

**STOREY COUNTY ADMINISTRATIVE
POLICIES AND PROCEDURES**

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SUBJECT: VEHICLE OPERATORS DRUG AND ALCOHOL POLICY

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- Employee Acknowledgement Form (Form 206A-F1)
- Consent to Release of Drug / Alcohol Information Drug /Alcohol Testing (Form 206A-F2)
- Drug / Alcohol Test Informed Consent (Form 206A-F3)
- DOT Alcohol Testing Form (Form 206A-F4)
- Suggested Steps for Reasonable Suspicion Drug / Alcohol Testing (Form 206A-F5)
- Documentation for Reasonable Suspicion Drug / Alcohol Testing (Form 206A-F6)
- Federal Drug Testing Custody and Control Form (Current Form #OBM No. 0930-0158 is available on website www.health.org/workplace)

I. **Statement of Purpose**

The employer seeks to operate a drug- and alcohol-free workplace that is in compliance with the Federal Department of Transportation (DOT) (49 CFR Part 40) and the Federal Motor Carrier Safety Regulations (FMSCR), as prescribed by the Federal Motor Carrier Safety Administration (FMCSA) (49 CFR Parts 382, 383, 387, 390-397, and 399). Therefore, it is the policy of the employer that all employees who perform safety-sensitive functions as defined in this policy, including employees required to maintain commercial driver's licenses (CDL), be drug and alcohol free.

To further this goal, the employer has implemented this Vehicle Operators Drug and Alcohol Policy. The policy provides the employer with reasonable measures to ensure that an employee's drug or alcohol use does not jeopardize the employer's successful operations, the employer's workplace, its employees, or the general public.

II. **Coverage**

The Vehicle Operators Drug and Alcohol Policy covers all employees who are required to obtain and maintain a CDL as a qualification for their position. All employees covered by this policy are referred to as "drivers" for the purposes of this policy. A CDL is required for all drivers that operate a vehicle:

1. In excess of 26,000 pounds Gross Vehicle Weight Rating (GVWR); or
2. Designed to carry 16 or more passengers (including the driver); or
3. Of any size which is used in the transportation of a placardable amount of hazardous material.

This includes, but is not limited to: full-time, part-time, casual, intermittent, or occasional drivers. Mechanics who operate commercial vehicles to test their operations are specifically covered by this policy.

III. **Basic Information about Alcohol and Controlled Substances**

Section 382.601(b) of the FMSCR requires that all employees be provided with information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or a controlled substances problem; and available methods of intervening when an alcohol or a controlled substances problem is suspected.

1. Alcohol

a. Health Effects

- The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use. The three primary dangers are fatty liver, alcoholic hepatitis, and cirrhosis.
- Heavy alcohol use can also severely affect the gastrointestinal tract, contributing to inflammation of the esophagus, exacerbating peptic ulcers, and causing acute and chronic pancreatitis. It interferes with the absorption of nutrients from food and contributes to malnutrition.

- Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension, and strokes.
- Either because of direct action or indirectly through the malnutrition, liver disease, and other effects it causes, alcohol depresses immune system functioning and increases the likelihood of infection.
- There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx.
- Heavy alcohol consumption causes brain damage, manifested through dementia, blackouts, seizures, hallucinations, and peripheral neuropathy.
- Birth defects.

b. Workplace Issues

- Alcohol affects vision, reflexes, coordination, emotions, aggressiveness, and judgement, which deprives a professional driver of most of the tools s/he relies upon to perform safely.
- Hangovers also present a risk to driving behavior. The sick feeling associated with hangovers, including headaches, nausea, and other symptoms, can distract a driver's attention and lead to accidents even though alcohol may no longer be detectable in the body.

c. Signs and Symptoms of Use

- Evidence of presence of alcohol: Bottles, cans, and other containers which alcohol-containing beverages may have been purchased and/or consumed in; bottle caps from alcohol containers; bottle or can openers; drivers drinking from paper bags; odor of alcohol on containers or on driver's breath.
- Physical symptoms: Reduction of reflexes, slurred speech, loss of coordination, unsteady gait.
- Behavioral symptoms: Increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, gross effects on thinking and memory.

2. Marijuana

a. Health Effects

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with a fungus called Aspergillus, which can cause serious respiratory tract and sinus infections.

