employee's ability to perform safety-sensitive duties to be called into question. The employee's ability to demonstrate successful compliance with the initial treatment recommendations is key to an employer's decision to return an employee to transportation safety-sensitive duties. Importantly, the follow-up evaluation is clinically based and should provide the employer a concise assessment of the employee's success in fulfilling requirements of the treatment plan.

In some cases, the SAP has the latitude to conduct the follow-up evaluation prior to the employee's completion of the full range of recommended education and/or treatment. However, it is important to note that an employee in an in-patient or partial in-patient / day-treatment program should not be considered eligible for receiving a follow-up evaluation prior to program completion. An employee entering this type of program is not to receive a follow-up evaluation while still participating in that program. Upon program completion, the employee can be evaluated prior to subsequent entry into or completion of an after-care out-patient treatment program.

With a premium on public safety, an employer is best served if the SAP provides an evaluation designed to ascertain if the employee demonstrates successful compliance rather than an evaluation that is a cursory administrative

review. The SAP would base the determination of whether the employee demonstrates successful compliance with the initial recommendation based upon written reports from and personal communication with the education and/or treatment program professionals as well as a face-to-face interview with the employee.

Written information from the program could include a progress report and/or discharge summary. The personal contact with treatment program professionals may be telephonic conversation regarding the nature of the employee's progress, prognosis for success, and any other salient factors that could assist the SAP's follow-up evaluation. It is imperative that a SAP focuses upon more than simply the employee's attendance in the program, but rather upon the level of participation and the progress the employee has made in dealing with the drug or alcohol problem. Documentation of this contact should be included in the client's case record.

Furnished with information from the education and/or treatment program, the SAP will conduct a face-to-face clinical interview with the employee to discuss the education and/or treatment effort, behavioral changes, and plans for continued treatment plan follow through as well as return-to-duty and follow-up testing issues. At this point, one of two things is possible: The SAP can determine that the employee has demonstrated successful compliance or that the employee has not done so.

Demonstration of Successful Compliance: Based upon clinical judgment that the employee has made progress sufficient to warrant return to safety-sensitive functions, the SAP will provide written notice directly to the employer that explains the situation, any continuing care recommendations, and a follow-up testing plan. The SAP's report should be in letter format with the SAP's own letterhead, signed and dated by the SAP, and should contain the following items:

1. Employee's name and social security number;
2. Employer's name and address;
3. Reason for the initial assessment (specific violation of DOT regulations and violation date);
4. Date(s) of initial assessment and synopsis of the treatment plan;

5. Name of the practice(s) or service(s) providing the recommended education and/or treatment;
6. Inclusive dates of the employee's program participation;
7. Clinical characterization of the employee's program participation;
8. SAP's clinical determination as to the whether the employee has demonstrated successful compliance;
9. Follow-up testing plan;
10. Employee's continuing care needs with specific treatment, aftercare, and/or support group services recommendations; and
11. SAP's telephone number.

If the SAP believes the employee needs additional treatment, aftercare, education, or support group services to assist an employee to maintain sobriety or abstinence from drug use after the employee returns to safety-sensitive duties, the SAP must provide recommendations for these services in the report. An employer may, as part of a return-to-duty agreement (or similar arrangement) with the employee, require the employee to participate in these recommended services. If the employee fails subsequently to do so, he or she may be subject to disciplinary action by the employer.

No Demonstration of Successful Compliance: Based upon clinical judgment that the employee has not demonstrated successful compliance with the treatment recommendation, the SAP will provide written notice directly to the employer that explains this situation. The SAP should first contact the employer to determine if the employer wants to authorize an additional follow-up evaluation and more time for the employee to make progress. The employer's decision should be consistent with the employee's prospects for progress and with the employer's policy and/or labor-management agreements. The SAP's report should be in letter format with the SAP's own letterhead, signed and dated by the SAP, and should contain the following items:

1. Employee's name and social security number;
2. Employer's name and address;

3. Reason for the initial assessment (specific violation of DOT regulations and violation date);
4. Date(s) of initial assessment and synopsis of the treatment plan;
5. Name of the practice(s) or service(s) providing the recommended education and/or treatment;
6. Inclusive dates of the employee's program participation;
7. Clinical characterization of the employee's program participation;
8. Date(s) of the first follow-up evaluation;
9. Date(s) of any further follow-up evaluation the SAP has scheduled;
10. SAP's clinical reasons for determining that the employee has not demonstrated successful compliance; and
11. SAP's telephone number.

THE FOLLOW-UP TESTING PROCESS

Follow-up testing serves as more than an employer's additional assurance that an employee is performing safety-sensitive work in an alcohol-free and/or drug-free manner. It serves the recovering employee as an adjunct to the total and on-going rehabilitation effort. Despite the fact that treatment can be short term, the rehabilitation process for the recovering alcohol abuser and drug user usually requires long-term effort on the part of the employee. Because most relapses occur during the first 12 months following treatment, this effort can be enhanced in many ways during this first year (and thereafter) -- among these are the recovering employee's required participation in follow-up testing program as well as participation in aftercare programs and in self-help groups.

Therefore, the SAP must present the employer a plan for follow-up testing. The SAP can re-evaluate the plan at any time and terminate the plan following first year if all the required tests for the first year were completed. Testing should be spread throughout the year, unpredictable, and unannounced. An employee's follow-up testing program can last up to 60 months. Typically the SAP will provide the employer with the recommended number of tests and the frequency of the tests: For example, 4 tests in the

first 6 months and 2 in the final six months of the first year; twenty-four tests, once each month for 24 months. Employers are best suited to arrange for the tests to be conducted because they are aware of employee performance issues and schedule circumstances. This follow-up testing requirement is in addition to tests accomplished through the employer's DOT testing program. In other words, no other types of test replace follow-up testing.

SECTION III: RELEASE OF INFORMATION

Imperative to SAP functioning is the ability to receive and communicate pertinent information regarding the employee's drug and alcohol test results and progress in the SAP return-to-duty process. Part 40 places no restrictions upon the SAP in communicating with Medical Review Officers, nor does it place restrictions on the SAP's communicating with education and/or treatment program personnel. In addition, Part 40 authorizes the SAP to provide written reports directly to the employer without obtaining a signed release from the employee.

Federal and State laws and rules, codes of ethical standards, and certification and licensing boards by which counselors are regulated, have supported the privileged client-counselor relationship. Exceptions to confidentiality primarily occur if the client poses a clear and imminent danger to self or others, if there is known or suspected child abuse or neglect, when medical records are court ordered by a judge compelling disclosure, or when the counselor seeks medical or legal consultation. In addition, the SAP is to make case records available, on request, to DOT agency representatives (e.g., inspectors conducting an audit or safety investigation) and representatives of the National Transportation Safety Board in an accident investigation.

Upon request, SAPs must also provide employees with employer reports, from which the SAP must redact follow-up testing requirements. SAPs may also provide these reports without employee consent to service agents (e.g., a consortia/third-party administrator (C/TPA)) responsible for maintaining records on behalf of the employer, but must not use the C/TPA as an intermediary in the transmission of the report to the employer.

SECTION IV: RECORD MAINTENANCE

SAPs need to maintain copies of reports to employers for 5 years, and employee clinical records in accordance with Federal, state, and local laws regarding record maintenance. All records should be maintained in limited access areas that permit no unauthorized entry.

SECTION V: QUESTIONS AND ANSWERS

1. Under the DOT rules, must a SAP be certified by DOT in order to perform SAP functions?

DOT does not certify, license, or approve individual SAPs. However, the SAP must be able to demonstrate to the employer qualifications necessary to meet DOT rule requirements. Part 40 states that the SAP must be a licensed physician (Doctor of Medicine or Osteopathy); or a licensed or certified social worker; or a licensed or certified psychologist; or a licensed or certified employee assistance professional; or a state-licensed or certified marriage and family therapist; or an alcohol and drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC); or by the National Board of Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC). Additionally, there are specific knowledge, training, examination, and continuing education requirements that SAPs must satisfy.

2. Will DOT add additional certified counselor groups to the SAP function the way they added NAADAC and ICRC counselors?

If a certification organization wants DOT to authorize its certified drug and alcohol counselors to be added to the list of those with appropriate credentials to become a SAP, the organization should petition DOT in writing. Before petitioning the Department, the organization must obtain National Commission for Certifying Agencies (NCCA) accreditation and meet the minimum requirements outlined at Appendix E of Part 40. The DOT will review the petition and supporting information before making a decision on whether or not to include those counselors in Part 40.

3. Must nationally recognized test and training groups who administer SAP evaluations have those examinations validated?

Because the Department places a premium on the return-to-duty process, we want to make sure that SAPs are trained and pass an examination that has validity. Therefore, SAP examinations must be validated by a test evaluation organization. Doing so guarantees that an objective outside expert believes that the test has validity. A poorly designed test or a less-than-deliberate exam is a hapless compliment to an effective training requirement; and a well-designed examination can serve to readily point out substandard training efforts. The validation process should include a discussion of test items, knowledge domains, and how effective the test items measure the domains. It should also include a psychometric review that offers an interpretation of the test and the value of how the items and questions are structured. Ultimately, the Department can be assured that SAPs passing the examination have done so because they learned the materials and not because the examination was seriously flawed.

4. Are employers required to refer a fired employee to a SAP?

The rules require an employer to provide the employee (including an applicant or new employee) who violates a DOT drug and alcohol regulation a listing of qualified SAPs readily available to the employee. This list should include the names, addresses, and telephone numbers of SAPs. In the scenario where the employer fires the employee, that employer would be considered to be in compliance with the rules if they provide the list of at least two qualified SAPs. This employer has no further obligation (e.g., facilitate referral to the SAP; ensure that the employee receives a SAP evaluation; pay for the evaluation; or seek to obtain, or maintain the SAP reports) than to present the employee with the required resource list and ensure that SAPs on the list are qualified.

[If the employer makes use of a SAP network, the network must provide the employee with the appropriate list of SAPs. If the employer intends to have the employee return to duty (with that employer), the employer needs only to provide the employee with the specifics of the SAP who will conduct the evaluation.]

5. How will the SAP evaluation process differ if the employee is fired by the employer rather than retained following a rule violation?

After engaging in prohibited conduct and prior to performing safety-sensitive duties in any DOT regulated industry, the employee must receive a SAP

evaluation. And, the employee must receive education and/or treatment, and demonstrate successful compliance before again performing DOT safety-sensitive duties.

The SAP process has the potential to be more complicated when the employer does not retain the employee. In such circumstances, the SAP will likely not have a connection with the employer for whom the employee worked nor have immediate access to the exact nature of the rule violation. The SAP may need to contact the former employer and the MRO to discuss the violation. In addition, the SAP may have to hold the employer reports until asked to forward that information to a gaining employer wishing to return the individual to safety-sensitive duties.

A gaining employer may determine to his or her own satisfaction (e.g., by having the prospective employee meet with the gaining employer's designated SAP; by having the gaining employer's SAP confer with the employee's SAP) that the prospective employee has demonstrated successful compliance with recommended treatment.

6. Can SAP evaluations be conducted telephonically or online?

SAP evaluations cannot be conducted telephonically or online. Both the initial and follow-up SAP evaluations are clinical processes that must be conducted face-to-face. Body language and appearance offer important physical cues vital to the evaluation process. Tremors, needle marks, dilated pupils, exaggerated movements, yellow eyes, glazed or bloodshot eyes, lack of eye contact, a physical slowdown or hyperactivity, appearance, posture, carriage, and ability to communicate in person are vital components that cannot be determined telephonically or online. In-person sessions carry with them the added advantage of the SAP's being able to provide immediate attention to individuals who may be a danger to themselves or others.

7. What are some of the benefits of a SAP determining during the initial evaluation if depression plays a role in the employee's current mental status?

Research shows that more than half of all substance abusers are suffering from depression. Identifying and treating an employee's underlying depression will increase the likelihood of successful substance abuse treatment outcomes and successful return-to-duty.

8. Do community lectures and self-help groups qualify as education and/or treatment?

Self-help groups and community lectures qualify as education but do not qualify as treatment. While self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are crucial to many employees' recovery processes, these efforts alone are not considered to be treatment programs. If an employee's clinical evaluation indicates a need for treatment, community lectures and self-help groups will not suffice. However, they can serve as vital adjuncts in support of treatment program efforts. Therefore, if a client is referred to one of these groups or to community lectures as a result of the SAP evaluation, the employee's attendance, when it can be independently validated, can satisfy a SAP recommendation for education.

9. Can an employee who has violated the rules return to safety-sensitive duty prior to completing the SAP return-to-duty process?

Employees (including applicants) who violate DOT drug and alcohol rules are prohibited from performing any DOT regulated safety-sensitive function until successfully completing the SAP return-to-duty process. An employer is prohibited from permitting the employee to engage in safety-sensitive duties until receiving the report indicating that the employee has demonstrated successful compliance with prescribed education and/or treatment. Then the employer must ensure that the employee takes a return-to-duty test. The employee must have a negative drug test and/or an alcohol test with an alcohol concentration of less than 0.02.

10. Is an employer obligated to return an employee to safety-sensitive duty following the SAP's finding during the follow-up evaluation that the employee has demonstrated successful compliance with the treatment recommendation?

The DOT rules do not obligate an employer to return the employee to a safety-sensitive job. Demonstrating successful compliance with prescribed education and/or treatment and testing negative on the return-to-duty drug test and/or below 0.02 on the return-to-duty alcohol test, are not guarantees of employment or of return to work in a safety-sensitive position. They are preconditions the employee must meet in order to be considered for hiring or reinstatement into safety-sensitive duties by an employer.

11. Can an employee receive the follow-up evaluation from a SAP who did not conduct the initial SAP evaluation?

Although it is strongly recommended that the same SAP be involved throughout the return-to-duty process, circumstances may arise that prevent this from happening. For instance, the initial SAP may no longer be in the area, still under contract to the employer, or still employed by the employer to conduct the service. Additionally, the employee may have moved from the area to a new location. In all cases, the employer responsibility is to ensure that both the initial SAP and the follow-up SAP are qualified to do the job.

12. What does Part 40 mean when it says that SAPs are to use their “own letterhead” when transmitting their reports directly to the employer?

“SAP’s own letterhead” (at 40.311) means the letterhead the SAP uses in her or his daily counseling practice. If the SAP is in private practice, the SAP should use the letterhead of her or his practice. If the SAP works directly for an EAP organization, the SAP should use the EAP’s letterhead. If the SAP works directly for a community mental health service, the SAP should use the service’s letterhead. What the DOT wants to avoid is a SAP network provider requiring the SAP to use the provider’s letterhead rather than that of the SAP. The DOT also wants to avoid another service agent that contracts the SAP’s services to require the contracted SAP to use the service agent’s letterhead. There should be no appearance that anyone changed the SAP’s recommendations or that the SAP’s report failed to go directly from the SAP to the employer. In addition, DOT wants to ensure that an employer and DOT agency representatives can readily contact the SAP at the address listed on the letterhead.

13. Who is responsible for reimbursing the SAP for services rendered?

Payment for SAP evaluations and services is left for employers and employees to decide and may be governed by existing labor-management agreements and health care benefits.

14. Can the SAP direct that an employee be tested for both alcohol and drugs for the return-to-duty test and during the follow-up testing program?

If the SAP determines that an employee referred for alcohol misuse also uses drugs, or that an employee referred for drug use also misuses alcohol, the SAP can require that the individual be tested for both substances. The SAP’s decision to test

for both can be based upon information gathered during the initial evaluation, the SAP's consultation contacts with the treatment program, and/or the information presented during the follow-up evaluation.

15. Can random testing be substituted for required follow-up testing?

Follow-up testing is directly related to a rule violation and subsequent return to safety-sensitive duty. Random tests are independent of rule violations. Therefore, the two test types are to be separated -- one cannot be substituted for the other or be conducted in lieu of the other. Follow-up testing should be unpredictable, unannounced, and conducted not less than six times throughout the first 12 months after the employee returns to safety-sensitive functions. Follow-up testing can last up to 60 months. An employee subject to follow-up testing will continue to be subject to an employer's random testing program. It is important to note that a follow-up test that is cancelled is not a completed test: A cancelled follow-up test must be recollected.

16. If a company has several employees in follow-up testing, can those employees be placed into a follow-up random testing pool and selected for follow-up testing on a random basis?

Follow-up testing is not to be conducted in a randomized way. An employee's follow-up testing program is to be individualized and designed to ensure that the employee is tested the appropriate number of times as directed by the SAP. Random testing is neither individualized nor can it ensure that the employee receives the requisite number of tests.

17. Who is responsible for paying for follow-up testing recommended by the SAP?

The DOT rules do not affix responsibility for payment for follow-up testing upon any single party. The Department has left discussions regarding payment to employer policies and to labor-management agreements. Therefore, in some instances, this issue has become part of labor-management negotiations. However, in making the decision to return the employee to safety-sensitive duty, the employer is, in essence, determining that costs associated with hiring and training a new employee exceeds costs associated with conducting follow-up testing of the returning employee. In any case, whether the employer pays or the employee pays, if the employee returns to performance safety-sensitive functions, the employer

must ensure that follow-up testing occurs as required. The employer will be held accountable if the follow-up testing plan is not followed.

18. Can a SAP recommend that six follow-up tests be conducted in less than twelve months and then suspend testing after all six are conducted?

Follow-up testing must be conducted a minimum of six times during the first twelve months following the employee's return to safety sensitive functions. The intent of this requirement is that testing be spread throughout the 12-month period and not be grouped into a shorter interval. When the SAP believes that the employee needs to be tested more frequently during the first few months after returning to duty, the SAP may recommend more than the minimum six tests or can direct the employer to conduct more of the six tests during the first months rather than toward the latter months of the year. In any case, the follow-up testing is to last at least one year.

19. With respect to follow-up testing, what happens if the employee changes employers without first completing the follow-up testing plan?

It is also important to note that the requirements of the SAP's follow-up testing plan "follow the employee" to subsequent employers or through breaks in service. Part 40 provides examples.

20. What actions are to occur if an employee tests positive or refuses a test while in the follow-up testing program?

Employees testing positive or refusing a test while in a follow-up testing program are subject to specific DOT operating administration rules regarding rule violations. In addition, the employees are subject to employer policies related to second violations of DOT rules. At a minimum, the employee must be removed immediately from safety-sensitive duties and must go through the entire SAP process again before returning to safety-sensitive duties.

21. Can the employer monitor a SAP's recommendations for continuing services the employee needs even after the employee returns to safety-sensitive duties?

If the SAP believes the employee needs additional treatment, aftercare, education, or support group services to assist an employee to maintain sobriety or abstinence from drug use after the employee returns to safety-sensitive duties, the SAP must

provide recommendations for these services in your report. An employer may, as part of a return-to-duty agreement with the employee, require the employee to participate in these recommended services. The employer may make use of SAP and employee assistance program services in assisting and monitoring the employee's compliance with these SAP recommendations. If the employee fails subsequently to comply, he or she may be subject to disciplinary action by the employer.

22. What are the specific regulations governing employers' implementation of the DOT drug and alcohol testing rules and what are some specific rule differences of which SAPs should be aware?

The FMCSA regulation is 49 CFR Part 382. The

FRA regulation is 49 CFR Part 219.

The FAA regulation is 14 CFR Part 120. The FTA

regulation is 49 CFR Part 655. The PHMSA

regulation is 49 CFR Part 199.

The USCG regulation is 46 CFR Parts 4, 5, and 16.

Drug and alcohol testing (including SAP) procedures are 49 CFR Part 40.

23. What are some specific important rule requirements of DOT's Operating Administrations?

See the following pages.

Federal Motor Carrier Safety Administration

(FMCSA)

Covered employee: A person who *operates (i.e., drives)* a Commercial Motor Vehicle (CMV) with a gross vehicle weight rating (gvwr) of 26,001 or more pounds; or is designed to transport 16 or more occupants (to include the driver); or is of any size and is used in the transport of hazardous materials that require the vehicle to be placarded.

Types of tests for drugs: Pre-employment, random, reasonable suspicion, post-accident, return- to-duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, post- accident, return-to-duty, and follow-up.

Definition of accident requiring testing: Any accident involving a fatality requires testing. Testing is also required in accidents in which one or more motor vehicles are towed from the scene or in which someone is treated medically away from the scene; *and* a citation is issued to the CMV driver.

Reasonable-suspicion determination: One trained supervisor or company official can make the decision based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: The employee cannot be returned to duty until the next day or the start of the employee's next regularly scheduled duty period, but not less than 24 hours following the test.

Employee training: Employer must provide educational materials explaining drug and alcohol regulatory requirements and employer's policies and procedures for meeting regulation requirements. Distribution to each employee of these educational materials and the employer's policy regarding the use of drugs and alcohol is mandatory.

Supervisor training: One-hour of training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. One-hour of training is also required on the specific, contemporaneous physical, behavioral, and performance indicators of probable alcohol use.

Reportable employee drug and alcohol violations: No requirements to report violations to FMCSA.

Other: Drivers are prohibited from using alcohol for eight hours following an accident (as described above) or until they have undergone a post-accident alcohol test, whichever occurs first.

Federal Railroad Administration (FRA)

Covered employee: A person who performs *hours of service* functions at a rate sufficient to be placed into the railroad's random testing program. Categories of personnel who normally perform these functions are *locomotive engineers, trainmen, conductors, switchmen, locomotive hostlers/helpers, utility employees, signalmen, operators, and train dispatchers*.

Types of tests for drugs: Pre-employment, random, reasonable suspicion, reasonable cause, post-accident, return-to-duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, reasonable cause, post-accident, return-to-duty, and follow-up.

Definition of accident requiring testing: FRA's post-accident testing rule requires urine and blood specimen collection from surviving employees and also tissue from deceased employees (these collection procedures go well beyond the normal Part 40 procedures). For surviving employees, these specimens are collected at an independent medical facility. FRA regulation, 49 CFR Part 219 Subpart C, stipulates the level of events requiring testing and who has to be tested. The collected specimens are analyzed only at FRA's contract laboratory. Post-accident testing provides FRA with accident investigation and usage data.

Reasonable-suspicion determination: One trained supervisor can make the decision for alcohol testing based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. A decision to conduct a drug test requires two supervisors (only the on-site supervisor must be trained).

Reasonable-cause determination: Employers are authorized to use federal authority to test covered employees after specific operating rule violations or accidents/incidents which meet the criteria in 49 CFR Part 219 Subpart D.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty or after receiving notice to report for covered service, whichever is the shorter period.

