



Drug and Alcohol Testing
Compliance Toolkit
FOR FTA COVERED EMPLOYERS

Prepared by:

Diana Byrnes, CSAPA

Center for Urban Transportation Research

email: byrnes@usf.edu

Website: <http://sam.cutr.usf.edu>

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FTA Drug & Alcohol Testing Compliance- A Self-Assessment Tool

Instructions: Using the checklist below, review your level of compliance with USDOT 49 CFR Part 40 and FTA 49 CFR Part 655.

General Administrative

Topic Area	Meeting Compliance?
As the Designated Employer Representative, do you know how to access the FTA and USDOT drug and alcohol testing regulations?	
Does your agency's Drug and Alcohol Policy include all required elements per 655.15?	
Do you maintain documentation that each FTA-covered employee has been provided your agency's Drug and Alcohol Policy?	
Do you ensure that only <u>safety-sensitive employees</u> (as defined in 655.4) are subject to FTA drug and alcohol testing?	
Do you ensure that all safety-sensitive employees receive a minimum of sixty minutes of training on the effects and consequences of prohibited <u>drug</u> use?	
Does your agency ensure that supervisors and other company officials who are authorized to make reasonable suspicion testing determinations have received the minimum training required? (60-minutes on signs and symptoms of alcohol misuse AND 60-minutes on signs and symptoms of prohibited drug use)	
If your agency conducts employer authorized (NON-DOT) testing, do you ensure that the DOT and NON-DOT testing records are maintained separately?	
Do you ensure that the Federal Drug Testing Custody and Control Form (CCF) is only used for FTA testing and always used for FTA required drug testing?	
Do you ensure that the DOT Alcohol Testing Form is only used for DOT testing and always used for DOT testing?	

Do you review Employer copies of the CCFs and ATFs for errors upon receiving them from the collection site? (A CCF Errors and Omissions Checklist is available on the FDOT "SAM" website: http://sam.cutr.usf.edu/resources)	
Do you use a Testing Notification Form to inform the employee of the testing authority (FTA) before performing each test? (A Testing Notification Form is available from http://sam.cutr.usf.edu/resources)	
Do you use a Testing Notification Form to relay the required information per 40.14 to the collection site for each DOT test? (A Testing Notification Form is available from http://sam.cutr.usf.edu/resources)	
Do you ensure that FTA required testing can be conducted at all times of the day and on all days of the week in which safety-sensitive functions are being performed?	
Do you ensure that contractors (if applicable) are in compliance with Parts 655 and 40?	

Previous Employer Testing History (§40.25) / Pre-Employment Testing (§655.41, §655.42)

Topic Area	Meeting Compliance?
Do you inquire about an applicant's previous employer testing history in accordance with DOT requirements (40.25)?	
Do you ensure that you have received a verified negative pre-employment drug test result prior to an applicant's or transferee's FIRST performance of a safety-sensitive function (including safety-sensitive functions performed during training)?	
Does any employee who has not performed a safety-sensitive function and has been out of the random pool for at least 90 days take a pre-employment drug test with a verified negative result before resuming safety-sensitive functions?	

Reasonable Suspicion Testing (§655.43)

Topic Area	Meeting Compliance?
Is the decision to conduct reasonable suspicion testing based on specific, contemporaneous, articulable observations made by a trained supervisor/company official?	
Are employees only subject to reasonable suspicion alcohol testing just before, during, or just after the performance of a safety-sensitive function?	
If the reasonable suspicion alcohol test is not conducted within 2 hours, is there a record of the reason for the delay?	

Post-Accident Testing (§655.44)

Topic Area	Meeting Compliance?
Do you and all applicable supervisors understand the post-accident testing thresholds and apply them correctly? (Reference 655.4 for the thresholds for testing “definition of an accident”)	
Do you and all applicable supervisors document post-accident testing decisions on a Post-Accident Decision and Documentation Form? (Form available from http://sam.cutr.usf.edu)	
Do you and all applicable supervisors understand the requirement to document delays in alcohol testing beyond the first 2 hours following the accident?	
Do you and all the applicable supervisors understand the authorized testing windows (up to 8 hours for alcohol testing and 32 for drug testing)?	