- Marijuana smoking lowers the body's immune system response, making users more susceptible to infection.
- Chronic smoking causes changes in brain cells and brain waves.
- Decrease in fertility.
- Birth defects.
- Delayed decision making, diminished concentration, impaired short-term memory, erratic cognitive function, distortion of time estimation.

b. Workplace Issues

- The active chemical, THC, is stored in body fat and slowly released.
- Marijuana smoking has long-term effects on performance.
- Increased THC potency in modern marijuana increases the impairment.
- Combining alcohol or other depressant drugs with marijuana increases impairment.

c. Signs and Symptoms of Use

- Evidence of presence of marijuana: Plastic bags (commonly used to sell marijuana); smoking papers; roach clip holders; small pipes of bone, brass, or glass; smoking bongs; distinctive odor.
- Physical symptoms: Reddened eyes; stained fingertips from holding joints; chronic fatigue; irritating cough; chronic sore throat; accelerated heartbeat; slowed speech; impaired motor coordination; altered perception; increased appetite.
- Behavioral symptoms: Impaired memory; time-space distortions; feeling of euphoria; paranoia; false sense of power.

3. Cocaine

a. Health Effects

- Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing damage to critical nerve cells.
- The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong dependency can occur with one "hit" of cocaine. Usually mental dependency occurs within days of using. Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than those of other chemical dependencies.

- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention.

b. Workplace Issues

- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapses in attention and ignoring warning signals increases probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness and missing assignments.

c. Signs and Symptoms of Use

- Evidence of presence of cocaine: Small folded envelopes, plastic bags, or vials used to store cocaine; razor blades; cut-off drinking straws or rolled bills for snorting; small spoons; heating apparatus.
- Physical symptoms: Dilated pupils, runny or irritated nose, profuse sweating, dry mouth, tremors, needle tracks, loss of appetite, hyperexcitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, formication (sensing of bugs crawling on skin).
- Behavioral symptoms: Increased physical activity, depression, isolation and secretive behavior, unusual defensiveness, frequent absences, wide mood swings, difficulty in concentration, paranoia, hallucinations, confusion, false sense of power and control.

4. Opioids

a. Health Effects

- Intravenous users have a high risk of contracting hepatitis or AIDS when sharing needles.
- Increased pain tolerance. As a result, a person may more severely injure themselves and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressants causing an increased risk for an overdose.
- Because of tolerance, there is an ever increasing need for more.
- Strong mental and physical dependency occurs.
- With increased tolerance and dependency combined, there is a serious financial burden for the user.

b. Workplace Issues

- Side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the user at high risk for an accident.

- Causes impairment of physical and mental functions.
- c. Signs and Symptoms of Use
- Evidence of presence of opioids: Foil, glassine envelopes, or paper “bindles” (packets for holding drugs); balloons or prophylactics used to hold heroin; bloody tissues used to wipe the injection site; a pile of burned matches used to heat the drug prior to injection.
 - Physical symptoms: Constricted pupils, sweating, nausea, and vomiting, diarrhea, needle marks or “tracks”, wearing long sleeves to cover “tracks”, loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, and drowsiness and fatigue.
 - Behavioral symptoms: Mood swings, impaired coordination, depression and apathy, stupor, euphoria.
5. Amphetamines
- a. Health Effects
- Regular use causes strong psychological dependency and increased tolerance.
 - High doses may cause toxic psychosis resembling schizophrenia.
 - Intoxication may induce a heart attack or stroke due to increased blood pressure.
 - Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
 - Euphoric stimulation increases impulsive and risk taking behavior, including bizarre and violent acts.
 - Withdrawal may result in severe physical and mental depression.
 - Long-term heavy use can lead to malnutrition, skin disorders, ulcers, and various diseases that come from vitamin deficiencies.
- b. Workplace Issues
- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest, which can result in increased accidents.
 - With heavy use or increasing fatigue, the short-term mental or physical enhancement reverses and becomes an impairment.
 - The hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.
- c. Signs and Symptoms of Use
- Evidence of presence of amphetamines: Most frequently – pills, capsules, or tablets; envelopes, bags, vials for storing the drug; less frequently – syringes, needles, tourniquets.

- Physical symptoms: Dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on level of the dose).
- Behavioral symptoms: Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power.

6. Phencyclidine (PCP)

a. Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced, and treating with Thorazine, can be fatal.
- Irreversible memory loss, personality changes, and thought disorders may result.

b. Workplace Issues

- Not common in workplace primarily because of the severe disorientation that occurs.
- The distortions in perception and potential visual and auditory delusions make performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma.

c. Signs and Symptoms of Use

- Evidence of presence of PCP: Packets, stamps, injection paraphernalia, herbs.
- Physical symptoms: Dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination (e.g., drunken-like walk, staggering), severe disorientation, rapid heartbeat.
- Behavioral symptoms: Anxiety, panic/fear/terror, aggressive/violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, auditory hallucinations.

7. Intervening When an Alcohol or a Controlled Substances Problem is Suspected

No matter what the employee's position is in the organization, it is requested that any signs or symptoms of drug use or alcohol abuse be reported to the employee's immediate supervisor. Alternatively, employees may report any signs or symptoms to the Designated Employer Representative (DER).

