



Resources for the Designated Employer Representative (DER)

Greater Hartford Transit District – Drug & Alcohol Testing Consortium
www.hartfordtransit.org/drugalcohol.html

Occupational Drug Testing – DrugPak Live
<https://dp.occupationaldrugtesting.com/bin/dplive.dll/login>



**OCCUPATIONAL
DRUG TESTING, LLC**

24-Hour Drug & Alcohol Testing On-site

POST ACCIDENT • REASONABLE SUSPICION

1-800-967-3135

TOLL-FREE EMERGENCY LINE

BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION:

YOUR NAME • PHONE NUMBER • LOCATION OF INCIDENT

REASON FOR CALL (POST ACCIDENT OR REASONABLE SUSPICION)



WWW.OCCUPATIONALDRUGTESTING.COM

OCCUPATIONAL DRUG TESTING COMPANY CONTACTS



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SAPA@occupationaldrugtesting.com



OCCUPATIONALDRUGTESTING.COM

800.211.4469

physical offices closed:

NEW YEAR'S DAY

MEMORIAL DAY

INDEPENDENCE DAY

LABOR DAY

THANKSGIVING DAY

DAY AFTER THANKSGIVING

CHRISTMAS DAY

emergency 365 days per year
services are always 24 hours a day



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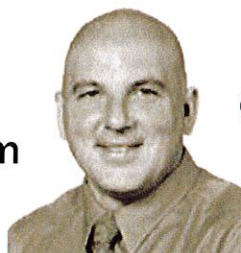


ALLISON PARENT
DRUG TEST RESULTS

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**24-HOUR ON-SITE
DRUG & ALCOHOL TESTING**

POST-ACCIDENT · REASONABLE SUSPICION

**TOLL-FREE EMERGENCY LINE
800.967.3135**



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TESTING PROCEDURES

FTA PROGRAM



TITLE 49: TRANSPORTATION

PART 40: PROCEDURES FOR TRANSPORTATION WORKPLACE DRUG AND ALCOHOL TESTING PROGRAMS DOT DRUG AND ALCOHOL POLICY & COMPLIANCE OFFICE

WHO IS COVERED? 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.

REQUIRED DRUG TEST TYPES: Pre-employment, Random, Reasonable Suspicion, Post-Accident, Return-to-Duty, and Follow-Up.

ALCOHOL TEST TYPES: 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. If an employee refuses a test, or tests positive, they are immediately removed from the safety sensitive position and referred to a substance abuse professional.

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.

FTA PROHIBITED DRUGS (DOT 5-PANEL SCREEN): Cocaine, Marijuana, PCP, Amphetamines, Opiates

Helpful Information *on the* **DRUG TESTING PROCESS**

HOW DOES THE RANDOM PROGRAM WORK?

Your company is placed in a consortium, which is monitored year-round by your Program Administrator.

If you prefer, Occupational Drug Testing will establish your own company random consortium.

Employee selections are pulled once per quarter by a secure computer-generated random selection system.

Once the selection list has been created, Enrollment Letters & Eligible Pool Lists are sent to you, if your company was included in the selection.

HOW ARE RESULTS REPORTED?

Once a result is received from the lab, any negative results are reviewed by the MRO/MROA & reported electronically, or mailed, to DER on file.

Worksheets are created for every non-negative result and the donor is contacted by the MRO to conduct a phone interview.

Based on the interview, the positive is confirmed, or Rx information is requested to be faxed to the office.

Once received, result is finalized and sent to DER.

The DER is notified by phone for every confirmed positive, and instructed on required steps to follow.

If the donor cannot be reached, steps in the No-Contact Policy will be followed.

WHAT HAPPENS WITH A POSITIVE RESULT?

When a result is confirmed positive, the Designated Employee Representative is notified immediately.

DOT employees are required to be removed from any safety-sensitive duty, ASAP.

Next, the DER will provide Substance Abuse Professional information to the employee.

The employee must have a full SAP evaluation and a negative Return-to-Duty test result in order to return.

Once the test is completed, the employee is then scheduled for Follow-Up Testing, based on the SAP's recommendations.

It is highly recommended for all Non-DOT employees to be held to the same protocol. These employees are only subject to the company policy.

For Non-DOT employees, the next steps are to be determined by the DER.



800.211.4469
for answers to any questions



RESPONSIBILITIES *of the*

MRO

MEDICAL REVIEW OFFICER

ACT AS AN INDEPENDENT GATEKEEPER AND ADVOCATE
FOR THE INTEGRITY OF THE DRUG TESTING PROCESS

PROVIDE QUALITY ASSURANCE BY REVIEWING CCF DOCUMENTATION,
PROVIDING FEEDBACK TO EMPLOYERS, COLLECTION SITES AND
LABORATORIES ON PERFORMANCE ISSUES WHEN NECESSARY.