Random Testing (§655.45)

Topic Area	Meeting Compliance?
Are random selections drawn no less than quarterly?	
Are employees selected using a scientifically valid method?	
Do all safety-sensitive employees have an equal chance of being selected each time a draw is performed?	
Is the random selection list transmitted in a secure and confidential manner to the DER?	
Is random testing reasonably spread <u>throughout the calendar year</u> , and across all <u>days of the week</u> and <u>hours of the day</u> that safety-sensitive functions are performed?	
Do you ensure employees notified of selection for random testing proceed immediately to the testing site?	
Are employees only subject to random alcohol testing just before, during, or just after the performance of a safety-sensitive function?	
Do you only excuse employees from random testing for legitimate reasons (i.e., employee is unavailable throughout the remainder of the entire selection period) and maintain a record of any excusals?	
Do you meet the FTA minimum annual testing rates for random testing? (currently 50% drug, 10% alcohol)	

Non-Negative Test Results (§655.35, §655.46)

Topic Area	Meeting Compliance?
Do you know what action you must take following notification of an employee's alcohol test result with a BAC of between 0.02 and 0.039?	
Do you know what action you must take following notification of an employee's MRO-verified drug test result as positive or refusal to test (including refusal due to adulteration or substitution)?	

Do you maintain a list of DOT-qualified Substance Abuse Professionals?	
Do you provide the list of DOT-qualified Substance Abuse Professionals to all <u>applicants</u> and <u>employees</u> who violate the testing program?	

Return-to-Duty and Follow-Up Testing (§655.47)—"Second Chance" Employers

Topic Area	Meeting Compliance?
Do you receive written evaluations and follow-up testing plans from the SAP?	
Do you administer following up testing in accordance with the SAP's plan (no more, no less)?	
Do you ensure that all return-to-duty and follow-up testing is performed under direct observation?	
Do you know what to do if a collection is not conducted under direct observation as required?	

Maintenance of Records (§655.71)

Topic Area	Meeting Compliance?
Are drug and alcohol testing records maintained in a secure location (i.e., locked office, locked file cabinet)?	
Are drug and alcohol testing records accessible only to those who are Designated Employer Representatives (Drug and Alcohol Program Managers)?	

Drug and Alcohol Management Information Systems (DAMIS) Report (§655.72)

Topic Area	Meeting Compliance?
Do you file an accurate DAMIS report containing only your FTA testing data by the date required?	

Drug and Alcohol Policy Writing Resources for FTA Covered Employers

1. FTA's Drug and Alcohol Policy Builder:

The Policy Builder will help you develop a customized anti-drug and alcohol misuse policy statement that is compliant with FTA drug and alcohol regulations. To do this, it will guide you through the different elements of a policy, asking you to choose among various options as appropriate for your workplace. You can begin the process here:

<https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/PolicyBuilder/CreatePolicy.aspx>

2. FDOT's Drug and Alcohol Policy Templates for FTA Covered Employers

To ensure FDOT's compliance with FTA rule, all 5311 sub-recipient agencies and contractors performing transportation services for a 5311 sub-recipient, are required to adopt one of the two policy templates. All transit systems are welcome to use the FTA-compliant policy templates. The following items can be accessed here:

<https://sam.cutr.usf.edu/regulations/>

- a. Instructions for adopting one of the two policy templates
- b. Policy template for "Zero Tolerance" agencies
- c. Policy template for "Second Chance" agencies
- d. Employee Policy Acknowledgement Form

3. Use the FTA's [Policy Requirements Checklist](#) to ensure your own policy includes all required elements, per 655.15.

Training Tools for Safety Sensitive Employees and Supervisors

1. Training for all Safety-Sensitive Employees

- a. FTA Drug Abuse Awareness Video:



This video describes the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use. This video meets the 60-minute training requirements of section 655.14(b)(1) for covered employees. The video can be viewed here:

<https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/DrugAwarenessVideo/Default.aspx>

2. Training for Supervisors in Reasonable Suspicion Determination

When used properly, the two resources below meet the FTA supervisor reasonable suspicion training requirement (49 CFR Part 655.14(b)(2) to authorize supervisors and other company officials on the signs and symptoms of probable prohibited drug use and probable alcohol misuse best practices in making a referral for reasonable suspicion testing.

