Livonia Public Schools

Drug And Alcohol Testing Policy

Adopted as of November 3, 2026

A. PURPOSE

1. The Livonia Public Schools (hereinafter referred to as “Employer”) provides public transit and paratransit services. Part of our mission is to ensure that the service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of employees and the general public. In keeping with this mission, Employer declares that the unlawful manufacture, distribution, dispense, possession, or use of controlled substances or misuse of alcohol is prohibited for all employees.

2. Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991.This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates drug testing and breath alcohol testing for safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test result or a refusal to test. The U. S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of specimens for drug and alcohol testing.

3. This policy complies with 49 CFR Part 655, as amended and 49 CFR Part 40, as amended. Copies of Parts 655 and 40 are available in the Designated Employee Representative’s (DER) office and can be found on the internet at the Federal Transit Administration (FTA) Drug and Alcohol Program website transit.dot.gov/drug-alcohol-program.

4. Any provisions set forth in this policy that are included under the sole authority of Employer and are not provided under the authority of the above-named Federal regulations are underlined. Tests conducted under the sole authority of Employer will be performed on non-USDOT forms and will be separate from USDOT testing in all respects.

B. APPLICABILITY

This policy applies to all covered employees (full or part-time) of the Employer. Covered employees include:

1. Operating a revenue service vehicle, in or out of revenue service.
2. Operating a non-revenue vehicle requiring a commercial driver's license.
3. Controlling movement or dispatch of a revenue service vehicle.
4. Maintaining (including repairs, overhaul, and rebuilding) of a revenue service vehicle or equipment used in revenue service.
5. Carrying a firearm for security purposes.

See Attachment A for a list of covered positions by job title.

A drug test can be performed any time a covered employee is on duty. An alcohol test can be performed just before, during, or just after the performance of a safety-sensitive job function.

C. EDUCATION AND TRAINING

Every covered employee will receive a copy of this policy and will have access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training includes manifestations and behavioral cues that may indicate prohibited drug use.

All supervisory personnel or employer officials who are in a position to determine covered employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable prohibited drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

D. PROHIBITED CONDUCT

Consistent with the Drug-free Workplace Act of 1988, all Employer employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the workplace including transit system premises and transit vehicles.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the covered workplace. An employee who is convicted of any criminal drug statute for a violation occurring in the workplace shall notify Employer no later than five days after such conviction.

Drugs

Use of illegal drugs is prohibited at all times. Prohibited drugs include:

1. Marijuana (including for medical or recreational purposes although legal in the state of Michigan)
2. Cocaine

3. Phencyclidine (PCP)
4. Opioids
5. Amphetamines

Federal Transit Administration drug testing regulations (49 CFR Part 655) require that all employees covered under FTA authority be tested for marijuana, cocaine, amphetamines, opioids, and phencyclidine as described in this policy. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. **However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to an Employer supervisor and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her safety-sensitive functions.**

Alcohol

All covered employees are prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of their on-call responsibilities if the covered employee acknowledges the use of alcohol at the time he or she is called to report to duty and their inability to perform his or her safety-sensitive function, or the Employer will require that the covered employee take an alcohol test, if the covered employee has acknowledged the use of alcohol, but claims ability to perform his or her safety-sensitive function.

The Employer shall not permit any covered employee to perform or continue to perform a safety-sensitive function if it has actual knowledge that the employee is using alcohol.

All covered employees are prohibited from performing or continuing to perform a safety-sensitive function while having a breath alcohol concentration of 0.04 or greater regardless of when the alcohol was consumed.

All covered employees are prohibited from consuming alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

Thus, an alcohol test can be performed just before, during, or just after the performance of a safety-sensitive job function.

All covered employees required to take a post-crash test are prohibited from consuming alcohol for eight (8) hours following involvement in an crash or until he or she submits to the post-crash drug and alcohol test, whichever occurs first.

The Employer, under its own authority, also prohibits the consumption of alcohol at all times the employee is on duty, or anytime the employee is in uniform.