REPORT TO ODAPC OR RELEVANT U.S DOT AGENCY FOR ASSISTANCE AS NEEDED
EMPLOYERS OR SERVICE AGENTS MAY NOT IMPEDE MRO COMMUNICATIONS WITH ODAPC/U.S DOT AGENCIES

DETERMINE WHETHER THERE IS A LEGITIMATE MEDICAL EXPLANATION
FOR A CONFIRMED POSITIVE, ADULTERATED, SUBSTITUTED OR
INVALID DRUG TEST RESULTS FROM THE LABORATORY.

THIS ACTIVITY IS NOT TO BE CONSTRUED AS A DOCTOR-PATIENT RELATIONSHIP
MROS MAY NOT BE IN A CONFLICT-OF-INTEREST RELATIONSHIP WITH A LABORATORY.

INVESTIGATE AND CORRECT PROBLEMS WHERE POSSIBLE
AND NOTIFY THE APPROPRIATE PARTIES AS NEEDED.

ASSURE THE TIMELY FLOW OF DRUG TEST RESULTS
AND OTHER INFORMATION TO EMPLOYERS.

PROTECT THE CONFIDENTIALITY OF THE DRUG TESTING INFORMATION

PERFORM ALL FUNCTIONS IN COMPLIANCE WITH U.S DOT AGENCY RULES

49 CFR PART 40 DEFINITIONS

ACCIDENT An occurrence associated with the operation of a vehicle, if as a result:

1. An individual dies; or
2. An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or
3. 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; or
4. With respect to an occurrence in which the mass transit vehicle involved is a rail car, trolley car, trolley bus, or vessel, the mass transit vehicle is removed from operation.

ADULTERATED SPECIMEN A specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.

ALCOHOL The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.

ALCOHOL CONCENTRATION (AC) The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under this part.

ALCOHOL CONFIRMATION TEST A subsequent test using an EBT, following a screening test with a result of 0.02 or greater, that provides quantitative data about the alcohol concentration.

ALCOHOL SCREENING TEST An analytic procedure to determine whether an Employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

ALCOHOL USE The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

CERTIFIED COLLECTOR A person who instructs and assists Employees at a collection site, who receives and makes the initial inspection of the specimen provided by those Employees, and who initiates and completes the Custody and Control Form (CCF).

CHAIN OF CUSTODY The procedure used to document the handling of the urine specimen from the time the Employee gives the specimen to the collector until the specimen is destroyed.

COLLECTION SITE A place selected by the employer where Employees present themselves for the purpose of providing a urine specimen for a drug test.

COLLECTOR A person who instructs and assists Employees at a collection site, who receives and makes an initial inspection of the specimen provided by those Employees, and who initiates and completes the CCF.

CONFIRMATORY DRUG TEST A second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or drug metabolite.

CONFIRMATORY VALIDITY TEST A second test performed on a different aliquot of the original urine specimen to further support a validity test result.

CONFIRMED DRUG TEST A confirmation test result received by an MRO from a laboratory.

CONSORTIUM/THIRD-PARTY ADMINISTRATOR (C/TPA) A service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to employers. C/TPAs typically perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs.

CONTRACTOR A person or organization that provides a safety-sensitive service for a recipient, sub recipient, employer, or operator consistent with a specific understanding or arrangement. The understanding can be a written contract or an informal arrangement that reflects an ongoing relationship between the parties.

COVERED EMPLOYEE A person, including an applicant or transferee, who performs or will perform a safety-sensitive function for an entity subject to this part. A volunteer is a covered employee if:

1. The volunteer is required to hold a commercial driver's license to operate the vehicle; or
2. The volunteer performs a safety-sensitive function for an entity subject to this part and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity.

DESIGNATED EMPLOYER REPRESENTATIVE (DER) An Employee authorized by the Employer to take immediate action(s) to remove Employees from job positions, enforce disciplinary action or termination, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this part.

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

DIRECT OBSERVATION Collections must be observed by the same gender as the employee, and are authorized and required when:

1. The employee attempts to tamper with his or her specimen at the collection site; or
2. When ordered by the MRO; or
3. The collection is for a Follow-up or Return-to-Duty test.

DISABLING DAMAGE Damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

1. ***Inclusion:*** Damage to a motor vehicle, where the vehicle could have been driven, but would have been further damaged if so driven.
2. ***Exclusions:***
 - a. Damage that can be remedied temporarily at the scene of the accident without special tools or parts.
 - b. Tire disablement without other damage even if no spare tire is available.
 - c. Headlamp or tail light damage.
 - d. Damage to turn signals, horn, or windshield wipers, which make the vehicle inoperable.

