

**DOT EMPLOYEE ACKNOWLEDGEMENT/RECEIPT OF ALCOHOL
AND DRUG TESTING INFORMATION**
COMPANY: Clarendon CISD

DOT Employees:

I, the undersigned employee of the Company, hereby certify that I have been furnished with a summary copy of the employer's DOT Alcohol and Drug Testing program, including its Employee Assistance Program, and that I have read and understand same. I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse. I have also been informed of the Company's Non-DOT Drug/Alcohol Testing program and been given access to the Company's Non-DOT Drug/Alcohol testing Plans.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said DOT Alcohol and Drug policy and/or of said Non-DOT Drug and Alcohol Policy, for failure or refusal to provide urine and/or breath samples 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 or its said Non-DOT Drug and Alcohol testing program. I understand that disciplinary action, up to and including termination, will result if I violate these Policies. The materials include detailed discussion of the following items listed below:

1. The designated person to answer questions about the materials.
2. The duties of employees subject to DOT agency or agencies that my safety-sensitive job duty is mandated by.
3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
4. Specific information concerning prohibited safety-sensitive employee conduct.
5. Circumstances under which a safety-sensitive employee will be tested.
6. Test procedures, safety-sensitive employee protection and integrity of the testing processes, and safeguarding the validity of the test.
7. The requirement that employees must be tested for drugs and alcohol in accordance with CFR 49 Part 40.
8. An explanation of what will be considered a refusal to submit to a test and the consequences.
9. The consequences for violations including removal from safety-sensitive functions and Part 40, Subpart O procedures.
10. The consequences for a safety-sensitive employee found to have an alcohol concentration of 0.02 or greater but less than 0.04.
11. Information on the effects of alcohol and controlled substances use on:
 - individual health -- signs and symptoms of misuse
 - work ability -- available methods of intervening when a
 - personal life problem is suspected
12. The name and contact information of an individual or organization that can provide counseling and access to treatment programs.

Employee Printed Name

Employee SS#

Employee Signature

Date

This page is to be signed by the employee and placed in the employee's file.

CONTROLLED SUBSTANCES & ALCOHOL USE AND TESTING: DOT INFORMATION FOR EMPLOYEES

INTRODUCTION

This information provides a general overview of the Department of Transportation rules on alcohol misuse and drug use. A review of the effects of alcohol and certain drugs on the body is also included. Throughout this information the terms alcohol abuse, drug use and substance abuse are used interchangeably.

In addition to this information, you may review your company's alcohol and drug plans. A copy of your plans will be made available upon request.

SUMMARY

The transportation industry drug and alcohol testing program is a cornerstone of the Department of Transportation's efforts to have Americans reach their destinations safely. None of us wants pilots, truck drivers, subway operators, ship captains, pipeline controllers, airline mechanics, or bus drivers, etc. to have drugs and alcohol "on board".

The transportation industries have been able to steadily reduce the number of crashes and accidents directly linked to drug and alcohol use by safety-sensitive employees. Yet, some safety-sensitive transportation employees continue to use illicit drug and misuse alcohol despite efforts to deter them from doing so.

As a result, all of us need to step-up our efforts to make sure transportation employees are drug and alcohol free. We can do this by making sure 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 have strong drug and alcohol testing programs. Employees must be removed from safety-sensitive duties immediately after they violate drug and alcohol testing rules. It is also very important that employees are not returned to safety-sensitive duty until they are referred for evaluation and have successfully complied with treatment recommendations.

A copy of the company Anti-Drug and Anti-Alcohol Plans will be placed in an area available for you to read. A copy of this summary will be distributed to each employee who holds a DOT safety-sensitive job function.

**I. YOUR DESIGNATED EMPLOYER REPRESENTATIVE (DER)
KNOWLEDGEABLE OF THE DRUG AND ALCOHOL PROGRAM:**

Drug and Alcohol Manager

Name: Monty Hysinger

Address: P.O. Box 610; Clarendon, TX, 79266

Phone Number: (806) 874-2062

II. WHAT EMPLOYEES NEED TO KNOW ABOUT DOT ALCOHOL & DRUG TESTING

Just entering the transportation industry? Performing tasks defined by the US Department of Transportation (DOT) as *safety-sensitive*, such as working on pipelines, driving a truck, operating a ferry, steering a train or repairing an airplane? Then, you are subject to DOT workplace drug & alcohol testing. Here are the basics you need to know about DOT's program.

III. WHO IS SUBJECT TO DOT TESTING?

Anyone designated in DOT regulations as a *safety-sensitive* employee is subject to DOT drug & alcohol testing. What follows is an overview of what jobs are defined as *safety-sensitive* functions subject to testing.

Aviation (FAA) –	Flight crews, flight attendants, flight instructors, air traffic controllers at facilities not operated by the FAA or under contract to the U.S. military, aircraft dispatchers, aircraft maintenance or preventative maintenance personnel, ground security coordinators and aviation screeners. Direct or contract employees of 14 CFR Part 121 or 135 certificate holders, Section 91.147 operators and air traffic control facilities not operated by the FAA or under contract to the US Military. See FAA regulations at 14 CFR Part 121 Appendices I & J.
Commercial Motor Carriers (FMCSA)-	Commercial Drivers License (CDL) holders who operate Commercial Motor Vehicles, 26,001 lbs. gvwr. or greater, or operate a vehicle that carries 16 passengers or more including the driver, or required to display a DOT placard in the transportation of hazardous material. ¹ See FMCSA regulation at 49 CFR Part 382.

¹ In some instances, states allow waivers from this qualification, such as operators of fire trucks and some farm equipment. Check with your state department of motor vehicles for more information.