Employees who suspect they may have a substance abuse problem are encouraged to seek counseling and rehabilitation from the employer's Employee Assistance Program (EAP) provider, a substance abuse professional (SAP), or other treatment provider. The employer's medical insurance policy may provide for payment of some or all of the treatment costs.

IV. Education and Training

In an ongoing effort to prevent and eliminate substance abuse in the workplace, the employer provides drivers with information and referral resources regarding substance abuse. In addition, supervisors receive a minimum of sixty (60) minutes of training on controlled substance use and sixty (60) minutes of training on alcohol misuse to include the identification of actions, appearance, and conduct of a driver that may indicate drug use and/or alcohol misuse.

V. Safety-Sensitive Functions

Pursuant to the FMSCA, safety-sensitive functions mean any of the following on-duty functions.

On-duty means all the time from the time a driver begins to work or is required to be in readiness to work until the time s/he is relieved from work and all responsibility for performing work. On-duty work includes:

1. All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
2. All time inspecting, servicing, or conditioning any commercial motor vehicle or equipment at any time;
3. All time spent at the driving controls of a commercial motor vehicle in operation;
4. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth;
5. All time loading or unloading a vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

VI. Prohibited Conduct

The following conduct is prohibited for purposes of this program. No driver shall:

1. Consume alcohol while performing safety-sensitive functions;
2. Perform a safety-sensitive function within four (4) hours after using alcohol;
3. Have an alcohol concentration of .02 or greater just before, during, and just after performing his/her safety-sensitive functions.

- If a driver has a blood alcohol content (BAC) of .02 to .039, the driver will be immediately removed from all safety-sensitive functions for a period of twenty-four (24) hours.
 - If a driver has a BAC of .04 or greater just before, during, or just after performing a safety-sensitive function, the immediate consequences shall include the driver being removed from safety-sensitive functions and referred to an evaluation by a Substance Abuse Professional (SAP).
 - In addition, the employer may take additional disciplinary action against a driver who has a test result of .02 or greater;
4. Use alcohol for eight (8) hours following an accident or until the driver undergoes a post-accident test, whichever comes first;
 5. Possess alcohol while on duty, unless the alcohol is manifested and transported as a part of the shipment;
 6. Use or possess any drug, except when use is pursuant to the instructions of a physician or dentist who has advised the driver that the substance does not adversely affect the driver's ability to operate a commercial motor vehicle.

NOTE - Prescription Drugs: Drivers may take over-the-counter or prescription drugs under the guidance of a physician in the course of medical treatment.

A driver should ask his/her physician or pharmacist whether the use of the prescription drug or over-the-counter drug could adversely affect his/her ability to perform safety-sensitive functions. Drivers must follow all manufacturers' directions or package inserts when taking any over-the-counter or prescription drugs.

In addition, the employer requires a driver to report that s/he is using any over-the-counter or prescription drug if the use of the drug could affect the safe performance of his/her safety-sensitive functions;

1. Test positive for drugs;
2. Refuse to submit to a post-accident, random, reasonable suspicion, or follow-up drug or alcohol test;
3. Switch, adulterate, or commit any other misconduct pertaining to any breath, urine, or saliva sample;
4. Fail to provide an adequate sample for testing without a valid medical explanation;
5. Disclose to individuals, other than on a need-to-know basis, information pertaining to alcohol and/or drug testing referrals, results of such testing or treatment referrals;
6. Fail to sign the DOT Alcohol Testing Form (ATF) (see Form 206A-F4) or Federal Drug Testing Custody and Control Form (CCF) (see current form on website www.health.org/workplace);
7. Fail to consent and sign the Drug/Alcohol Test Informed Consent Form (see Form 206A-F3);

8. Fail to consent and sign the Consent to Release of Drug / Alcohol Information-Drug / Alcohol Testing Form (see Form 206A-2 and Form 206A-F3);
9. Fail to report to the collection site in the time allocated;
10. Leave the scene of an accident without a valid reason before submitting to a post-accident test;
11. Engage in any other conduct that clearly obstructs the testing process; and
12. Use illicit drugs on or off duty.

VII. **Consequences for Violation of the DOT/FMCSA Drug and Alcohol Policies**

The Federal DOT/FMCSA mandates certain immediate consequences whenever a driver engages in prohibited conduct. These consequences include removal from duty and referral to a SAP. In addition, it is important to note that the Employer may apply additional consequences, up to and including termination, for violation of this policy and DOT/FMCSA. **A driver who is removed from performing safety-sensitive functions may be suspended, without pay.**

A. **Consequences for Drivers for a Confirmed Violation of this Policy**

Specific immediate consequences shall occur whenever a driver:

1. Has a verified, positive drug test or an alcohol test result of .04 or greater.²
2. Consumes alcohol while performing or four (4) hours before performing a safety-sensitive function.
3. Consumes alcohol within eight (8) hours following an accident or before s/he is tested, whichever occurs first.
4. Refuses to submit³ to any required random, post-accident, reasonable suspicion, or follow-up test.