Actions for BACs 0.02 – 0.039: The employee cannot be returned to duty until the start of the employee's next regularly scheduled duty period, but not less than 8 hours following the test. Railroads are prohibited from taking further disciplinary action under their own authority.

Employee training: Employer must provide education materials that explain the requirements of the FRA rules as well as railroad policies and procedures with respect to meeting these requirements.

Supervisor training: A total of three hours of training is required: one-hour on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use; one-hour of similar training on probable indicators of alcohol use; and one-hour of training on how to determine if an accident qualifies for post-accident testing.

FRA (continued)

Reportable employee drug and alcohol violations: No requirements to report violations to FRA. Engineers, who are the only certificate holders in the rail industry, will have their certificates reviewed for suspension or revocation by the employer when a FRA violation occurs. Note that a FRA alcohol violation occurs at 0.04 percent or greater. When a locomotive engineer is in a voluntary referral program, the counseling professional must report the engineer's refusal to cooperate in the recommended course of counseling or treatment.

Other:

Anyone with direct or immediate supervisory authority over an employee may not collect that person's urine, saliva, or breath.

Refusal to test results in a mandatory minimum nine-month removal from covered service. During this nine-month period, there is no prohibition against the employee working a non-covered service position if agreeable to the employer.

Locomotive engineers (or other employees certified as a locomotive engineer at the time of the alcohol or drug violation) required both alcohol and drug return-to-duty tests; and both alcohol and drug follow-up tests.

Locomotive engineers who have a DUI are required by Part 240 to be evaluated to determine whether they have an active substance abuse disorder. A DUI is not considered to be a violation of FRA regulations if it occurred during the employee's off-duty time; therefore, any testing would be conducted under employer authority.

Employers must provide a **voluntary referral program** which allows an employee to self-refer for treatment, and a **co-worker report program** which allows one employee to refer another for treatment before the employer identifies a problem. Both of these **employee assistance programs** guarantee that employees will retain their jobs if they cooperate and complete the required rehabilitation program. For an engineer who is in a voluntary referral program, the counseling professional must report the engineer's refusal to cooperate in the recommended course of counseling or treatment to the employer.

Federal Aviation Administration (FAA)

Covered employee: A person who performs *flight crewmember duties, flight attendant duties, flight instruction duties, aircraft dispatch duties, aircraft maintenance or preventive maintenance duties; ground security coordinator duties; aviation screening duties; and air traffic control duties*. Note: Anyone who performs the above duties directly or by contract for a part 119 certificate holder authorized to operate under parts 121 and/or 135, *air tour operators* defined in 14 CFR part 91.147, and *air traffic control* facilities not operated by the Government are considered covered employees.

Types of tests for drugs: Pre-employment, random, reasonable cause, post-accident, return to duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, post- accident, return to duty, and follow-up.

Definition of accident requiring testing: Accident means an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death or serious injury, or in which the aircraft receives substantial damage. Testing must occur if employee's performance either contributed to the accident or cannot be completely discounted as a contributing factor of the accident. The decision not to test an employee must be based on a determination, using the best information available at the time of the determination, that the employee's performance could not have contributed to the accident.

Reasonable cause determination (drugs): Two of the employee's supervisors, one of whom is trained, shall substantiate and concur in the decision to test the employee. If the employer is not an air carrier operating under 14 CFR part 121 and has 50 or fewer employees, a single trained supervisor can make the determination. A trained supervisor makes the determination based upon specific contemporaneous physical, behavioral or performance indicators of probable drug use.

Reasonable suspicion determination (alcohol): One trained supervisor makes the determination based upon specific, contemporaneous, articulable observations concerning the employee's appearance, behavior, speech, or body orders.

Pre-duty alcohol use prohibitions: Eight (8) hours prior to performance of flight crewmember duties, flight attendant duties, and air traffic controller duties. Four (4) hours prior to performance of other duties.

Actions for BACs 0.02 - 0.039: If the employer chooses to return the employee to covered services within 8 hours, the BAC retest must be below 0.02.

FAA (continued)

Employee training (drugs): An employer must train all employees who perform safety-sensitive duties on the effects and consequences of prohibited drug use on personal health, safety, and work environment, and on the manifestations and behavioral cues that may indicate drug use and abuse. Employers must also implement an education program for safety-sensitive employees by displaying and distributing informational materials, a community service hot-line telephone number for employee assistance and the employer's policy regarding drug use in the work place which must include information regarding the consequences under the rule of using drugs while performing safety-sensitive functions, receiving a verified positive drug test result, or refusing to submit to a drug test required under the rule.

Employee training (alcohol): Employers must provide covered employees with educational materials that explain the alcohol misuse requirements and the employer's policies and procedures with respect to meeting those requirements. The information must be distributed to each covered employees and must include such information as the effects of alcohol misuse on an individual's health work, personal life, signs and symptoms of an alcohol problem; and the consequences for covered employees found to have violated the regulatory prohibitions.

Supervisor training (drugs): One-hour of training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. In addition, supervisors must receive employee training as defined above. Reasonable recurrent training is also required.

Supervisor training (alcohol): One-hour of training is required on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

Reportable employee drug and alcohol violations:

Each employer must notify the FAA about any covered employee who holds a certificate issued under 14 CFR Parts 61 (pilots and flight and ground instructors), 63 (flight engineers and navigators), or 65 (air traffic control tower operators, aircraft dispatchers, airframe or power plant mechanics, and repairmen) who has refused to take a drug or alcohol test. The MRO may report a positive or refusal (i.e. adulterated, substituted results or no medical explanation for providing an insufficient specimen) on behalf of the employer.

Each employer must notify the FAA about any safety-sensitive employee who is required to hold an airman medical certificate issued under 14 CFR Part 67 who has a positive drug test result, an alcohol test result of 0.04 or greater, or who has refused to submit to testing. The MRO may report a positive or refusal (i.e. adulterated, substituted results or no medical explanation for providing an insufficient specimen) on behalf of the employer.

FAA (continued)

Each employer must not permit an employee who is required to hold a medical certificate under part 67 to perform a safety-sensitive function to resume that duty until the employee has received a new medical certificate issued by the FAA Federal Air Surgeon **and** the employer has ensured that the employee meets the duty requirements of Part 40. (Medical certificates are not operation certificates but employees cannot continue to perform airman duties without a medical certificate.)

According to FAA's regulation 14 CFR part 120, Subpart E, section 120.113(d), when a MRO verifies a drug test result or a SAP performs the initial evaluation, they must ask the employee whether he or she holds or would be required to hold an airman medical certificate issued under 14 CFR part 67 of this chapter to perform a safety-sensitive function for the employer. [This requirement only applies to MROs and SAPs who provide services for FAA regulated employers.] If the employee answers in the affirmative, the employee must obtain an airman medical certificate issued by the Federal Air Surgeon dated after the drug and/or alcohol violation date.

The SAP must wait until the employee obtains their airman medical certificate before reporting to an employer that the employee demonstrated successful compliance with the SAP's treatment and/or education recommendations.

Federal Transit Administration (FTA)

Covered employee: A person who performs a *revenue vehicle operation; revenue vehicle and equipment maintenance; revenue vehicle control or dispatch (optional); Commercial Drivers License non-revenue vehicle operation; or armed security duties.*

Types of tests for drugs: Pre-employment, random, reasonable suspicion, post-accident, return- to-duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, post- accident, return-to-duty, and follow-up.

Definition of accident requiring testing: Any accident involving a fatality requires testing. Testing following a non-fatal accident is discretionary: If the employer can show the employee's performance could not have contributed to the accident, no test is needed. Non-fatal accidents that may require testing must have disabling damage to any vehicle or immediate medical attention away from the scene to meet the testing threshold.

Reasonable-suspicion determination: One trained supervisor or company official can make the decision based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: If the employer chooses to return the employee to covered service within 8 hours, the BAC re-test must be below 0.02.

Employee training: Employer must provide education with display and distribution of informational materials and a community service hot-line telephone number, if available. One-hour of training on the effects and consequence of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use. Distribution to each employee of the employer's policy regarding the use of drugs and alcohol with signed receipt is mandatory.

Supervisor training: One-hour of training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. One-hour of training is also required on the specific, contemporaneous physical, behavioral, and performance indicators of probable alcohol use.

Reportable employee drug and alcohol violations: No requirements to report violations to FTA.

Other: Anyone with direct or immediate supervisory authority over an employee may not collect that person's urine, saliva, or breath.

Pipeline and Hazardous Materials Safety Administration (PHMSA)

Covered employee: A person who performs on a pipeline or liquefied natural gas (LNG) facility an *operation, maintenance, or emergency-response* function.

Types of tests for drugs: Pre-employment, random, reasonable cause, post-accident, return-to- duty, and follow-up.

Types of tests for alcohol: Post-accident, reasonable suspicion, return-to-duty, and follow-up.

Definition of *accident* requiring testing: An accident is one involving gas pipeline facilities or LNG facilities or involving hazardous liquid or carbon dioxide pipeline facilities.

Reasonable-suspicion determination: One trained supervisor can make the decision based upon signs and symptoms.

Reasonable-cause determination: One trained supervisor can make the decision based upon reasonable and articulable belief that the employee is using prohibited drugs on the basis of specific, contemporaneous physical, behavioral, or performance indicators of probable drug use.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: If the employer chooses to return the employee to covered service within 8 hours, the BAC retest must be below 0.02.

Employee training (Drugs): Employer must provide EAP education with display and distribution of informational materials; display and distribution of a community service hot-line telephone number; and display and distribution of the employer's policy regarding the use of prohibited drugs.

Employee Training (Alcohol): Employer must develop materials that explain policies and procedures (as well as names of those who can answer questions about the program) and distribute them to each covered employee.

Supervisor training: One-hour of training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. One-hour of training is also required on the specific, contemporaneous physical, behavioral, and performance indicators of probable alcohol use.

Reportable employee drug and alcohol violations: No requirements to report violations to PHMSA.

United States Coast Guard (USCG)

Covered employee: A person who is *on board a vessel* acting under the authority of a *license, certificate of registry, or merchant mariner's document*. Also, a person *engaged or employed on board a U.S. owned vessel* and such vessel is required to engage, employ or be operated by a person holding a license, certificate of registry, or merchant mariner's document.

Types of tests for drugs: Pre-employment, periodic, random, reasonable cause, and post-serious marine incident (SMI), return-to-duty, and follow-up.

Types of tests for alcohol: 49 CFR Part 40 alcohol-testing requirements do not apply to the Maritime Industry. 46 CFR Part 4.06 requires post-SMI chemical testing for alcohol use. 33 CFR Part 95.035 allows for a marine employer or a law enforcement officer to direct an individual to undergo a chemical test for intoxicants when reasonable cause exists or a marine casualty has occurred.

Definition of incident requiring testing: An SMI is defined in 46 CFR 4.03-2. In general, an SMI is: A discharge of 10,000 gallons or more of oil into the navigable waters of the United States, whether or not resulting from a marine casualty; a discharge of a reportable quantity of a hazardous substance into the navigable waters or into the environment of the United States, whether or not resulting from a marine casualty; or a marine casualty or accident required to be reported to the Coast Guard, involving a vessel in commercial service, and resulting in any of the following: One or more deaths; an injury to any person (including passengers) which requires professional medical treatment beyond first aid, and, in the case of a person employed on board a commercial vessel, which renders the person unable to perform routine vessel duties; damage to property in excess of \$100,000; actual or constructive total loss of any inspected vessel; or actual or constructive total loss of any uninspected, self-propelled vessel of 100 gross tons or more.

Reasonable-cause determination (drugs): The marine employer must have a reasonable and articulable belief that the individual has used a dangerous drug. This belief should be based on the direct observation of specific, contemporaneous physical, behavioral, or performance indicators of probable use and where practicable based on the observation of two persons in supervisory positions.

Reasonable-cause determination (alcohol): The employee was directly involved in the occurrence of a marine casualty or the individual operated a vessel and the effect of the intoxicant(s) consumed by the individual on the person's manner, disposition, speech, muscular movement, general appearance or behavior is apparent by observation.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of scheduled duty.

USCG (continued)

Employee training: Employer must provide education with display and distribution of informational materials and a community service hot-line telephone number. Distribution to each employee of the employer's policy regarding the use of drugs and alcohol is mandatory. Training must include the effects of drugs and alcohol on personal health, safety, and work environment; and manifestations and behavioral cues that may indicate drug and alcohol use and abuse.

Supervisor training: One-hour of training is required on the effects of drugs and alcohol on personal health, safety, and work environment; and manifestations and behavioral cues that may indicate drug and alcohol use and abuse.

Reportable employee drug and alcohol violations: Results of all post-SMI tests and positive drug test results for all mariners who hold a license, certificate of registry or merchant mariner's document must be reported to the nearest Coast Guard Officer in Charge, Marine Inspection

INDIANA
SUBSTANCE ABUSE PROFESSIONAL
(SAP)
REFERENCES

When a positive DOT result is received, the decision of whether to retain or terminate the employee must be made. If the employee is to be terminated, he/she will need the information of two DOT qualified SAPs. If the employee is to be retained, he/she must successfully complete the return to duty process before returning to safety-sensitive duties.

For a listing of DOT qualified SAPs, visit:

www.saplist.com

or

Contact the ITI MRO-A: 317-999-6949

Upon contacting a SAP, please inquire and confirm, "Are
you DOT certified?"

Before using their services.

REASONABLE CAUSE DOCUMENTATION

EMPLOYEE:	DATE:
LOCATION:	TIME:

OBSERVATIONS

Prepare this form every time an employee is suspected of drug use by their action, appearance or conduct which constitutes a major change in the person's appearance and behavior.

Eyes:	<input type="checkbox"/> Bloodshot	<input type="checkbox"/> Glassy	<input type="checkbox"/> Dilated Pupils	<input type="checkbox"/> Clear
	<input type="checkbox"/> Heavy eyelids	<input type="checkbox"/> Fixed pupils	<input type="checkbox"/> Watery	

Speech:	<input type="checkbox"/> Thick	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Mumbled	<input type="checkbox"/> Other
	<input type="checkbox"/> Rapid	<input type="checkbox"/> Slurred	<input type="checkbox"/> Mush-mouthed	_____
	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Talkative	<input type="checkbox"/> Good	_____

Balance:	<input type="checkbox"/> Falling	<input type="checkbox"/> Swaying	<input type="checkbox"/> Wobbling	<input type="checkbox"/> Other
	<input type="checkbox"/> Needs support			_____

Walking:	<input type="checkbox"/> Falling	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Other
	<input type="checkbox"/> Swaying	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Needs support	_____

Turning:	<input type="checkbox"/> Falling	<input type="checkbox"/> Swaying	<input type="checkbox"/> Staggering	<input type="checkbox"/> Other
	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Stumbling		_____

Emotional Indicators:	<input type="checkbox"/> Depression	<input type="checkbox"/> Alienation	<input type="checkbox"/> Moodiness	<input type="checkbox"/> Other
	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Irritability	_____

Physical Behaviors:	<input type="checkbox"/> Noticeable weight loss	<input type="checkbox"/> Rapid breathing	<input type="checkbox"/> Tremors	<input type="checkbox"/> Neglect of personal hygiene
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Attitude:	<input type="checkbox"/> Excited	<input type="checkbox"/> Carefree	<input type="checkbox"/> Insulting	<input type="checkbox"/> Other
	<input type="checkbox"/> Talkative	<input type="checkbox"/> Profane	<input type="checkbox"/> Hilarious	_____
	<input type="checkbox"/> Combative	<input type="checkbox"/> Cocky	<input type="checkbox"/> Indifferent	_____
	<input type="checkbox"/> Sleepy	<input type="checkbox"/> Polite	<input type="checkbox"/> Cooperative	

REPRESENTATIVE'S OPINION

Indicate any other unusual actions or statements:
Indicate signs or complaints of illness or injury:

Effects of alcohol/drug intoxication:	<input type="checkbox"/> None	<input type="checkbox"/> Slight	<input type="checkbox"/> Obvious	<input type="checkbox"/> Extreme
Operation of equipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

REPRESENTATIVE:	DATE:
SIGNATURE:	WITNESSED BY:

SUPERVISOR'S REPORT OF INTOXICATION

EMPLOYEE:	DATE:
LOCATION:	TIME:

OBSERVATIONS

Prepare this form every time an employee is suspected of alcohol use by their action, appearance or conduct which constitutes a major change in the person's appearance and behavior.

Breath (odor of alcoholic beverage):	<input type="checkbox"/> Strong	<input type="checkbox"/> Faint	<input type="checkbox"/> Moderate	<input type="checkbox"/> None
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Eyes:	<input type="checkbox"/> Bloodshot	<input type="checkbox"/> Glassy	<input type="checkbox"/> Dilated Pupils	<input type="checkbox"/> Clear
	<input type="checkbox"/> Heavy eyelids	<input type="checkbox"/> Fixed pupils	<input type="checkbox"/> Watery	

Speech:	<input type="checkbox"/> Confused	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Mumbled	<input type="checkbox"/> Other
	<input type="checkbox"/> Cotton mouth	<input type="checkbox"/> Slurred	<input type="checkbox"/> Mush-mouthed	_____
	<input type="checkbox"/> Accent	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	_____

Attitude:	<input type="checkbox"/> Excited	<input type="checkbox"/> Carefree	<input type="checkbox"/> Insulting	<input type="checkbox"/> Other
	<input type="checkbox"/> Talkative	<input type="checkbox"/> Profane	<input type="checkbox"/> Hilarious	_____
	<input type="checkbox"/> Combative	<input type="checkbox"/> Cocky	<input type="checkbox"/> Indifferent	_____
	<input type="checkbox"/> Sleepy	<input type="checkbox"/> Polite	<input type="checkbox"/> Cooperative	

Unusual Action:	<input type="checkbox"/> Belching	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Fighting	<input type="checkbox"/> Other
	<input type="checkbox"/> Hiccapping	<input type="checkbox"/> Laughing	<input type="checkbox"/> Crying	_____

Balance:	<input type="checkbox"/> Falling	<input type="checkbox"/> Swaying	<input type="checkbox"/> Wobbling	<input type="checkbox"/> Other
	<input type="checkbox"/> Needs support			_____

Walking:	<input type="checkbox"/> Falling	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Other
	<input type="checkbox"/> Swaying			_____

Turning:	<input type="checkbox"/> Falling	<input type="checkbox"/> Swaying	<input type="checkbox"/> Staggering	<input type="checkbox"/> Other
	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Stumbling		_____

SUPERVISOR'S OPINION

Indicate any other unusual actions or statements:
Indicate signs or complaints of illness or injury:

Effects of alcohol/drug intoxication:	<input type="checkbox"/> None	<input type="checkbox"/> Slight	<input type="checkbox"/> Obvious	<input type="checkbox"/> Extreme
Operation of equipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

SUPERVISOR:	DATE:
SIGNATURE:	WITNESSED BY:



QUICK REFERENCE GUIDE TO COMMONLY ABUSED DRUGS

Name of Drug	Alternative Names	Type of Drug	Detection Time (In Urine)	Duration of Effect
Alcohol	Beer, Booze, Ethyl Alcohol, Hooch, Liquor, Wines	Depressant	6-10 hours	2-6 hours
Amphetamines	Benzedrine, Biphedamine, Delcobase, Desoxyn, Dexedrine, Obetrol, Reds, Speed, Uppers, White Crosses, Ice	Stimulants	1-3 days	2-4 hours
Barbiturates	Amytal, Butisol, Fiorinal, Luminal, Nembutal, Seconal, Yellow, Black Beauties	Depressant	2-10 days	3-6 hours
Benzodiazepines	Ativan, Dalmane, Halcion, Librium, Serax, Tranxene, Valium, Xanax, Versed, Restoril	Depressant	3 days-6 weeks	4-12 hours
Cocaine	Coke, Crack, Snow, Toot, Lady, Nose Candy, Speedball	Stimulant	2-4 days	0.5-4 hours
Codeine	Empirin w/Codeine, Fiorinal w/ Codeine, Robitussin A-C, Tylenol w/Codeine	Narcotic	1-3 days	3-6 hours
Heroin	Diacetylmorphine, Horse, Smack, White Lady	Narcotic	1-2 days	3-6 hours
Hydromorphone	Dilaudid	Narcotic	1-3 days	3-6 hours
LSD	Acid, Lysergide, Microdot, White Lightning	Hallucinogen	8-12 hours	8-12 hours
Marijuana	Acapulco Gold, Grass, Hash, Hashish, Pot, Sinsemilla	Hallucinogen	2 days-6 weeks	2-4 hours
Meperidine	Demerol, Pethidine	Narcotic	1-2 days	2-6 hours
Methadone	Amidone, Dolophine, Methadone	Narcotic	5-10 days	12-24 hours
Methaqualone	Ludes, Maa, Soapers, Quaalude	Depressant	2 weeks	4-8 hours
Morphine	Duramorph, Junk, Roxanol-SR, White Stuff	Narcotic	1-3 days	3-6 hours
Oxycodone	Percodan, Percocet	Narcotic	10-24 hours	2-8 hours
Phencyclidine (PCP)	Angel Dust, Hog, Killer Weed, DOA, Elephant Juice	Hallucinogen	1-8 days	2-4 hours
Propoxyphene	Darvocet-N, Darvon, Yellow Footballs	Narcotic	1-4 days	1-6 hours
Tetrahydrocannabinol (THC)	Marinol, Dronabinol	Hallucinogen	1 day- 6 weeks	2-4 hours



Indiana Testing, Inc

Online at <http://www.itihq.com> 881 S. GIRLS SCHOOL RD INDIANAPOLIS, IN 46231 PHONE: 317-271-2611 FAX: 317-248-1072

FREQUENTLY ASKED QUESTIONS

Can a donor test positive through passive inhalation because he was in the same room with someone smoking marijuana?

This is a question that has had a long history. It has been shown that it is possible to have minute detectable levels of THC from passive inhalation, although with the standard DOT/SAMHSA screening cutoff (50ng/ml), this is not possible. The controversy came from studies that showed that it is possible to produce a positive urine test when an initial cutoff of 20ng/ml is used. There are numerous scientific articles that validate this point. However, exposure conditions were so unrealistic that they were characterized as nearly intolerable. Since all certified labs must use the 50ng/ml for federally covered workers, a positive due to secondhand smoke is not possible.