Maritime (USCG)² -	Crewmembers operating a commercial vessel. See USCG regulations at 46 CFR Parts 4 & 16.
Pipeline (PHMSA) -	Operations, maintenance and emergency response. See PHMSA regulations at 49 CFR Part 199.
Railroad (FRA) -	Hours of Service Act personnel, engine & train, signal service or train dispatchers. See FRA regulations at 49 CFR Part 219.
Transit (FTA) -	Vehicle operators, controllers, mechanics and armed security. See FTA regulations at 49 CFR Part 655.

Links to these regulations can be found on-line at www.dot.gov/ost/dapc.

Remember: The tasks you actually perform qualify you as a *safety-sensitive* employee, not your job title. Also, some employees, like managers and supervisors, may be qualified for these jobs but not currently performing them. Do they have to be tested as well? In most cases, yes...if that employee may be asked at a moment's notice or in an emergency to perform a *safety-sensitive* job. Be sure to check industry specific regulations for further clarification.

IV. CATEGORIES OF EMPLOYEES SUBJECT TO TESTING:

Persons performing any of the following safety-sensitive functions are subject to drug and alcohol tests as required by the DOT.

Employee DOT safety-sensitive functions

Driver Mechanic-CDL

V. WHY ARE SAFETY-SENSITIVE EMPLOYEES TESTED?

The short answer is for the safety of the traveling public, co-workers and yourself. The longer answer is that the United States Congress recognized the need for a drug and alcohol free transportation industry, and in 1991 passed the Omnibus Transportation Employee Testing Act, requiring DOT Agencies to implement drug & alcohol testing of safety-sensitive transportation employees.

Within DOT, the Office of the Secretary's Office of Drug & Alcohol Policy & Compliance (ODAPC) publishes rules on *how* to conduct those tests, *what* procedures to use when testing and *how* to return an employee to safety-sensitive duties. Encompassed in 49 Code of Federal Regulations (CFR) Part 40, ODAPC publishes and provides authoritative interpretations of these rules.

² An agency of the U.S. Department of Homeland Security.
Revised: 10/16/10
DOT Employee Notification

DOT agencies (the Federal Aviation Administration (FAA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Railroad Administration (FRA), the Federal Transit Administration (FTA), the Pipeline and Hazardous Materials Safety Administration (PHMSA) and the United States Coast Guard (USCG) write industry specific regulations, spelling out *who* is subject to testing, *when* and in *what* situations. Industry employers implement the regulations that apply to them.

The benefit to all employees affected by DOT regulations is that each agency's regulations must adhere to DOT's testing procedures found at 49 CFR Part 40, commonly known as "Part 40". For example, you may work in the rail industry and later work in the motor carrier industry, but the procedures for collecting, testing and reporting of your tests will be the same under Part 40.

VI. WHAT CONDUCT IS PROHIBITED BY THE REGULATIONS?

As a safety-sensitive employee:

- You must not use or possess alcohol or any illicit drug while assigned to perform safety-sensitive functions or actually performing safety-sensitive functions.
- You must not report for service, or remain on duty if you...
 - Are under the influence or impaired by alcohol;
 - Have a blood alcohol concentration .04 or greater; (with a blood alcohol concentration of .02 to .039, some regulations do not permit you to continue working until your next regularly scheduled duty period);
 - Have used any illicit drug
- You must not use alcohol within four hours (8 hours for flight crew members and flight attendants) of reporting for service or after receiving notice to report.
- You must not report for duty or remain on duty when using any controlled substance unless used pursuant to the instructions of an authorized medical practitioner.
- You must not refuse to submit to any test for alcohol or controlled substances.
- You must not refuse to submit to any test by adulterating or substituting your specimen.

Keep these in mind when preparing to report to work.

VII. WHAT DRUGS DOES DOT TEST FOR?

DOT alcohol tests are conducted only using breath & saliva. DOT drug tests are conducted only using urine specimens. (The FRA requires blood specimens as part of

the Post-Accident testing. The urine specimens are analyzed for the following drug/metabolites:

- Marijuana metabolites / THC
- Cocaine Metabolites
- Amphetamines (including methamphetamine, MDMA, MDA, MDEA)
- Opiates (including codeine, heroin, morphine, 6-acetylmorphine)
- Phencyclidine (PCP)

WHAT ARE THE EFFECTS OF ALCOHOL AND DRUGS ON THE BODY?

Alcohol

Alcohol, a central nervous system depressant, is the most widely abused drug. About half of all auto accident fatalities in this country are related to alcohol abuse.

Fact: *A 12-ounce can of beer; a 5-ounce glass of wine and a 1-1/2 ounce shot of hard liquor all contain the same amount of alcohol. Coffee, cold showers and exercise do not quicken sobriety. Each one-half ounce of alcohol takes the average body about one-hour to process.*

Alcohol first acts on those parts of the brain that affect self-control and other learned behaviors. Low self-control often leads to the aggressive behavior associated with some people who drink. In large doses, alcohol can dull sensation and impair muscular coordination, memory and judgment. Taken in larger quantities over a long period of time, alcohol can damage the liver and heart and cause permanent brain damage. On the average, heavy drinkers shorten their life span by about ten years.

Other effects:

- Greatly impaired driving ability
- Reduced coordination and reflex action
- Impaired vision and judgment
- Inability to divide attention
- Lowering of inhibitions
- Overindulgence (hangover) can cause:
 - Headaches
 - Nausea
 - Dehydration
 - Unclear thinking
 - Unsettled digestion
 - Aching muscles

Marijuana

Marijuana is also called 'grass,' 'pot,' 'weed,' 'Mary Jane,' 'Acapulco Gold,' 'joint,' and 'roach,' among other street names.

Fact: While alcohol dissipates in a matter of hours, marijuana stays in the body for 28 to 31 days.