E. ALCOHOL TESTING PROCEDURES

Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing Device (EBT) operated by a trained Breath Alcohol Technician (BAT). Alcohol screening tests may be performed using a non-evidential testing device, which is also approved by NHTSA. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test will be conducted at least fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NHTSA-approved EBT operated by a trained BAT. The EBT printout, along with Federal Alcohol Testing Form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee.

A covered employee who has a confirmed breath alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The employee will be immediately removed from safety-sensitive duties and will be referred to a qualified substance abuse professional (SAP) for evaluation.

Any covered employee who refuses to test for drugs or alcohol as required shall be removed from performing safety-sensitive duties and referred to a SAP for evaluation.

A test result for a covered employee who has a confirmed breath alcohol concentration of 0.02 or greater, but less than 0.04 is not considered positive, however the employee shall still be removed from performing safety-sensitive duties for at least eight (8) hours, unless a retest results in the employee's alcohol concentration of less than 0.02.

An alcohol concentration of less than 0.02 will be considered a negative test.

F. DRUG TESTING PROCEDURES

All FTA drug and alcohol testing will be conducted in accordance with 49 CFR Part 40, as amended.

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (DHHS). The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedures, and the validity of the test result.

Before performing any alcohol or drug test required by this policy, Employer will notify the test subject that the test is being required pursuant to this policy and/or Federal

Transit Administration Regulations (49 CFR Part 655). Employer will not represent that any requested test is required by federal regulations if, in fact, the individual to be tested is not subject to those regulations.

1. PRE-EMPLOYMENT TESTING

a. All offers of employment of covered positions shall be extended conditional upon the applicant passing a drug test. An applicant shall not be hired into a covered position unless the applicant takes a drug test with a verified negative result.
b. A non-covered employee shall not be placed, transferred, or promoted into a covered position until the employee takes a drug test with a verified negative result.
c. If an applicant fails a pre-employment drug test, **the conditional offer of employment shall be rescinded**, and the applicant will be referred to a Substance Abuse Professional.
d. When an employee, being placed, transferred, or promoted from a non-covered position to a covered position, submits to a drug test with a verified positive result, **the transfer/promotion offer will be rescinded**, the employee will be referred to a Substance Abuse Professional, **and the employee shall be subject to disciplinary action**. **Refer to Section F-7 in this policy to determine the consequences for policy violations**.
e. If a pre-employment/pre-transfer test is canceled, the applicant will be required to take another pre-employment drug test with a verified negative result.
f. In instances where a covered employee is on extended leave for a period of ninety (90) consecutive calendar days or more and is taken out of the random testing pool, the employee will be required to take a pre-employment drug test under 49 CFR Part 655 and have a verified negative test result prior to performing a safety-sensitive job function.
g. Applicants are required to report previous DOT-regulated employment, in accordance with 49 CFR Part 40, as amended. Failure to do so will result in the employment offer in a covered position being rescinded.
h. All applicants that have had a prior DOT positive drug test result, a DOT breath alcohol test result with a concentration 0.04 or greater, or refused a previous DOT drug or alcohol test request, must provide the employer proof of having successfully completed a referral, evaluation, and treatment administered under DOT regulations.
i. Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the medical review officer (MRO).

2. REASONABLE SUSPICION TESTING

a. All Employer FTA covered employees will be subject to a reasonable suspicion drug and/or alcohol test when the employer has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse. Reasonable suspicion shall mean that there is objective evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech, or body odor that are consistent with drug use and/or alcohol misuse. Reasonable suspicion referrals must be made by one or more supervisors who are trained to detect the signs and symptoms of drug and alcohol use, and who concludes that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or alcohol misuse. A reasonable suspicion alcohol test can only be conducted just before, during, or just after the performance of a safety-sensitive job function. **However, under Employer authority, a non-DOT reasonable suspicion alcohol test may be performed any time the covered employee is on duty**. A reasonable suspicion drug test can be performed any time the covered employee is on duty.