DONOR For purposes of drug testing under this part, the term Employee has the same meaning as the term “Donor” as found on CCF.

DOT or **THE DEPARTMENT** The United States Department of Transportation.

DOT AGENCY An agency (or “operating administration”) of the United States Department of Transportation administering regulations requiring drug and alcohol testing. See 14 CFR part 121, appendices I and J; 33 CFR part 95; 46 CFR parts 4, 5, and 16; and 49 CFR parts 199, 219, 382, and 655.

DRUGS The drugs and/or metabolites for which controlled substance tests are required under this part are: cocaine, amphetamines (amphetamine, methamphetamine, MDMA, and MDA), phencyclidine (PCP), and opiates (codeine, morphine, hydrocodone, Hydromorphone, and oxycodone).

EMPLOYER A recipient or other entity that provides mass transportation service or which performs a safety-sensitive function for such recipient or other entity. This term includes sub recipients, operators, and contractors.

EVIDENTIAL BREATH TESTING DEVICE (EBT) A device approved by National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA’s Conforming Products List (CPL) for “Evidential Breath Measurement Devices”, and identified on the CPL as conforming with the model specifications available from NHTSA’s Traffic Safety Program.

FTA The Federal Transit Administration, an agency of the U.S. Department of Transportation

INITIAL DRUG TEST The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

INITIAL SPECIMEN VALIDITY TEST The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid.

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

NEGATIVE RESULT The result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen.

NON-NEGATIVE SPECIMEN A urine specimen that is reported as adulterated, substituted, positive (for drug(s) or drug metabolite(s)), and/or invalid.

PERFORMING (A SAFETY-SENSITIVE FUNCTION) A covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

POSITIVE RATE FOR RANDOM DRUG TESTING The number of verified positive results for random drug tests conducted under this part plus the number of refusals of random drug tests required by this part, divided by the total number of random drug tests results (i.e., positive, negative, and refusals) under this part.

POSITIVE RESULT The result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations.

PRIMARY SPECIMEN In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the Employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing. The primary specimen is distinguished from the split specimen, defined in this section.

RECIPIENT An entity receiving Federal financial assistance under 49 U.S.C. 5307, 5309, or 5311; or under 23 U.S.C. 103(e)(4).

REFUSE TO SUBMIT Any circumstance outlined in 49 CFR 40.191 and 40.261. Refer to “Refusal to Test”, “Drug Test Refusal Circumstances”, and “Alcohol Test Refusal Circumstances” sections for additional information.

SAFETY-SENSITIVE FUNCTION Any of the following duties, when performed by employees of recipients, sub recipients, operators, or contractors:

1. Operating a revenue service vehicle, including when not in revenue service;
2. Operating a nonrevenue service vehicle, when required to be operated by a holder of a Commercial Driver's License;
3. Controlling dispatch or movement of a revenue service vehicle;
4. Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; or
5. Carrying a firearm for security purposes.

SPLIT SPECIMEN In drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the Employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

SPLIT SPECIMEN COLLECTION A collection in which the urine collected is divided into two separate specimen bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

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

VEHICLE A bus, electric bus, van, automobile, rail car, trolley car, trolley bus, or vessel. A mass transit vehicle is a vehicle used for mass transportation or for ancillary services.

VERIFIED TEST A drug test result or validity testing result from an HHS-certified laboratory that has undergone review and final determination by the MRO.

VIOLATION RATE FOR RANDOM ALCOHOL TESTING The number of 0.04 and above random alcohol confirmation test results conducted under this part plus the number of refusals of random alcohol tests required by this part, divided by the total number of alcohol random screening tests (including refusals) conducted under this part.

ACKNOWLEDGEMENT OF POLICY RECEIPT

- ☐ I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE ANTI-DRUG AND ALCOHOL MISUSE POLICY CREATED FOR THIS COMPANY.
- ☐ I UNDERSTAND THAT THIS POLICY REPLACES ANY AND ALL PRIOR VERBAL AND WRITTEN COMMUNICATIONS REGARDING ANTI-DRUG AND ALCOHOL MISUSE POLICIES.
- ☐ I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS POLICY AND WILL ACT IN ACCORD WITH THESE POLICIES AND PROCEDURES AS A CONDITION OF MY EMPLOYMENT WITH THIS COMPANY.
- ☐ I UNDERSTAND THAT IF I HAVE QUESTIONS OR CONCERNS AT ANY TIME ABOUT THE POLICY, I WILL CONSULT MY DESIGNATED EMPLOYEE REPRESENTATIVE (DER).
- ☐ BY SIGNING BELOW, I UNDERSTAND THAT REVISIONS MADE TO THE POLICY CAN TAKE PLACE AT ANY TIME.