Other effects:

- Driving ability impaired for at least 4-6 hours after smoking one ‘joint’ (cigarette)
- Restlessness
- Inability to concentrate
- Increased pulse rate and blood pressure
- Rapidly changing emotions and erratic behavior
- Altered sense of identity
- Impaired memory
- Dulling of attention
- Hallucinations, fantasies and paranoia
- Reduction or temporary loss of fertility

Cocaine

Cocaine is a stimulant drug, which increases heart rate and blood pressure. As a powder, cocaine is inhaled (snorted), ingested, or injected. It is known as ‘coke,’ ‘snow,’ ‘nose candy,’ and ‘lady.’ Cocaine is also used as free-base cocaine known as ‘crack’ or ‘rock,’ which is smoked. It acquired its name from the popping sound heard when it is heated.

Fact: Many people think that because crack is smoked, it is “safer” than other forms of cocaine use. It is not. Crack cocaine is one of the most addictive substances known today. The crack ‘high’ is reached in 4-6 seconds and lasts about 15 minutes.

The most dangerous effects of crack is that it can cause vomiting, rapid heartbeat, tremors, and convulsive movements. All of this muscle activity increases the demand for oxygen, which can result in a cocaine-induced heart attack. Since the heat-regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing, and heartbeat are depressed – leading to death.

Other effects:

- A “rush” of pleasurable sensations
- Heightened, but momentary, feeling of confidence, strength and endurance
- Impaired driving ability
- Accelerated pulse, blood pressure and respiration
- Paranoia, which can trigger mental disorders in users prone to mental instability
- Repeated sniffing/snorting causes irritation of the nostrils and nasal membrane
- Mood swings
- Anxiety
- Reduced sense of humor
- Compulsive behavior such as teeth grinding or repeated hand washing

Amphetamines

Amphetamines are drugs that stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general physical activity. Some common street names for amphetamines are 'speed,' 'uppers,' 'black beauties,' 'bennies,' 'wake-ups,' 'footballs,' and 'dexies.'

Fact: *People with a history of sustained low-dose use, quite often become dependent and believe they need the drug to get by. These users frequently keep taking amphetamines to avoid the "down" mood they experience when the "high" wears off.*

Even small, infrequent doses can produce toxic effects in some people. Restlessness, anxiety, mood swings, panic, heartbeat disturbances, paranoid thoughts, hallucinations, convulsions, and coma have been reported. Long-term users often have acne resembling measles, trouble with their teeth, gums, nails, and dry, dull hair. Heavy, frequent doses can produce brain damage resulting in speech disturbances.

Other Effects:

- Loss of appetite
- Irritability, anxiety, and apprehension
- Increased heart rate and blood pressure
- Difficulty in focusing eyes
- Exaggerated reflexes
- Distorted thinking
- Perspiration, headaches and dizziness
- Short-term insomnia

Opiates

Opiates, including heroin, morphine, and codeine are narcotics used to relieve pain and induce sleep. Common street names are 'horse,' 'hard stuff,' 'morpho,' 'M,' 'brown sugar,' 'Harry,' and 'Mr. H.'

Fact: *Heroin, also called 'junk' or 'smack' accounts for 90% of the narcotic abuse in this country.*

Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal, and cannot even be obtained with a physician's prescription.

Most medical problems are caused by the uncertain dosage level, use of unsterile needles, contamination of the drug, or combination of a narcotic with other drugs. These dangers depend on the specific drug, its source and the way it is used.

Other effects:

- Short-lived state of euphoria
- Impaired driving ability

- Drowsiness followed by sleep
- Constipation
- Decreased physical activity
- Reduced vision
- Change in sleeping habits
- Possible death

PCP

Phencyclidine or PCP, also called ‘angel dust,’ ‘rocket fuel,’ ‘super kools,’ and ‘killer weed’ was developed as a surgical anesthetic in the late 1950’s. Later, due to its unusual side effects in humans, it was restricted to use as a veterinary anesthetic and tranquilizer. Today it has no lawful use and is no longer legally manufactured.

Fact: *PCP is a very dangerous drug. It can produce violent and bizarre behavior even in people not otherwise prone to such behavior. More people die from accidents caused by the erratic and unpredictable behavior produced by the drug than from the drug’s direct effect on the body.*

PCP scrambles the brain’s internal stimuli and alters how users see and deal with their environment. Routine activities like driving and walking become very difficult.

Low doses produce a rush, sometimes associated with a feeling of numbness. Increased doses produce an excited, confused state including any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, and convulsions.

Other effects:

- Impaired driving ability
- Drowsiness
- Perspiration
- Repetitive speech patterns
- Incomplete verbal responses
- Involuntary eye movement
- Thick, slurred speech
- Blank stare

VIII. CAN I USE PRESCRIBED MEDICATIONS & OVER-THE-COUNTER (OTC) DRUGS AND PERFORM SAFETY-SENSITIVE FUNCTIONS?

Prescription medicine and OTC drugs may be allowed.³ However, you must meet the following minimum standards:

³ The FRA requires that if you are being treated by more than one medical practitioner, you must show that at least one of the treating medical practitioners has been informed of all prescribed and authorized medications and has determined that the use of the medications is consistent with the safe performance of your duties.

- The medicine is prescribed to you by a licensed physician, such as your personal doctor.
- The treating/prescribing physician has made a good faith judgment that the use of the substance at the prescribed or authorized dosage level is consistent with the safe performance of your duties
 - **Best Practice:** To assist your doctor in prescribing the best possible treatment, consider providing your physician with a detailed description of your job. A title alone may not be sufficient. Many employers give employees a written, detailed description of their job functions to provide their doctors at the time of the exam.
- The substance is used at the dosage prescribed or authorized.⁴
- If you are being treated by more than one physician, you must show that at least one of the treating doctors has been informed of all prescribed and authorized medications and has determined that the use of the medications is consistent with the safe performance of your duties.
- Taking the prescription medication and performing your DOT safety-sensitive functions is not prohibited by agency drug and alcohol regulations. However, other DOT agency regulations may have prohibitive provisions, such as medical certifications.
 - **Remember:** Some agencies have regulations prohibiting use of specific prescription drugs, e.g. methadone, etc... If you are using prescription or over-the-counter medication, check first with a physician, but do not forget to consult your industry-specific regulations before deciding to perform safety-sensitive tasks. Also be sure to refer to your company's policy regarding prescription drugs.