b. **The Employer shall be responsible for transporting the employee to the testing site. Supervisors should avoid placing themselves and/or others into a situation which might endanger the physical safety of those present. The employee shall be placed on administrative leave pending disciplinary action described in Section F-7 of this policy. An employee who refuses an instruction to submit to a drug/alcohol test shall not be permitted to finish his or her shift and shall immediately be placed on administrative leave pending disciplinary action as specified in Section F-7 of this policy**.

c. A written record of the observations which led to a drug/alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor seeing. This written record shall be maintained in file by the Employer.

d. **When there are no specific, contemporaneous, articulable objective facts that indicate current drug or alcohol use, but the employee (who is not already a participant in a treatment program) admits the abuse of alcohol or other substances to a supervisor in his/her chain of command, the employee shall be referred for assessment and treatment consistent with Section F-5 of this policy. The Employer shall place the employee on administrative leave in accordance with the provisions set forth under Sections F-5 and F-6 of this policy. Testing in this circumstance would be performed under the direct authority of the Employer. Since the employee self-referred to management, testing under this circumstance would not be considered a violation of this policy or a positive test result under Federal authority. However, self-referral does not exempt the covered employee from testing under Federal authority as specified in Sections F-2 through F-4 of this policy or the associated consequences as specified in Section F-7**.

3. POST-CRASH TESTING

All covered employees will be required to undergo drug and alcohol testing if they are involved in an crash associated with the operation of a vehicle that results in a fatality regardless of whether or not the vehicle is in revenue service. This includes all surviving covered employees that are operating the vehicle at the time of the crash and any other whose performance cannot be completely discounted as a contributing factor to the crash. In addition, post-crash testing will be conducted if an crash results in (1) injuries requiring immediate medical treatment away from the crash, or (2) with respect to an occurrence in which the mass transit vehicle involved is a bus, electric bus, van, or automobile, one or more vehicles (including non-FTA funded vehicles) incurs disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle, unless the operator's performance can be completely discounted as a contributing factor to the crash. The crash definition may include some incidents where an individual is injured even though there is no vehicle collision.

a. As soon as practicable following an crash, as defined in 49 CFR Part 655, the transit supervisor investigating the crash will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the crash of the need for testing. The supervisor will make the determination using the best information available at the time of the crash.
b. The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours after the crash for alcohol, and within 32 hours for drugs. If a drug or alcohol test is not performed within two (2) hours of the crash, the supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within eight (8) hours, or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test documented.
c. Any covered employee involved in an crash must refrain from alcohol use for at least eight (8) hours following the crash, or until they undergo a post-crash alcohol test.
d. An employee who is subject to post-crash testing who fails to remain readily available for such testing, including notifying a supervisor of their location if they leave the scene of the crash prior to submission to such test, may be deemed to have refused to submit to testing.
e. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an crash, or to prohibit an employee from leaving the scene of an crash for the period necessary to obtain assistance in responding to the crash, or to obtain necessary emergency medical care.
f. In the rare event that the Employer is unable to perform an FTA drug and/or alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), the Employer may use drug and alcohol post-crash test results administered by state and local law enforcement officials in lieu of the

FTA test. The state and local law enforcement officials must have independent authority for the test and the Employer must obtain the results in conformance with state and local law.

4. RANDOM TESTING

a. All covered employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees. **Employees who may be covered under employer authority will be selected from a pool of non-DOT-covered employees**.
b. The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year, day of the week and hours of the day that safety-sensitive functions are performed.
c. The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates set each year by the FTA administrator.
d. Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal chance of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of management in the selection.
e. Covered transit employees that fall under the Federal Transit Administration regulations will be included in one random pool maintained separately from the testing pool of non-safety-sensitive employees that are included solely under the Employer authority.
f. Random tests can be conducted at any time during an employee's shift for drug testing. Alcohol random tests can only be performed just before, during, or just after the performance of a safety sensitive duty. **However, under Employer authority, a non-DOT random alcohol test may be performed any time the covered employee is on duty**. Testing can occur during the beginning, middle, or end of an employee's shift.
g. Employees are required to proceed immediately to the collection site upon notification of their random selection.