**MY SIGNATURE ACKNOWLEDGES MY COMPLETE UNDERSTANDING
OF THE COMPANY ANTI-DRUG AND ALCOHOL MISUSE POLICY.**

X

Employee Signature

Printed Name

Date

DOT INFORMATION REQUEST

DOT RULE 49 CFR PART 40 §40.331

§ 40.331 TO WHAT ADDITIONAL PARTIES MUST EMPLOYERS AND SERVICE AGENTS RELEASE INFORMATION?

AS AN EMPLOYER OR SERVICE AGENT, YOU MUST RELEASE INFORMATION UNDER THE FOLLOWING CIRCUMSTANCES:

- (A)** IF YOU RECEIVE A SPECIFIC, WRITTEN CONSENT FROM AN EMPLOYEE AUTHORIZING THE RELEASE OF INFORMATION ABOUT THAT EMPLOYEE'S DRUG OR ALCOHOL TESTS TO AN IDENTIFIED PERSON, YOU MUST PROVIDE THE INFORMATION TO THE IDENTIFIED PERSON. FOR EXAMPLE, AS AN EMPLOYER, **WHEN YOU RECEIVE A WRITTEN REQUEST FROM A FORMER EMPLOYEE TO PROVIDE INFORMATION TO A SUBSEQUENT EMPLOYER, YOU MUST DO SO.** IN PROVIDING THE INFORMATION, YOU MUST COMPLY WITH THE TERMS OF THE EMPLOYEE'S CONSENT.
- (B)** IF YOU ARE AN EMPLOYER, YOU MUST, UPON REQUEST OF DOT AGENCY REPRESENTATIVES, PROVIDE THE FOLLOWING:
- (1) ACCESS TO YOUR FACILITIES USED FOR THIS PART AND DOT AGENCY DRUG AND ALCOHOL PROGRAM FUNCTIONS.
 - (2) ALL WRITTEN, PRINTED, AND COMPUTER-BASED DRUG AND ALCOHOL PROGRAM RECORDS AND REPORTS (INCLUDING COPIES OF NAME-SPECIFIC RECORDS OR REPORTS), FILES, MATERIALS, DATA, DOCUMENTS & DOCUMENTATION, AGREEMENTS, CONTRACTS, POLICIES, AND STATEMENTS THAT ARE REQUIRED BY THIS PART AND DOT AGENCY REGULATIONS. YOU MUST PROVIDE THIS INFORMATION AT YOUR PRINCIPAL PLACE OF BUSINESS IN THE TIME REQUIRED BY THE DOT AGENCY.
 - (3) ALL ITEMS IN PARAGRAPH (B)(2) OF THIS SECTION MUST BE EASILY ACCESSIBLE, LEGIBLE, AND PROVIDED IN AN ORGANIZED MANNER. IF ELECTRONIC RECORDS DO NOT MEET THESE STANDARDS, THEY MUST BE CONVERTED TO PRINTED DOCUMENTATION THAT MEETS THESE STANDARDS.
- (C)** IF YOU ARE A SERVICE AGENT, YOU MUST, UPON REQUEST OF DOT AGENCY REPRESENTATIVES, PROVIDE THE FOLLOWING:
- (1) ACCESS TO YOUR FACILITIES USED FOR THIS PART AND DOT AGENCY DRUG AND ALCOHOL PROGRAM FUNCTIONS.
 - (2) ALL WRITTEN, PRINTED, AND COMPUTER-BASED DRUG AND ALCOHOL PROGRAM RECORDS AND REPORTS (INCLUDING COPIES OF NAME-SPECIFIC RECORDS OR REPORTS), FILES, MATERIALS, DATA, DOCUMENTS & DOCUMENTATION, AGREEMENTS, CONTRACTS, POLICIES, AND STATEMENTS THAT ARE REQUIRED BY THIS PART AND DOT AGENCY REGULATIONS. YOU MUST PROVIDE THIS INFORMATION AT YOUR PRINCIPAL PLACE OF BUSINESS IN THE TIME REQUIRED BY THE DOT AGENCY.
 - (3) ALL ITEMS IN PARAGRAPH (C)(2) OF THIS SECTION MUST BE EASILY ACCESSIBLE, LEGIBLE, AND PROVIDED IN AN ORGANIZED MANNER. IF ELECTRONIC RECORDS DO NOT MEET THESE STANDARDS, THEY MUST BE CONVERTED TO PRINTED DOCUMENTATION THAT MEETS THESE STANDARDS.
- (D)** IF REQUESTED BY THE NATIONAL TRANSPORTATION SAFETY BOARD AS PART OF AN ACCIDENT INVESTIGATION, YOU MUST PROVIDE INFORMATION CONCERNING POST-ACCIDENT TESTS ADMINISTERED AFTER THE ACCIDENT.
- (E)** IF REQUESTED BY A FEDERAL, STATE OR LOCAL SAFETY AGENCY WITH REGULATORY AUTHORITY OVER YOU OR THE EMPLOYEE, YOU MUST PROVIDE DRUG AND ALCOHOL TEST RECORDS CONCERNING THE EMPLOYEE.
- (F)** EXCEPT AS OTHERWISE PROVIDED IN THIS PART, AS A LABORATORY YOU MUST NOT RELEASE OR PROVIDE A SPECIMEN OR A PART OF A SPECIMEN TO A REQUESTING PARTY, WITHOUT FIRST OBTAINING WRITTEN CONSENT FROM ODAPC. IF A PARTY SEEKS A COURT ORDER DIRECTING YOU TO RELEASE A SPECIMEN OR PART OF A SPECIMEN CONTRARY TO ANY PROVISION OF THIS PART, YOU MUST TAKE NECESSARY LEGAL STEPS TO CONTEST THE ISSUANCE OF THE ORDER (E.G., SEEK TO QUASH A SUBPOENA, CITING THE REQUIREMENTS OF §40.13). THIS PART DOES NOT REQUIRE YOU TO DISOBEY A COURT ORDER, HOWEVER.
- (G)** NOTWITHSTANDING ANY OTHER PROVISION OF THIS PART, AS AN EMPLOYER OF COMMERCIAL MOTOR VEHICLE (CMV) DRIVERS HOLDING COMMERCIAL DRIVING LICENSES (CDLS) OR AS A THIRD PARTY ADMINISTRATOR FOR OWNER-OPERATOR CMV DRIVERS WITH CDLS, YOU ARE AUTHORIZED TO COMPLY WITH STATE LAWS REQUIRING YOU TO PROVIDE TO STATE CDL LICENSING AUTHORITIES INFORMATION ABOUT ALL VIOLATIONS OF DOT DRUG AND ALCOHOL TESTING RULES (INCLUDING POSITIVE TESTS AND REFUSALS) BY ANY CMV DRIVER HOLDING A CDL.