²Drivers who have a BAC of .02 to .039 will be removed immediately from performing any safety-sensitive functions for twenty-four (24) hours. The Employer may take additional disciplinary action.

³Refusal to submit to (an alcohol or controlled substance) test means: (a) Failure to appear for any test (except a pre-employment test) within a reasonable period of time, as determined by the employer, consistent with applicable FMCSA regulation, after being directed to do so by the employer. This includes the failure of an employee (including an owner-operator) to appear for a test when called by a [Consortium/Third-party Administrator (C/TPA)] (see 49 CFR 40.61 (a)); (b) Failure to remain at the testing site until the testing process is completed, provided that an employee who leaves the testing site before the testing process commences [see 49 CFR 40.63(c)], a pre-employment test is not deemed to have refused to test; (c) Failure to provide a urine specimen for any drug test required by 49 CFR Part 40, or Part 382, or DOT agency regulations, provided that an employee who does not provide a urine specimen, because s/he has left the testing site before the testing process commences [see 49 CFR 40.63(c)] for a pre-employment test is not deemed to have refused to test; (d) In the case of a directly observed or monitored collection in a drug test fails to permit the observation or monitoring of the drug's provision of a specimen [see 49 CFR 40.67(l) and 40.69 (g)]; (e) Failure or declines to take a second test the employer or collector has directed the driver to take; (f) Failure to undergo a medical examination or evaluation as directed by the Medical Review Officer (MRO) as part of the verification process, or as directed by the Designated Employer Representative (DER) under 49 CFR 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment; (g) Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed to do so by the collector, behave in a confrontational way that disrupts the collection process; or (h) Is reported by the MRO as having a verified, adulterated, or substituted test result.

5. Possesses drugs or alcohol in violation of this policy.

The immediate consequences are:

1. The driver will be immediately removed from performing all safety-sensitive functions.
2. The driver may be disciplined, up to and including termination.
3. The driver will be referred for evaluation by a SAP. When an employee has a verified, positive, adulterated or substituted test result, or has otherwise violated this policy, the employer shall not return the employee to the performance of safety-sensitive functions until or unless the employee completes the return-to-duty process provided in this policy.

If the employer decides to continue employing a driver who has violated this policy or DOT/FMCSA, the following shall occur:

1. The driver will receive, from the employer, information on resources available to the driver to resolve and evaluate any problems associated with substance abuse.
2. Before being returned to his/her safety-sensitive functions, the driver must undergo a return-to-duty drug and/or alcohol test.
3. If the driver required treatment as recommended by a SAP, the driver must complete the treatment and be re-evaluated by a SAP before submitting to a return-to-duty test.
4. If the driver required treatment as recommended by a SAP, the driver will be subject to unannounced follow-up drug and/or alcohol tests.

B. Consequences for Job Applicants

1. Applicants who fail a pre-employment test will be denied employment.
2. A current employee (who is transferring to a covered position) who fails a pre-employment test will not receive the position. In addition, the employer may refer the employee to a SAP for evaluation and treatment and may take additional disciplinary actions.

C. Failure of a Post-Accident Test

A driver who has a positive drug or alcohol test result following an accident, as provided in Section D. of this policy, will be terminated from employment.

D. DOT Penalties

NOTE: Employer discipline is likely in addition to the DOT penalties.

Any driver who violates the DOT/FMCSA drug and alcohol rules will be subject to civil or criminal penalties. (see Appendix D of this policy).

In addition, 49 CFR §383.51 also provides penalties for drug- and alcohol-related conduct of commercial motor vehicle drivers (see Appendix D of this policy).

The following are “disqualifying” offenses:

1. Driving a commercial motor vehicle while under the influence of drugs or alcohol.
2. Refusing to submit to a test as required by any state or jurisdiction in the enforcement of federal or state law.
3. Leaving the scene of an accident involving a commercial motor vehicle.

First Offenders: A driver who is convicted of driving a commercial motor vehicle while under the influence of drugs or alcohol for the first time will be disqualified for a period of one (1) year provided the vehicle was not transporting hazardous materials. If the vehicle was transporting hazardous materials, the driver will be disqualified for a period of three (3) years.

In addition, a driver who is convicted of the use of a commercial motor vehicle in the commission of a felony involving manufacturing, distributing, or dispensing drugs (controlled substances) is disqualified for life.

Second Offenders: A driver who is convicted of driving a commercial motor vehicle while under the influence of drugs or alcohol for a second time will be disqualified for life. Ten (10) years after the violation, if the driver has voluntarily enrolled in and successfully completed an appropriate treatment program, the driver may apply for reinstatement of his/her CDL.

Third Offenders: If a reinstated driver is convicted of another drug- or alcohol-related offense, s/he will be permanently disqualified for life, and will not be eligible to re-apply for a reduction of the lifetime disqualification.