How long is marijuana detectable on a urine test?

This is not an easy question to answer because marijuana is a fat-soluble drug. If a person is a first time user, it will probably all be out of the system in about 5 days. For chronic users (several times a week for a long period of time), marijuana is stored in the fat and slowly released over time. In this case, marijuana can be detected for weeks. If one is not a first time user or a chronic user, somewhere in between days to a couple of weeks, but this can vary widely from one individual to another.

Does ibuprofen interfere with the marijuana test?

No interference is present since 1 million ng/ml of ibuprofen has no effect on the initial test. The manufacturer of the EMIT immunoassay test changed the formulation of the reagent to eliminate any problems. This is another example of the necessity to do GC/MS which provides a molecular fingerprint of the drug.

I'm sure that the testing laboratory made a mistake. What should the donor do?

A certified lab will maintain a positive sample in the original container for one year from the date of the test. They keep positive samples for just such a challenge. If it is a regulated sample (DOT), then the spit sample is reserved to send to another laboratory for re-confirmation. If it is a non-regulated sample and there is no split, then a portion of the original specimen may be sent to another lab for re-confirmation. In all cases, it should be sent to a certified lab. The MRO for the company should handle this request for the donor. For regulated samples, the donor has the right to request a retest for 72 hours from time of initial contact by the MRO.

Which drugs are commonly tested?

If it is a federally mandated test through DOT, then the urine will be tested for Marijuana (THC), Cocaine, PCP, Opioids and Amphetamines (Ampheta-mine and Methamphetamine), as well as tests for adulteration. No other drug test is allowed. Breath alcohol is also tested under the DOT regulations.

For non-regulated testing, the most common tests include the five drug classes above and also tests for Barbiturates, Benzodiazepines (Valium), and Propoxyphene (Darvon or Darvocet). Alcohol may or may not be tested in urine or breath according to the company policy.

What does a negative test result mean?

A negative result does not guarantee the absence of drugs, only that the specific drugs tested were either not present or may be below our ability to detect the drugs. If an employee admits to substance abuse, we recommend an evaluation by a Substance Abuse Professional (SAP) as part of an Employee Assistance Program (EAP). A repeat urine drug test or hair drug test may also be indicated.

What if the test is positive?

A positive test has been confirmed by the laboratory. However, there may be medical use of a prescription medication or other legitimate explanation for a positive test result. A board certified toxicologist or MRO is available to interpret the test result to assist you with determining whether any medications or other legitimate explanations were responsible for the positive test result.

Is there any difference in labs?

Yes, there is a BIG difference in the quality of labs. The "gold" standard is a lab that is federally certified by SAMHSA which is the Substance Abuse and Mental Health Services Administration (formerly NIDA, National Institute on Drug Abuse). There are very few SAMHSA certified labs since these labs must pass a rigorous inspection process and also perform well on proficiency tests (samples sent specifically to challenge the labs competence). They must not only get the correct result, but also the correct quantitation of each drug that was found. If a lab is not certified by SAMHSA then there is no check on the quality of the chain of custody process or the quality of the analytical work. We recommend using only a SAMHSA certified laboratory.

What does a medical review officer (MRO) do?

Once a test is determined to be positive by the lab, there must be a review and interpretation of the result. The MRO will look for a medically valid reason for the positive result. The MRO will also look for procedural errors such as chain-of-custody problems, and also interview the donor to act as the liaison between the laboratory and the employer. It is the responsibility of the MRO to request a retest on behalf of the donor should the MRO suspect that an error in the testing process may have occurred. The MRO will then rule as positive or negative.

Prescription Drugs: *Abuse and Addiction*

Some Commonly Prescribed Medications: Use and Consequences

Opioids

- Oxycodone (OxyContin)
- Propoxyphene (Darvon)
- Hydrocodone (Vicodin)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Diphenoxylate (Lomotil)

CNS Depressants

Barbiturates

- Mephobarbital (Mebaral)
- Pentobarbital sodium (Nembutal)

Benzodiazepines

- Diazepam (Valium)
- Chlordiazepoxide hydrochloride (Librium)
- Alprazolam (Xanax)
- Triazolam (Halcion)
- Estazolam (ProSom)

Stimulants

- Dextroamphetamine (Dexedrine)
- Methylphenidate (Ritalin)
- Sibutramine hydrochloride monohydrate (Meridia)

Generally prescribed for

- Postsurgical pain relief
- Management of acute or chronic pain
- Relief of coughs and diarrhea

Generally prescribed for

- Anxiety
- Tension
- Panic attacks
- Acute stress reactions
- Sleep disorders
- Anesthesia (at high doses)

Generally prescribed for

- Narcolepsy
- Attention-deficit hyperactivity disorder (ADHD)
- Depression that does not respond to other treatment
- Short-term treatment of obesity
- Asthma

<p style="text-align: center;">In the body</p> <p>Opioids attach to opioid receptors in the brain and spinal cord, blocking the transmission of pain messages to the brain.</p>	<p style="text-align: center;">In the body</p> <p>CNS depressants slow brain activity through actions on the GABA system and, therefore, produce a calming effect.</p>	<p style="text-align: center;">In the body</p> <p>Stimulants enhance brain activity, causing an increase in alertness, attention, and energy.</p>
<p style="text-align: center;">Effects of short-term use</p> <ul style="list-style-type: none"> • Blocked pain messages • Drowsiness • Constipation • Depressed respiration (depending on dose) 	<p style="text-align: center;">Effects of short-term use</p> <ul style="list-style-type: none"> • A "sleepy" and uncoordinated feeling during the first few days, as the body becomes accustomed - tolerant - to the effects, these feelings diminish. 	<p style="text-align: center;">Effects of short-term use</p> <ul style="list-style-type: none"> • Elevated blood pressure • Increased heart rate • Increased respiration • Suppressed appetite • Sleep deprivation
<p style="text-align: center;">Effects of long-term use</p> <ul style="list-style-type: none"> • Potential for tolerance, physical dependence, withdrawal, and/or addiction 	<p style="text-align: center;">Effects of long-term use</p> <ul style="list-style-type: none"> • Potential for tolerance, physical dependence, withdrawal, and/or addiction 	<p style="text-align: center;">Effects of long-term use</p> <ul style="list-style-type: none"> • Potential for addiction

Possible negative effects

- Severe respiratory depression or death following a large single dose

Possible negative effects

- Seizures following a rebound in brain activity after reducing or discontinuing use

Possible negative effects

- Dangerously high body temperatures or an irregular heartbeat after taking high doses
- Cardiovascular failure or lethal seizures
- For some stimulants, hostility or feelings of paranoia after taking high doses repeatedly over a short period of time

Should not be used with

Other substances that cause CNS depression, including

- Alcohol
- Antihistamines
- Barbiturates
- Benzodiazepines
- General anesthetics

Should not be used with

Other substances that cause CNS depression, including

- Alcohol
- Prescription opioid pain medicines
- Some over-the-counter cold and allergy medications

Should not be used with

- Over-the-counter cold medicines containing decongestants
- Antidepressants, unless supervised by a physician
- Some asthma medications



Alcohol and the Human Body

The National Council on Alcohol and Drug Dependence defines alcoholism this way:

"Alcoholism is a primary, chronic disease with genetic, psychological, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortion in thinking, most notably denial."

Alcohol is the single most used and abused drug in America. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), nearly 14 million Americans (1 in every 13 adults) abuse alcohol or are alcoholics. Several million more adults engage in risky drinking patterns that could lead to alcohol problems. The costs to society in terms of lost productivity, health care costs, traffic accidents, and personal tragedies are staggering. Numerous studies and reports have been issued on the workplace costs of alcoholism and alcohol abuse, and they report costs that range from \$33 billion to \$68 billion per year. Alcohol is a major factor in injuries, both at home, at work, and on the road. Nearly half of all traffic fatalities involve alcohol.

Alcohol's Properties

Alcohol is a general term denoting a family of organic chemicals with common properties. Members of this family include ethanol, methanol, isopropanol, and others. This introduction discusses the physical, chemical, and physiological aspects of the most commonly ingested of these - ethanol.

Alcohol (ethanol) is a clear, volatile liquid that burns (oxidizes) easily. It has a slight, characteristic odor and is very soluble in water. Alcohol is an organic compound composed of carbon, oxygen, and hydrogen; its chemical formula is C₂H₅OH.

Alcohol is a central nervous system depressant, and it is the bodily system most severely affected by alcohol (see chart below). The degree to which the central nervous system function is impaired is directly proportional to the concentration of alcohol in the blood

When ingested, alcohol passes from the stomach into the small intestine, where it is rapidly absorbed into the blood and distributed throughout the body. Because it is distributed so quickly and thoroughly the alcohol can affect the central nervous system even in small concentrations. In low concentrations, alcohol reduces inhibitions. As blood alcohol concentration increases, a person's response to stimuli decreases markedly, speech becomes slurred, and he or she becomes unsteady and has trouble walking. With very high concentrations - greater than 0.35 grams/100 milliliters of blood (equivalent to 0.35 grams/210 liters of breath) - a person can become comatose and die. The American Medical Association has defined the blood alcohol concentration level of impairment for all people to be 0.04 grams/100 milliliters of blood (equivalent to .04 grams/210 liters of breath). The following is a generally accepted guide to the effects of alcohol.

Absorption

Alcohol is absorbed from all parts of the gastrointestinal tract largely by simple diffusion into the blood. However, the small intestine is by far the most efficient region of the gastrointestinal tract for alcohol absorption because of its very large surface area. In a fasting individual, it is generally agreed that 20% to 25% of a dose of alcohol is absorbed from the stomach and 75% to 80% is absorbed from the small intestine. Because of this peak blood alcohol, concentrations are achieved in fasting people within 0.5 to 2.0 hours, while non-fasting people exhibit peak alcohol concentrations within 1.0 to as much as 6.0 hours.

Distribution

Alcohol has a high affinity for water and is, therefore, found in body tissues and fluids inasmuch as they contain water. Absorbed alcohol is rapidly carried throughout the body in the blood. Once absorption of alcohol is complete, an equilibrium occurs such that blood at all points in the system contains approximately the same concentration of alcohol.

Elimination

The liver is responsible for the elimination - through metabolism - of 95% of ingested alcohol from the body. The remainder of the alcohol is eliminated through excretion of alcohol in breath, urine, sweat, feces, milk and saliva. The body uses several different metabolic pathways in its oxidation of alcohol to acetaldehyde to acetic acid to carbon dioxide and water.

Healthy people metabolize alcohol at a fairly consistent rate. As a rule of thumb, a person will eliminate one average drink or .5 oz (15 ml) of alcohol per hour. Several factors influence this rate. The rate of elimination tends to be higher when the blood alcohol concentration in the body is very high or very low. Also chronic alcoholics may (depending on liver health) metabolize alcohol at a significantly higher rate than average. Finally, the body's ability to metabolize alcohol quickly tend to diminish with age.

Body Weight and Body Type

In general, the less you weigh the more you will be affected by a given amount of alcohol. As de-tailed above, alcohol has a high affinity for water. Basically one's blood alcohol concentration is a function of the total amount of alcohol in one's system divided by total body water. So for two individuals with similar body compositions and different weights, the larger individual will achieve lower alcohol concentrations than the smaller one if ingesting the same amount of alcohol. However, for people of the same weight, a well-muscled individual will be less affected than someone with a higher percentage of fat since fatty tissue does not contain very much water and will not absorb very much alcohol.

Rate of Consumption

Blood alcohol concentration depends on the amount of alcohol consumed and the rate at which the user's body metabolizes alcohol. Because the body metabolizes alcohol at a fairly constant rate (somewhat more quickly at higher and lower alcohol concentrations), ingesting alcohol at a rate higher than the rate of elimination results in a cumulative effect and an increasing blood alcohol concentration.

Alcohol Content

It's not how many drinks you have, but how much alcohol you consume. As you can see from the chart below some drinks are more potent than others:

Alcohol Content of Some Typical Drinks

Drink	Alcohol Content
Manhattan	1.15 oz. (34 ml)
Dry Martini	1.00 oz. (30 ml)
Malt liquor -12 oz. (355 ml)	0.71 oz. (21 ml)
Airline miniature	0.70 oz. (21 ml)
Whiskey Sour/Highball	0.60 oz. (18 ml)
Table Wine - 5 oz. (148 ml)	0.55 oz. (16 ml)
Beer - 12 oz. (355 ml)	0.54 oz. (16 ml)
Reduced Alcohol Beer	0.28 oz. (8 ml)

Mixed drinks are based on typical drink recipes using **80 proof liquor**.
The amount of alcohol in actual mixed drinks may vary.

Alcohol Content (in Percent) of Selected Beverages

Beverage	Alcohol Content (%)
Beers (lager)	3.2 - 4.0
Ales	4.5
Porter	6.0
Stout	6.0 - 8.0
Malt Liquor	3.2 - 7.0
Sake	14.0 - 16.0
Table wines	7.1 - 14.0
Sparkling wines	8.0 - 14.0
Fortified wines	14.0 - 24.0

Aromatized wines	15.5 - 20.0
Brandies	40.0 - 43.0
Whiskies	40.0 - 75.0
Vodkas	40.0 - 50.0
Gin	40.0 - 48.5
Rum	40.0 - 95.0
Aquavit	35.0 - 45.0
Okolehao	40.0
Tequila	45.0 - 50.5

The concentration of the drinks that one can ingest could have a slight effect on the peak alcohol concentration due to the differences in absorption rate of different concentrations of alcohol. Alcohol is most rapidly absorbed when the concentration of the drink is between 10% and 30%. Below 10% the concentration gradient in the gastrointestinal tract is low and slows absorption and the added volumes of liquid involved slow gastric emptying. On the other hand, concentrations higher than 30% tend to irritate the mucous membranes of the gastrointestinal tract and the pyloric sphincter, causing increased secretion of mucous and delayed gastric emptying.

Food

Food taken along with alcohol results in a lower, delayed blood alcohol concentration peak (the point of greatest intoxication). There are two major factors involved in this phenomenon: First, because alcohol is absorbed most efficiently in the small intestine, the ingestion of food can slow down the absorption of alcohol into one's system. The pyloric valve at the bottom of the stomach will close in order to hold food in the stomach for digestion and thus keep the alcohol from reaching the small intestine. While alcohol will be absorbed from the stomach, it is a slower and less efficient transition; Second and equally important is the fact that alcohol elimination rates are inversely proportional to alcohol concentration in the blood. Therefore, the suppressed levels of alcohol due to food ingestion cause the body to eliminate the alcohol that is absorbed at a faster rate. The type of food ingested (carbohydrate, fat, protein) has not been shown to have a measurable influence on this effect, but the larger the meal and closer in time between eating and drinking, the greater the diminution of peak alcohol concentration. Studies have shown reductions in peak alcohol concentration (as opposed to those of a fasting individual under otherwise similar circumstances) of 9% to 23%.

Medication

If you are taking any medication, it could increase the effects of alcohol. You should always consult your physician or the medical information that accompanies the medication when drinking alcohol in conjunction with any medication.

Fatigue

Fatigue causes many of the same symptoms that are caused by alcohol intoxication. These and other symptoms will be amplified if alcohol intoxication is concurrent with fatigue.

Tolerance

Tolerance is the diminution of the effectiveness of a drug after a period of prolonged or heavy use of that drug or a related drug (cross-tolerance). There are two types of tolerance at work with alcohol. The first is *metabolic tolerance* in which the alcohol is metabolized at a higher rate (up to 72% more quickly) in chronic users. Because of the higher metabolic rate for alcohol, lower peak blood alcohol concentrations are achieved by chronic alcohol users than the average drinker when the same amount of alcohol is ingested. The second is *functional tolerance* in which there is an actual change in the organ or system's sensitivity to the drug. Studies have shown that chronic alcohol users can have twice the tolerance for alcohol as an average person. It is important to note however that even in light of these tolerance factors, it has been shown conclusively that even in heavy alcohol users functional impairment is clearly measurable at the blood alcohol concentration levels that are currently used for traffic law enforcement and safety sensitive job performance.

Gender Differences

As outlined above in the section on Body Weight and Body Type, different body types coincide with different body water percentages. In general, but by no means in all cases, women tend to have a higher percentage of body fat and thus a lower percentage of body water. Therefore, in general, if a man and a woman of the same weight ingest the same amount of alcohol the woman will tend to achieve a higher alcohol concentration. This, of course, would not be true if the woman was very fit and the man was somewhat obese, but on average, this is the case. Furthermore, total body water tends to decrease with age, so an older person will also be more affected by the same amount of alcohol. According to the table below the differences in alcohol concentration due to average body composition differences based on gender would be between 16% and 10% depending on age.

Average Total Body Water as a function of Sex and Age

Age	Male	Female
18 to 40	61%	52%
over 60	51%	46%

Another gender-based difference is in the elimination of alcohol. Although not explained, studies appear to show that women eliminate alcohol from their bodies at a rate 10% greater than that of men.

Never Drink and Drive!

Blood Alcohol Chart

Alcohol affects Men and Women Differently

Men										
Approximate Blood Alcohol Percentage										
Drinks	Body Weight in Pounds									
	100	120	140	160	180	200	220	240		
0	.00	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.04	.03	.03	.02	.02	.02	.02	.02	.02	Impairment Begins
2	.08	.06	.05	.05	.04	.04	.03	.03	.03	Driving Skills Significantly Affected
3	.11	.09	.08	.07	.06	.06	.05	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	.06	
5	.19	.16	.13	.12	.11	.09	.09	.08	.08	Possible Criminal Penalties
6	.23	.19	.16	.14	.13	.11	.10	.09	.09	
7	.26	.22	.19	.16	.15	.13	.12	.11	.11	Legally Intoxicated
8	.30	.25	.21	.19	.17	.15	.14	.13	.13	
9	.34	.28	.24	.21	.19	.17	.15	.14	.14	Criminal Penalties
10	.38	.31	.27	.23	.21	.19	.17	.16	.16	

Subtract .01% for each 40 minutes of drinking. One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

FAQ: Quick Facts

How one feels before drinking: If a person is upset and tense, very excited, sad, nervous, or even extremely happy, he or she may tend to gulp drinks and actually consume more alcohol than planned.

What the drinker expects alcohol to do: Some people expect a drink to help them feel relaxed, happy, angry or sad. Quite naturally, these feelings can be produced by the drink; how you want to feel helps you feel that way.

How much one drinks: A person who has one drink during dinner is not likely to feel the effects of alcohol. Having six drinks before and during dinner means the individual might not make it through dessert.

How long one takes to drink: This is a critical factor: four drinks in one hour will have an obvious effect on the drinker, but the same four drinks over a four-hour period will probably have a very slight, if any, effect. Type of alcoholic beverage: some beverages have more alcohol in them than others. Beer has about 4.5% alcohol, "table wines" average from 11% to 14%, "fortified" or "dessert wines" (such as sherry or port) have 16% to 20%, and distilled spirits range from 40% to 50%. However, in normal size each drink (i.e., 12 ounces of beer, 5 ounces of wine, and 1-1/2 ounces of distilled spirits) contains approximately the same amount of alcohol.

Size of the drinker: Because of the way alcohol circulates in the body, the size of the drinker also relates to the effects of alcohol. A person weighing 220 pounds will not feel the effects of a drink as much as a person weighing 120 pounds.

Food in the stomach: The alcohol consumed does not affect the drinker until it has been absorbed into the bloodstream. Food in the stomach slows the alcohol's absorption, so a person who has a drink after eating a meal will feel less effect than a person who has a drink on an empty stomach.

Experience in using alcoholic beverages: Someone drinking a glass of wine may experience light-headedness the first time, but will probably not experience that effect on subsequent occasions. However, most individuals who drink know what to expect from various amounts of alcohol because of their prior experience with drinking.

Could I blow a positive reading this morning from the drinking I did last night? Yes, if you drank enough last night and all of the alcohol in your system had not been eliminated, your blood and breath would still contain alcohol.

If you put a penny in your mouth will it lower your breath alcohol reading? If you observe a fifteen minute deprivation period prior to testing, we are not aware of anything that will affect the alcohol concentrations in your breath.

Can mouthwash, used as directed, produce a reading of 0.02 or greater on a breath alcohol detection device after a fifteen minute deprivation period? No

Why is 0.01 often used for zero tolerance testing? With a breath test instrument, as long as the sampling was preceded by a 15 minute deprivation period, results of 0.01 or above on a properly calibrated instrument indicates that alcohol is present. This is consistent with the reporting of blood samples. Blood samples are usually reported as a two-digit result (##). Therefore when using blood, 0.01 is the lowest reported result.

Can eating food cooked in alcohol cause a positive test? Cooking typically boils off the alcohol and leaves little more than the flavor of the beverage. However, if all the alcohol has not been eliminated in the cooking process, a result could occur from the ingestion of the alcohol since eating alcohol is a little different than drinking alcohol.

The Stages of Alcoholism

The Early or Adaptive Stage

The early or adaptive stage of alcoholism is marked by increasing tolerance to alcohol and physical adaptations in the body that are largely unseen. This increased tolerance is marked by the alcoholic's ability to consume greater quantities of alcohol while appearing to suffer few effects and continuing to function. This tolerance is not created simply because the alcoholic drinks too much but rather because the alcoholic is able to drink great quantities because of physical changes going on inside his or her body.

The early stage is difficult to detect. By appearances, an individual may be able to drink a great deal without becoming intoxicated, having hangovers, or suffering other apparent ill effects from alcohol. An early stage alcoholic is often indistinguishable from a non-alcoholic who happens to be a fairly heavy drinker.

In the workplace, there is likely to be little or no obvious impact on the alcoholic's performance or conduct at work. At this stage, the alcoholic is not likely to see any problem with his or her drinking and would scoff at any attempts to indicate that he or she might have a problem. The alcoholic is simply not aware of what is going on in his or her body.

The Middle Stage

There is no clear line between the early and middle stages of alcoholism, but there are several characteristics that mark a new stage of the disease. Many of the pleasures and benefits that the alcoholic obtained from drinking during the early stage are now being replaced by the destructive facets of alcohol abuse. The drinking that was done for the purpose of getting high is now being replaced by drinking to combat the pain and misery caused by prior drinking.

One basic characteristic of the middle stage is physical dependence. In the early stage, the alcoholic's tolerance to greater amounts of alcohol is increasing. Along with this, however, the body becomes used to these amounts of alcohol and now suffers from withdrawal when the alcohol is not present.