IX. WHEN WILL I BE TESTED?

Safety-sensitive employees are subject to drug or alcohol testing in the following situations:

- Pre-employment
- Reasonable Suspicion/Cause
- Random
- Return-to-duty
- Follow-up
- Post-Accident

⁴ While a minority of states allow medical use of marijuana, federal laws and policy do not recognize any legitimate medical use of marijuana. Even if marijuana is legally prescribed in a state, DOT regulations treat its use as the same as the use of any other illicit drug.

Pre-employment

As a new hire, you are required to submit to a drug test. Employers may, but are not required to, conduct alcohol testing.⁵ Only after your employer receives a negative drug test result (and negative alcohol test result – if administered) may you begin performing safety-sensitive functions. This also applies if you are a current employee transferring from a non-safety-sensitive function into a safety-sensitive position (even if it is the same employer).

Reasonable Suspicion/Cause

You are required to submit to any test (whether drug, alcohol or both) that a supervisor requests based on reasonable suspicion. Reasonable suspicion means that one or more trained supervisors reasonably believes or suspects that you are under the influence of drugs or alcohol. They cannot require testing based on a hunch or guess alone; their suspicion must be based on observations concerning your appearance, behavior, speech and smell that are usually associated with drug or alcohol use.

Random

You are subject to unannounced random drug & alcohol testing. Alcohol testing is administered just prior to, during or just after performing safety-sensitive functions. Depending on the industry specific regulations, you may only be subject to random drug testing.⁶

No manager, supervisor, official or agent may select you for testing just because they want to. Under DOT regulations, employers must use a truly random selection process. An accepted method is computer-generated system. Each employee must have an equal chance to be selected and tested.

Just prior to the testing event, you will be notified of your selection and provided enough time to stop performing your safety-sensitive function and report to the testing location. Once you are notified that you have been selected for testing, you must proceed immediately to the testing facility. Failure to show for a test or interfering with the testing process can be considered a refusal.

Post-Accident

If you are involved in an event (accident, crash, etc) meeting certain criteria of the DOT agency, a post-accident test will be required. You will then have to take a drug test and an alcohol test.⁷ You are required to remain available for this testing and are not permitted to refuse testing.

Remember: Safety-sensitive employees are obligated by law to submit to and cooperate in drug & alcohol testing mandated by DOT regulations.

FMCSA: A post-accident test shall be performed following an accident when:

- A fatality occurred

⁵ Not every DOT agency requires a pre-employment alcohol test.

⁶ USCG & PHMSA do not perform random alcohol tests.

⁷ In post-accident testing, the FRA requires a blood specimen for drug testing.

- The driver was cited for a moving traffic violation and the accident involved bodily injury to any person, who as a result of the injury, receives medical treatment away from the scene of the accident, or
- The driver was cited for a moving traffic violation and one or more motor vehicles incurred 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.

PHMSA: A post-accident drug and alcohol test will be required after the following:

- As defined in Part 191.3, an accident on a gas pipeline or LNG facility is defined as an “incident,” as follows:
 - An event that involves a release of gas from a pipeline or liquefied natural gas or gas from an LNG facility and:
 - A death, or personal injury, necessitating inpatient hospitalization; or
 - Estimated property damage, including cost of gas lost, to the operator or others, or both, of \$50,000 or more.
 - An event that results in an emergency shutdown of an LNG facility.
 - An event that is significant, in the judgment of the operator, even though it did not meet the criteria of paragraphs (1) or (2)
- Accident is defined in Part 195.50 as a release of the hazardous liquid or carbon dioxide transported resulting in any of the following:
 - Explosion or fire not intentionally set by the operator.
 - Release of 5 gallons (19 liters) or more of hazardous liquid or carbon dioxide, except that no report is required for a release of less than 5 barrels (0.8 cubic meters) resulting from a pipeline maintenance activity if this release is:
 - Not otherwise reportable under this section;
 - Not one described in Section 195.52(a)(4)
 - Confined to company property or pipeline right-of-way; and
 - Cleaned up promptly
 - Death of any person
 - Personal injury necessitating hospitalization

- Estimated property damage, including cost of clean-up and recover, value of lost product, and damage to the property of the operator or others, or both, exceeding \$50,000.

FRA – (49CFR 219.201)

FRA regulations require blood and urine specimens from all surviving covered service personnel when they are directly involved in a qualifying accident or incident. Tissues are also collected, in addition to urine and blood from any fatality involving an on-duty railroad employee (direct or contractual employee). Events requiring FRA post-accident testing include (note regulatory exceptions will be followed):

- Major Train Accident involving any rail equipment accident with reportable damages in excess of the current reporting threshold under 49 CFR Part 225 (\$9,200 in 2010 and \$9,400 in 2011) and one or more of the following:
 - A fatality (any fatality).
 - A release of hazardous materials from railroad “lading” that results in an evacuation or reportable injury caused by the hazmat release.
 - Damage to railroad property of \$1 Million or more.
- Impact Accident involving reportable damage in excess of the current reporting threshold that results in:
 - A reportable injury; or
 - Damage to railroad property of \$150,000 or more
- Fatal Train Incident involving any on-duty railroad employee where damages do not exceed the current reporting threshold.