E. Employer-Imposed Penalties and Actions

All violations of this policy (even a first offense) will serve as the basis for discipline, up to and including termination. The severity of the penalty imposed by the employer will depend on the circumstances of each case. However, drivers need to be aware that any offense, including but not limited to possession, sale or use of controlled substances or illegally used drugs on employer premises or while on duty is likely to result in immediate termination.

In addition to any disciplinary action imposed for a violation of this policy, or while such actions are held in abeyance, the employer may, at its sole discretion, refer the driver for appropriate assessment, counseling, and/or a treatment program as applicable. However, the employer reserves the right to make the final decision.

VIII. Alcohol and Drug Testing

The methods used to determine the presence of alcohol and/or drugs in the driver's system under the DOT/FMCSA regulations include a urine⁴, breath, and/or saliva test. All alcohol and drug testing will be conducted in accordance with DOT procedures for transportation workplace drug and alcohol testing programs, 49 CFR Part 40. Any employee who refuses to submit to discovery testing for alcohol or drugs pursuant to this policy will be deemed to have failed the test and will be subject to disciplinary action, up to and including termination. Drivers will be subject to the following types of alcohol and drug testing:

- Pre-employment testing
- Reasonable suspicion testing
- Post-accident testing
- Random testing
- Return-to-duty testing
- Follow-up testing

A. Testing Forms

1. The Federal Drug Testing Custody and Collection Form (CCF) (see current form on website <https://www.transportation.gov/sites/dot.dev/files/docs/Alcohol-Drug-Testing-Form-Suppliers.pdf>) must be used for each drug test under this policy, and the DOT Alcohol Testing Form (ATF) (see Form 206A-F4) must be used for each alcohol test under this policy.
2. Tests under the Vehicle Operators Drug and Alcohol policy must be conducted prior to and separate from any other drug or alcohol tests. The employer shall not use the CCF or the ATF in non-DOT Drug and Alcohol Testing Programs.

B. Pre-Employment Testing

1. All driver applicants⁵ whom the employer intends to hire or use to perform safety-sensitive functions must give their consent and submit to a urine drug test (see Form 206A-F4).
2. The employer may choose not to require pre-employment drug testing for a driver applicant if the employer can verify the individual:
 - a. Has participated in a valid controlled substance testing program that meets the requirements of 49 CFR Part 382, within the previous thirty (30) days; and
 - b. Was tested for controlled substances within the past six (6) months from date of application with the employer while participating in the program, or participated in a random testing program within

⁴ *All urinalysis tests for drugs will use the "split sample" method of collection. The driver's urine sample will be split into two specimen bottles. One will contain the primary specimen; and the other, the split specimen. The split specimen will be preserved under stringent laboratory conditions. Whenever a driver employee receives notification of a positive drug test, the driver may request that the split sample be tested in a different laboratory that is certified by the Department of Health and Human Services (DHHS). This request must be made within seventy-two (72) hours after the Medical Review Officer (MRO) gives the driver notification of the positive drug test.*

⁵ *Includes current employees*

the previous twelve (12) months from the date of application with the employer.

- c. After obtaining the driver applicant's written consent via completion of the Consent to Release of Drug/Alcohol Information Drug/Alcohol Testing Form (see Form 206A-F2), the employer will verify that no former employer of the driver applicant in the preceding two (2) years has knowledge or records that the individual:
 1. Had an alcohol test with a result of .04 alcohol concentration or greater; or
 2. Had a verified positive-controlled substance test result; or
 3. Refused to be tested; or
 4. Violated other DOT drug and alcohol testing regulations.
3. With respect to a driver applicant's violation of a DOT drug and alcohol regulation, the employer shall obtain documentation of the driver applicant's successful completion of return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process, the employer shall obtain this information from the employee. Refer to 49 CFR 40.25 for guidance, if unable to obtain this information.
4. As the employer, the employer shall also ask the employee whether s/he has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain safety-sensitive transportation work covered by Federal Highway Safety Administrator's Drug and Alcohol Testing Rules during the past two (2) years. If the employee admits that s/he had a positive test or a refusal to test, the employer shall not use the employee to perform safety-sensitive functions until and unless the employee documents successful completion of the return-to-duty process.
5. If information is requested from another employer, the employer shall, after reviewing the employee's specific written consent, immediately release the requested information to the employer making the inquiry. As an employer requesting the information required, the employer shall maintain a written confidential record of the information the employer obtained of the good faith efforts the employer made to obtain the information. The employer shall retain this information for three (3) years from the date of the employee's first performance of safety-sensitive functions for the employer.
6. (Optional) The employer may, but is not required to, conduct pre-employment alcohol testing. If such tests are conducted, the employer shall comply with the requirements of 49 CFR 382.301.