DOT INFORMATION REQUEST PREVIOUS EMPLOYER VIOLATIONS

COMPANY REQUESTING

EMPLOYEE INFORMATION: _____

PREVIOUS COMPANY: _____

EMPLOYEE NAME: _____ **SSN:** _____

EMPLOYEE SIGNATURE

AUTHORIZING RELEASE

OF PAST INFORMATION: _____ **DATE:** _____

THE ABOVE NAMED EMPLOYEE HAS APPLIED FOR A POSITION AT THIS COMPANY, AND CLAIMS TO HAVE BEEN PREVIOUSLY EMPLOYED BY YOUR COMPANY. PLEASE COMPLETE THE FIELDS BELOW TO PROVIDE CONFIDENTIAL INFORMATION ABOUT THE EMPLOYEE'S TERM OF EMPLOYMENT IN YOUR WORKPLACE. UPON COMPLETION, PLEASE FAX OR EMAIL THE FORM BACK.

FAX: _____

EMAIL: _____

THANK YOU IN ADVANCE

1. Did the employee have alcohol tests with a result of 0.04 or higher? _____ YES _____ NO
2. Did the employee have verified positive drug tests? _____ YES _____ NO
3. Did the employee refuse to be tested? _____ YES _____ NO
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? _____ YES _____ NO
5. Did a previous employer report a drug and alcohol rule violation to you? _____ YES _____ NO
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? _____ N/A _____ YES _____ NO

IF YOU ANSWERED "YES" TO ITEM 5, YOU MUST PROVIDE THE PREVIOUS EMPLOYER'S REPORT.
IF YOU ANSWERED "YES" TO ITEM 6, YOU MUST ALSO TRANSMIT THE APPROPRIATE RETURN-TO-DUTY DOCUMENTATION (E.G., SAP REPORT(S), FOLLOW-UP TESTING RECORD).

SIGNATURE OF PERSON

COMPLETING FORM: _____ **PHONE:** _____

NAME, TITLE: _____ **DATE:** _____

RANDOM DRUG & ALCOHOL TESTING

REPORTS • NOTIFICATIONS • DER RESPONSIBILITIES

1st QUARTER
January-March

2nd QUARTER
April-June

3rd QUARTER
July-September

4th QUARTER
October-December

DOT PARTICIPANTS LIST Participant List

Emailed within the last two weeks of every quarter. The attached list reflects all active participants in your Random program(s). *Please Note: All negative Pre-employment tests for the quarter are automatically added to this list.*

DER RESPONSIBILITIES:

1. Review all employee information to ensure accuracy.
2. Remove all in-active employees by placing an "X" next to their name with termination date.
3. Fax the updated Participant List to the Program Administrator by the date/time listed in the email.