The railroad supervisor(s) on the scene will make timely determinations as to the event being a qualifying event and which covered service employees (if any) are required to be tested according to the rule.

Specimens for any FRA post-accident testing will be collected using procedures required in Part 219 Appendix C. The railroad’s FRA post-accident specimen kits must be used. Specimens will be collected, packaged, and shipped via express courier service by the railroad. The shipping address is as follows:

Quest Diagnostics
3175 Presidential Drive
Atlanta, GA 30340
(800) 729-6432 (Monday through Saturday)
(770) 519-1654 (Sunday)
FAX: (770) 936-5012

This railroad will identify the appropriate personnel who must be tested and then ensure that specimens are collected and shipped.

USCG – Marine Casualty or Accident

Any casualty or accident involving any vessel other than a public vessel that-

- Occurs upon the navigable waters of the United States, its territories or possessions;
- Involves any United States vessel wherever such casualty or accident occurs; or
- With respect to a foreign tank vessel operating in waters subject to the jurisdiction of the United States, including the Exclusive Economic Zone (EEZ), involves significant harm to the environment or material damage affecting the seaworthiness or efficiency of the vessel.

The term “marine casualty or accident” applies to events caused by or involving a vessel and includes, but is not limited to, the following:

- Any fall overboard, injury, or loss of life of any person.
- Any occurrence involving a vessel that results in:
 - Grounding;
 - Stranding;
 - Foundering;
 - Flooding;
 - Collision;
 - Allision;
 - Explosion;
 - Fire;
 - Reduction or loss of a vessel’s electrical power, propulsion, or steering capabilities;
 - Failures or occurrences, regardless of cause, which impair any aspect of a vessel’s operation, components, or cargo
 - Any other circumstance that might affect or impair a vessel’s seaworthiness, efficiency, or fitness for service or route; or
 - Any incident involving significant harm to the environment.
- Any occurrences of injury or loss of life to any person while diving from a vessel and using underwater breathing apparatus.
- Any incident described in §4.05-1(a).

Return-To-Duty

If you have violated the prohibited drug & alcohol rules, you are required to take a Return-to-Duty drug and/or alcohol test under direct observation before returning to safety-sensitive functions for any DOT regulated employers. You are subject to unannounced follow-up testing under direct observation at least 6 times in the first 12 months following your return to active safety-sensitive service. Return-To-Duty tests must be conducted under direct observation.

Follow-up

The amount of follow-up testing you receive is determined by a Substance Abuse Professional (SAP) and may continue for up to 5 years. This means the SAP will determine how many times you will be tested (at least 6 times in the first year), for how long, and for what substance (i.e. drugs, alcohol, or both). Follow-up testing will be unannounced and under direct observation. Your employer is responsible for ensuring that follow-up testing is conducted, conducted under direct observation and completed, and your employer shall have a policy that all follow-up testing is in addition to all other DOT required testing.

OVERVIEW OF DOT DRUG TESTING

- 1. You are notified to submit for a drug test.**
- 2. Why? Pre-employment, Reasonable Suspicion, Random, Post-Accident, Return-To-Duty, or Follow-up**
- 3. You report immediately to the collection site.**
- 4. Urine Collection.**
 - i. Verify photo ID (drivers license)**
 - ii. Empty pockets**
 - iii. Select sealed kit**
 - iv. Provide 45ml or more of urine**
 - v. Watch collector check temp and pour into 2 bottles**
 - vi. Watch collector seal bottles A&B**
 - vii. Sign paperwork**
- 5. Lab Testing – Analyzes bottle A. Results sent to Medical Review Officer (MRO)**
- 6. Medical Review – As gate-keeper to the integrity of the drug testing process, the MRO reviews lab results and determines if there are any legitimate medical reasons for a positive, adulterated or substituted result. This includes an interview with you, review of your medical records or a request that you be examined by MRO approved physician.**
- 7. Employees' Rights – Upon notice by the MRO, you have 72 hours from the MRO interview to request the B Bottle be tested by another certified lab.**
- 8. Verified Results- MRO verifies results to employer as either: Negative, positive, refusal, or cancelled.**

X. HOW IS A URINE DRUG TEST ADMINISTERED?

Regardless of the DOT agency requiring the drug test, the drug testing process always consists of three components:

- The collection, (49 CFR Part 40, Subparts C,D,E)
- Testing at the Laboratory, (49 CFR Part 40, Subpart F)
- Review by the Medical Review Officer, (49 CFR Part 40, Subpart G)

What follows is a summary of the procedures for each step. For a more detailed account, please visit 49 CFR Part 40, which can be found in its entirety at www.dot.ov/os/dapc.

The collection

During the collection process, a urine specimen collector will:

- Verify your identity using a current valid photo ID, such as a driver's license, passport, employer issued picture ID, etc.
- Create a secure collection site by:
 - Restricting access to the site to only those being tested.
 - Securing all water sources and placing blue dye in any standing water.
 - Removing or securing all cleaning products/fluids at the collection site.
- Afford you privacy to provide a urine specimen.
 - Exceptions to the rule generally surround issues of attempted adulteration or substitution of a specimen or any situation where general questions of validity arise, like an unusual temperature.
- Ask you to remove any unnecessary garments and empty your pockets (you may retain your wallet).
- Instruct you to wash and dry your hands.
- Select or have you select a sealed collection kit and open it in your presence.
- Request you to provide a specimen (a minimum of 45 mL) of your urine into a collection container.
- Check the temperature and color of the urine.
- In your presence, pour the urine into two separate bottles (A or primary and B or split), seal them with tamper-evident tape, and then ask you to sign the seals after they have been placed on the bottles.
Remember: Neither you nor the collector should let the specimen out of your sight until it has been poured into two separate bottles and sealed.
- Ask you to provide your name, date of birth, and daytime and evening phone numbers on the Medical Review Officer Copy (Copy #2) of the Federal Drug Testing Custody and Control Form (CCF).
 - This is so the Medical Review Officer (MRO) can contact you directly if there are any questions about your test.
- Complete necessary documentation on the Laboratory Copy (Copy #1) of the CCF to demonstrate the chain of custody (i.e. handling) of the specimen.
- Give you the Employee copy (Copy #5) of the CCF and may suggest you list any prescription and over-the-counter medications you may be taking

on the back of your copy of the CCF (this may serve as a reminder for you in the event the MRO calls you to discuss your test results).