C. Reasonable Suspicion Alcohol and/or Drug Testing

A driver shall be required to submit to an alcohol and/or drug test when the employer has reasonable suspicion the driver has violated the prohibitions of the alcohol and/or drug policy.

- **Determining Reasonable Suspicion**

A supervisor shall determine that reasonable suspicion exists that requires the driver to undergo testing based on directly making specific contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. In addition, the observations for drug use may include indications of the chronic use and/or the withdrawal effects of controlled substances.

- **Timing of a Reasonable Suspicion Test**

- 1) Alcohol testing is authorized only if the observations are made during, just preceding, or just after the driver performs safety-sensitive functions. A driver shall be directed to undergo reasonable suspicion testing only while the driver is performing safety-sensitive functions, just before the driver is performing safety-sensitive functions, or just after the driver has ceased performing such functions.
- 2) Alcohol testing shall occur as soon as possible after the observed conditions or event. If the test is not administered within two (2) hours, the employer shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If the alcohol test is not administered within eight (8) hours, the employer shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test.
- 3) Drug testing shall occur as soon as possible after the observed conditions or event. If the test is not administered within thirty-two (32) hours, the employer shall cease attempts to administer the drug test and shall state in the record the reasons for not administering the test.

- **Documentation of a Reasonable Suspicion Test**

A written record of the driver's conduct that creates reasonable suspicion shall be prepared and signed by the supervisor(s) who made the observations within twenty-four (24) hours of the observed behavior or before the results of the test are released, whichever is earlier (see Documentation Reasonable Suspicion Drug / Alcohol Testing Form [See Form 206A-F6]).

- **Transportation of Driver for Reasonable Suspicion Testing**

A driver who is required to submit to reasonable suspicion testing shall be transported by the employer to the location of the test. After the driver submits to the test, the employer shall provide transportation for

the driver to his/her home. The driver shall be placed on leave with pay, pending test results.

D. Post-Accident Testing

No requirements in this section shall be construed to require the delay of necessary medical attention for injured people following an accident, or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

Drivers who are involved in an accident shall be sent for an alcohol and drug test following the accident whenever:

1. The accident involved a fatality; or
2. The driver received a citation for a moving traffic violation arising from the accident, and the accident involved:
 - a. Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - b. One or more of the vehicles involved in the accident was towed away from the scene.

Type of Accident Involved	Has Citation Been Issued to the CMV Driver?	Must be Tested by employer?
Human fatality	Yes	Yes
	No	Yes
Bodily injury with immediate medical treatment away from the scene	Yes	Yes
	No	No
Disabling damage to any motor vehicle requiring tow away	Yes	Yes
	No	No

- The Employer’s Responsibility
 - 1) The employer shall provide drivers with necessary post-accident report information, procedures, and instructions before the driver operates a commercial motor vehicle to allow drivers to comply with the testing requirements.
 - 2) The employer is responsible for adhering to the following post-accident timeline, including any recording requirements.

Time Lapsed	Action Required
2 hours	ALCOHOL – If the driver has not submitted to an alcohol test at this time, the employer will prepare and maintain on file, a statement of the

	reasons the test was not promptly administered.
8 hours	ALCOHOL – The employer shall cease attempts to administer an alcohol test and prepare and maintain on file, a statement of the reasons why the test was not promptly administered.
32 hours	DRUGS – If the driver has not submitted to a drug test at this time, the employer shall cease attempts to administer the test and prepare and maintain on file, a statement of the reasons why the test was not promptly administered.

3) In the event that federal, state, or local officials conduct a breath or blood test for the use of alcohol and/or urine tests for the use of drugs following an accident, these tests shall be considered to meet the DOT requirements, providing the tests conform to applicable federal, state, or local testing requirements and that the results of the tests are obtained by the employer. The employer shall provide transportation for the driver to the location of the test. After the driver submits to the test, the employer shall provide transportation for the driver to his/her home.

- **Driver’s Responsibility**

A driver is obligated to complete a post-accident report form, to follow the post-accident instructions supplied by the employer, and to see that the alcohol and/or drug test(s) are conducted.

- 1) A driver must submit to an alcohol test as soon as practicable, but not later than eight (8) hours after the accident.
- 2) A driver must submit to a drug test as soon as practicable, but not later than thirty-two (32) hours following the accident.
- 3) In the event a driver is so seriously injured that the driver cannot provide a blood, breath, or urine specimen at the time of the accident, the driver must provide necessary authorizations, as soon as the driver’s physical condition allows, to enable the employer to obtain hospital records or other documents that indicate whether there were drugs or alcohol in the driver’s system when the accident occurred.
- 4) In the event federal, state, or local officials conducted alcohol and/or drug testing following an accident as provided in Section D.3. “Employer’s Responsibility,” the driver will be required to sign a release allowing the employer to obtain the test results from such officials.
- 5) A driver who is subject to a post-accident test must remain readily available for testing. A driver who leaves the scene before the test is administered or who does not make himself/herself readily available may be deemed to have refused to be tested and such refusal shall be treated as a positive test. Further, the driver, subject to a post-accident test, must refrain from consuming

alcohol for eight (8) hours following the accident, or until the driver submits to an alcohol test, whichever comes first.