5. RETURN TO DUTY TESTING

All covered employees who previously tested positive for a prohibited drug on a DOT drug test or had a breath alcohol test result 0.04 or greater, or refused a test, must test negative for drugs, alcohol (below 0.02 alcohol concentration), or both and be evaluated and released by the SAP in accordance with 49 CFR Part 40, Subpart O before returning to perform a safety-sensitive function. For an initial positive drug test, a return-to-duty drug test is required, and an alcohol test is allowed. For an initial breath alcohol test 0.04 or greater, a return-to-duty alcohol test is required, and a drug test is allowed. Following the initial assessment, the SAP will recommend a course of rehabilitation

unique to the individual. Before scheduling the return-to-duty test, the SAP must assess the employee and determine if the required treatment has been successfully completed.

In the instance of a self-referral or a management referral, disciplinary action against the employee shall include:

a. Employer referral for an assessment by an employer approved counseling professional for assessment, formulation of a treatment plan, and execution of a return-to-work agreement.
b. Failure to execute or remain compliant with the return-to-work agreement shall result in termination from Employer employment.
c. Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; the employee is cooperating with his/her recommended treatment program; and, the employee has agreed to periodic unannounced follow-up testing as described in Section F-6 of this policy; however, all follow-up testing performed as part of a return-to-work agreement required under section F-6 of this policy is under the sole authority of the Employer and will be performed using non-DOT testing forms.
d. Refusal to submit to a periodic unannounced follow-up drug/alcohol test shall be considered a direct act of insubordination and shall result in termination. All tests conducted as part of the return-to-work agreement will be conducted under employer authority and will be performed using non-DOT testing forms.
e. A self-referral or management referral to the employer's counseling professional that was not precipitated by a positive test result does not constitute a violation of the Federal regulations and will not be considered as a positive test result in relation to the progressive discipline defined in Section F-7 of this policy.
f. Periodic unannounced non-DOT follow-up drug/alcohol testing conducted as a result of a self-referral or management referral which results in a verified positive shall be considered a positive test and the employee will be subject to disciplinary action up to and including termination.
g. A Voluntary Referral does not shield an employee from disciplinary action or guarantee employment with the Employer.
h. A Voluntary Referral does not shield an employee from the requirement to comply with drug and alcohol testing.

6. FOLLOW-UP TESTS

Covered employees will be required to undergo frequent, unannounced drug and/or alcohol testing following their return to performing a safety-sensitive function. The follow-up testing will be performed for a period of one to five years with a minimum of six (6) tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP reflecting the SAP’s assessment of the employee’s unique situation and recovery progress. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is

separate and in addition to the random, post-crash, reasonable suspicion and return-to-duty testing.

In the instance of a self-referral or a management referral, the employee will be subject to non-USDOT follow-up tests and follow-up testing plans modeled using the process described in 49 CFR Part 40. However, all non-USDOT follow-up tests and all paperwork associated with an employee's return-to-work agreement that was not precipitated by a positive test result (or refusal to test) does not constitute a violation of the Federal regulations will be conducted under employer authority and will be performed using non-DOT testing forms.

7. RESULTS OF DRUG/ALCOHOL TESTS

Any covered employee who tests positive for the presence of prohibited drugs, tests for alcohol with an alcohol concentration at or above .04, or refuses to submit to testing, will be immediately removed from safety sensitive duties and referred for evaluation by a Substance Abuse Professional (SAP) in accordance with Part 40, Subpart O.

A SAP is a licensed or certified physician, psychologist, social worker, employee assistance professional, a state-licensed or certified marriage and family therapist, or addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol and drug-related disorders. No employee will be allowed to return to duty requiring the performance of safety-sensitive job functions without the approval of the SAP.