- Package and ship both sealed bottles and completed CCF to a U.S. Health and Human Services (HHS) certified testing laboratory as quickly as possible.

If you are unable to provide 45mL of urine on the first attempt, the time will be noted, and you will be:

- Required to remain in the testing area under the supervision of the collection site personnel, their supervisor, or a representative from your company,
 - Leaving the testing area without authorization may be considered a refusal to test.
- Urged to drink up to 40oz. of fluid, distributed reasonably over a period of up to three hours,
- Asked to provide a new specimen (into a new collection container).
- If you do not provide a sufficient specimen within three hours, you must obtain a medical evaluation⁸ within five days to determine if there is an acceptable medical reason for not being able to provide a specimen. If it is determined that there is no legitimate physiological or pre-existing psychological reason for not providing a urine specimen, it will be considered a refusal to test.

How do you know if you are taking a federal or a private company drug test?

All DOT drug tests are completed using the Federal Drug Testing Custody and Control Form. Those words appear at the top of each chain of custody form used for DOT drug tests.

Testing at the Laboratory: At the laboratory, the staff will:

- Determine if flaws exist. If flaws exist, the specimen is rejected for testing.
- Open only the A bottle and conduct a screening test. Specimens that screen positive will be analyzed again using a completely different testing methodology.
 - The laboratory must use the cutoff concentrations displayed in the following table for initial and confirmatory drug tests. All cutoff concentrations are expressed in nanograms per milliliter (ng/mL).

Initial Analyte	Screen cutoff	Confirmatory Analyte	Confirmatory cutoff
Marijuana metabolites	50ng/mL	THCA ⁹	15ng/mL
Cocaine metabolites	150ng/mL	Benzoylcegonine	100ng/mL
Opiate metabolites			
Codeine/Morphine ¹⁰	2000ng/mL	Codeine	2000ng/mL

⁸ The physical exam is scheduled after the designated employer representative consults with the medical review officer. The physician chosen to complete the evaluation must have expertise in the medical issues raised and be acceptable to the Medical Review Officer.

⁹ Delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA)

¹⁰ Morphine is the target analyte for codeine/morphine testing

		Morphine	2000ng/mL
6-Acetylmorphine	10ng/mL	6-Acetylmorphine	10ng/mL
Phencyclidine	25ng/mL	Phencyclidine	25ng/mL
Amphetamines ¹¹			
AMP/MAMP ¹²	500ng/mL	Amphetamine	250ng/mL
		Methamphetamine ¹³	250ng/mL
MDMA ¹⁴	500ng/mL	MDMA	250ng/mL
		MDA ¹⁵	250ng/mL
		MDEA ¹⁶	250ng/mL

- If the specimen tests negative in either test, the result will be reported as a negative.
 - Only if the specimen tests positive under both methods will the specimen be reported to the medical review officer as a positive test.
 - Report the findings of the analysis of the A bottle to the Medical Review Officer (MRO).
 - Store the A and B bottles for any reported positive, adulterated, or substituted result for at least 12 months.
- Remember:** The lab may conduct specimen validity tests (SVTs) to determine if the specimen was adulterated or substituted. Tests found to be adulterated or substituted are also reported to the MRO and may be considered a refusal to test.

Review by the Medical Review Officer (MRO): Upon receipt of the test result from the laboratory, the MRO will:

- Review paperwork for accuracy.
- Report a negative result to the Designated Employer Representative (DER).
- If the result is positive, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as negative. If not, the MRO will report the result to the DER as positive.
- If the result is an adulterated or substituted test, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as cancelled. If not, the MRO will report the result to the DER as a refusal.
- Report a non-negative test result to the DER if:
 - You refused to discuss the results with the MRO;

¹¹ Either a single initial test kit or multiple initial test kits may be used provided the single test kit detects each target analyte independently at the specified cutoff.

¹² Methamphetamine is the target analyte for amphetamine/methamphetamine testing.

¹³ To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100ng/mL.

¹⁴ Methylenedioxymethamphetamine (MDMA)

¹⁵ Methylenedioxyamphetamine (MDA)

¹⁶ Methylenedioxyethylamphetamine (MDEA)

- You did not provide the MRO with acceptable medical documentation to explain the non-negative test result.
- Inform you that you have 72 hours from the time of the verified result to request to have your B “split” bottle sent to another certified lab for analyses for the same substance or condition that was found in the A “primary” bottle.

XI. WHAT ARE MEDICAL REVIEW OFFICERS (MRO)?

Under DOT regulations, MROs are licensed physicians with knowledge and clinical experience in substance abuse disorders. They must also complete qualification training courses and examination and then requalification training courses and examination every five years thereafter. They serve as independent, impartial gatekeepers to the accuracy and integrity of the DOT drug testing program. All laboratory results are sent to an MRO for verification before a company is informed of the result. As a safeguard to quality and accuracy, the MRO reviews each test and rules out any other legitimate medical explanation before verifying the results as positive, adulterated or substituted.

XII. HOW IS AN ALCOHOL TEST ADMINISTERED?

The DOT performs alcohol testing in a manner to ensure the validity of the testing as well as provide confidentiality of the employee’s testing information.