- a. FDOT's "REACT" Program: <https://sam.cutr.usf.edu/product-details/react-reasonable-suspicion-drug-and-alcohol-testing-decision-training-for-fta-covered-supervisors/>
- b. National RTAP Computer Based Training with a certificate printed upon completion: <https://elearning.nationalrtap.org>

3. Training for Supervisors in Post-Accident Testing



This short, but informative training video addresses the FTA definition of an "accident" and the testing procedures to follow when an event meets the FTA threshold for conducting post-accident drug and alcohol tests. <https://sam.cutr.usf.edu/product-details/post-accident-testing-determination-training-for-supervisors-covered-by-fta/>

Training Tools for Drug and Alcohol Program Managers

1. FDOT's Drug and Alcohol Testing "Small Bytes" video series

The FDOT Drug and Alcohol Testing "Small Byte" is a series of short video presentations that cover one topic area in 10-minutes or less. These can be used as a great refresher tool or for new Drug and Alcohol Program Managers who can become overwhelmed by the amount of information related to the drug and alcohol testing program. These videos are easy to access and easy to share. You can browse the entire video series using this one link: <https://sam.cutr.usf.edu/training/web-based-training/>



2. USDOT's Office of Drug and Alcohol Policy and Compliance Booklet "What Employers Need to Know About DOT Drug and Alcohol Testing"

ODAPC description: If you employ safety-sensitive workers who must have Department of Transportation (DOT) drug and alcohol tests, or you manage a DOT drug or alcohol testing program, this publication can help you understand how to run an excellent program that meets DOT requirements. https://www.transportation.gov/odapc/employer_handbook

3. Instructor Led Training Resources for Drug and Alcohol Program Managers:

- a. Transportation Safety Institute's Substance Abuse Management and Program Compliance Course (3 days): <https://tsi-dot.csod.com/GlobalSearch/search.aspx?s=1&q=>
 - i. NOTE: This course is offered annually at CUTR. Please subscribe to the Substance Abuse Management Listserv to receive notices: <https://sam.cutr.usf.edu/resources/>
- b. FTA National Drug and Alcohol Program Annual Conference: <https://www.transit.dot.gov/regulations-and-programs/safety/annual-fta-drug-and-alcohol-program-national-conference>

Pre-Employment Notification & Acknowledgement

I understand and acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) prior to being hired or transferred into a safety-sensitive position as defined in CFR Part 655¹. I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my pre-employment urine drug test is verified as negative by a Medical Review Officer.

(Print Name)

(Signature)

(Date)

Have you tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position in the past two years? Please circle your response below:

YES

NO

If you answered YES, can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR Part 40, Subpart O? Please circle your response below:

YES

NO

(Print Name)

(Signature)

(Date)

¹ A safety-sensitive function, as described in 49 CFR Part 655 Section 655.4, includes: (1) operating a revenue service vehicle; (2) operating a non-revenue service vehicle, when required to be operated by a CDL holder; (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.

Consent and Release Form – 49 CFR Part 40 Drug and Alcohol Background Check (FTA)

Section I: To be completed by the new employer and signed by the employee, and transmitted to the previous employer.

Employee Name: _____ SS/ID Number: _____

I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by my previous employer, listed in *Section 1-B* to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, section 40.25.

Employee Signature

Date

I-A:

New Employer Name: _____

Designated Employer Representative: _____

Address: _____

Phone #: _____ Fax #: _____

I-B:

Previous Employer Name: _____

Designated Employer Representative: _____

Address: _____

Phone #: _____ Fax #: _____

Section II: To be completed by the previous employer and transmitted to the new employer.