Another basic characteristic of the middle stage is craving. Alcoholics develop a very powerful urge to drink that they are eventually unable to control. As the alcoholic's tolerance increases along with the physical dependence, the alcoholic loses his or her ability to control drinking and craves alcohol.

The third characteristic of the middle stage is loss of control. The alcoholic simply loses his or her ability to limit his or her drinking to socially acceptable times, patterns, and places. This loss of control is due to a decrease in the

alcoholic's tolerance and an increase in the withdrawal symptoms. The alcoholic cannot handle as much alcohol as they once could without getting drunk, yet needs increasing amounts to avoid withdrawal.

Another feature of middle stage alcoholics is blackouts. Contrary to what you might assume, the alcoholic does not actually pass out during these episodes. Instead, the alcoholic continues to function but is unable to remember what he or she has done or has been. Basically, the alcoholic simply can't remember these episodes because the brain has either stored these memories improperly or has not stored them at all. Blackouts may also occur in early stage alcoholics.

Impairment becomes evident in the workplace during the middle stage. The alcoholic battles with loss of control, withdrawal symptoms, and cravings. This will become apparent at work in terms of any or all of the following: increased and unpredictable absences, poorly performed work assignments, behavior problems with co-workers, inability to concentrate, accidents, increased use of sick leave, and possible deterioration in overall appearance and demeanor. This is the point where the employee may be facing disciplinary action.

Late Stage

The late or deteriorative stage is best identified as the point at which the damage to the body from the toxic effects of alcohol is evident, and the alcoholic is suffering from a host of ailments. An alcoholic in the final stages may be destitute, extremely ill, mentally confused, and drinking almost constantly. The alcoholic in this stage is suffering from many physical and psychological problems due to the damage to vital organs. His or her immunity to infections is lowered, and the employee's mental condition is very unstable. Some of the very serious medical conditions the alcoholic faces at this point include heart failure, fatty liver, hepatitis, cirrhosis of the liver, malnutrition, pancreatitis, respiratory infections, and brain damage, some of which is reversible.

Why does an alcoholic continue to drink despite the known facts about the disease and the obvious adverse consequences of continued drinking? The answer to this question is quite simple. In the early stage, the alcoholic does not consider himself or herself sick because his or her tolerance is increasing. In the middle stage, the alcoholic is unknowingly physically dependent on alcohol. He or she simply finds that continuing to use alcohol will prevent the problems of withdrawal. By the time an alcoholic is in the late stage, he or she is often irrational, deluded, and unable to understand what has happened.

In addition to the effects of these changes, the alcoholic is faced with one of the most powerful facets of addiction: denial. An alcoholic will deny that he or she has a problem. This denial is a very strong force. If an alcoholic did not deny the existence of a problem, he or she would most likely seek help when faced with the overwhelming problems caused by drinking. While denial is not a diagnosable physical symptom or psychiatric disorder, it is an accurate description of the state of the alcoholic's behavior and thinking and is very real.

Treating Alcoholism

An alcoholic will rarely stop drinking and stay sober without outside help. Also, he or she usually will not stop drinking without some kind of outside pressure. This pressure may come from family, friends, clergy, other health care professionals, law enforcement or judicial authorities, or the employer. For example, a spouse may threaten divorce, or the alcoholic may be arrested for driving under the influence. There was at one time a

widespread belief that alcoholics would not get help until they had "hit bottom." This theory has generally been discredited as many early and middle stage alcoholics have quit drinking when faced with consequences such as the loss of a job, a divorce, or a convincing warning from a physician regarding the potentially fatal consequences of continued drinking.

There are obvious advantages to getting the alcoholic into treatment earlier rather than later. One advantage is that, the earlier treatment is begun, the probability of having less expensive treatment, such as outpatient care, is increased. There is also a greater likelihood of success in treatment with an individual who has not yet lost everything and still has a supportive environment to return to, including an intact family, good health, and a job. In addition, the employer has a stake in the early treatment of alcoholism, since the employee will have a greater chance of returning sooner to full functioning on the job if the disease is arrested at an earlier point. Early treatment is simply less disruptive to the workplace and can help the employee avoid further misconduct and poor performance. If an alcoholic employee doesn't get help until very late in the disease, there may have been irreparable harm done to the employee-employer relationship.

The alcoholic does not initially have to want to get help to go into treatment. Many people go into treatment because of some kind of threat such as loss of a job or possible incarceration. However, even the individual that is forced will eventually have to personally accept the need for treatment for it to be effective. The employer is a very potent force in getting the alcoholic into treatment. The threat of the loss of a job is often the push the alcoholic needs to enter treatment. This threat is usually communicated to the employee through some type of an adverse or disciplinary action and is accompanied by a referral to the Employee Assistance Program (EAP) which will refer the employee to an appropriate treatment program.

Alcohol

What You Don't Know Can Harm You

If you are like many Americans, you may drink alcohol occasionally. Or, like others, you may drink moderate amounts of alcohol on a more regular basis. If you are a woman or someone over the age of 65, this means that you have no more than one drink per day. If you are a man, this means that you have no more than two drinks per day. Drinking at these levels usually is not associated with health risks and can help to prevent certain forms of heart disease.

But did you know that even moderate drinking, under certain circumstances, is not risk free? And that if you drink at more than moderate levels, you may be putting yourself at risk for serious problems with your health and problems with family, friends, and coworkers? This booklet explains some of the consequences of drinking that you may not have considered.

What Is a Drink?

A standard drink is:

- **One 12-ounce bottle of beer* or wine cooler**
- **One 5-ounce glass of wine**
- **1.5 ounces of 80-proof distilled spirits**

* Beer ranges considerably in its alcohol content with malt liquor being higher in its alcohol content than most other brewed beverages.

Drinking and Driving

It may surprise you to learn that you don't need to drink much alcohol before your ability to drive becomes impaired. For example, certain driving skills such as steering a car while at the same time responding to changes in traffic can be impaired by blood alcohol concentration (BAC) as low as 0.02 percent. (The BAC refers to the amount of alcohol in the blood.) A 160-pound man will have a BAC of about 0.04 percent one hour after consuming two 12-ounce beers, or two other standard drinks on an empty stomach (see "What Is a Drink?"). The more alcohol you consume, the more impaired your driving skills will be. Although most states set the BAC limit for adults who drive after drinking at 0.08 to 0.10 percent - impairment of driving skills begins at much lower levels.

Interactions with Medications

Alcohol interacts negatively with more than 150 medications. For example, if you are taking antihistamines for a cold or allergy and drink alcohol, the alcohol will increase the drowsiness that the medication alone can cause, making driving or operating machinery even more hazardous. If you are taking large doses of the painkiller acetaminophen and drinking alcohol, you are risking serious liver damage. Check with your doctor or pharmacist before drinking any amount of alcohol if you are taking any over-the-counter or prescription medications.

Interpersonal Problems

The more heavily you drink, the greater the potential for problems at home, at work, with friends, and even with strangers. These problems may include:

- Arguments with or estrangement from your spouse and other family members;
- Strained relationships with co-workers;
- Absence from or lateness to work with increasing frequency;
- Loss of employment due to decreased productivity; and
- Committing or being the victim of violence.

Long-Term Health Problems

Some problems, like those mentioned above, can occur after drinking over a relatively short period of time. Other problems (such as liver disease, heart disease, certain forms of cancer, and pancreatitis) often develop more gradually and may become evident only after long-term heavy drinking. Women may develop alcohol-related health problems after consuming less alcohol than men do over a shorter period of time. Because alcohol affects many organs in the body, long-term heavy drinking puts you at risk for developing serious health problems, some of which are described below.

Alcohol-related liver disease - More than 2 million Americans suffer from alcohol-related liver disease. Some drinkers develop alcoholic hepatitis, or inflammation of the liver, as a result of long-term heavy drinking. It's symptoms include fever, jaundice (abnormal yellowing of the skin, eyeballs, and urine), and abdominal pain. Alcoholic hepatitis can cause death if drinking continues. If drinking stops, this condition often is reversible. About 10 to 20 percent of heavy drinkers develop alcoholic cirrhosis, or scarring of the liver. Alcoholic cirrhosis can cause death if drinking continues. Although cirrhosis is not reversible, if drinking stops, one's chances of survival improve considerably. Those with cirrhosis often feel better, and the functioning of their liver may improve, if they stop drinking. Although liver transplantation may be needed as a last resort, many people with cirrhosis who abstain from alcohol may never need liver transplantation. In addition, treatment for the complications of cirrhosis is available.

Heart disease - Moderate drinking can have beneficial effects on the heart, especially among those at greatest risk for heart attacks such as men over the age of 45 and women after menopause. Long-term heavy drinking increases the risk for high blood pressure, heart disease, and some kinds of stroke.

Cancer - Long-term heavy drinking increases the risk of developing certain forms of cancer, especially cancer of the esophagus, mouth, throat, and voice box. Women are at slightly increased risk of developing breast cancer if they drink two or more drinks per day. Drinking may also increase the risk for developing cancer of the colon and rectum.

Pancreatitis - The pancreas helps to regulate the body's blood sugar levels by producing insulin. The pancreas also has a role in digesting the food we eat. Long-term heavy drinking can lead to pancreatitis or inflammation of the pancreas. This condition is associated with severe abdominal pain and weight loss, and can be fatal.

Alcoholism and Alcohol-Related Problems

A SOBERING LOOK

- ◆ Alcohol, the most widely used psychoactive drug in the United States, has unique pharmacological effects on the person drinking it. (*Substance Abuse and Mental Health Services Administration {SAMHSA}*)
- ◆ Alcohol contributes to 100,000 deaths annually making it the third leading cause of preventable mortality in the US after tobacco and diet/activity patterns. (J McGinnis & W Foege, "Actual Causes of Death in the United States," *Journal of the American Medical Association {JAMA}*, Vol. 270, No. 18, 11/10/93, p. 2208)
- ◆ Among 9,484 deaths attributed to non-medical use of other drugs in 1996, 37% also involved alcohol. (*SAMHSA, Annual Medical Examiner Data 1996, 7/98, p. iii*)
- ◆ More than seven percent of the population ages 18 years and older (nearly 13.8 million Americans) have problems with drinking, including 8.1 million people who are alcoholic. Almost three times as many men (9.8 million) as women (3.9 million) are problem drinkers, and prevalence is highest for both sexes in the 18-to-29-years-old age group. (*NIAAA, Alcohol Health & Research World {AHRW}*, Vol. 18, No. 3, 1994, pp. 243, 245.
- ◆ About 43% of US adults (76 million people) have been exposed to alcoholism in the family. They grew up with or married an alcoholic or a problem drinker, or had a blood relative who was ever an alcoholic or problem drinker. (*National Center For Health Statistics {NCHS}, Advance Data, USDHHS, No. 205, 9/30/91, p. 1*)
- ◆ 62% of high school seniors report that they have been drunk; 31% say that have had five or more drinks in a row during the last two weeks. People who begin drinking before age 15 are four times more likely to develop alcoholism than those who begin at age 21. (*NIAAA news release, 1/14/98*)
- ◆ From 1985 to 1992, the economic costs of alcoholism and alcohol-related problems rose 42% to \$148 billion. Two-thirds of the costs related to lost productivity, either due to alcohol-related illness (45.7%) or premature death (21.2%). Most of the remaining costs were in the form of health care expenditures to treat alcohol use disorders and the medical consequences of alcohol consumption (12.7%), property and administrative costs of alcohol-related motor vehicle crashes (9.2%), and various additional costs of alcohol-related crime (8.6%). Based on inflation and population growth, the estimated costs for 1995 total \$166.5 billion. (*NIAAA, news release, 5/13/98*)
- ◆ Nearly one-fourth of all persons admitted to general hospitals have alcohol problems or are undiagnosed alcoholics being treated for the consequences of their drinking. (*NIAAA, Eighth Special Report, op. cit., p. xi*)
- ◆ On average, untreated alcoholics incur general health care costs at least 100% higher than those of non-alcoholics, and this disparity may exist as long as 10 years before entry into treatment. (*Ibid., p. 259*)
- ◆ Based on victim reports, each year 183,000 (37%) rapes and sexual assaults involve alcohol use by the offender, as do just over 197,000 (15%) of robberies, about 661,000 (27%) aggravated assaults, and nearly 1.7 million (25%) simple assaults. (*US Department of Justice, Alcohol and Crime: An Analysis of National Data on the Prevalence of Alcohol Involvement in Crime, 4/98*).

Alcohol is typically found in the offender, victim or both in about half of all homicides and serious assaults, as well as in a high percentage of sex-related crimes, robberies, and incidents of domestic violence. Alcohol-related problems are disproportionately found among both juvenile and adult criminal offenders. (*NIAAA, Eighth Special Report, op. cit. p. xi*)

Standard Inspection Procedure

1. PREPARE THE VEHICLE AND DRIVER

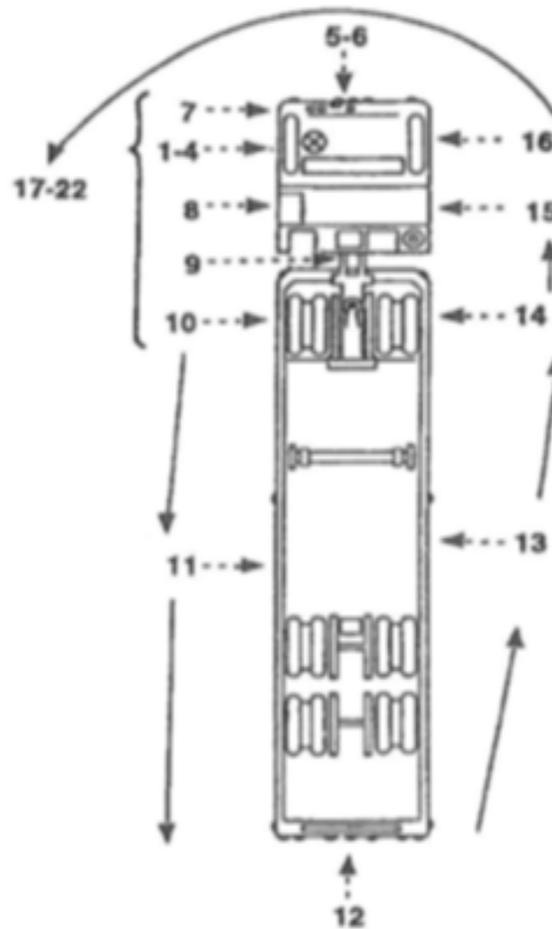
- Instruct the driver to remain at the controls and turn the engine off. (Allow cool down time for turbo-charged engines.
- Place chock blocks in position beginning on the driver's side. One in front and one behind the drive axle tires or between the axles, and advise the driver that the wheels have been chocked.
- Have the driver place the transmission in neutral and release all breaks.
- Advise the driver in the use of hand signals. (Lamps and breaks)

2. CHECK DRIVER'S REQUIREMENTS

- **DRIVER LICENSE (391.11)**
 - Check for expiration date, date of birth, status check.
- **MEDICAL CERTIFICATE (391.41)**
 - Check for expiration date, corrective lenses, hearing aid, signatures.
- **MEDICAL WAIVER (IF APPLICABLE) (391.49)**
 - Check for expiration date and make sure form is completed. Note the stated physical limitations.
- **RECORD OF DUTY STATUS (395.8) (395.3)**
 - Updated to last change of duty status, today's date, legible handwriting, past 7 days recorded, mileage, driving time, on duty time, vehicle numbers, carrier name, signature.
 - "Remarks" section may include locations of duty status change, unusual circumstances that delay the trip, and shipping document numbers or the name of the shipper.
 - Check for written authorization for interactive electronic recording devices, if applicable.
- **DRIVER VEHICLE INSPECTION REPORT (396.11)**
 - Check for LD. number of vehicle(s) inspected, record of defects found (if any, and signatures.
- **SHIPPING PAPERS/BILL OF LADING**
 - Check for listings of hazardous materials indicated by the first entry, an "X" in the H.M. column, or a contrasting color. Papers must be within arm's reach and visible.
- **SEAT BELT (392.16)**
 - Check for condition and usage.
- **ALCOHOL AND DRUGS (392.4) (392.5)**
 - Check for violations.

3. CHECK FOR PRESENCE OF HAZARDOUS MATERIALS

- **PLACARDS**
 - Check for the presence of placards, but use caution even if none are posted.
- **LEAKS, SPILLS, UNSECURE CARGO**
 - When hazardous materials are present, be ESPECIALLY careful with leaks, spills, or unsecure cargo.



- **MARKINGS**
 - Cargo tanks and portable tanks will display markings on an orange panel or placard. They indicate the LD. number of the hazardous materials. There are exceptions to this rule.
- **LABELS**
 - When containers are visible, labels will identify the hazardous materials. There are exceptions to this rule.

4. INSIDE CAB

- **STEERING LASH**
 - Measure the amount of steering lash and compare with Out-of-Service Criteria.
- **STEERING COLUMN**
 - Check for unsecure attachment.

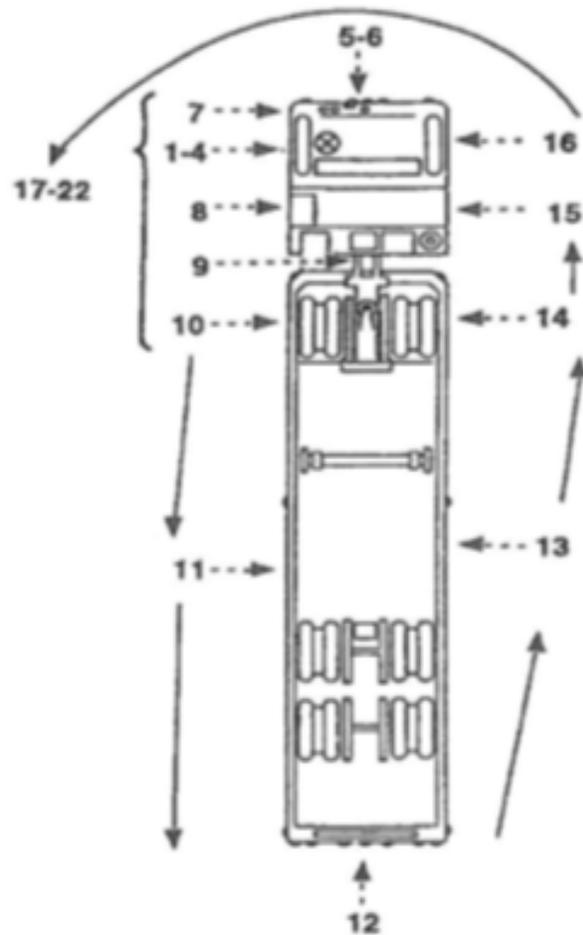
5. FRONT OF TRACTOR

- **HEAD LAMPS, TURN SIGNALS, EMERGENCY FLASHERS (393.25)**
 - Check for improper color and operation.
- **WINDSHIELD WIPERS (393.78)**
 - Check for improper operation. Two wipers are required unless one can clean the driver's field of vision.
- **WINDSHIELD (393.60)**
 - Check for cracks or other damage. Check for decals or stickers in field of vision.

6. STEERING AXLE

INFORM THE DRIVER THAT YOU ARE GOING UNDER THE VEHICLE AND TO LISTEN FOR YOUR INSTRUCTIONS.

- **STEERING SYSTEM (BOTH SIDES)**
 - Check for loose, worn bent, damaged or missing parts.
 - Instruct the driver to rock the steering wheel and check key components: front axle beam, gear box, pitman arm, drag link, tie rod, tie rod ends.
- **FRONT SUSPENSION**
 - Check for indications of misaligned, shifted, or cracked springs, loosened shackles, missing bolts, spring hangers unsecured at frame, and cracked or loose U-bolts.
 - Also, check for unsecure axel positioning parts and signs of axle misalignment.
- **FRONT BREAKS (BOTH SIDES) (393.48)**
 - Check for missing, nonfunctioning, loose, contaminated, or cracked parts or the break system, such as break drums, shoes, rotators, pads, linings, break chamber, chamber mounting, push rods, slack adjusters.
 - Check for "S" cam flip over. Be alert for audible air leaks around brake components and lines.
 - With breaks released, mark the brake chamber push rod at a point where the push rod exits the braked chamber. Mark the push rods on both sides at the same time; all push rods will be measured in ITEM 18.
- **FRONT AXLE**
 - Check for cracks, welds, and obvious misalignment.
- **FRAME AND FRAME ASSEMBLY**
 - Check for cracks or any defect that may lead to the collapse of the frame.



7. LEFT FRONT SIDE OF TRACTOR

- **LEFT FRONT WHEEL & RIM**
 - Check for cracks, unseated locking rings, broken or missing lugs studs, or clamps. Bent or cracked rims, "bleeding" rust stains, loose or damaged lug nuts and elongated stud holes.
- **LEFT FRONT TIRE (393.75)**
 - Check for improper inflation, serious cuts, bulges.
 - Check tread wear and measure major tread groove depth. Inspect sidewall for defects. Check for exposed fabric and cord. Radial and bias tires should not be mixed on the steering axle.

8. LEFT SADDLE TANK AREA

- **LEFT FUEL TANK(S) (393.65)**
 - Check for unsecure mounting, leaks or other damage.
 - Verify that the fuel crossover line is secure. Check for unsecure cap(s).
 - Check for ground below tank for signs or leaking fuel.
- **TRACTOR FRAME**
 - Check frame rails and cross members on the tractor just behind the cab, looking for cracks, bends, or excessive corrosion.

• EXHAUST SYSTEM (393.83)

- Check for unsecure mounting, leaks (under the cab), exhaust contacted by fuel or air lines or electrical wires.
- Check for carbon deposits around seams and clamps.

9. TRAILOR FRONT

- **AIR & ELECTRICAL LINES (393.28)**
 - Lines between tractor and trailer should be suspended and free of tangles and crimps. They should have sufficient slack to allow the vehicle to turn. Inspect line connections for proper seating. Listen for audible air leaks.
- **FRONT END PROTECTION (393.106)**
 - Check for height requirements. (Note exceptions.)

10. LEFT REAR TRACTOR AREA

- **WHEELS, RIMS, AND TIRES**
 - Inspect as described in ITEM 7.
 - Check inside tire of dual for inflation and general condition. Tires should be evenly matched (same circumference) on dual wheels.
 - Without placing yourself between the tires on tandem axles, check for debris between the tires.