As soon as practical after receiving notice of a verified positive drug test result, a confirmed breath alcohol test result 0.04 or greater, or a refusal to test, the employer's Designated Employer Representative (DER) will contact the covered employee's supervisor to have the employee cease performing any safety-sensitive function. The employee shall be referred to a Substance Abuse Professional for an assessment. The SAP will evaluate each employee to determine what assistance the employee needs in resolving problems associated with prohibited drug use or alcohol misuse.

An alcohol test result of ≥ 0.02 to ≤ 0.039 BAC shall result in the removal of the employee from duty for eight hours **or the remainder or the workday, whichever is longer. The employee will not be allowed to return to safety-sensitive duty for his/her next shift until he/she submits to a non-DOT alcohol test with a result of less than 0.02 BAC**.

Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.

Refusal to submit to a drug/alcohol test shall be considered equivalent to a positive test result and a direct act of insubordination and shall result in termination and referral to a qualified SAP. A test refusal is defined as any of the following circumstances:

a. Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer.
b. Fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
c. Fail to attempt to provide a breath or a drug specimen sample. An employee who does not provide a drug specimen sample or breath specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
d. In the case of a directly observed or monitored drug collection, fail to permit monitoring or observation of your provision of a specimen.
e. Fail to provide a sufficient quantity of a drug specimen sample or breath without a valid medical explanation.
f. Fail or decline to take a second test as directed by the collector or the employer for drug testing.
g. Fail to undergo a medical evaluation as required by the MRO or the DER.
h. Fail to cooperate with any part of the testing process.
i. Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly observed test.
j. Possess or wear a prosthetic or other device used to tamper with the collection process.
k. Admit to the adulteration or substitution of a specimen to the collector or MRO.
l. Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF).
m. Fail to remain readily available following an crash.
n. As a covered employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

Any covered employee with a verified positive drug test result, or a confirmed breath alcohol test result 0.04 or greater, or refused to test for drugs or alcohol, for the first time, will be removed from safety-sensitive duties, referred to a Substance Abuse Professional (SAP), **and subject to the employer's disciplinary policy**.

Disciplinary action against the covered employee shall include:

a. Mandatory referral to a Substance Abuse Professional (SAP) for assessment, formulation of a treatment plan, and execution of a return-to-work agreement;
b. Failure to execute or remain compliant with the return-to-work agreement **shall result in termination from employment**. Compliance with the return-to-work agreement means that the employee has submitted to an observed drug and/or alcohol test immediately prior to returning to perform a safety-sensitive duty; the verified result of that test is negative; in the judgment of the SAP the employee is cooperating with the SAP's recommended treatment program; and the employee has agreed to

periodic unannounced follow-up testing under direct observation. Follow-up testing after a DOT violation is in addition to other testing under DOT-FTA authority (i.e., random, post-crash, reasonable suspicion).

c. Refusal to submit to a periodic unannounced follow-up observed drug test or breath alcohol test **shall be considered a direct act of insubordination and shall result in termination**.
d. A periodic unannounced follow-up observed drug test with a verified positive result or a confirmed breath alcohol test result 0.04 or greater, **shall result in termination from employment**.

The second instance of a verified positive drug test result or confirmed breath alcohol test result 0.04 or greater, **shall result in termination from employment**.

The cost of any treatment or rehabilitation services will be paid directly by the employee or their insurance provider. The employee will be permitted to take accrued sick leave or administrative leave to participate in the SAP prescribed treatment program. If the employee has insufficient accrued leave, the employee shall be placed on leave without pay until the SAP has determined that the employee has successfully completed the required treatment program and releases him/her to return-to-duty. Any leave taken, either paid or unpaid, shall be considered leave taken under the Family and Medical Leave Act.

G. INFORMATION DISCLOSURE

Drug/alcohol testing records shall be maintained by the Employer DER in a secure location with controlled access and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without express written consent of the tested employee.

The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. Employees may not have access to SAP follow-up testing plans.