II-A:

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

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? **Yes**____ **No**____

II-B:

Person providing information in Section II-A:

Name: _____ Title: _____

Phone #: _____ Date: _____

FTA Post-Accident Drug & Alcohol Testing Decision Form for Bus Accidents

Date _____ Time of accident: _____ AM/PM

Employee(s) involved: _____ (please use full name)

First, determine if this event meets the FTA's definition of an accident (49 CFR Part 655.4):

1. Was this event the result of the **operation** of a vehicle (including the lift)?

Yes _____ No _____ (If the answer is no, do not continue.)

2. Was there a fatality at the scene? Yes _____ No _____

3. Did any individual involved in the accident suffer bodily injury and immediately receive medical treatment away from the scene of the accident? Yes _____ No _____

4. Did any vehicle involved in the accident sustain **disabling damage**, which **required** the vehicle to transported away from the scene by a tow truck or other vehicle? Yes _____ No _____

If you answered yes to #2, 3 or 4—This event meets the FTA definition of an accident.

In a non-fatal event, you are obligated to consider if the covered employee's actions can be completely discounted as a contributing factor. **If you determine that the employee's actions can be discounted, please provide explanation:**

If you are not able to discount the employee's actions as a contributing factor, or a fatality has occurred at the scene, **FTA Post Accident drug and alcohol testing must be performed, move to page 2 of this document.**

Reasonable Suspicion Determination Report

Employee Name: _____ Employee ID/SSN: _____

Date/Time of Observation: ____/____/____ _____ AM/PM

Date/Time of Determination to Test: ____/____/____ _____ AM/PM

Observed Indicators of Prohibited Drug Use/Alcohol Misuse

Reasonable Suspicion determinations must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the safety-sensitive employee.

Check all indicators observed:

Physical Indicators

- Bloodshot or watery eyes
- Flushed or very pale complexion
- Extensive sweating/skin clamminess
- Dilated or constricted pupils
- Disheveled clothing/unkept grooming
- Unfocused, blank stare
- Runny or bleeding nose
- Jerky eye movement
- Body odor

Behavioral Indicators

- Fidgety/agitated
- Irregular breathing
- Nausea/vomiting
- Slow reactions
- Unstable walking
- Poor coordination
- Hand tremors
- Suspicious, paranoid
- Depressed, withdrawn
- Lackadaisical attitude
- Irritable, moody
- Extreme fatigue

Speech Indicators

- Slurred or slowed speech
- Loud, boisterous
- Incoherent, nonsensical
- Repetitious, rambling
- Rapid, pressured
- Excessive talkativeness
- Exaggerated enunciation
- Cursing, inappropriate speech
- Inability to concentrate
- Impulsive, unusual risk-taking
- Delayed decision-making
- Reduced alertness

Written Summary

Summarize the facts and circumstances surrounding the incident. Attach additional sheets as needed.

Testing Information:

Collection Site Location: _____ Time Arrived: _____AM/PM

1. Was the **alcohol** test performed within **2** hours of the reasonable suspicion determination?

_____ YES

_____ NO, Explain: _____

2. Was the **alcohol** test performed within **8** hours of the reasonable suspicion determination?

_____ YES

_____ NO, Explain: _____

If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.

The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:

Supervisor Name: _____

Phone No: _____

Signature: _____

Date: _____

FTA DRUG AND ALCOHOL TESTING NOTIFICATION FORM

Section 1: Employer and Medical Review Officer Information	
Employer:	MRO:
Name of DER:	Street address:
Street Address:	City, State, Zip:
City, State, Zip:	Phone:
Phone:	Fax:

Section 2: Employee (Donor) Information	
Employee Name:	Employee ID:
Notification Date:	Expected arrival time at collection site: _____
Notification Time:	Attention Collector: If donor arrived late you <u>must</u> call the DER before proceeding. The DER may determine that the employee's delay is a refusal to test.
DER or Supervisor Signature:	Employee Signature:
Collection site address	
Collection site phone number:	

Section 3: Testing to be conducted under FTA authority			
Reason for Test:	Urine Collection	Direct Observation Required	Alcohol Test*
FTA Pre Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTA Random	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTA Post Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTA Reasonable Suspicion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTA Return-to-Duty	<input type="checkbox"/>	Always required	<input type="checkbox"/>
FTA Follow-Up	<input type="checkbox"/>	Always required	<input type="checkbox"/>
*Notify DER at the number provided above if confirmation result is 0.02 or above.			