- 6) For safety reasons, a driver required to submit to post-accident testing will be placed on administrative leave, with pay, pending receipt of the post-accident testing result.

E. Random Testing

All drivers are subject to random alcohol and drug testing.

1. Random Selection Process

- a. The selection of drivers for random alcohol and drug testing shall be made from a random number table or a computer-based random number generator that is matched with the driver's social security number. Random testing will be unannounced and the dates for administering the tests will be spread reasonably throughout the year; and
- b. The employer will drug test, at a minimum, twenty-five percent (25%) of the average number of driver positions each calendar year. The employer will alcohol test, at a minimum, ten percent (10%) of the average number of driver positions each calendar year.

The employer utilizes a Consortium/Third-party Administrator (C/TPA) to conduct random testing for alcohol and controlled substances. The total number of drivers to be calculated shall be based on the total number of drivers covered by the C/TPA at the same minimum annual percentage rate.

2. Timing for Random Testing

- a. Random drug testing will be performed at any time while the driver is at work;
- b. Random alcohol testing will be performed just before, during, or just after the driver is performing safety-sensitive functions; and
- c. A driver selected for random testing shall proceed immediately to the test site. A driver who engages in conduct, which does not lead to testing as soon as possible after notification, may be considered to have refused to test and such refusal shall be treated as a positive test.

F. Return-to-Duty Process and Testing

1. Referral

A driver, who has violated a DOT Drug and Alcohol Regulation, shall be provided by the employer or through a C/TPA or other Service Agent a listing of SAPs including their names, addresses, and telephone numbers of SAPs who are readily available to the employees and acceptable to the employer.

2. SAP and Treatment Services for Employees

- a. The employer may, but is not required to, offer an employee an opportunity to return to a position performing DOT safety-sensitive functions following a violation of a DOT drug or alcohol regulation.
 - b. Before the employee again performs a safety-sensitive function following a violation, the employer must ensure that the employee receives an evaluation by a SAP, and that the employee successfully complies with the SAP's evaluation recommendations.
 - c. Payment for SAP evaluations and services shall be the responsibility of the employee, or as otherwise covered in the employer's health care benefits, and/or governed by existing management/labor agreements.
3. SAP Evaluation/Recommendations
- a. Once an employee with a DOT Drug and Alcohol Regulation violation has been evaluated by a SAP, neither the employee nor the employer can seek a second SAP evaluation in order to obtain another recommendation.
 - b. If the employee, contrary to (a) above, does obtain a second SAP evaluation, the employer may not rely on it.
4. Changing a SAP Initial Evaluation
- a. Except as provided in (b) below, no one may change in any way the SAP's evaluation or recommendations for assistance.
 - b. The SAP who made the initial evaluation may modify his/her initial evaluation and recommendations based on new or additional information (e.g., from an education or treatment program).
5. Additional Treatment, Aftercare Services
- The employer, upon receiving recommendations from a SAP for an employee who has resumed the performance of safety-sensitive functions,) may, in addition to follow-up tests:
- a. Require the employee to participate in the recommended services as a part of the return-to-duty agreement with the employee;
 - b. Monitor and document the employee's participation in the recommended services; and
 - c. Make use of SAP and employee assistance program (EAP) services in assisting and monitoring the employee's compliance with the SAP recommendations.

G. Follow-Up Testing

If the employer decides to permit the employee to return to the performance of safety-sensitive functions, the employee must take a return-to-duty test after the SAP has determined that the employee has successfully complied with the prescribed treatment and/or education.

The employer must direct a collection under direct observation if the drug test is a return-to-duty test or follow up test.

The employee must have a negative drug test and/or an alcohol test with an alcohol concentration of less than 0.02 before resuming performance of safety-sensitive functions.

All drivers who have committed a violation of DOT Drug or Alcohol regulations will be subject to a written follow-up drug and/or alcohol testing plan prepared by the SAP. A copy of this plan shall be presented directly to the Designated Employer Representative (DER).

Follow-up testing applies during the period following completion of a treatment program. The driver will be subject to a minimum of six (6) unannounced, follow-up drug and/or alcohol tests over the following twelve (12) months following the employee's return to safety-sensitive functions.

The SAP can require additional testing up to a maximum of sixty (60) months from the date the driver returns to duty. Likewise, the SAP can terminate the additional follow-up testing that was ordered in excess of the minimum twelve (12) month period.