Records of a verified positive drug/alcohol test result shall be released to the DER and other transit system management personnel on a need-to-know basis.

Records will be released to a subsequent employer only upon receipt of a written request from the employee.

Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test. The records will be released to the decision maker in the proceeding.

Records will be released to the National Transportation Safety Board during an crash investigation.

Information will be released in a criminal or civil action resulting from an employee's performance of safety-sensitive duties, in which a court of competent jurisdiction determines that the drug or alcohol test information is relevant to the case and issues an order to the employer to release the information. The employer will release the information to the decision maker in the proceeding with a binding stipulation that it will only be released to parties of the proceeding.

Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.

Records will be released if requested by a Federal, state, or local safety agency with regulatory authority over the Employer or the employee.

If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 as amended, necessary legal steps to contest the issuance of the order will be taken.

In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

ATTACHMENT A

SAFETY-SENSITIVE POSITIONS

Listed below are the job titles of those that perform a safety-sensitive function (identify specific safety-sensitive function if not identified or obvious in the job title):

1. Bus Drivers
2. Driving Paraprofessionals
3. Dispatchers
4. Transportation Secretaries
5. Mechanics
6. Transportation Supervisors

ATTACHMENT B

EMPLOYER DESIGNATED SERVICE PROVIDERS FOR DRUG AND ALCOHOL TESTING

1. Employer Drug and Alcohol Testing Program Contact (DER)

For all questions concerning the Employer's policy or implementation of the Employer's drug and alcohol testing program, employees should contact the individual(s) named below:

Name:
Title:
Address:
Phone Number:

2. Drug Testing Laboratory

The Employer has designated the following DHHS-certified laboratory to conduct the analysis of all donor specimens tested under the terms of this policy.

Name: CRL (Clinical Reference laboratory)
Address: 8433 Quivira Rd Lenexa, KS 66150
Phone Number: 800 -773-7214

3. Medical Review Officer

The Employer has designated the following physician(s) to perform Medical Review Officer functions for all drug tests conducted under the terms of this policy.

Name: Martin Duke, Robert Kantor, Aimee Nefcy
Address: 6015 19 Mile Rd. Sterling Hts, MI 48314
Phone Number: 586-991-0000

4. Substance Abuse Professional

Substance Abuse Professional (SAP) services, including information, referral, assessment, and evaluation, are available from the following Employer-designated individuals and/or organizations:

Name: Wendy Hooker, Care Matters, LLC
Email: wendy@carematterslLC.com
Phone Number:248-691-9034

ATTACHMENT C

Signs and Symptoms of Drug and Alcohol Use

Drugs and alcohol can result in such work-related problems as absenteeism and tardiness, lower productivity, missed deadlines, poor work quality, unsafe driving, and increased injuries and crashes. Problems relating to or communicating with supervisors, co-workers, or customers, following directions, concentrating, or remembering things may also indicate a drug or alcohol problem.

Drugs and alcohol slow reaction times, cause confusion, harm coordination and motor skills and can impair decision-making and memory. People misusing alcohol and using illegal drugs may be withdrawn, lethargic, depressed, erratic, “hyper” or unusually anxious, hostile, or paranoid.

Drugs and alcohol misuse can also result in health problems like chronic gastritis, headaches, chronic respiratory infections, and liver problems. They may also show up as poor hygiene, a sloppy appearance, financial problems, DUIs or family problems.

Evidence of use can include paraphernalia such as pipes, syringes, foil packets, pills, powders, and empty alcohol containers. Physical symptoms of use can include:

1. Marijuana and alcohol odors.
2. Puffy or droopy eyelids, bloodshot eyes, dilated or pinpoint pupils.
3. Nosebleeds, excessive sniffling, chronic sinus problems, nasal sores.
4. Needle tracks or blood spots on clothing.
5. Tremors, racing or irregular heartbeats.
6. Slurred or incoherent speech.
7. Confusion, anxiety, paranoia.
8. Coordination problems.
9. Lethargy and sleepiness.