Drug Testing Custody and Control Form (CCF) Review Checklist

- Does the form read “*Federal Drug Testing Custody and Control Form*” at the top?
- **In Step 1:**
 - Is the correct employer name and address listed? (The employer’s name must be listed here, not the C/TPA.)
 - Is the correct MRO’s name, address, phone, and fax number listed?
 - Is the correct employee ID number or SSN listed?
 - Is the FTA box marked?
 - Is the reason for the test marked correctly?
 - Is the box indicating this is a five-panel test marked?
 - Is the collection site address indicating the location where the test was actually performed and the site’s telephone numbers completed accurately?
- **In Step 2:**
 - Is the Temperature between 90° and 100°F marked (‘Yes’ or ‘No, Enter Remark’)?
 - Is the “Split” collection box marked?
 - If it was an observed collection, is the “Observed” box marked? (This box should not be marked if an observed collection was not performed.)
 - Is there an appropriate comment included in the Remarks Section? The most common need for remarks include: Temperature Out of Range; Insufficient Volume; Adulteration; and Employee Refuses to Sign.
- **In Step 3:**
 - Even though there is no information provided in Step 3 of the form, look at the bottom of the CCF in the Step 7 portion of the Employer’s copy for a faint shadow, imprint, or traces of carbon ink of a date or the employee’s initials.
 - During the collection process, the collector dates, and the employee initials, the bottles seals **after** they have been affixed to the bottles. Carbon shadows in Step 7 indicate the date and/or initials were written on the bottle seals **before** they were affixed to the bottles. **This practice is unacceptable.**
- **In Step 4:**
 - Has the collector printed their name and signed?
 - Is the time and date correct? Make sure the appropriate AM or PM time is indicated. (If an alcohol test was also performed, compare the time on the ATF with the time on the CCF to make sure the alcohol test was completed first.)
 - Is the delivery service name clearly identified in the “Specimen Bottles Released To” box?
- **In Step 5:**
 - Are the employee’s name, telephone number(s), and date of birth provided?
 - Is the date provided?
 - Did the employee sign the form? If not, is this documented in the Remarks Section of Step 2?

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 0000001

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. ABC Transit 55 Broadway St Boston, MA 02101 ID#19272064		B. MRO Name, Address, Phone No. and Fax No. Dr. Maria Parsons 206 Brown Street Syracuse, NY 13202 Phone: 315-443-1242 Fax: 315-443-2351	
C. Donor SSN or Employee I.D. No. <u>123-45-6789</u>			
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input checked="" type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG			
E. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____			
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____			
G. Collection Site Address: DOT Testing Inc 421 Carriage Court Boston, MA: 02111			
		Collector Phone No. <u>617-494-1234</u> Collector Fax No. <u>617-494-4567</u>	

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

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

REMARKS

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

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

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.		SPECIMEN BOTTLE(S) RELEASED TO:	
x <u>Gloria L. Garrett</u> Signature of Collector <u>Gloria L. Garrett</u> (PRINT) Collector's Name (First, Mi, Last)		<u>Fed Ex - UPS CO</u> Name of Delivery Service	
<u>0, 28, 18</u> Date (Mo/Day/Yr)		<u>2:43</u> Time of Collection	

STEP 5: COMPLETED BY DONOR

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

x <u>Katrina P. Clayton</u> Signature of Donor <u>Katrina P. Clayton</u> (PRINT) Donor's Name (First, Mi, Last)		<u>2, 28, 18</u> Date (Mo/Day/Yr)	
Daytime Phone No. <u>(617) 234-1111</u>		Evening Phone No. <u>(617) 192-1243</u>	
		Date of Birth <u>11, 2, 77</u> (Mo/Day/Yr)	

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE POSITIVE for: _____
 DILUTE

REFUSAL TO TEST because - check reason(s) below: _____ TEST CANCELLED

ADULTERATED (adulterant/reason): _____

SUBSTITUTED

OTHER: _____

REMARKS:

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

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

RECONFIRMED for: _____ TEST CANCELLED

FAILED TO RECONFIRM for: _____

REMARKS:

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

CMB No. 0930-0158

Uneventful Urine Collection Checklist

Did the Collector...