CERTIFICATION LETTERS Certification of Enrollment in Random Selection

(1 of 2) Emailed the 1st business day of every quarter. The attached document certifies your company's enrollment in the Random program. It also provides the total number of active participants, and the number of your employees selected for testing that quarter.

ELIGIBLE POOL LIST Random Selection – Eligible Pool

(2 of 2) Emailed the 1st business day of every quarter. The attached document reflects an up-to-date list of all active participants for the current quarter, and reflects any updates made to the **Participant List** at the end of the previous quarter.

SELECTION LIST Random Selection Selected Participants

(1 of 2) Emailed the 1st business day of each quarter. The attached document contains a list of your employees selected this quarter for Random Drug or Random Drug and Alcohol Testing. *Please Note: You will **not** receive this email if your **Certification Letter** shows ZERO employees selected for testing.*

DER RESPONSIBILITIES:

1. ODT's Scheduling Manager will contact you to schedule an on-site collection event within the first few weeks of the quarter. *Please Note: You have 3 months to get required testing completed.*

NOTIFICATION LETTERS Notification of Random Selection Testing

(2 of 2) Emailed the 1st business day of each quarter. The attached document(s) include an individual Notification Form(s) for each employee selected that quarter for Random Drug or Random Drug and Alcohol Testing.

DER RESPONSIBILITIES:

1. Don't give the selected employee(s) prior notification of selection until the collector arrives onsite.



POST-ACCIDENT DRUG AND ALCOHOL TESTING DECISION MAKING FORM

The Connecticut Drug & Alcohol Testing Consortium, administered by Greater Hartford Transit District and in accordance with the Anti-Drug & Alcohol Misuse Policy adopted by your Transit's governing board requires that employees involved in a vehicle accident (as defined in the Policy) submit to tests for alcohol and prohibited drugs as soon as possible following an accident. The Policy also requires the testing of any other safety-sensitive employee whose performance could have contributed to the accident, as determined by the manager or supervisor at the scene using the best information available at the time of the decision.

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____ ☐ AM ☐ PM

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____

DECISION QUESTIONS:

- Was there a fatality? ☐ YES ☐ NO If YES, Post-Accident tests are required.
- If there was no fatality, ask the following questions:
 1. Has any individual suffered a bodily injury and immediately received medical treatment away from the scene of the accident? ☐ YES ☐ NO
 2. Was there disabling damage* to the company vehicle or any other vehicle as a result of the occurrence and the vehicle was transported away from the scene by a tow truck or other vehicle? ☐ YES ☐ NO

*Damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repair; or damage to any vehicle that could have been operated but which would have further damaged the vehicle if so operated. Disabling damage does **not** include damage that could be remedied temporarily at the scene of the occurrence without special tools or parts; tire disablement even if no spare tire is available; or damage to headlights, tail lights, turn signals, horn, or windshield wipers that makes them inoperative. § 49 CFR Part 655.4

 3. If the mass transit vehicle is a rail car, trolley bus, or vessel, was the vehicle removed from operation? ☐ YES ☐ NO

If you checked **YES** for questions 1, 2, or 3 above, Post-Accident tests are required under FTA rules unless you determine, using the best information available at the time of the decision, that the employee's performance can be completely discounted as a contributing factor to the accident.

PLEASE NOTE: Any reason for **NOT** conducting a Post-Accident test after you've answered **YES** to any of the above questions **MUST** be documented on the reverse side of this form.

☐ OCCUPATIONAL DRUG TESTING MOBILE ON-SITE CALLED: 800.967.3135

☐ EMPLOYEE TAKEN TO _____ (Collection Site)

BY _____ TITLE _____ AT _____ ☐ AM ☐ PM

PLEASE COMPLETE REVERSE SIDE

FTA regulations require that testing is performed as soon as possible following the accident.

If alcohol testing is not conducted within 2 hours after the accident, you must document the reason for the delay below. If the alcohol test is not administered within 8 hours, and the drug test within 32 hours, you must cease all efforts to administer the tests and document the reason(s) why the tests were not administered within the prescribed time frames.

REASON ALCOHOL TEST WAS NOT CONDUCTED WITHIN 2 HOURS OF THE ACCIDENT:

UPDATE THS STATEMENT IF NO TEST CONDUCTED WITHIN 8 HOURS.