Effects of Drugs and Alcohol

Drugs and alcohol can harm health and the workplace in a variety of ways.

Alcohol

Alcohol is a central nervous system depressant that acts like a poison if used in large quantities. Each year the lives of tens of thousands of Americans are shortened or ended by alcohol misuse.

Alcohol quickly reaches the brain after drinking. It impairs self-control and other learned behaviors. This loss of self-control can lead to aggressive driving (or overly cautious driving), as well as the other kinds of aggressive behaviors associated with drinking.

Even small doses of alcohol, i.e., a single drink, can harm driving performance. In large doses, alcohol significantly impairs coordination, memory, and judgment.

Over time, alcohol misuse damages the liver, the heart, the digestive system and can cause permanent brain damage. On average, alcoholics shorten their life span by about 10 years.

Alcohol misuse harms the ability to think clearly, harms judgment and can affect the ability to get along with and work constructively with co-workers and customers.

Alcoholics often have attendance and work performance problems and get fired because of the consequences of alcohol misuse. Because of its adverse effects on coordination, reflex time, vision, driving ability, judgment, and the ability to evaluate and quickly process information, alcohol is especially dangerous for drivers of commercial motor vehicles.

A small glass of wine, a can of beer and a one and one-half ounce shot of liquor all contain about the same amount of alcohol. It takes the body about one hour to metabolize and eliminate each “drink” of alcohol. Coffee, exercise, and cold showers do not speed up this process or magically produce sobriety. While individuals differ greatly, each drink on an empty stomach by an average-sized adult male may lead to an alcohol concentration of about .02. Thus, drinking more than two drinks raises a serious risk of having an alcohol concentration in excess of DOT rules, especially for people with low body weights.

Cocaine

Cocaine is a powerful stimulant that can be inhaled up the nose, injected or smoked. It greatly increases heart rate and blood pressure. Partly because of its effects on the circulatory system, cocaine use can lead to seizures. Every time cocaine is used, there is some unquantifiable risk of a fatal stroke or heart attack. Cocaine can also cause tremors, convulsions, vomiting and raises body temperature to dangerous levels. Repeated snorting damages nasal tissues, sometimes permanently. Needle use carries risks of infection and overdose.

Initially, cocaine use brings a rush of euphoria and exaggerated overconfidence. Sometimes these effects are so strong that safe driving is impossible. Cocaine wears off in about an hour after it is snorted and in just a few minutes after it is smoked. When it wears off, the user may become depressed, anxious, paranoid, and exhausted.

Cocaine users may exhibit rapid mood swings and changes in activity level. They may grind their teeth, repeatedly wash their hands, or engage in other compulsive behaviors.

Amphetamines

Amphetamines, also known as “speed,” are powerful stimulants that are often abused by truck drivers because they make it easy to stay awake. Amphetamines, however, are dangerous drugs with a high potential for abuse. Amphetamines may also be known as uppers, black beauties, white crosses or dexies.

Use brings feelings of alertness and a loss in appetite. The user may also become very talkative or physically active or feel very strong after ingesting amphetamines. In a few hours however, the amphetamines wear off and restlessness, anxiety, paranoia, and headaches set in.

In large doses, amphetamines can produce serious toxic effects. The user’s blood pressure can rise to the point where strokes or heart attacks occur. Long-term users often have acne, tooth problems and may exhibit symptoms of permanent brain damage.

Marijuana

Marijuana is a hallucinogen that alters the user’s sense of time and reduces the user’s ability to perform tasks requiring coordination, swift reactions, and concentration. Taken in large quantities, marijuana can act like a depressant.

While some people may regard marijuana as harmless, there is evidence its use is unhealthy and dangerous for the driver. Marijuana causes significant increases in blood pressure and pulse rate and, thus, can aggravate or cause heart disease. Marijuana smoke also contains a number of known carcinogens. Many experts believe that marijuana is actually unhealthier to smoke than tobacco.