- **LOWER FIFTH WHEEL (393.70)**
 - Check for unsecure mounting to the frame or any missing or damaged parts.
 - Check for any visible space between the upper and lower fifth wheel plates.
 - Verify that the locking jaws are around the shank and not the head of the kingpin. Verify that the release lever is seated properly and that the safety latch is engaged.
- **UPPER FIFTH WHEEL**
 - Check for any damage to the weight bearing plate and its supports on the trailer. Check kingpin condition.
- **SLIDING FIFTH WHEEL**
 - Check for proper engagement of locking mechanism (teeth fully engaged on rail). Check for worn or missing parts, making sure that the position does not allow the tractor frame rails to contact the landing gear during turns.

INFORM THE DRIVER THAT YOU ARE GOING UNDER THE VEHICLE. ENTER THE UNDERCARRIAGE IN VIEW OF THE DRIVER.

- **SUSPENSION (BOTH SIDES)**
 - Inspect as described in ITEM 6. Check for deflated or leaking air suspension systems.
- **BRAKES (BOTH SIDES)**
 - Inspect brakes as described in ITEM 6.
 - With brakes released, mark the push rods.

11. LEFT SIDE OF THE TRAILER

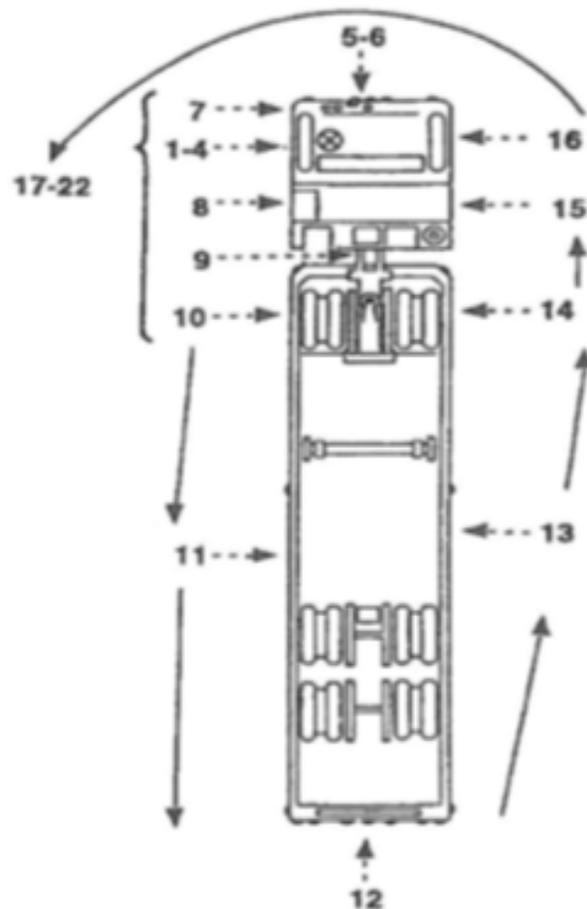
- **FRAME AND BODY**
 - Check for cracks and any indication leading to collapse of the frame.
- **CARGO SECUREMENT (393.100)**
 - Check for improper blocking or bracing and unsecure chains or straps. Verify end gates are secured in stake pockets. Check tarp or canvas.
- **WHEELS, RIMS, & TIRES**
 - Inspect as described in ITEM 7
- **SLIDING TANDEM**
 - Check for misalignment and position. Look for damaged, worn or missing parts. Check locking mechanism; teeth of locking mechanism must fully mesh with those of the rail secured to the frame.

INFORM THE DRIVER THAT YOU ARE GOING UNDER THE VEHICLE. ENTER THE UNDERCARRIAGE IN VIEW OF THE DRIVER.

- **SUSPENSION (BOTH SIDES)**
 - Inspect as described in ITEM 6.
- **BRAKES (BOTH SIDES)**
 - Inspect brakes as described in ITEM 6.
 - With brakes released, mark the push rods.

12. REAR OF TRAILER

- **TAIL, STOP, & TURN LAMPS & EMERGENCY FLASHERS**
 - Check for improper color and operation.
- **CARGO SECUREMENT**
 - Inspect as described in ITEM 11.
 - Also check tailboard security. Verify end gates are secured in stake pockets and rear doors are closed.
 - Check both sides of trailer to ensure protection of cargo from shifting or falling.



13. RIGHT SIDE OF TRAILER

- CHECK ALL ITEMS AS ON LEFT SIDE (ITEM 11).

14. RIGHT REAR TRACTOR AREA

- CHECK ALL ITEMS AS ON LEFT SIDE (ITEM 10).

15. RIGHT SADDLE TANK AREA

- CHECK ALL ITEMS AS ON LEFT SIDE (ITEM 8).

16. RIGHT FRONT SIDE OF TRACTOR

- CHECK ALL ITEMS AS ON LEFT SIDE (ITEM 7).

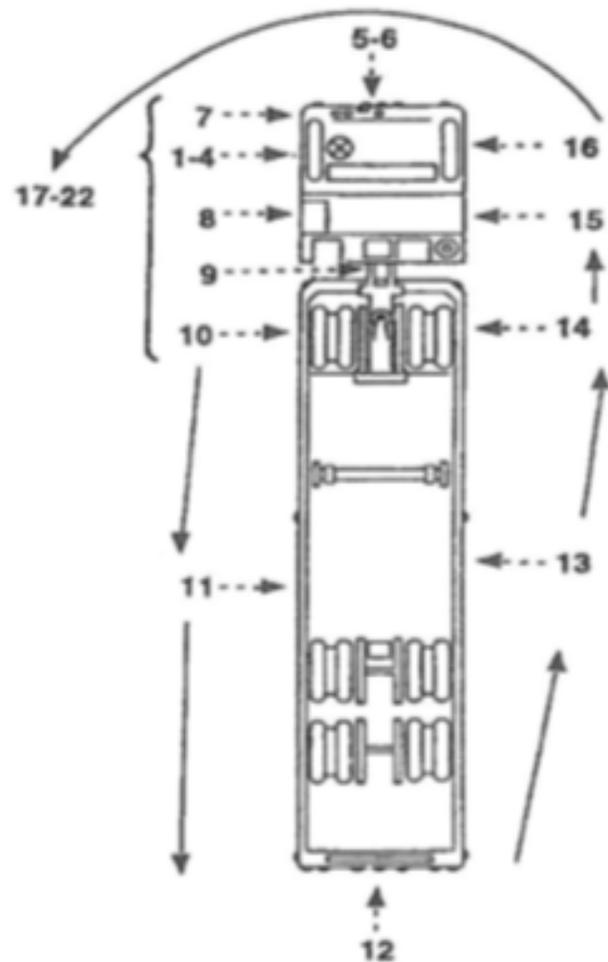
17. BRAKE ADJUSTMENT CHECK

INFORM THE DRIVER THAT YOU ARE GOING UNDER THE VEHICLE. ENTER THE UNDERCARRIAGE IN VIEW OF THE DRIVER.

- **MEASURE PUSH ROD TRAVEL (ALL BRAKES)**
 - While the brakes are applied, move around the vehicle and measure the distance of push rod travel at each chamber.
 - Write down each push rod measurement and compare them to the Out-of-Service Criteria for the appropriate size and type of brake chamber.
 - Again, listen for leaks as you move around the vehicle.

18. FIFTH WHEEL MOVEMENT CHECK

- **USE CAUTION**
 - If conducted improperly, this method of checking for fifth wheel movement can result in serious damage to the vehicle. Use caution and instruct the driver carefully.
- **PREPARE THE VEHICLE AND DRIVER**
 - Have the driver put the vehicle in gear, release the service brakes and apply the trailer brakes.
 - Remove the wheel chocks and have the driver start the vehicle. Carefully explain the procedure to the driver.
 - Tell the driver to GENTLY rock the tractor as you watch the fifth wheel.
- **CONDUCT THE PROCEDURE**
 - As the tractor rocks, watch for movement between the mounting components and frame, pivot pin and bracket, and the upper and lower fifth wheel halves.



19. AIR LOSS RATE

- **WHEN TO CONDUCT THE TEST**
 - If you heard an air leak at any point in the inspection, you should now check the vehicle's air loss rate.
- **CONDUCT THE PROCEDURE**
 - Have the driver run the engine at idle, then apply and hold the service brake.
 - Observe the air reservoir pressure gauge on the dash.
 - Have the driver pump the pressure down to 80 psi. Compressors do not activate until system pressure drops below a certain level. At about 80 lbs. most compressors should be operating.
 - Air pressure should be maintained or increase. A drop in pressure indicates a serious air leak in the brake system, and the vehicle should be placed out of service.

20. LOW AIR PRESSURE WARNING DEVICE

- **TEST THE WARNING DEVICE**
 - Instruct the driver to pump the air down until the low air pressure warning device activates.
 - Observe the gauges on the dash. The low pressure warning must activate at a minimum of 1/2 the compressor governor cut out pressure, approximately 55 psi.

21. TRACTOR PROTECTION VALVE

This procedure will test both the tractor protection valve and the trailer emergency brakes.

- **CONDUCT THE TEST**
 - Instruct the driver to release the emergency brakes by pushing in the dash valves.
 - Break the supply emergency line at the hose couplers between the tractor and the trailer. When the line is disconnected, a blast of air will be noticed. At this point, the emergency brakes on the trailer should set up.

- **OBSERVE THE DASH GAUGE**
 - Air will leak from the tractor side of the line until the pressure in the tractor's system drops to the 20-45 psi range. At that point, the air loss should stop, isolating the tractor air system.
 - A loss of air in the tractor system below the 20-45 psi range indicates a malfunctioning tractor protection valve.
 - If the trailer brakes do not set up when the line is disconnected, there is a problem with the trailer emergency brakes.

22. COMPLETE THE INSPECTION

- **COMPLETE PAPER WORK**
 - Complete inspection forms and other paperwork, as required.
- **CONCLUDE WITH THE DRIVER**
 - Explain any violations or warnings to the driver. Take appropriate enforcement action, if necessary.
- **APPLY C.V.S.A. DECAL**
 - Apply a C.V.S.A. decal on all vehicles that qualify.



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INDIANA DRIVER CLASSIFICATIONS

Federal Regulations

Indiana has adopted Part 391 of the Federal Regulations with the exception of §391.11(b)(1) for intra-state drivers. A person hired before September 1, 1985, who operates a vehicle only incidental to his employment and is not employed as a "chauffeur", is exempt from Part 391. Some special provisions exist in the physical qualification requirements.

Age

Intrastate carriers must be at least 18 years old.

License Categories

Indiana has the following categories for licenses:

- Operator
- Chauffeur
- Public Passenger Chauffeur
- Commercial Driver
- Learner's Permit
- Motorcycle Operator License of Endorsement

Three classes of commercial driver licenses are available, as follows:

- Class A -** Any vehicle combination exceeding 26,000 lbs. where the trailer exceeds 10,000 lbs.
- Class B -** Any single vehicle over 26,000 where the trailer does not exceed 10,000 lbs.
- Class C -** Any vehicle or combination of vehicles that do not meet the definitions of either Class A or Class B, but is either designed to transport 16 or more passengers including the driver, or is transporting hazardous materials of the type and quantity that requires the vehicle to display placards.

A chauffeur license is needed by a person operating a motor vehicle if their primary duties include the transporting of 15 or more people on a regular basis, or operating a motor vehicle exceeding 16,000 lbs. for the purpose of transporting goods for hire.

Restrictions

There are four restrictions that apply to a commercial driver license:

- K -** Restricts the driver to operating a motor vehicle only within the State of Indiana.
- L -** Restricts the driver to operating motor vehicles without air brakes ONLY.
- P -** Restricts the driver with a Class A or B driver's license to the operation of a Class C vehicle when transporting passengers in a public capacity.
- Q -** Restricts the driver with a Class B or C license to operate only a bus.

Endorsements

There are five additional endorsements that can be added to a CDL license:

T - Double/Triple Trailer

This endorsement allows the operator to tow more than one trailer.

P - Passenger Vehicle

This endorsement authorizes the operator to carry 15 or more passengers in a commercial capacity.

N - Tank Vehicle

This endorsement allows the operator to drive vehicles transporting liquids or gaseous materials in a tanker or connected to a trailer.

H - Hazardous Materials

This endorsement allows the operator to drive vehicles displaying required placards to haul hazardous materials.

X - Hazardous Materials and/or Tankers

This endorsement allows the operator to drive vehicles classified under or in combination with endorsements 'N' and 'H'.

Physical Qualifications Exemptions

Private carriers and construction industry vehicle drivers operating exclusively within Indiana are exempt from Part 391.41 for those hired before September 1, 1985. Drivers requiring a CDL must pass a physical examination as required by the Bureau of Motor Vehicles.

If a CDL driver who was licensed before April 1, 1992 is diagnosed as an insulin-dependent diabetic, the driver must submit a statement annually to the Bureau of Motor Vehicles, completed by a certified endocrinologist, stating that the driver meets medical criteria.

SUMMARY OF DOT REGULATIONS FOR DRUG AND ALCOHOL TESTING

1. **WHO MUST BE TESTED:** You must require testing of each driver who operates a commercial motor vehicle (as defined in 49 CFR Part 391.85) in interstate commerce and is subject to the driver qualification requirements of 49 CFR Part 391.
2. **IMPLEMENTATION DATE:** Your program must have been implemented:
 - a) by December 21, 1989 if on that date you had 50 or more drivers subject to testing, and
 - b) by December 21, 1990 if on December 21, 1989 you had fewer than 50 drivers subject to testing
3. **THE DRUGS TESTED:** You must test only for the presence of the following five drugs specified by the Department of Transportation:
 - a) marijuana
 - b) cocaine
 - c) opioids
 - d) amphetamines, and
 - e) phencyclidine (PCP)
4. **REQUIRED TESTS:**
 - a) **Pre-Employment** – You must require a driver/applicant that you intend to hire or use to be tested as a prequalification condition with two exceptions:
 - 1) You may use a driver who is a regularly employed driver of another motor carrier who certifies the driver is fully qualified to drive a motor vehicle under the rules in Part 391 of the Federal Motor Carrier Safety Regulations.
 - 2) You may use a driver who is not employed or tested by you if you assure yourself the driver participates in a controlled substance testing program that meets the requirements of DOT drug testing regulations. If you use a driver more than once a year, you may assure yourself every six months.
 - b) **Reasonable Cause** – DOT regulations require your drivers to be tested for drugs when the driver's conduct gives you reasonable cause to believe the driver is under the influence of drugs. The driver's behavior must be witnessed by one designated supervisor (two if possible) who is trained in the detection of probable drug use.
 - c) **Random** – DOT regulations require you to establish a random drug testing program. If you have 50 or more drivers, your random program must begin no later than November 14, 1991. If you have fewer than 50 drivers, you must begin by January 1, 1992.

During the first 12-month period random testing is in effect at your company, the following requirements must be met:

- Random drug testing collection must be spread reasonably throughout the 12-month period.
- The last random test collection during the year must be conducted at an annualized rate of 50 percent.
- The total number of tests conducted during the 12 month period must be equal to at least 25 percent of the drivers subject to testing.

5. **COLLECTION SITE:** You must designate one or more collection sites where your drivers provide urine specimens for testing purposes. Each designated collection site must have all necessary personnel, materials, equipment, facilities and supervision to provide for the collection, security, temporary storage and shipping of urine specimens to a certified drug testing laboratory. A designated collection site may be any suitable location where a specimen can be collected under the conditions set forth in the DOT regulations.
6. **CERTIFIED TESTING LABS:** Only laboratories certified by the US Department of Health and Human Services National Institute on Drug Abuse (NIDA) may test urine samples submitted. Certified labs will conduct an initial drug screen, and where the initial screen preliminarily indicates a positive result, will conduct a confirmation test using gas chromatography/mass spectrometry methods.
7. **MEDICAL REVIEW OFFICER:** You must designate a licensed doctor of medicine or osteopathy possessing adequate knowledge of drug abuse disorders as your MRO. Your MRO's primary function is to review, interpret and report positive test results of drivers and driver/applicants. Your MRO will also report negative test results. Results are reported to the management official empowered by you to recommend or take administrative actions on positive drug test results.
8. **TEST RESULTS AND RELEASES:** Your MRO will report whether a particular test finding was positive or negative. Your MRO must also release to you the identity of the drug(s) for which the driver or applicant tested positive, but not the quantity of the drug discovered. No driver shall drive if he or she tests positive for use of controlled substances.

You are required to maintain the following in an employee's driver qualification file:

1. Date of urine sample collection
 2. Name of the collector
 3. Type of test (pre-employment, random, etc.)
 4. Name of the laboratory that analyzed the sample
 5. Name of your MRO
 6. Test result – positive or negative – and if positive, for which drug.
9. **NOTIFICATION REQUIREMENTS:** You must tell a driver/applicant of the results of a DOT required pre-employment drug test. If you notify a driver that you are not going to hire him or her, that driver has 60 days from the date of notification to ask you for the results.
 10. **DRIVER REFUSAL OF TEST:** A person who refuses to be tested under provisions of the DOT regulations shall not be permitted to operate a commercial motor vehicle.
A driver involved in a fatality accident who refuses to submit to the required post-accident drug test within 32 hours after the accident shall be disqualified from driving a commercial motor vehicle for a period of one year.

11. RECORDKEEPING REQUIREMENTS: Individual negative test results shall be kept by you for a minimum of 12 months. All other records in your possession relating to the administration and results of your DOT drug testing program for your drivers must be maintained for five years. Your MRO shall be the sole custodian of all individual test results and must maintain those results for five years.

On a calendar year basis, you must maintain a copy of each year's annual summary required by Section 382.403.

12. EMPLOYEE ASSISTANCE PROGRAM: You must establish an employee assistance program (EAP). At a minimum, the EAP must include:

- a) An educational and training component for drivers that addresses controlled substances
- b) An education and training component for supervisory personnel that addresses controlled substances
- c) A written statement on file and available for inspection at your principle place of business outlining your EAP.

Your EAP must include information and training concerning:

- a) The effects and consequences of controlled substances use in personal health, safety and work environment; and
- b) Manifestations and behavioral causes that may indicate controlled substance use or abuse.

You must provide and document that you have provided at least 60 minutes of such training to all supervisory personnel.

13. DRUG REHABILITATION: You need not provide rehabilitation for the disqualified driver unless otherwise required by a collective bargaining agreement. Drivers who successfully complete rehabilitation are subject to follow-up drug testing.

14. COLLECTIVE BARGAINING AGREEMENTS: The National Master Freight Agreement contains specific guidance for a driver covered by a collective bargaining agreement. The terms of their agreement should be reviewed before any disciplinary action is taken against the driver.

This is a summary of US Department of Transportation Regulation 49 CFR Part 391 (amended) Subpart H. It was revised August 26, 1991 to reflect recent modifications made in the regulations.

For additional information and assistance in managing your driver drug testing program, contact:

**Indiana Testing, Inc.
881 South Girls School Road
Indianapolis, IN 46231**

317-271-2611 800-295-2587 Fax: 317-271-6332 www.itihq.com

CDL ALCOHOL / DRUG TESTING REQUIREMENTS 1995/1996 CHANGES

Every person subject to commercial driver's license requirements who operates a commercial vehicle in interstate or intrastate commerce is to be tested. A commercial vehicle is defined as "one with a gross vehicle weight rating of 26,001 pounds or more inclusive of a towed unit with a GVWR of more than 10,000 pounds; one requiring placarding for hazardous materials; or one designed to carry 16 or more passengers including the driver".

EFFECTIVE DATES

Employers with 50 or more driver positions must begin by January 1, 1995.

Employers with fewer than 50 driver positions must begin by January 1, 1996.

ALCOHOL TESTING

PROHIBITIONS

No driver shall report for or remain on duty with a measurable blood alcohol content (BAC) of 0.04 or greater.

No driver shall remain on duty operating a commercial motor vehicle while in possession of alcohol (unless the alcohol is manifested and being transported as part of his or her shipment).

No driver shall use alcohol while performing a safety-sensitive function.

No driver shall perform safety-sensitive functions within four hours after using alcohol.

No driver required to take a post-accident test shall use alcohol for eight hours following the accident or until he/she undergoes the required test, whichever comes first.

No driver shall refuse to submit to a required test.

REQUIRED TESTS

Pre-employment

You must require a driver you intend to hire or use to be tested with one exception: You may use a driver not employed or tested by you if you assure yourself that the driver has had an alcohol test indicating a blood alcohol content of less than 0.04 within the previous six months and you ensure that no prior employer has records of an alcohol testing violation by this driver.

Reasonable Suspicion

You must have a driver submit to a test if his or her conduct gives you reason to believe the driver has violated alcohol prohibitions. The driver's conduct must be witnessed by at least one supervisor trained in detecting appearance, behavior, speech or body odors indicative of alcohol use. The supervisor must document and sign his or her observations within 24 hours.

Random

You must establish a program to select drivers at random for alcohol testing. The required selection rate is 25% of your average number of driver positions annually. The selection process must be scientifically valid (each driver having an equal chance of being drawn when random selections are made). Testing must be unannounced. The test must be completed just before, just after, or while on duty.

Post Accident

You must alcohol test your driver if he or she is involved in a fatality accident, regardless of whether any citation is issued.

You must alcohol test your driver if he or she received a citation for a moving violation in connection with a recordable accident. A recordable accident is one in which anyone died or received medical treatment away from the scene, or one in which any of the vehicles received disabling damage.

The driver must be tested as soon as possible after the accident. If the test is not complete within two (2) hours, you must document in writing why the test was not administered. If the test is not complete within eight hours, you are to stop and then document in writing why the test was not completed.

If a law enforcement officer administers an alcohol test after an accident, the results of that test may be used to meet this requirement if two conditions are met:

- The test must conform to applicable federal, state, or local requirements for testing, and
- You must be able to obtain a copy of the test results.

Return-to-Duty

If a driver's alcohol test result is a blood alcohol content of 0.04 or greater, the driver may not return to duty until he or she has completed a test producing a result of less than 0.02.

Follow-Up Testing

After a driver who tested at 0.04 or greater has been under the care of a substance abuse professional (SAP) to resolve the alcohol misuse problems, the driver is subject to follow-up testing.

A SAP is defined as a licensed physician, licensed or certified psychologist, social worker, employee assistance professional or a certified addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substance-related disorders.

The SAP determines the schedule of testing, but the schedule must include at least six tests during the first twelve months following the driver's return to duty. The tests must be unannounced. Follow-up testing must not exceed 60 months from the date of the driver's return to duty.