- Require the employee to provide positive identification
- Explain the basic collection procedure, show the employee instructions on the back of the CCF
- Direct the employee to remove outer clothing (jacket, hat) and to leave these garments and other personal items (briefcase, purse, etc.) in a mutually agreeable location
 - Advise the employee that failure to comply constitutes a refusal to test
 - Allow the employee to keep his/her wallet
- Direct the employee to empty pockets and display items in them
 - If no potential adulterants are found, allow the employee to return items to pockets
- Use the Federal Drug Testing Custody and Control Form
- Complete Step 1 of CCF
 - Ensure that the name and address of the HHS-certified lab is on the top of the CCF
 - Ensure that the Specimen ID at the top of the CCF matches the Specimen ID on labels/seals
 - Check the Specify Testing Authority (DOT) and the Specify DOT Agency checkboxes
 - Check the Reason for Test box (Pre-Employment, Random, Post-Accident, etc.)
 - Check the Drug Tests to Be Performed box (THC, COC, PCP, OPI, AMP for DOT)
- Instruct the employee to wash/dry hands and not to wash hands again until delivering specimen to the collector
- Ensure a collection container is selected and unwrapped in presence of employee
- Secure the urination facility before the collection
 - Secure any water sources or make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets)
 - Ensure that the water in the toilet tank contains bluing agent
 - Ensure that soap, disinfectants, cleaning agents, or other possible adulterants are not present
 - Inspect the site to ensure that no foreign or unauthorized substances are present
 - Tape or otherwise securely shut any movable toilet tank or puts bluing agent in the tank
 - Ensure that undetected access (e.g., through a door not in your view) is not possible
 - Secure areas and items (e.g., ledges, trash receptacles, paper-towel holders, under-sink areas, drop-down ceiling panels) that appear suitable for concealing contaminants
- Direct the employee to go into the room used for urination and instruct the employee to:
 - Provide at least 45 ml of urine
 - Not flush the toilet
 - Return the specimen to the collector as soon as the void is complete
 - Allow only the employee into the room used for urination
- Check that the specimen contains at least 45 ml of urine (if not, follow shy bladder procedure)
- Read the temperature strip within 4 minutes
 - Mark the appropriate box in Step 2 of CCF (Yes = between 90 and 100 degrees)

- Check the specimen for unusual color, foreign objects/material, or other signs of tampering (odor)
- Mark the box in Step 2 of the CCF indicating a split specimen collection
- Pour at least 30 ml of urine into the primary specimen bottle
- Pour at least 15 ml of urine into the secondary specimen bottle
- Secure the lids or caps on the specimen bottles
- Place the tamper-evident seals on the specimen bottles
 - Date the specimen bottle seals, after they are affixed to the bottle
 - Ensure that the employee initials specimen bottle seals
- Direct employee to read and sign the certification statement on Copy 2 (MRO Copy), Step 5 of the CCF and to provide date of birth, printed name, day and evening contact telephone numbers
- Print collector name in Copy 1, Step 4 of the CCF, record the date and time of the collection, sign the statement, enter the actual name of the delivery service transferring the specimen to the laboratory
- Ensure that all copies of the CCF are legible and complete
- Place specimen bottles and Copy 1 of the CCF in plastic bag and secure both pouches
- Remove Copy 5 of the CCF and give it to the employee
- Advise the employee that he/she may leave the site
- Place the plastic bag in a shipping container and seal the container as appropriate
- Recheck the urination facility, performing all steps as was done prior to the collection to ensure the site's continued integrity
- Conduct the collection for only one employee at a time

MRO Drug Test Result Report Checklist

The MRO may use a signed or stamped and dated legible photocopy of Copy 2 of the CCF to report test results. If the MRO does not report test results using Copy 2 of the CCF, he or she must provide a written report for each test result. This written report must, as a minimum, include the following information:

- MRO name, address, and phone number
- The name of any person other than the MRO reporting the results (if applicable)
- Full name, as indicated on the CCF, of the employee tested
- Donor SSN or employee ID number
- Specimen ID number from the CCF
- The DOT agency, if noted on the CCF
- Reason for the test (e.g., random, post-accident), if indicated on the CCF
- Date of the specimen collection
- Date the MRO received Copy 2 of the CCF from the collector
- Final result of the test and the date the result was verified by the MRO
- For verified positive tests, the drug(s)/metabolite(s) for which the test was positive
(should not include quantitative values for drugs found)
- For cancelled tests, the reason for cancellation
- For refusals to test, the reason for the refusal determination

USDOT Office of Drug and Alcohol Policy and Compliance 2 Videos:

1. DOT's 10 Steps to Collection Site Security and Integrity

This video is intended to help collectors and collection site managers to understand their important roles in making sure that transportation employees do not have an opportunity to beat their drug test. We will show you how to follow DOT collection procedures to improve collection site security and integrity. The video will also help everyone understand the essential elements that will make collections suitable for DOT testing. This video complements the DOT's 10 Steps to Collection Site Security and Integrity poster. By complying with these 10 steps, collection site personnel will communicate to employees and employers that their collection site is following DOT procedures for ensuring collection site security. Collection sites will also be ensuring that they are maintaining the integrity of the collection process by limiting the employee's opportunity to alter or adulterate their specimens.

<https://www.transportation.gov/odapc/collection-site-security-integrity-video>

2. DOT's Mock Collection Video

This video is intended for use by those who administer collection sites and by those who evaluate collection activities on behalf of transportation employers. It provides viewers an opportunity to learn the steps necessary to have collectors conduct mock urine collections. Collection site supervisors and administrators will have an additional tool to help them learn if their collectors are appropriately following the DOT collection requirements and to take appropriate measures to correct identified concerns. By having your collectors conduct mock collections, you will be able to determine if the collector properly completes the collection steps, maintains integrity and security at the collection, site and correctly completes the custody and control form. At the same time, this video is intended to provide you with more insight and specific information that you will be able to provide the collector and collection site on conducting a proper collection. For a number of years, and with success, the video has been used by DOT Agency and United States Coast Guard inspectors and auditors. We would urge its use by anyone responsible for ensuring that collectors are adhering to DOT collection procedures, to include Third-Party Administrators, collection site administrators, and employers.

https://www.transportation.gov/sites/dot.gov/files/asset_videos/collection_video/OSTVideoPlayer3.htm

Order FTA Lanyard Cards:

1. Order FREE Post-Accident Testing Threshold Lanyards for Road Supervisors:

<https://transit-safety.fta.dot.gov/DrugAndAlcohol/publications/DocumentInfo.aspx?DocID=440>

These 3.5 x 2.25" laminated cards act as a guide for employer representatives that have the responsibility to make post-accident determinations in conjunction with FTA drug and alcohol testing regulations and requirements (49 CFR Part 655.4 and 655.44). The cards provide guidance on FTA post-accident thresholds, who should be tested and timelines for testing.

2. Order FREE Reasonable Suspicion Determination Lanyards for Supervisors:

<https://transit-safety.fta.dot.gov/DrugAndAlcohol/publications/DocumentInfo.aspx?DocID=1243>

These 3.5" by 2.25" laminated cards act as a guide for employer representatives that have the responsibility to make reasonable suspicion determinations in conjunction with FTA drug and alcohol testing regulations and requirements (be 49 CFR Parts 655.14(b)(2) and 655.43).



Stay in the Loop with the Listservs!

USDOT's Office of Drug and Alcohol Policy and Compliance:
<https://www.transportation.gov/odapc/ListServe> Notices

FTA Updates (pick topic area):
https://public.govdelivery.com/accounts/USDOTFTA/subscriber/new?topic_id=USDOTFTA_73h

FDOT's Substance Abuse Management Listserv:
<https://sam.cutr.usf.edu/resources/>

Diana Byrnes, CSAPA
Certified Substance Abuse Program Administrator
Center for Urban Transportation Research
University of South Florida
813-426-6980
<https://sam.cutr.usf.edu>