Studies have shown that smoking marijuana affects the ability to perform tasks like driving, which require both thinking and motor skills, for at least 24 hours. Users, however, often believe that all the impairing effects of smoking have worn off after 4 to 6 hours. Marijuana significantly impairs short-term memory and can harm the user’s ability to concentrate or plan for and achieve long-term goals. There is also significant evidence that marijuana harms the reproductive systems of men and women and is dangerous for children and non-smokers who live with the user.

Opioids

Opioids are a class of narcotics and sedatives derived from the opium poppy plant. Heroin is the strongest opioid. Heroin use has been increasing in recent years because of the availability of cheap, strong heroin from Asia. This new stronger heroin can be smoked or snorted. Heroin can also be injected using needles.

Morphine and codeine are opioids that are often used to relieve pain or induce sleep. However, they can be stolen from hospitals or pharmacies and abused.

Opioid misuse causes a number of health problems. Because of variations in dosages and strength, heroin use carries a risk of overdose and death. Addicts who use needles also risk contracting AIDS or hepatitis. Heroin is often contaminated with other drugs or toxins or combined with other narcotics.

Opioid use slows down and depresses a number of body functions, including brain functioning. Heroin users may act sleepy or euphoric for a while and then become anxious or irritated after the heroin wears off. Heroin users tend to have a number of related health problems and tend to also abuse alcohol and tobacco. Together, these drugs and the unhealthy lifestyles of heroin users result in decreased life expectancy.

PCP

Phencyclidine, or PCP, is also called angel dust or dust. PCP is an extremely dangerous hallucinogen that has unusual and unpredictable side effects. It was developed as an anesthetic in the late 1950's and used for a while as a tranquilizer both for humans and animals. Because of its dangers, it now has no legal uses and is no longer legally manufactured. Rather, PCP is manufactured in underground laboratories. It often contains dangerous adulterants but is very dangerous all by itself.

PCP can produce violence and bizarre behavior in anyone who uses it. Occasionally, PCP users attack nurses and police officers or jump out of windows because they believe they can fly. PCP somehow scrambles the brain's internal stimuli and seriously changes how users feel, see and deal with their environment.

In low doses, PCP produces a feeling of numbness. Increased doses produce excitement, confusion, and delirium. The user's body may become rigid or go into convulsions. Routine activities like driving become dangerous and unpredictable.

Users may walk with strange uncoordinated steps. PCP users may have a blank stare, sweat heavily, have thick slurred speech, or engage in some of the violent and bizarre behaviors mentioned above.

ATTACHMENT D

Acknowledgement of Receipt of Policy

I hereby acknowledge that I have received, read, and understand my Employer's Drug-Free Workplace Program Policy required by Department of Transportation (DOT) regulations. I understand that I am subject to and must adhere to the DOT regulations and must abide by the terms of the Employer's Policy as a condition of employment.

I understand that during my employment I may be required to submit to drug and/or alcohol tests based on Department of Transportation regulations as directed by the Employer. I agree to comply with the Employer's Policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination, in addition to any action required by DOT regulations.

I also understand that refusal to submit to a controlled substances or alcohol test is a violation of DOT regulations, as well as the Employer's Policy, and may result in disciplinary action, including but not limited to suspension (with or without pay) or termination of employment, in addition to action required by DOT regulations. I further understand the consequences related to controlled substances use or alcohol misuse as prohibited by Employer's Policy.

I understand the laboratory test results will be released in accordance with the Employer Policy to the selected Medical Review Officer (MRO). In doing so, I understand that I will be given an opportunity to discuss a positive drug test result with the MRO before the result is reported to the Employer as a verified positive test result. Furthermore, I authorize the release of the results of a saliva or breath alcohol test by a certified technician to the Employer.

I acknowledge that the provisions of the Employer's Drug-Free Workplace Program Policy are part of the terms and conditions of my employment, and that I agree to abide by them.

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

Employee Name: _____

Date: _____

Employee Number: _____

Employee Signature: _____