Training

You must ensure that your supervisors have a minimum of 60 minutes training on alcohol use and detecting manifestations of such use. You must also provide your drivers with educational materials that explain the regulations and your company's policies with respect to drug testing. Current drivers must receive these materials prior to the implementation date of the regulations. New hires must receive the materials prior to being placed in a driving position. Each driver must sign a statement acknowledging receipt of the materials.

SAPs and BATs

When a driver has violated the alcohol prohibitions, you must furnish the driver with information on how to contact a Substance Abuse Professional (SAP) for evaluation. The choice of a SAP and the assignment of costs is subject to your company policy and/or a collective bargaining agreement.

A Breath Alcohol Technician (BAT) is an individual trained in the operation of an evidential breath alcohol testing device (EBT) used for alcohol testing under DOT regulations.

Law enforcement officers who have been certified by state or local governments to conduct breath alcohol tests are qualified as BATs provided the officer has been certified on the EBT being used for your tests.

A BAT qualified supervisor of a driver may conduct a test only if no other BAT is available.

BREATH LOG MAINTENANCE

Breath alcohol technicians must use the DOT's 3-part breath alcohol testing form to record test results.

If initial screenings are being done with an EBT that does not have both printout and sequential numbering capabilities, you must maintain a logbook.

The logbook must be used to record the test number, date of test, name of BAT, location of test, quantified test result, and initials of the driver taking the test.

You must maintain the following records of your alcohol testing program for five years:

- Records of driver tests with BACs of 0.02 or greater.
- Documentation of refusals to test
- EBT calibration documentation
- Records of SAP referrals
- Copies of calendar year summaries

You must maintain for two years:

- Records related to alcohol testing
- Records relating to driver and supervisor training

You must maintain for one year:

- Records of tests with a blood alcohol concentration of less than 0.02.

If your BAT is one of your employees, there are additional record-keeping requirements related to BAT training and to quality assurance for the EBT being used.

If the Federal Highway Administration (FHWA) selects your company at random to do so, you must submit specific records of your program to your regional FHWA office on a specific form provided by the FHWA.

DRUG TESTING

Post Accident

You must drug test your driver within 32 hours if he or she is involved in a fatality accident, regardless of whether any citation is issued. Post accident tests are also required if there is a recordable accident in which your driver receives a citation.

Follow-up

Any driver who tests positive must be evaluated by a Substance Abuse Professional (SAP). If the employer decides to keep the employee, the cost of performing additional testing is determined by the

company's policy and procedures guidelines. The employee must see the SAP for rehabilitation treatment. There must be a minimum of six follow-up tests performed in the first 12 months following return to duty.

If the employee is terminated, the employer *must* furnish the former employee with a local list of SAPs whom he or she must contact.

MRO REPORTING

Your Medical Review Officer (MRO) may report a result to you using any communication device. For all tests, the MRO must send you signed written notification of the result within three business days.

SPLIT SPECIMENS

Beginning August 15, 1994, all companies currently drug testing must implement the use of split specimens. Laboratories plan to furnish two identical vials with each test kit. After the driver provides a urine specimen, the urine is divided into two samples of 30ml and 15ml. In the event of a verified positive test, the driver has 72 hours to request a re-test using the 15ml sample. This sample is then forwarded to a different laboratory. The matter of payment for this service will depend on the company's policy and procedures guidelines.

TRAINING

You must ensure that your supervisors have a minimum of 60 minutes training on illegal drug use and detecting manifestations of such use. You must also provide your drivers with educational materials that explain the regulations and your company's policies with respect to drug testing. Current drivers must receive these materials prior to the implementation date of the regulations. New hires must receive the materials prior to being placed in a driving position. Each driver must sign a statement acknowledging receipt of the materials.

DEPARTMENT OF TRANSPORTATION

Regulation Changes/Clarifications Effective as of 8-17-01

Random Selection and Alternates §382.305(i)

Section 382.305(i)(1) described the types of methods to be used for selecting drivers for random testing. The requirement is the same as before, but now stands alone.

In newly designated section 382.305(i)(2), we require that each driver selected for random testing shall have an equal chance of being tested. This restates the existing requirement, but is intended to clarify that employers must test the drivers selected and may not choose alternate drivers for the purpose of complying with the applicable rates at the expense of ensuring that random testing is conducted properly.

Section 382.305(i)(3) has been added to require that drivers be tested during the applicable testing selection periods. Some employers are not testing drivers selected during a testing period because the drivers are not available for testing on a given day, i.e., a predetermined testing date. Therefore, the employer skips the driver and moves to the next driver on the list. This prevents the driver that was initially selected from having an equal chance of being tested. Most employers are using quarterly testing

cycles to conduct their random testing. Therefore, employers should have ample time to ensure that drivers selected during a testing cycle can be tested within that testing cycle. Although events may occur that prohibit a driver from being tested during a testing cycle, we want to ensure that this is the exception and not the normal practice.

The newly designated 382.305(k)(1) requires employers to ensure that random testing is unannounced. Correspondingly, 382.305(k)(2) requires that random testing dates be spread apart reasonably throughout the calendar year.

Previous Employer Check §40.25

As an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

Pre-employment testing §382.301

Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a verified negative controlled substances test result for that driver.

Emptying and Displaying Contents of Pockets §40.61

You must direct the employee to empty his or her pockets and display the items in them to ensure that no items are present which could be used to adulterate the specimen.

Insufficient Specimen Quantity §40.193

(a) This section prescribes procedures for situations in which an employee does not provide a sufficient amount of urine to permit a drug test (i.e., 45mL of urine).

(b) If the MRO informs you that a negative drug test was dilute, you may, but are not required to direct the employee to take another test immediately. Such recollections must not be collected under direct observation unless there is another basis for use of direct observation (see §40.67(b) and (c)).

(c) You must treat all employees the same for this purpose. For example, you must not retest some employees and not others. You may, however, establish different policies for different types of tests (e.g., conduct retests in pre-employment test situations, but not in random test situations).

(d) If you direct the employee to take another test, you must ensure that the employee is given the minimum possible advance notice that he or she must go to the collection site.

(e) If you direct the employee to take another test, the result of the second test – not that of the original test – becomes the test of record on which you rely for purposes of this part.

(f) If you require employees to take another test and the second test is also negative and dilute, you are not permitted to make the employee take a third test because the second test was dilute.

(g) If you direct the employee to take another test and the employee declines to do so, the employee has refused the test for purpose of this part and DOT agency regulations.

Adulterated or Substituted Specimen §40.153

Report directly to the DER that the specimen was adulterated or substituted, either of which constitutes a refusal to test. Also, inform the DER that the employee has no right to have the split specimen tested (or to have a retest of a single specimen). You must not authorize a test of a split specimen or a retest of the primary specimen following an adulterated or substituted test result. The laboratory has already tested two aliquots of the primary specimen to confirm the accuracy of their result.

DOT's Part 40 Questions and Answers

The Office of General Counsel and Office of Drug and Alcohol Policy and Compliance of the Department of Transportation are providing these questions and answers. They constitute official and authoritative guidance and interpretation concerning 49 CFR Part 40 (see 49 CFR 40.203).

These Questions and Answers are dated 09/01.

Pre-Employment Alcohol Testing 09/01

QUESTION:

Can an employer wishing to conduct pre-employment alcohol testing, do so?

ANSWER:

- A DOT-regulated employer (except under USCG and RSPA rules) wishing to conduct pre-employment alcohol testing under DOT authority may do so if certain conditions are met.
- The testing must be accomplished for all applicants (i.e., the employer cannot select for testing some applicants and not others) and the testing must be conducted as a post-offer requirement (i.e., the employer needs to inform the applicant that he or she has the job if he or she passes a DOT alcohol test).
- In addition, the testing and its consequences must comply with requirements of Part 40.

§40.3 09/01

QUESTION:

Can the employer himself or herself act as a Designated Employer Representative (DER), as opposed to appointing another employee to play this role?

ANSWER:

- The employer (e.g., the owner of a small business) may act personally as the DER.
- The employer may also appoint an employee or employees to play this role.
- The DER must exercise his or her authority to remove an employee from safety sensitive functions either directly or by causing the employee to be removed from performing these functions (e.g., by having the employee's supervisor effect the actual removal).
- The employer may not delegate the DER role to a service agent. Only the employer or an actual

employee of the employer may perform this function.

- The Department will not authorize a “DER-for-hire” concept (e.g., a person under contract by several companies to serve as their DER), either.

§40.3; §40.15(d) 09/01

QUESTION:

If a C/TPA is hired as an “independent safety consultant” that executes all aspects of the employer’s safety and drug and alcohol testing programs, can the C/TPA act as a DER?

ANSWER:

- Service agents are prohibited from acting as DERs under any circumstances.
- The fact that an organization that is called an “independent safety consultant” acts as a consultant to an employer for purposes of executing a drug and alcohol testing or safety program does not make it any less a service agent. It is still prohibited from acting as a DER.

§40.21 09/01

QUESTION:

Can union hiring halls, driver-leasing companies, and other entities have a stand-down policy, or is the ability to obtain a waiver for this purpose limited to actual employers?

ANSWER:

- The rule permits “employers” to apply for a stand-down waiver. It does not permit any other entity to do so.
- Only entities that are viewed as “employers” for purposes of DOT agency drug and alcohol testing regulations can apply for stand-down waivers. If a DOT agency rule provides that hiring halls, leasing agencies, etc. are treated as employers, such organizations could apply for a stand-down waiver.

§40.21 09/01

QUESTION:

Does an employer need a stand-down waiver in order to implement a policy that requires employees to cease performing safety-sensitive functions following a reasonable suspicion or post-accident test?

ANSWER:

- §40.21 requires an employer to obtain a waiver to do one very specific thing: remove employees from performance of safety-sensitive functions on the basis of the report of confirmed laboratory test results that have not yet been verified by the MRO.
- An employer does not need a §40.21 waiver to take other actions involving the performance of safety-sensitive functions.
- For example, an employer could (if it is not prohibited by DOT agency regulations and it is consistent with applicable labor-management agreements) have a company policy saying that, on the basis of an event (e.g., the occurrence of an accident that requires a DOT post-accident test, the finding of reasonable suspicion that leads to a DOT reasonable suspicion test), the employee would immediately stop performing safety-sensitive functions. Such a policy, which is not triggered by the MRO's receipt of a confirmed laboratory test result, would not require a §40.21 waiver.
- It would not be appropriate for an employer to remove employees from performance of safety-sensitive functions pending the result of a random or follow-up test, since there is no triggering event to which the action could rationally be tied.

§40.25 09/01

QUESTION:

When an employer is inquiring about an applicant's previous DOT drug and alcohol test results, is the employer required to send the inquiry via certified mail?

ANSWER:

- No. Certified mail is not required.
- The employer can make this inquiry through a variety of means, including mail (certified or not), fax, telephone, or email.

- However, the employer must provide the former employer the signed release or a faxed or scanned copy of the employee's signed release.
- The former employer must respond via a written response (e.g., fax, letter, email) that ensures confidentiality.
- The employer should document an attempt or attempts to contact and contacts with previous employers, no matter how they were made, so that it can show a good faith effort to obtain the required information.

§40.25 09/01

QUESTION:

When a previous employer receives an inquiry from a new employer for drug and alcohol testing information, does the previous employer provide information it may have received from other employers in the past?

ANSWER:

- As an employer, when you receive an inquiry about a former employee, you must provide all the information in your possession concerning the employee's DOT drug and alcohol tests that occurred in the two years preceding the inquiry.
- This includes information you received about an employee from a former employer (e.g., in response to the Federal Motor Carrier Safety Administration's pre-employment inquiry requirement).
- It is not a violation of Part 40 or DOT agency rules if you provide, in addition, information about the employee's DOT drug and alcohol tests obtained from former employers that dates back more than two years ago.
- If you are an employer regulated by the FAA, this does not impact your requirements under the Pilot Record Act.

§40.33 09/01

QUESTION:

If a collector makes a mistake resulting in a cancellation of a test before he or she has obtained qualification training (e.g., in the period before January 31, 2003), does he or she have to obtain error correction training under §40.33(f)?

ANSWER:

- Yes. If a collector makes a mistake that causes a test to be cancelled, the collector must undergo error correction training (even if the collector has yet to undergo qualification training). There are no exceptions to this requirement.

§40.33 09/01

QUESTION:

A collector who is notified that he or she made a mistake has 30 days in which to obtain error correction training. Can the collector continue to perform DOT collections during this 30-day period?

ANSWER:

- Yes. A collector may continue to perform DOT collections during this period.
- After 30 days have elapsed following the notification to the collector of the need to obtain error correction training, the collector is no longer qualified to conduct DOT collections until and unless he or she has successfully completed error correction training.
- As provided in §40.209(b)(3), collection of a specimen by a collector who has not met training requirements does not result in the cancellation of the test, assuming the collection is otherwise proper. However, use of an unqualified collector can result in enforcement action.

§40.33 09/01

QUESTION:

Who is responsible for notifying a collector that error correction training is needed?

ANSWER:

- The MRO, in canceling a drug test, will determine if the collector is at fault.
- When the MRO reports the cancelled test to the employer, the MRO will note the reason for the cancellation and that, if appropriate, it was the result of collector error.
- The employer or service agent (e.g., MRO, C/TPA) designated by the employer is responsible for notifying the collection site of the error and the retraining requirement; and for ensuring that the training takes place.

§40.33 09/01

QUESTION:

Must collectors, BATs, STTs, MROs, and SAPs maintain documentation of meeting training requirements on their persons?

ANSWER:

- These individuals are responsible for maintaining documentation that they currently meet all training requirements (see, for example, §40.33(g)).
- However, they are not required to keep this documentation on their person.
- They must be able to produce this documentation within a short, reasonable time of a request by a DOT representative or an employer.
- Nothing precludes an organization (e.g., a collection site) from also maintaining a file of the training records of its personnel, if it wishes to do so.

§40.33 09/01

QUESTION:

What does the rule require with respect to the qualifications of persons who train collectors?

ANSWER:

- Part 40 does not specify any set of specific qualifications for persons who train collectors.
- The training must cover the items required by Part 40.

§40.33 09/01

QUESTION:

Does a person who monitors proficiency demonstrations as a part of collector qualification training have to be a qualified collector?

ANSWER:

- Yes. It is very important for persons who monitor mock collections to have a thorough “book” and practical knowledge of relevant DOT rules and procedures. It is also very important that, before determining whether trainees have successfully completed a proficiency demonstration, the monitor have experienced and successfully completed the same training that collectors have to undergo.
- Consequently, mock collection monitors have to meet collector qualification training requirements. In addition, the monitor must meet any one of three other requirements:

* The monitor can be a qualified collector who has regularly conducted DOT drug testing collections for a least a year before serving as a monitor; or

* The monitor can be a qualified collector who has had a "train-the-trainer" course. Such a course could include the mandatory elements of collector qualification training as well as instruction on how to conduct training effectively; or

* The monitor can be a qualified collector who has conducted collector training under Part 40 for at least a year before serving as a monitor.

- Monitors in the second and third categories do not need to practice actively as collectors, so long as they have met collector qualification requirements.

- Individuals acting as collectors prior to August 1, 2001, have until January 31, 2003, to meet qualification training requirements. In the meantime, such collectors can serve as monitors even though they may not have met the qualification and mock collection requirements (so long as they meet any one of the three other requirements).

§40.35; 40.45; 40.345 09/01

QUESTION:

How should the employer's decision to have a C/TPA act as intermediary in the handling of drug test results be documented?

ANSWER:

- When an employer chooses to use the C/TPA as the intermediary in the transmission of the MRO's verified drug test results, this decision should be communicated from the employer to the MRO and the C/TPA.

- We advise the MRO to obtain some documentation of the employer's decision prior to sending results through the C/TPA.

- Documentation could be in the form of a letter, an email, or record of a telephone conversation with the employer.

- DOT also recommends that MROs maintain listings of the names, addresses, and phone numbers of C/TPA points of contact.

§40.45 09/01

QUESTION:

May the MRO's address entered on the CCF be a post-office box number only?

ANSWER:

- No. The address must contain at least a number and street address.
- The reason for this requirement is that CCFs are often delivered by courier or messenger services who do not deliver items to post office box addresses.
- The post-office box can be included, but not in lieu of the number and street address.

§40.61 09/01

QUESTION:

May a DOT urine specimen be obtained via catheterization from a patient who is catheterized as part of a medical procedure or who is unconscious?

ANSWER:

- No one is ever permitted to obtain a urine specimen for DOT testing purposes from an unconscious individual, whether by catheterization or any other means.
- No one is permitted to catheterize a conscious employee for the purpose of collecting urine for a DOT drug test.
- However, if a person has been catheterized for medical purposes (e.g., a conscious, hospitalized patient in a post-accident test situation), it is permissible to use urine collected by this means for DOT testing purposes. All necessary documentation for a DOT collection must be provided (e.g., the CCF).
- In addition, an employee who normally voids through self-catheterization is required to provide a specimen in that manner.

§40.65 09/01

QUESTION:

Part 40 directs the collector to discard the first specimen if the temperature was out of range or the specimen showed signs of tampering and the employee refused to provide a second specimen under direct observation. The Urine Specimen Collection Guidelines [at Section 8, Directly Observed Collection, Number 7] indicate that, in such a situation, the first specimen should be retained and sent to the laboratory. Which requirement is correct?

ANSWER:

- When a specimen is out of temperature range or shows signs of tampering and the employee refuses to provide a second specimen under direct observation, it is considered a refusal to test. The collector does not retain the first specimen, but discards it.
- The requirement in the Urine Specimen Collection Guidelines, Version 1.0, to retain the specimen and send it to the laboratory, was inserted inadvertently.
- Urine Specimen Collection Guidelines, Version 1.01, contain the proper procedures as directed by 40.65.

§40.67; §40.69 09/01

QUESTION:

Can the monitor (or direct observer) of a collection be a co-worker or immediate supervisor of the employee?

ANSWER:

- The immediate supervisor of a particular employee may not act as the collector when that employee is tested, unless no other collector is available and the supervisor is permitted to do so under a DOT operating administration's drug and alcohol regulation.
- The immediate supervisor may act as a monitor or observer (if same gender) if there is no alternate method at the collection site to conduct a monitored or observed collection.
- An employee who is in a safety-sensitive position and subject to the DOT drug testing rules should not be a collector, an observer, or a monitor for co-workers who are in the same testing pool or who work together with that employee on a daily basis.

§40.73; §40.193 09/01

QUESTION:

What is the preferred method for the collector to get the MRO copy of the CCF to the MRO?

ANSWER:

- The promptness of reporting suffers when the mail is used to convey the MRO copy from the collection site.
- Even though we permit other means (e.g., overnight courier service) of transmitting MRO copies from the collection site to the MRO, collectors should fax the MRO copies when possible.
- If the faxed copy is not legible, the MRO must request another faxed copy or a hard copy.

§40.97; §40.209 09/01

QUESTION:

After the laboratory reports a test result, someone (e.g., the employer, a service agent) discovers that the CCF listed the wrong reason for the test (e.g., the CCF says the test was a pre-employment test when it was actually a random test). How is this corrected and by whom?

ANSWER:

- This is another example of an error that does not have a significant adverse effect on the right of an employee to have a fair and accurate test (see §40.209).
- The test is not cancelled as the result of such a mistake.
- While concerned parties may wish to correct the faulty description of the reason for the test, Part 40 does not require a correction to be made.
- Employers or their designated service agents should ensure that appropriate changes are documented (e.g., for MIS reporting purposes).

§40.103 09/01

QUESTION:

Requirements for submitting quarterly blind specimens to the laboratory went into effect mid-quarter, August 1, 2001. How are the new requirements for blind sample submission to be calculated? Are the blinds for July, 2001 to be calculated on the old Part 40 regulations and August and September, 2001 blind calculations based on new Part 40 regulations?

ANSWER:

- It is acceptable to send in blind specimens for July 2001, based on the requirements of the old Part 40 and for August-September based on the new Part 40 that went into effect August 1, 2001.

§40.103; §40.99; §40.333 09/01

QUESTION:

What are the retention requirements for blind specimens and records of blind specimen tests?

ANSWER:

- Laboratories, employers and other parties required to retain specimens and records of tests should retain blind specimens and records of blind specimen tests in exactly the same way and for the same periods of time as they do actual employee specimens and test records.
- For example, an employer would keep a record of a blind positive test for five years and a blind negative test for two years.
- Laboratories would keep blind specimens for negatives in accordance with their SOPs and non-negatives for one year.

§40.127 09/01

QUESTION:

How should the MRO's review of negative results processed by the MRO's staff take place?

ANSWER:

- The MRO's personal review of the MRO's staff work (to include the CCFs, lab results documentation, corrective documents, and results reports to employers) should be spread throughout the quarter.
- Even if the MRO has reviewed the required 500 per quarter, the MRO must still review all those that needed corrective actions.
- The MRO need not review a sampling from all employers or transportation industries he or she serves.
- The MRO must provide documentation of the CCF quality assurance review to DOT agency representatives regardless of their DOT agency affiliation (e.g., an FRA inspector can obtain and review documents generated from an FAA-sanctioned test). Part 40 is a One-DOT effort.

§40.131 09/01

QUESTION:

Must an MRO use the full 24-hour period to contact the donor if the MRO is sure that the donor is not and will not be available at the phone numbers provided by the donor?

ANSWER:

- 40.131(a)(1) states that if the phone numbers provided by the donor are wrong, an MRO may contact the DER to inform the donor to contact the MRO without waiting the full 24 hours.
- If the MRO discovers that phone numbers provided by the donor will not permit the MRO to contact the donor within the 24-hour period, the MRO may contact the DER immediately. For example, the MRO may discover that the employee is not expected to be available for another five days at the number provided.

§40.149 09/01

QUESTION:

Can arbitrators change or overturn the MRO's determination about the verification of a test result?

ANSWER:

- No. The MRO is the only person authorized to change a verified test result (see §40.149(c)). The MRO can do so with respect to a verification decision he or she has made, in the circumstances described in §40.149.
- An arbitrator is someone who derives his authority from the employer, or from a labor-management agreement. The arbitrator cannot exercise authority that the employer could not exercise on its own. The arbitrator could not overturn a decision of the MRO concerning a test verification any more than the employer could on its own.
- This prohibition applies to substantive decisions the MRO makes about the merits of a test (e.g., with respect to whether there is a legitimate medical explanation for a positive, adulterated, or substituted test result or whether a medical condition precluded an individual from providing a sufficient specimen).
- An arbitrator could determine that a test result should be cancelled because of a defect in the drug testing process involving the MRO (e.g., that the MRO failed to afford the employee the opportunity for a verification interview). But an arbitrator could not overturn the substantive judgment of the MRO about whether, for example, the information submitted by the employee constituted a legitimate medical explanation.