At the start of the test, a Screening Test Technician (STT) or a Breath Alcohol Technician (BAT), using only a DOT-approved device, will;

- Establish a private testing area to prevent unauthorized people from hearing or seeing your test result.
- Require you to sign Step #2 of the Alcohol Testing Form (ATF).
- Perform a screening test and show you the test result. If the screening test result is an alcohol concentration of less than 0.02, no further testing is authorized, and there is no DOT action to be taken. The technician will document the result on the ATF, provide you a copy and provide your employer copy.

If the screening test result is 0.02 or greater, you will be required to take a confirmation test, which can only be administered by BAT using an Evidential Breath Testing (EBT) device. The BAT will:

- Wait at least 15 minutes, but not more than 30 minutes, before conducting the confirmation test. During that time, you will not be allowed to eat, drink, smoke, belch, put anything in your mouth or leave the testing area.

Remember: Leaving the testing area without authorization may be considered a refusal to test.

- Perform an “air blank” (which must read 0.00) on the EBT device to ensure that there is no residual alcohol in the EBT or in the air around it.
- Perform a confirmation test using a new mouthpiece.
- Display the test result to you on the EBT and on the printout from the EBT.
- Document the confirmation test result on the ATF, provide you a copy and provide your employer a copy.

- Report any result of 0.02 or greater immediately to the employer.

If after several attempts you are unable to provide an adequate amount of breath, the testing will be stopped. You will be instructed to take a medical evaluation to determine if there is an acceptable medical reason for not providing a sample. If it is determined that there is no legitimate physiological or psychological reason, the test will be treated as a refusal to test.

Confirmation test results are the final outcome of the test.

Result	Action
Less than 0.02	No action required under 49 CFR Part 40.
0.02 – 0.039	Varies among DOT agencies. For example, FMCSA requires that you not resume safety-sensitive functions for 24 hours (382.505), while the FRA requires 8 hours [219.101(a)(4)]. The FTA & PHMSA require only that you test below 0.02 or cannot work until the next scheduled duty period but not less than 8 hours from the time of the test [655.35 & 199.237 respectively]. And, the FAA requires only that you test below 0.02, if the employer wants to put you back to work within 8 hours [14 CFR Part 121, Appendix J, Sect. III.G]. Also, be sure to check other agency specific regulations for their restrictions.
0.04 or great	Immediate removal from safety-sensitive functions. You may not resume safety-sensitive functions until you successfully complete the return-to-duty process.

XIII. SHOULD I REFUSE A TEST IF I BELIEVE I WAS UNFAIRLY SELECTED FOR TESTING?

Rule of Thumb: Comply then make a timely complaint.

If you are instructed to submit to a DOT drug or alcohol test and you don't agree with the reason or rationale for the test, take the test anyway. Don't interfere with the testing process or refuse the test.

After the test, express your concerns to your employer through a letter to your company or by an agreed upon grievance procedure if you are a member of labor organization. You can also express your concerns to the Drug and Alcohol Program Manager (DAPM) for the DOT agency that regulated you and your employer (See contact information listed in the Appendix B). Whomever you decide to contact, please contact them as soon as possible after the test.

XIV. WHAT IS CONSIDERED A REFUSAL TO TEST?

DOT regulations prohibit you from refusing a test. The following are some examples of conduct that the regulations define as *refusing* a test (See 49 CFR Part 40 Subpart I & Subpart N):

- Failure to appear for any test after being directed to do so by your employer
- Failure to remain at the testing site until the testing process is complete.
- Failure to provide a urine or breath sample for any test required by federal regulations.
- Failure to permit the observation or monitoring of you providing a urine sample (Please note tests conducted under direct observation or monitoring occur in limited situations. The majority of specimens are provided in private).
- Failure to provide a sufficient urine or breath sample when directed, and it has been determined, through a required medical evaluation, that there was not adequate medical explanation for the failure.
- Failure to take a second test when directed to do so.
- Failure to cooperate with any part of the testing process.
- Failure to undergo a medical evaluation as part of “shy bladder” or shy lung” procedures.
- Failure to sign Step #2 of the ATF.
- Providing a specimen that is verified as adulterated or substituted.

XV. WHAT HAPPENS IF I TEST POSITIVE, REFUSE A TEST, OR VIOLATE AN AGENCY SPECIFIC DRUG & ALCOHOL RULE?

If you test positive, refuse a test, or violate DOT drug & alcohol rules:

- A supervisor or company official will immediately remove you from DOT regulated safety-sensitive functions.
- You will not be permitted to return to performing DOT regulated safety-sensitive duties until you have:
 - Undergone an evaluation by a Substance Abuse Professional (SAP);
 - Successfully completed any education, counseling or treatment prescribed by the SAP prior to returning to service; and
 - Provided a negative test result for drugs and a breath test less than 0.02 of alcohol. (Return-to-Duty testing)
 -

- Upon return to safety-sensitive job, you will be subject to unannounced testing for drugs and/or alcohol no less than 6 times during the first 12 months of active service with the possibility of unannounced testing for up to 60 months (as prescribed by the SAP).

XVI. WHAT ARE SAPs?

Under DOT regulations, SAPs are Substance Abuse Professionals. They play a critical role in the work place testing program by professionally evaluating employees who have violated DOT drug & alcohol rules. SAPs recommend appropriate education, treatment, follow-up tests, and aftercare. They are the gate-keepers to the re-entry program by determining when a safety-sensitive employee can be returned to duty.

SAPs are required to have a certain background and credentials, which include clinical experience in diagnosis and treatment of substance abuse-related disorders. They must also complete qualification training and fulfill obligations for continuing education courses. While SAPs do make recommendations to the employer about an employee's readiness to perform safety-sensitive duties, SAPs are neither an advocate for the employee or the employer, and they make return-to-duty recommendations according to their professional and ethical standards as well as DOT's regulations.