REASON DRUG TEST WAS NOT CONDUCTED WITHIN 32 HOURS OF THE ACCIDENT:

REASON THE EMPLOYEE'S PERFORMANCE WAS COMPLETELY DISCOUNTED AS A CONTRIBUTING FACTOR TO THE ACCIDENT AND THEREFOR FTA POST-ACCIDENT TESTING WAS NOT CONDUCTED:

TESTING PROCEDURES:

- _____ Determine if employee requires medical attention.
- _____ Bring employee into a private setting if possible and inform him/her that (s)he will be transported to a collection site, or the mobile testing vehicle has been arranged to come on-site, for a drug and alcohol test in accordance with DOT-mandated procedures.
- _____ If employee refuses to submit to testing, inform the employee that refusal to comply or cooperate is treated as a positive test, and will result in discipline up to and including termination.
- _____ Complete and sign this form and forward the original to the company Drug & Alcohol Program Manager (DAPM)/Designated Employer Representative (DER).

PLEASE RESPECT THE PRIVACY OF THE EMPLOYEE AND THE INTEGRITY OF THE TESTING PROGRAM. KEEP ALL MATTERS CONFIDENTIAL AND DISCUSS ONLY WITH PARTIES ON A "NEED TO KNOW" BASIS.

ON-SITE DECISION MAKER

TITLE

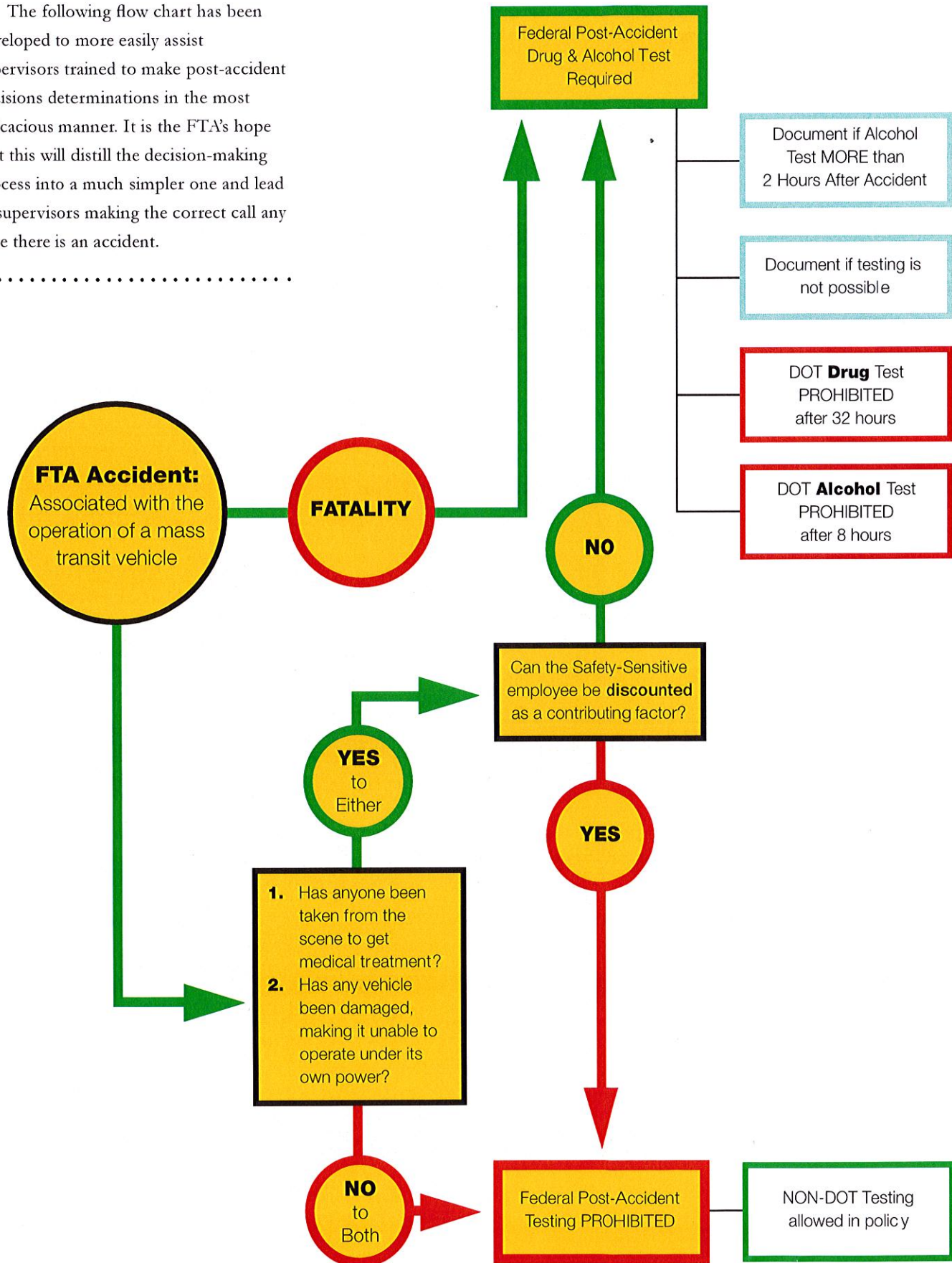
DATE

DEPARTMENT/DIVISION

Post-Accident Flow Chart

The following flow chart has been developed to more easily assist supervisors trained to make post-accident decisions determinations in the most efficacious manner. It is the FTA's hope that this will distill the decision-making process into a much simpler one and lead to supervisors making the correct call any time there is an accident.