§40.149; §40.209 09/01

QUESTION:

What is an employer to do if an arbitrator's decision claims to overturn the result of a DOT drug or alcohol test on grounds contrary to DOT regulations?

ANSWER:

- There could be instances in which an arbitrator makes a decision that purports to cancel a DOT test for reasons that the DOT regulation does not recognize as valid.
- For example, the arbitrator might make a decision based on disagreement with an MRO's judgment about a legitimate medical explanation (see §40.149) or on the basis of a procedural error that is not sufficient to cancel a test (see §40.209).
- Such a test result remains valid under DOT regulations, notwithstanding the arbitrator's decision. Consequently, as a matter of Federal safety regulation, the employer must not return the employee to the performance of safety-sensitive functions until the employee has completed the return to duty process.
- The employer may still be bound to implement the personnel policy outcome of the arbitrator's decision in such a case. This can result in hardship for the employer (e.g., being required to pay an individual at the same time as the Department's rules prevent the individual from performing the duties of his job).

§40.163 09/01

QUESTION:

If the MRO uses a written report instead of a copy of the CCF to report results to employers, how should those reports be signed?

ANSWER:

- The MRO must sign all reports of non-negative results (i.e., positives, refusals, tests canceled, and invalids).
- The MRO or an MRO's staff member may rubber stamp and initial negative results. The rubber stamp should identify the MRO.
- Each written report should be dated and indicate the address of the MRO.

§40.191; §40.193 09/01

QUESTION:

Do collectors sign the CCF in situations in which a urine specimen is not provided during a collection (i.e., a refusal to provide a specimen; a shy bladder situation)?

ANSWER:

- In any such case, the collector would check the box in Step 2 of the CCF indicating that no specimen was provided and enter an explanatory remark.
- The collector would then provide his or her name and signature in Step 4 of the CCF.
- The employee's name and phone number should be included on the MRO copy.
- The collector would then transmit the CCF copies to the appropriate parties (e.g., employer, MRO).

§40.193; §40.43 09/01

QUESTION:

Generally, only one collector is supposed to supervise a collection for an employee. However, given the time span involved, it is possible that two collectors could be involved in a shy bladder collection (e.g., because of a shift change during the three-hour period between the first and second collection attempts). How should this be handled?

ANSWER:

- In this situation, it is permissible for one collector to turn the process over to another collector to complete the collection.
- The first collector would document the start time for the 3-hour period. The second would provide his or her name and signature after the second collection, as the collector of record. The Remarks line (Step 2 of the CCF) would be used to document the transition (including the first collector's name and the start time for the shy bladder procedure).

§40.197 09/01

QUESTION:

May an employer have a policy of declining to hire applicants who have a negative dilute test result on a pre-employment drug test?

ANSWER:

- The Department's rules do not require an employer to hire anyone. That decision is an employer's.
- While §40.197(b) authorizes an employer to obtain one additional test following a negative dilute result (in pre-employment or other testing situations), a negative dilute test result is a valid negative test for DOT's purposes.
- Because a negative dilute test result is a negative test for DOT program purposes, the employer is authorized to have the applicant begin performing safety-sensitive functions.
- If the employer declines to hire the applicant in this situation, the employer's decision is based solely on its own policy. The employer cannot claim that its action is required or authorized by DOT rules.

§40.203 09/01

QUESTION:

If a collector makes an error on a CCF and the collector is not available to sign a corrective statement (e.g., collector on vacation, no longer with the company), can the collector's supervisor sign the corrective statement for the collector?

ANSWER:

- If the error was the use of a non-DOT form (to include use of the old Federal CCF), the collector or the collector's supervisor may sign the corrective statement explaining the circumstances of why a non-DOT form was used.
- If the missing information is the printed name and signature of the collector, neither the collector nor the supervisor may supply the missing information. This is a fatal, uncorrectable flaw.
- If the CCF contains the printed name of the collector, but the signature is missing, the collector or the collector's supervisor may attest that that collector performed the collection, but did not sign his or her name.
- If the employee's signature is omitted and there is no notation in the "Remarks" line, only the collector can provide the corrective statement. The collector's supervisor cannot sign the corrective statement.

§40.243; §40.253; §40.275; Appendix G 09/01

QUESTION:

Is it acceptable to affix printed alcohol test results on the back of the Alcohol Testing Form (ATF) rather than on the front?

ANSWER:

- §40.243(f) and §40.253(g) instruct the BAT to affix the printout of the information from the alcohol testing device to the designated space on the ATF.
- The designated space on the ATF is on the front of the form. That is where BATs and STTs should affix the printouts.
- However, because the instructions on the ATF also permit the printout to be affixed to the back of the ATF, the Department has no objections to having the printouts on the back of the ATF.

§40.291; §40.293 09/01

QUESTION:

Suppose the SAP fails to make the required recommendation for education and/or treatment of an employee who has violated a DOT agency drug or alcohol testing rule, and simply sends the employee back to the employer for a return-do-duty (RTD) test. What is the employer to do?

ANSWER:

- The employer should not administer an RTD test under these circumstances.
- The employer should refer the employee back to the SAP with direction to prescribe education and/or

treatment and conduct a re-evaluation of the employee to determine whether the employee has successfully complied with the SAP's instructions.

- If the employer has compounded the problem by having conducted the RTD test and returned the employee to safety-sensitive duties (i.e., only realizes that a mistake has been made some time after the fact), the employer should work with the SAP to "go back and do it right."
- This means that the employee should be removed from performance of safety-sensitive functions, referred back to the SAP for an education and/or treatment prescription, and re-evaluated by the SAP for successful compliance. Following the receipt of a successful compliance report from the SAP, the employer would conduct another RTD test before returning the employee to performance of safety-sensitive functions.

§40.311 09/01

QUESTION:

What is meant by "SAP's own letterhead?"

ANSWER:

- By "SAP's own letterhead" we mean the letterhead the SAP uses in his or her daily counseling practice.
- If the SAP is in private practice, the SAP should use the letterhead of his or her practice.
- If the SAP works as an employee assistance professional for an organization, the SAP should use the employee assistance program's letterhead.
- If the SAP works for a community mental health service, the SAP should use the community mental health service's letterhead.
- The Department wants to avoid a SAP network provider requiring the SAP to use the provider's letterhead rather than that of the SAP.
- The Department wants to avoid another service agent contracting the SAP's services to require the contracted SAP to use the service agent's letterhead.
- The Department wants to avoid any appearance that anyone changed the SAP's recommendations or that the SAP's report failed to go directly from the SAP to the employer.
- The Department does not want the SAP to use a "fill-in-the-blanks" / "check-the-appropriate-boxes" type of pre-printed form, including any that are issued to the SAP by a SAP network provider, to which the network or SAP would affix the SAP's letterhead information.
- The SAP must generate and complete all information on the SAP report.

§40.327 09/01

QUESTION:

If an MRO knows the identity of a physician responsible for determining whether a DOT-regulated employee is physically qualified to perform safety-sensitive duties (e.g., under Federal Motor Carrier Safety Administration regulations for physical qualifications of motor carrier drivers) for another company, can the MRO report drug test result as well as medical information to that physician?

ANSWER:

- Under §40.327(a), an MRO must report drug test results and medical information to third parties without the employee's consent, under certain circumstances spelled out in the rule.
- Under §40.327(b), a physician responsible for determining the medical qualifications of an employee under an applicable DOT agency safety regulation is a party to whom the MRO is instructed to provide this information.
- Consequently, if an MRO knows the identity of such a physician – even if the physician performs this function for a different employer – the MRO would provide the information. The MRO is not required to affirmatively seek out such physicians, however.

§40.333 09/01

QUESTION:

When records are stored and transferred electronically, how should they be made available to DOT representatives?

ANSWER:

- The obligations of employers and service agents to make records available expeditiously to DOT representatives apply regardless of how the records are maintained.
- All records must be easily and quickly accessible, legible, and formatted and stored in a well-organized and orderly way.
- If electronic records do not meet these criteria, then the employer or service agent must convert them to printed documentation in a rapid and readily auditable way.

FMCSA REGULATION CHANGES

Regulation Changes Beginning 2002

Certified Collection Technicians

Under new Federal Collection Guidelines, all Certified Collection Personnel including hospitals and clinics must meet training requirements by January 31, 2003.

Collectors meeting the requirements of this subpart are the only persons authorized to collect urine specimens for DOT drug testing.

A collector must be trained to proficiency in correctly carrying out the urine collection requirements of this part.

Violations Found During the Audit Process

Using a driver before performing pre-employment drug testing –

Anyone falling under one of the six DOT modes (i.e., FMCSA, FAA, FTA, FRA, RSPA, USCG) must perform a pre-employment drug screen prior to using an employee in a safety sensitive function. This includes employees with a temporary CDL (usually found in the agriculture industry), or temporary workers who hold a CDL. Prior to the new interpretations, this industry was thought to be exempt.

Mechanics who are test-driving vehicles must have CDLs without passenger endorsement and must be in the random.

Pre-employment testing must be done when driver “changes status” even if they have worked there for 30 years.

Use the average number of driver positions (not number of vehicles) to determine the percent of drivers to test.

Companies that layoff or slow down during the year must keep a random program in force or conduct pre-employment testing upon resuming work.

Drivers must be in random pool even if they are already in another employer’s random pool.

Use of alternate selection for random testing: Employees selected must be tested. DOT does not allow alternate selections and clarified this in the 2002 interpretations.

Failure to maintain proper drug testing files:

- All files kept under lock and key
- Positive result maintained for 5 years.
- Negative results maintained for 2 years.

DER (designated employer representative) of record: Supervisor training for reasonable suspicion as well as basic drug and alcohol training are required for any supervisor who has the authority to remove an employee from duty based on the result of a drug screen.

Commercial driver is driving with the wrong CDL endorsement.

Testing not “reasonably” spread throughout the year (quarterly testing). DOT has issued interpretations that testing should occur quarterly.

DER is selected for random testing: When the DER is selected for random testing, the DER will be tested without notice. A testing date for employees will be established after the DER has tested.

Driver’s qualification file is missing elements: Driver qualification files must be maintained and available for review by DOT and Indiana Motor Carrier officials. (Municipalities are exempt from this requirement. Municipalities must maintain application, copy of driver license, DOT physical and yearly review of driving record.)

Regulations pertaining to drivers:

- Positive Drug Screen – Employee must see Substance Abuse Professional (SAP), provide a negative return-to-duty test, and attend substance abuse education class prior to returning to duty.
An individual who is being considered for employment and receives a positive test must receive a copy of local substance abuse professionals available in the area even if you do not intend to hire this individual. If you do hire this individual, you are still required to insure that the applicant completes the steps listed above.
- Empty Pockets – All employees under federal regulations are now required to empty the contents of their pockets and display the contents prior to providing a sample.
- 3-Hour Rule / Shy Bladder – Individual testing under FMCSA have three hours to provide a specimen or shy bladder rules apply. If for any reason the specimen cannot be collected within the three-hour time limit, the employee must be evaluated by a physician. Unless the physician finds that a medical condition resulted or could have resulted in the inability to provide a sufficient specimen, the employee is regarded as having refused to test.



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FACTS ABOUT THE NEW CDL REGULATIONS

The FMCSA merged all the CDL provisions and issued one final rule on July 31. These provisions went into effect September 30, 2002. All states must come into substantial compliance with the requirements as soon as practical, but no later than September 30, 2005.

- Applicants for an initial CDL and those transferring or renewing a CDL must provide licensing agency personnel with the name of all states where previously licensed for the past ten years to drive any type of motor vehicle, allowing state officials to obtain an applicant's complete driving record. The final rule limits this record check to CDL drivers initially renewing their license after the effective date of this rulemaking.
- States must maintain a CDL driver-history record noting an individual's convictions for state or local motor vehicle traffic control laws while operating any type of motor vehicle. Information on these convictions and other licensing actions must be kept a minimum of three years. Disqualifying offenses range from three years to life.
- The Federal Motor Carrier Safety Administration (FMCSA) may prohibit a state from issuing, renewing, transferring, or upgrading CDLs if the agency determined the state is in substantial non-compliance with the CDL licensing and sanctioning requirements.
- Applicants must pass both a knowledge and a skills test to obtain a new school bus endorsement. The regulation requires the FMCSA to create a new endorsement CDL holders must obtain to operate a school bus.
- A driver may apply for a CDL from another state if the state he lives in was decertified and if the other state to which he applies elects to issue that license. States are authorized, but not required to issue non-resident CDLs to such drivers.
- States with a school bus licensing program meeting or exceeding FMCSA requirements may continue to license school bus drivers with that program. States have the option to not require applicants for the school bus endorsement to take the skills test when the applicant has experience driving a school bus and meets safety criteria.
- A CDL disqualifying offenses section was revised to show driver violations for CDL holders and a CMV. The charts describe an offense and the ensuing penalty.

FMCSA-DOT
REGULATION CHANGES
2004-2005

INTERSTATE-INTRASTATE



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NEW REQUIREMENTS FOR PREVIOUS EMPLOYERS AND MAINTAINING RECORDS OF ACCIDENTS

49 CFR §390.15(b) requires motor carriers to maintain records of accidents for three years after the date of the accident for each accident that occurs after April 29, 2003. For accidents that occurred on or prior to April 29, 2003, the explanation is given in 49 CFR §390.5.

Minimum accident information includes:

1. Date of the accident
2. City or town (or nearest city or town) and state where the accident occurred
3. Driver's name
4. Number of injuries
5. Number of fatalities
6. Whether hazardous materials (other than fuel spilled from the fuel tanks of the motor vehicle involved in the accident) were released
7. Copies of all accident reports required by state or other governmental entities or insurers

In addition to requiring the names and addresses of the applicant's employers during the preceding three years, application for employment must also require:

1. Dates the applicant was employed
2. Reason for leaving the employ of each previous employer
3. After October 29, 2004 –
 - a. Whether the applicant was subject to the FMCSR while employed by the previous employer
 - b. Whether the employee's job was designated as a safety sensitive function in any DOT regulated mode of transportation subject to alcohol and controlled substances testing required by 40 CFR Part 40.

Before the application is submitted, the motor carrier must inform the applicant that the information he or she provides regarding previous employers may be used, and the applicant's previous employers will be contacted for the purpose of investigating the applicant's safety performance history. The prospective employer must also notify the driver in writing of his or her due process rights as specified in 49 CFR §391.23(i) and (j) regarding information received as a result of these investigations.

A copy of driver records obtained in response to state driver records agency inquiries must be placed in the driver's qualification file within 30 days of the date the driver's employment begins. After October 29, 2004, replies to investigations from previous employers must be placed in the driver's qualification file within 30 days of employment as well.

After October 29, 2004, previous employers must respond to each request for driver safety performance data within 30 days after the request is received. Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003.

After October 29, 2004, previous employers must respond to each request for driver safety performance data within 30 days after the request is received. Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003.

The final rule also details requirements for the information required to be sought by prospective employers and to be supplied by previous employers as specified in 40 CFR §391.23(d) and (e). Records developed related to a

driver's safety performance history must be maintained as "controlled access files" and must be retained for as long as the driver is employed and for three years after the driver's employment ends.

You can obtain more information about this topic at www.fmcsa.dot.gov.

Click on the FMCSA homepage link: FMCSA Requires Safety Performance History.



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WRITTEN NOTICE OF CERTAIN RIGHTS TO DRIVER APPLICANTS

The prospective employer must expressly notify the driver via the application form or other written document that he or she has the following rights regarding the information provided during the investigation:

1. To review information provided by previous employers
2. To have errors in the information corrected by the providing employer and resubmission of the corrected information to the prospective employer
3. To have a rebuttal statement attached to any alleged erroneous information that the providing employer has declined to change.

Driver applicants may submit a written request to review the investigative information for previous employers, and the prospective employer must provide this information to the applicant within two business days. If the prospective employer has not yet requested information from the previous employer(s), the deadline will begin when the prospective employer receives the requested information.

Drivers wishing to correct erroneous information in records provided by the previous employer must send the allegation of error, proof of error and request to correct, to the previous employer who provides the records to the prospective employer. If the previous employer and the driver agree that the information in question is erroneous, the previous employer must correct the information and within 30 business days, send the corrected information to the prospective employer. If the previous employer and the driver cannot agree that the information in question is erroneous, then the previous employer must accept a rebuttal the driver, if offered and within 30 business days must send a copy of the driver's rebuttal to the prospective employer.

FMCSA's proposed rule provides that no action or proceeding for defamation, invasion of privacy, or interference with contract based on the furnishing or use of requested information may be brought against a motor carrier carrying out the required investigation or an entity providing the required information.

FMCSA's proposed regulations include a new provision requiring motor carriers to maintain driver employment history files for all new or prospective drivers. The files must contain information detailed above, and the motor carrier must ensure that access to these files is limited to those who are involved in hiring decisions or who control access to the files. Data contained in the files may be used for hiring decisions.

The file of a driver who is hired must be retained for the duration of the driver's employment and for three years thereafter. The file of a driver who is not hired must be retained for a year.

DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver, you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

391.23(i)(2)

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

391.23(j)(1)

Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(j)(2)

After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

391.23(j)(3)

Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23(j)(4)

After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;

- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(j)(5)

The driver may submit a rebuttal initially without a request for correction or subsequent to a request for correction.

391.23(j)(6)

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information to the FMCSA following procedures specified at 386.12.

391.23(k)(1)

The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2)

The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23(l)(1)

No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against:

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2)

The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations (approved by the Office of Management and Budget under control number 21260004).

I, the undersigned, have received a copy of, read and understand the above-mentioned rights.

Signature

Indiana Testing, Inc. has merged the previous employer consent form on drug/alcohol, which has changed from 2 years to 3 years for the private sector. All others (cities, towns, and county highways) will continue to use the previous 2-year form. The following information is just an explanation of the new forms and rulings:

Regulator Update

USIS/DAC Services

April 13, 2004

FMCSA Issues New Regulations Concerning Driver Employment History

The Regulation:

The Federal Motor Carrier Safety Administration (FMCSA) published a Final Rule on the Safety Performance History of New Drivers amending Parts 390 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR).

Summary:

This ruling mandates the minimum driver safety performance history data that new or prospective employers are required to seek for applicants under consideration for employment as commercial drivers:

1. Where and from whom that information must be sought.
2. That previous employers must provide the minimum driver safety performance history information.

New Requirements:

Prospective employers must make an inquiry with each applicant's employer for whom a motor vehicle was driven within the previous 3 years from the date of application (effective October 29, 2004). The request must include:

- ◆ General driver employment information (i.e., dates of employment and job responsibilities)
- ◆ Drug and alcohol history while employed in a safety-sensitive position – 3-year requirement.
- ◆ If there was a drug/alcohol violation, whether the applicant completed a substance abuse rehabilitation program.

A record of the response from each previous DOT-regulated employer or documentation of a good faith effort to obtain a response must be placed on file within 30 days of the driver's employment date. The record must include:

- ◆ Who provided the information
- ◆ Date it was provided
- ◆ Information received

If a previous employer could not be contacted, documentation to that effect must be placed on file.

Former and current employers must provide the information listed above within 30 days of receiving the request. If some or all of the requested information is not available, the previous employer must respond to that effect. A record of each request and the response must be maintained for one year, including:

- ◆ Date

- ◆ Party to whom it was released
- ◆ Summary of what was provided

If a previous employer refuses to respond, the prospective employer should report the refusal to the DOT and maintain a copy of the report in the driver's qualification file.

The prospective employer will be required to provide the driver applicant with the records received from their previous employer within 5 days of the applicant's written request or within 5 days of having received the information if the request is presented before the investigation information arrives.

A driver applicant's written consent must be exchanged prior to the release of drug/alcohol history information. If the applicant refuses to provide this written consent, the prospective motor carrier must not permit the driver applicant to operate a commercial motor vehicle.

Via the application form or other written document any time prior to a hiring decision being made, prospective employers will be required to notify driver applicants of their right to review the information obtained from previous employers to correct errors in that information and rebut perceived incorrect information. The previous employer will have 15 days to respond to a driver request for a correction of erroneous information. If the driver chooses to submit a rebuttal, the previous employer has 5 days to forward the rebuttal to the prospective employer and to append a copy of the rebuttal to the driver's permanent safety performance history. Employers will be required to maintain the following information in a "driver investigation history file" (effective October 29, 2004):

- ◆ The driver's safety performance history information obtained from previous employers or documentation of the good faith efforts to contact them.
- ◆ The driver's authorization to obtain that information.
- ◆ This information shall be kept in a secure location accessible only to those involved in the hiring process and those who control the data. This file can be combined with the drug/alcohol files. The motor carrier's insurer may have access to this data except the drug/alcohol data.

The new regulations prohibit drivers from making a claim of defamation or invasion of privacy against the previous or prospective employers unless they knowingly furnished false information or did not comply with the aforementioned procedures.

Affect on USIS-DAC Clients:

- ◆ These new regulations apply to all DOT-regulated motor carrier employers.
- ◆ This new rule mandates the sharing of safety performance information from current and previous employers.
- ◆ Drivers will have the ability to review, request correction or rebut the information provided by their previous employers.
- ◆ Prospective employers will be better equipped to access the qualifications of their driver applicants.

This new ruling will require USIS to phase out the "old" format allowing for the contribution of records with a number of accidents and no details. For clients who previously opted not to convert to the new format, USIS is developing the means for them to append the required DOT accident data to previously contributed employment histories. In addition, we will review all USIS forms and procedures to ensure compliance with the new regulations.

Contact information: FMCSA, David Goetee, Office of Policy, Plans and Regulations
(202) 366-4097



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ITI IS A FULL SERVICE TURNKEY OPERATION

New Hours of Service Rules for 2005

The Federal Motor Carrier Safety Administration has issued its new and long-awaited hours of service rule for drivers of property carrying commercial motor vehicles, specifying how long these drivers can operate their trucks before having to take a break. Major parts of the rule, including the maximum driving and minimum rest requirements, have remained the same. Changes were made, however, for:

- Short haul operators who do not need a CDL and who stay within a 150-air-mile radius of their home terminals. These drivers will be able to have longer workdays twice per week.
- Long distance drivers who split their off-duty time in sleeper berths. These drivers will have to spend 8 consecutive hours in the sleeper berth, but can go off duty for the remaining 2 hours.