Remember: Even if a SAP believes that you are ready to return to work, an employer is under no obligation to return you to work. Under the regulations, hiring and reinstatement decisions are left to the employers. Also, under FAA regulations, SAPs cannot return a pilot to duty without the prior approval of the FAA's Federal Air Surgeon.

Payment for evaluation, treatment, return-to-duty, and follow-up testing costs will be the responsibility of the employee.

The SAPs written report concerning a follow-up evaluation that determines the employee has demonstrated successful compliance must be on the SAP's own letterhead (and not the letterhead of another service agent), signed by the SAP and dated, and must contain the following items:

- Employee's name and social security number;
- Employer's name and address;
- Reason for the initial assessment (specific violation of DOT regulations and violation date);
- Date(s) of the initial assessment and synopsis of the treatment plan;
- Name of practice(s) or service(s) providing the recommended education and/or treatment

- Inclusive dates of employee's program participation;
- Clinical characterization of employee's program participation;
- SAP's clinical determination as to whether the employee has demonstrated successful compliance;
- Follow-up testing plan;
- Employee's continuing care needs with specific treatment, aftercare and/or support group services recommendations; and
- SAP's telephone number.

XVII. HOW DO I FIND A SAP?

If you violate a DOT drug or alcohol rule, your employer is required to provide you with a list of SAPs names, addresses and phone numbers that are available to you and acceptable to them. Refer to Appendix B located on the back page of this notification for a SAP Referral service.

XVIII. WILL I LOSE MY JOB IF I VIOLATE DRUG AND ALCOHOL REGULATIONS?

DOT regulations do not address employment actions such as hiring, firing or granting leaves of absence. All employment decisions are the responsibility of the employers. Under Federal regulations, the main requirement for employers is to immediately remove employees from performing DOT safety-sensitive is to immediately remove employees from performing DOT safety-sensitive jobs. Be aware that a positive or refused DOT drug or alcohol test may trigger additional consequences based on company policy or employment agreement.

While you may not lose your job, you may lose your certification or license to perform that job. Be sure to check industry specific regulations. For example, someone operating a commercial motor vehicle may not lose their state-issued CDL, but they will lose their ability to perform any DOT regulated safety-sensitive tasks.

XIX. WILL MY RESULTS BE CONFIDENTIAL?

Your test results are confidential. An employer or service agent (e.g. testing laboratory, MRO or SAP) is not permitted to disclose your test results to outside parties without your written consent. But, you test information may be released (without your consent) in certain situations, such as: legal proceedings, grievances, or administrative proceedings brought by you or on your behalf, which resulted from a positive or refusal. When the information is released, the employer must notify you in writing of any information they released.

XX. WILL THE RESULTS FOLLOW ME TO DIFFERENT EMPLOYERS?

Yes, your drug & alcohol testing history will follow you to your new employer, if that employer is regulated by a DOT agency. Employers are required by law to provide records of your drug & alcohol testing history to your new employer. This is to ensure that you have completed the return-to-duty process and are being tested according to your follow-up testing plan.

XXI. WHAT SHOULD I DO IF I HAVE A DRUG OR ALCOHOL ABUSE PROBLEM?

Seek help. Jobs performed by safety-sensitive transportation employees keep America's people and economy moving. Your work is a vital part of everyday life. Yet, by abusing drugs or alcohol, you risk your own life, your co-workers lives and the lives of the public.

Most every community in the country has resources available to confidentially assist you through the evaluation and treatment of your problem. If you would like to find a treatment facility close to you, check with your local yellow pages, local health department or visit the U.S. Department of Health and Human Services treatment facility locator at <http://findtreatment.samhsa.gov/>. This site provides contact information for substance abuse treatment programs by state, city and U.S. Territory.

Also, many work-place programs are in place to assist employees and family members with substance abuse, mental health and other problems that affect their job performance. While they may vary by industry, here is an overview of programs that may be available to you.

XXII. APPENDIX A - AGENCIES AND ORGANIZATIONS PROVIDING ASSISTANCE

In accordance with U.S. Department of Transportation EAP regulations and the Federal Drug-Free Workplace Act of 1988, listed below are the names and phone numbers of some community service organizations that offer substance abuse assistance programs or information.

Name	Telephone number
National Council on Alcoholism and Drug Dependence, Inc.	(800) 622-2255
National Cocaine Hotline	(800) 262-2463
National Drug and Alcohol Treatment Hotline	(800) 662-4357
Al-Anon	(888) 425-2666
SAP Referral Services LLC	(888) 720-7277

If you have any local organizations available that offer substance abuse assistance programs or information, please add them on the lines provided.

APPENDIX B

MEDICAL REVIEW OFFICER

Physician Review Services, Inc.
#1 Inwood Circle, Suite 202
Little Rock, Arkansas 72211
(866) 954-9533

LABORATORY

Medtox Laboratories, Inc.
402 W County Rd. D
St Paul, MN 55112
(651) 636-7466

REFERRAL FOR SUBSTANCE ABUSE PROFESSIONAL

SAP Referral Services
9723 Harford Road
Baltimore, Maryland 21234
1-888-720-7277

Drug and Alcohol Program Manager Contact Information

U.S. Department of Transportation

FAA	Aviation	(202) 267-8442	www.faa.gov
FMCSA	Motor Carrier	(202) 366-2096	www.fmcsa.dot.gov
FTA	Public Transportation	(617) 494-2395	www.fta.dot.gov
FRA	Railroads	(202) 493-6313	www.fra.dot.gov
PHMSA	Pipeline	(202) 550-0629	www.phmsa.dot.gov

U.S. Department of Homeland Security

USCG	Maritime	(202) 372-1033	http://marineinvestiations.us
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