.....



FORM: FAILURE TO CONDUCT DRUG AND/OR ALCOHOL SCREEN

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. If an employee refuses a test, or tests positive, they are immediately removed from the safety sensitive position and referred to a substance abuse professional.

SOURCE: DEPARTMENT OF TRANSPORTATION

**REASON FOR FAILURE
TO COMPLETE TEST:** _____

YOUR PRINTED NAME: _____ **SIGNATURE:** _____

E-MAIL ADDRESS: _____ **PHONE:** _____

**SUPERVISOR NAME
REQUESTING TEST :** _____ **PHONE:** _____

TYPE OF REQUIRED TEST(S): CHECK APPLICABLE

- ☐ **POST ACCIDENT** ☐ **ALCOHOL**
☐ **REASONABLE SUSPICION** ☐ **DRUG**

MISSED DOT TEST(S): CHECK APPLICABLE

- ☐ **DRUG SCREEN (WITHIN 32 HOURS)**
☐ **ALCOHOL TEST (WITHIN 8 HOURS)**
☐ **ALCOHOL TEST (WITHIN 2 HOURS)**

SUSPICION DETERMINATION/ACCIDENT

DATE: _____ **TIME:** _____

LOCATION: _____





HELPFUL RESOURCES FOR DESIGNATED EMPLOYER REPRESENTATIVES

ODAPC: The Office of Drug and Alcohol Policy and Compliance advises the Secretary of Transportation on national and international drug testing and control issues and is the principal advisor to the Secretary on rules related to the drug and alcohol testing of safety-sensitive transportation employees in aviation, trucking, railroads, mass transit, pipelines and other transportation industries. The Office publishes regulations and provides official interpretations on drug and alcohol testing, including how to conduct tests, and the evaluation and treatment procedures necessary for returning employees to duty after testing violations.

The link below brings you to the ODAPC website where you will find modal-specific regulatory guidance, FAQs and documents/forms, along with resources for employers, employees, Breath Alcohol Technicians, Urine Collectors, drug testing laboratories, Medical Review Officers, and Substance Abuse Professionals. The site is designed to be your "one-stop shopping" resource for DOT drug and alcohol testing information: <https://www.transportation.gov/odapc>

49 CFR PART 40: The Department of Transportation's (DOT) rule, 49 CFR Part 40, describes required procedures for conducting workplace drug and alcohol testing for the federally regulated transportation industry: <https://www.transportation.gov/odapc/part40>

49 CFR PART 655: Is specific to the Federal Transit Administration. The purpose of 49 CFR Part 655 is to establish programs to be implemented by employers that receive financial assistance from the Federal Transit Administration and by contractors of those employers, that are designed to help prevent accidents, injuries, and fatalities resulting from the misuse of alcohol and use of prohibited drugs by employees who perform safety-sensitive functions: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title49/49cfr655_main_02.tpl

FTA DRUG AND ALCOHOL REGULATION UPDATES: The Federal Transit Administration offers periodic newsletters to update transit systems on amendments, interpretations, and clarifications to the Drug and Alcohol testing procedures and program requirements. This is a very helpful resource and it's recommended that you access the link below to sign up to be notified when FTA Drug and Alcohol Regulation Updates newsletter are published:

<http://transit-safety.volpe.dot.gov/drugandalcohol/newsletters/Topics.aspx>

MIS REPORT: Employers subject to DOT drug and alcohol testing regulations must submit their annual drug and alcohol testing data as required by their respective DOT agency. The MIS report is statistical data compiled yearly by the company that is based on the company's drug and alcohol testing. The data includes the annual number of tests conducted, reasons for testing, information on positive results and what drugs caused the positive results. The same information is required for the alcohol tests. The report is typically due March 15, for the previous year. There is no MIS report for a partial year (for example for first six months of year); it is an annual report.

- **FTA MIS OVERVIEW:** <https://www.transportation.gov/odapc/MISreporting>

- **MIS DATA COLLECTION FORM AND INSTRUCTION SHEET:**

<https://www.transportation.gov/sites/dot.dev/files/docs/ODAPC%2040%20Appendix%20H.pdf>

- **FTA DRUG AND ALCOHOL MIS REPORTING HOME PAGE:**

<https://transit-safety.fta.dot.gov/DrugAndAlcohol/DAMIS/default.aspx>