The new rule takes effect October 1, 2005, followed by a three-month "soft enforcement" period that will give drivers and enforcement personnel time to adjust to the new rule. "The research shows that this new rule will improve driver health and safety, and the safety of our roadways," said FMCSA Administrator Annette M. Sandberg. "Ensuring drivers obtain necessary rest and restorative sleep will save lives."

As in the hours of service rule issued in 2003, the new rule allows 11 hours of driving within a 14 consecutive hour period after a ten-hour break. Drivers must stop driving after accumulating 60 hours over a seven-day period or 70 hours over an eight day period. The new rule also retains the 34-hour "restart" provision allowing drivers to reset the 60/70-hour clock after 34 consecutive hours off duty.

The rules for passenger carrying vehicles do not change under the new rule. Drivers of these vehicles will continue to follow the existing rules in 49 CFR §395.5



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*** Special Bulletin ***

DOT Issues Major Rule Change

The Department of Transportation (DOT) issued major changes to its CFR 49 Part 40 Regulations that became **effective August 25, 2008**. The DOT amended certain provisions to change instructions to collectors, laboratories, medical review officers, and employers regarding **adulterated, substituted, diluted, and invalid urine specimen** results. The Final Rule makes specimen validity testing mandatory within regulated transportation industries. In addition, a number of changes were made concerning procedures for all direct observed collections:

1. This Final Rule makes it mandatory for laboratories to test all DOT specimens for specimen validity (i.e., adulterants and urine substitutes), and for laboratories to follow all Department of Health and Human Resources (HHS) protocols for doing so.
2. During observed collections, both male and female donors will be searched for items such as prosthetic devices designed to carry clean urine. The observer will have the employee raise and lower clothing, and then put it back into place for the observed collection.
3. **Observed collections will now be required rather than optional for all return-to-duty and follow-up drug testing.**
4. In an effort to thwart those who would manufacture products designed to adulterate specimens, the Final Rule will no longer have easy-to-follow tables and charts outlining the adulterants for which laboratories are testing and the scientific cutoff levels at which laboratories are testing them.
5. Definitions in the Final Rule have been changed to harmonize with the HHS.
6. **The following occurrences are now considered a refusal to test:**
 - a. The donor is found to possess or wear a prosthetic or other device that could be used to interfere with the collection process,
 - b. The donor refused to follow collector instructions during an observed collection process to raise and lower clothing as specified in regulations, and
 - c. The donor admits to the collector or MRO that he/she adulterated or substituted the specimen.
7. The Final Rule will close the potentially endless loop on invalid specimen results. Employees requiring negative results (for example, pre-employment tests) when they have medical reasons for providing invalid results, will be able to obtain them through medical evaluations to rule out signs and symptoms of drug use.
8. The Final Rule will streamline and simplify the potential myriad of complicated laboratory-confirmed and MRO-verified drug test results.
9. The Final Rule requires drug-testing laboratories to report to DOT semi-annual statistical summaries on all of our DOT testing.

The full text of the DOT Final Rule can be found at:

PDF VERSION: <http://edocket.access.gpo.gov/2008/pdf/E8-14218.pdf>

HTML VERSION: <http://edocket.access.gpo.gov/2008/E8-14218.htm>



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June 3, 2009 - Court upholds Direct Observation being required for Return-to-Duty and Follow Up testing

In a final ruling on May 15th 2009, an appeals court upheld the federal rules requiring "direct observation" of drug tests for transportation employees who have failed or refused to take a drug test, as part of DOT requirements.

The rule was created to prevent cheating on drug tests by employees in the trucking, railroad, aviation, maritime, and pipeline industries who are required to take follow-up tests after completing drug treatment programs. It had been challenged by nine railway labor unions. The U.S. District Court for the District of Columbia denied their petition to have the Department of Transportation observation requirement reviewed.

Prior to this ruling employers had the option to have follow-up and return-to-duty tests directly observed. The labor groups had argued that the rule violated the Administrative Procedure Act's prohibition of "arbitrary and capricious" agency action, and the Fourth Amendment protection of unreasonable searches.

The court ruling stated the "department's considered justification for its policy is neither arbitrary nor capricious, and although we recognize the highly intrusive nature of direct-observation testing, we conclude that the regulation complies with the Fourth Amendment."

In addition to this ruling, a group of four senators, Sen. Mark Pryor (D-Ark.), Sen. Olympia Snowe (R-Maine), Sen. Ben Nelson (D-Neb.), and Sen. Roger Wicker (R-Miss.), have introduced the Safe Roads Act that would order the DOT to implement "a cost-effective feasible database of drug testing information for commercial drivers" and authorize \$5 million a year to operate it. A national database with this information would allow companies to obtain critical safety information on commercial drivers when hiring.

U.S. Transportation Secretary Ray LaHood Announces Federal Ban on Texting for Commercial Truck Drivers

U.S. Transportation Secretary Ray LaHood today announced federal guidance to expressly prohibit texting by drivers of commercial vehicles such as large trucks and buses. The prohibition is effective immediately and is the latest in a series of actions taken by the Department to combat distracted driving since the Secretary convened a national summit on the issue last September.

"We want the drivers of big rigs and buses and those who share the roads with them to be safe," said Secretary LaHood. "This is an important safety step and we will be taking more to eliminate the threat of distracted driving."

The action is the result of the Department's interpretation of standing rules. Truck and bus drivers who text while driving commercial vehicles may be subject to civil or criminal penalties of up to \$2,750.

"Our regulations will help prevent unsafe activity within the cab," said Anne Ferro, Administrator for the Federal Motor Carrier Safety Administration (FMCSA). "We want to make it crystal clear to operators and their employers that texting while driving is the type of unsafe activity that these regulations are intended to prohibit."

FMCSA research shows that drivers who send and receive text messages take their eyes off the road for an average of 4.6 seconds out of every 6 seconds while texting. At 55 miles per hour, this means that the driver is traveling the length of a football field, including the end zones, without looking at the road. Drivers who text while driving are more than 20 times more likely to get in an accident than non-distracted drivers. Because of the safety risks associated with the use of electronic devices while driving, FMCSA is also working on additional regulatory measures that will be announced in the coming months.

During the September 2009 Distracted Driving Summit, the Secretary announced the Department's plan to pursue this regulatory action, as well as rulemakings to reduce the risks posed by distracted driving. President Obama also signed an Executive Order directing federal employees not to engage in text messaging while driving government-owned vehicles or with government-owned equipment. Federal employees were required to comply with the ban starting on December 30, 2009.



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Part 40 Final Rule - DOT Summary of Changes

Today, November 13, 2017, the Department of Transportation (DOT) published a final rule in the Federal Register ([82 FR 52229](#)). The rule, among other items, added four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). It also added methylenedioxyamphetamine (MDA) as an initial test analyte and removed the testing for methylenedioxyethylamphetamine (MDEA).

When is the final rule effective?

The final rule is effective January 1, 2018.

What does this mean for employees?

You will *also* be tested for four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). Some common names for these semi-synthetic opioids include OxyContin®, Percodan®, Percocet®, Vicodin®, Lortab®, Norco®, Dilaudid®, Exalgo®. In addition, you will no longer be tested for MDEA.

What does this mean for employers and Consortium/Third Party Administrators (C/TPA)?

As an employer or C/TPA, you will no longer be required to submit blind specimens to laboratories.

What does this mean for urine collectors?

The shy bladder process has been modified so that the collector will discard any specimen provided during the collection event when the employee does not provide a sufficient specimen by the end of the three hour wait period.

What does this mean for laboratories?

As an HHS-certified laboratory you will:

- Add four semi-synthetic opioids: hydrocodone, oxycodone, hydromorphone; oxymorphone to your DOT testing panel;
- Add MDA as an initial test analyte;
- Remove testing for MDEA;
- Add three more fatal flaws to the list of reasons when a laboratory would report a 'rejected for testing' specimen; and
- Need to modify the reports [in Appendix B & C] you provide to employers and the DOT.

What does this mean for Medical Review Officers (MRO)?

Several of your MRO drug test review processes have been modified. For example:

- The term 'prescription' has been clarified;
- You have authority to conduct D,L stereoisomer and THC-V testing; and
- The timing when you communicate a significant safety risk has been modified.

What does this mean for alcohol technicians?

The list of NHTSA-approved Alcohol Screening Devices and Evidential Breath Testing Devices will appear on ODAPC's website.

What does this mean for service agents?

- Collectors, alcohol testing technicians, MROs, and Substance Abuse Professionals will be required to subscribe to ODAPC's list-serve at: https://www.transportation.gov/odapc/ListServe_Notices.
- Unauthorized use of DOT-branded items (such as logos or emblems) on a service agent's website, publications, etc., could be a basis for the DOT to initiate a Public Interest Exclusion proceeding.

What are some of the other changes to Part 40?

- The DOT added a new section reiterating that, in the DOT testing program, only urine specimens can be collected and analyzed at HHS-certified laboratories.
- The DOT added language further emphasizing the existing DOT prohibition on the use of DNA testing on DOT drug-testing specimens.
- The final rule made minor modifications to certain section headings.
- The final rule moved the list of Substance Abuse Professional certification organizations from the rule text to ODAPC's website.
- The final rule moved the MIS instructions from Appendix H to ODAPC's website.
- Outdated compliance dates were removed and links were updated.
- Appendices B, C, D, and H were updated.

Where can I find a copy of the final rule?

You can view the final rule on ODAPC's web site www.transportation.gov/odapc/frpubs.

NOTE: This document informally summarizes some of the important effects of the rule, but it is not a substitute for the rule and should not be relied upon to determine legal compliance with the rule. ODAPC encourages affected entities, including employers and service agents, to review the final rule.



DOT Physical Policy

(Per Regulations 49 CFR 391.41-391.49)

All employees of **TIPTON COMMUNITY SCHOOLS**, who are required to have a DOT physical, will complete the physical exam on or before the due date, by an **NRCME (National Registry of Certified Medical Professionals) Medical Professional** and **TIPTON COMMUNITY SCHOOLS** will pay/ reimburse the employee \$_____ per calendar year.

Each employee will assume all financial responsibility for any and all follow up testing, or additional physicals that exceed the “amount per year” limit. This includes, but is not limited to, sleep apnea testing, medical testing and all follow-up treatments as well as 3 and 6 month valid physicals if required by the NRCME Medical Professional.

Any employee failing to pass the required DOT physical will be immediately removed from driving any vehicle requiring a DOT physical for **TIPTON COMMUNITY SCHOOLS**. Subsequently, the employee will then meet with Ownership/Management, at which time **COMPANY NAME** will decide the availability of other position(s) within the company, not requiring a valid DOT physical, which the employee could continue work. Ultimately, the employee could lose their position if no other position is available.

EMPLOYER

EMPLOYEE SIGNATURE

DATE

DATE



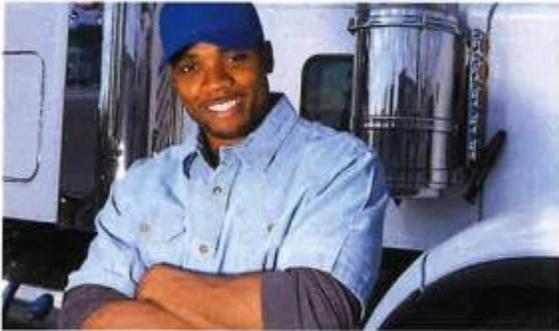
U.S. Department of Transportation
Federal Motor Carrier Safety Administration

DRUG & ALCOHOL CLEARINGHOUSE

Coming
January 6, 2020

FOR EMPLOYERS

- ✔ Record
- ✔ Consent
- ✔ Query
- ✔ Safety



What is the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse?

A secure, online database that will give employers and other authorized users real-time information about commercial driver's license (CDL) and commercial learner's permit (CLP) holders' drug and alcohol program violations.

The Clearinghouse will improve safety on our Nation's roadways by giving employers access to information they need to make informed safety decisions about which employees to place in safety-sensitive functions, including operating a commercial motor vehicle (CMV).





Why register this fall?

Registering this fall is the first step in ensuring you and your company will be ready when the Clearinghouse is operational on January 6, 2020.

Once you are registered, you will be able to take the following actions in the Clearinghouse prior to implementation:

- **Verify your information.** If you currently have a USDOT Number, the Clearinghouse will pull your contact and company information from other FMCSA systems. Register early to verify this information is up-to-date.
- **Designate your C/TPA.** If you work with one or more consortia/third-party administrators (C/TPAs), you must designate them in the Clearinghouse before they can access the Clearinghouse on your behalf. This is required of all owner-operators (employers who employ themselves as CDL drivers).
- **Invite Assistants.** Send invitations to other employees who will access the Clearinghouse on your behalf, allowing them to register as part of your company or organization.
- **Select and purchase a query plan.** Employers will pay a fee when querying the Clearinghouse for current and prospective employees' drug and alcohol program violations. Learn about the pricing options and select the one that works best for your business needs.

Questions?

Email clearinghouse@dot.gov

How will employers use the Clearinghouse?

Beginning January 6, 2020, employers will be required to:

- **Report drug and alcohol violations.** This will include alcohol test results with a concentration of .04 or greater, refusals to take an alcohol or drug test, as well as actual knowledge of a violation.
- Employers will also report negative return-to-duty (RTD) test results and the successful completion of a driver's follow-up testing plan.
- The information above must be reported by the close of the third business day after the employer is informed.
- **Conduct queries** to check if prospective employees are prohibited from performing safety-sensitive functions, such as operating CMVs, due to an unresolved drug and alcohol program violation.
- Employers are also required to query all current employees at least annually. All queries require driver consent.
- Until January 6, 2023, conduct both electronic queries in the Clearinghouse and manual, offline inquiries to previous employers for pre-employment driver investigations.

How will others use the Clearinghouse?

ACTION	TIMEFRAME
<p>Providing Consent Drivers will be required to log into the Clearinghouse and provide electronic consent before a current or prospective employer can conduct a full query of a driver's Clearinghouse record.</p>	<p>No specific timeframe for consenting to pre-employment or ad hoc full queries.</p> <p>If a limited query returns that records were found, a full query must be conducted on the driver within 24 hours, or the driver must be removed from safety-sensitive functions,</p>
<p>Reporting Violations Medical review officers (MROs) will be required to report verified positive, adulterated, or substituted controlled substances test results, as well as refusals to take a drug test.</p>	<p>Within two business days of the verification or determination.</p> <p>Within one business day of making any change to the results report, MRO must report that changed result.</p>
<p>Reporting on RTD Progress Substance abuse professionals (SAPs) will be required to report to the Clearinghouse when the initial driver assessment is completed and when the driver is determined to be eligible for RTD testing.</p>	<p>By the close of the business day following the date of the initial assessment.</p> <p>By the close of the business day following the determination the driver is eligible for RTD testing.</p>

DRUG & ALCOHOL CLEARINGHOUSE

<https://clearinghouse.fmcsa.dot.gov>

 U.S. Department of Transportation
Federal Motor Carrier Safety Administration

DRUG & ALCOHOL CLEARINGHOUSE

Coming
January 6, 2020

FOR CDL DRIVERS

- Record
- Consent
- Query
- Safety



What is the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse?

A secure, online database that will give employers and other authorized users real-time information about commercial driver's license (CDL) and commercial learner's permit (CLP) holders' drug and alcohol program violations, thus improving safety on our Nation's roadways.

Which drivers are covered by the Clearinghouse?

Any driver who holds a CDL (CDL driver) and meets the requirements of the CDL standards (49 CFR Part 383), and the FMCSA Drug and Alcohol Testing Program (Part 382). References to CDL drivers also includes CLP drivers.



FALL 2019

Registration Opens

- Create your user account
- Visit the Clearinghouse Learning Center



JANUARY 6, 2020

Implementation Date

- Mandatory reporting begins



How will CDL drivers use the Clearinghouse?

Beginning January 6, 2020, registered CDL drivers can use the Clearinghouse to:

- **Provide electronic consent** to release detailed drug and/or alcohol violation information in your Clearinghouse record to a current or prospective employer (when an employer conducts a full query).
- **Review** your own Clearinghouse record and initiate the process to revise or remove incorrectly entered information.
- **Identify a substance abuse professional (SAP)** to report on RTD activities, if you have an unresolved drug and alcohol program violation in your Clearinghouse record.

Questions?

Email clearinghouse@dot.gov

Why register this fall?

Beginning January 6, 2020, employers of CDL drivers must query the Clearinghouse to verify that a current or prospective driver is not prohibited from operating CMVs or performing other safety-sensitive functions due to an unresolved drug and alcohol program violation.

Register early to ensure you are ready on January 6, 2020.

While Clearinghouse registration is not required for all drivers, you will need to be registered to view your own Clearinghouse record electronically, or to provide electronic consent for a current or prospective employer to conduct a full query (including a pre-employment query) in the Clearinghouse. Failing to consent to a query will result in a driver being prohibited from performing safety-sensitive functions for the employer conducting the query.



DRUG & ALCOHOL
CLEARINGHOUSE

<https://clearinghouse.fmcsa.dot.gov>

FMCSA-MCE-19-005, July 2019



This document is scheduled to be published in the Federal Register on 12/27/2019 and available online at <https://federalregister.gov/d/2019-28164>, and on [govinfo.gov](https://www.govinfo.gov)

DEPARTMENT OF TRANSPORTATION

[4910-EX-P]

Federal Motor Carrier Safety Administration

Annual Random Controlled Substances Testing Percentage Rate for Calendar Year 2020

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Notice of program change.

SUMMARY: The FMCSA announces that it is increasing the minimum annual percentage rate for random controlled substances testing for drivers of commercial motor vehicles (CMVs) requiring a commercial driver's license (CDL) from the current rate of 25 percent of the average number of driver positions to 50 percent of the average number of driver positions, effective in calendar year 2020. The FMCSA Administrator must increase the minimum annual random testing percentage rate when the data received under the reporting requirements for any calendar year indicate that the reported positive rate is equal to or greater than 1.0 percent. Based on the results of the 2018 FMCSA Drug and Alcohol Testing Survey, the positive rate for controlled substances random testing increased to 1.0 percent. Therefore, the Agency will increase the controlled substances minimum annual percentage rate for random controlled substances testing to 50 percent of the average number of driver positions.

DATES: Beginning January 1, 2020, the minimum annual percentage rate for random controlled substances testing, for drivers of commercial motor vehicles (CMVs) requiring a commercial driver's license (CDL), will be 50 percent.

FOR FURTHER INFORMATION CONTACT: Mr. Juan Moya, Drug and Alcohol Program Manager, Compliance Division, Federal Motor Carrier Safety Administration,

1200 New Jersey Avenue, SE, Washington, DC 20590, 202-366-4844 or
fmcsadrugandalcohol@dot.gov.

SUPPLEMENTARY INFORMATION:

Background

The final rule titled, "Controlled Substances and Alcohol Use and Testing," published August 17, 2001, (66 FR 43097), established the process by which the Agency determines whether the minimum annual percentage rate for random controlled substances testing should be increased or decreased. The final rule included a provision indicating that the decision on whether to increase or decrease the percentage rate would be based upon the motor carrier industry's overall positive random controlled substance test rate, as reported by motor carrier employers to FMCSA, pursuant to 49 CFR 382.403. Under this performance-based system, when the minimum annual percentage rate for random controlled substances testing is 25 percent, and the data received under the reporting requirements for any calendar year indicate that the reported positive rate is equal to or greater than 1 percent, the FMCSA Administrator will increase the minimum annual percentage rate for random controlled substances to 50 percent for all driver positions (49 CFR 382.305(h)). The new annual random testing percentage rate would then apply starting January 1 of the following calendar year.

In accordance with 49 CFR 382.403, each calendar year FMCSA requires motor carriers selected for the survey to submit their DOT drug and alcohol testing program results. Selected motor carriers are responsible for ensuring the completeness, accuracy, and timeliness of the data submitted. The survey requires motor carriers to provide information to the Agency on the number of random tests conducted and the

corresponding positive rates.

For the 2018 survey, forms were sent to 4,480 randomly selected motor carriers. Of these forms, 1,908 were completed and returned to FMCSA, resulting in usable data from 1,552 carriers (comprising of 300,635 CDL drivers) for random controlled substance testing. Respondents providing non-usable data represent entities that are out of business, exempt, have no testing program in place, or belong to consortia that did not test any drivers for the carrier during 2018.

The estimated positive random controlled substance test rate in 2018 is 1 percent. The 95-percent confidence interval for this estimate ranges from 0.9 to 1.1 percent. In other words, if the survey were to be replicated, it would be expected that the confidence interval derived from each replication would contain the true usage rate in 95 out of 100 surveys. For 2016 and 2017, the estimated positive usage rate for drugs was estimated to be 0.7 percent and 0.8 percent, respectively. A more detailed discussion of the 2018 drug and alcohol testing survey results can be found in the Analysis Brief included in the docket for this Notice.

Part 382 Compliance

Based on the 2018 survey results, the estimated percentage of subject motor carriers with random controlled substance and alcohol testing programs in place is 94 percent, and the estimated percentage of all CDL drivers participating in such programs is 99 percent. FMCSA estimates there are 3.2 million CDL holders operating in interstate commerce and 1 million CDL holders operating in intrastate commerce. With this population, at least 1.05 million random controlled substances tests would be conducted with an annual random testing rate of 25 percent of all driving positions. At a 50 percent

annual random testing rate, approximately 2.1 million random controlled substances tests will need to be conducted in calendar year 2020.

The new minimum annual percentage rate for random drug testing will be effective January 1, 2020. This change reflects the increased positive test rate and will result in an estimated \$50 to 70 million increase in costs to the industry by requiring that more drivers be tested.

Minimum Annual Percentage Rates for Random Controlled Substances Testing for 2020

Beginning January 1, 2020, the minimum annual percentage rate for random controlled substances testing is 50 percent of the average number of driver positions. The minimum annual percentage rate for random alcohol testing will remain at 10 percent.

Issued on: December 20, 2019.

Elaine L. Chao
Secretary

[FR Doc. 2019-28164 Filed: 12/26/2019 8:45 am; Publication Date: 12/27/2019]