A driver whose follow-up alcohol test result is .02 to .039 must be removed from any safety-sensitive functions for twenty-four (24) hours. This test result is not a violation of the DOT/FMCSA regulations. The employer may also impose additional disciplinary action.

The employer shall carry out the SAP's follow-up testing requirements. The employee shall not be permitted to perform safety-sensitive functions, unless follow-up testing is completed as directed by the SAP.

The employer shall schedule follow-up tests at its discretion and shall ensure the tests are unannounced without any discernable pattern as to their timing and that the employee is not given advance notice.

There shall be no substitution of any other tests (e.g., those carried out under the random testing program) conducted on the employee for this follow-up testing requirement.

A cancelled follow-up test does not constitute a completed test. Any follow-up test that was cancelled must be re-collected.

- **Timing of a Follow-Up Alcohol Test**
Follow-up alcohol testing shall be conducted just before, during, or just after the driver performs safety-sensitive functions.
- **Timing of a Follow-Up Drug Test**
Follow-up drug testing may be performed at any time while the driver is at work. The driver does not have to be performing a safety-sensitive function.

H. Test Results (Invalid)

If the employer receives a drug test result indicating that the employee's specimen was invalid and that a second collection must take place under direct observation:

1. Immediately direct the employee to provide a new specimen under direct observation;
2. Do not attach consequences to the finding that the test was invalid, other than collecting a new specimen under direct observation;
3. Do not give any advance notice of this test requirement to the employee;
4. Instruct the collector to note on the Federal Drug Testing Custody and Control Form (CCF) the same reason (e.g. random test, post-accident test) as for the original collection.

I. Report of a Dilute Specimen

1. If the MRO informs the DER that a positive drug test was dilute, the DER shall treat the test as a verified positive test and must not direct the employee to take another test based on the fact that the specimen was dilute.
2. If the MRO informs the DER that a negative test was dilute, the employer will take the following action:
 - a. If the MRO directs the employer to conduct a recollection under direct observation (i.e., because the creatinine concentration of the specimen was equal to or greater than 2mg/dL, but less than or equal to 5mg/dL, the employer must do so immediately.
 - b. Otherwise (i.e., if the creatinine concentration of the dilute specimen is greater than 5mg/dL), the employer may, but is not required to, direct the employee to take another test immediately.
 - i. Such recollections must not be collected under direct observation, unless there is another basis for use of direct observation (see § 40.67 (b) and (c))
 - ii. The employer must treat all employees the same for this purpose. The employer may, however, establish different policies for different types of tests (e.g., conduct retests in pre-employment situations, but not in random test situations). The employer must inform their employees in advance of the employer's decisions on these matters.
 - c. The employer must ensure that the employee is given the minimum possible advance notice that he or she must go to the collection site; the employer must treat the result of the test as the test result of record. If the result of the test the employer directed the employee to take is also negative and dilute, the employer is not permitted to make the employee take an additional test because the result was dilute. Provided, however, that if the MRO directs the

employer to conduct a recollection under direct observation the employer must immediately do so.

J. Cancelled Drug or Alcohol Test

A cancelled drug or alcohol test is neither positive nor negative.

1. The employer must not attach to a cancelled test the consequences of a positive test or a violation of a DOT Drug or Alcohol Testing Regulation (e.g., removal from a safety-sensitive position).
2. The employer must not use a cancelled test as evidence of a negative test to authorize the employee to perform safety-sensitive functions (i.e., in the case of a pre-employment, return-to-duty, or a follow-up test).
3. The employer must not direct a re-collection from an employee, except when conducting a pre-employment return-to-duty or a follow-up test, or in other provisions of the regulations that require another test to be conducted as provided in 49 CFR 40.159(a) (5) when a drug test result is invalid, and 40.187(b) when a split specimen laboratory result failed to reconfirm Drug(s)/Drug Metabolite(s) not detected.
4. A cancelled test does not count toward compliance with DOT requirements for the number of tests needed to meet the employer's minimum random testing rate.
5. A cancelled DOT test does not provide a valid basis for a non-DOT test.
6. A cancelled alcohol test must be reported to the DER and treated as if the test never occurred.

K. Insufficient Amount of Urine for Drug Test

1. When a collector informs the DER that an employee has not provided a sufficient amount of urine for a drug test, the DER must, after consulting with the MRO, direct the employee to obtain within five (5) working days an evaluation from a licensed physician, who is acceptable to the MRO, and who has expertise in the medical issues raised by the employee's failure to provide a sufficient specimen.
2. When the MRO indicates to the DER that a test is cancelled due to a medical condition that has, or with a high degree of probability could have precluded the employee from providing a sufficient amount of urine, the employer shall take no further action with the employee. The employee shall remain in the random testing pool.

L. Insufficient Amount of Saliva or Breath for an Alcohol Test

1. When a STT informs the DER that the employee has not provided a sufficient amount of saliva for an alcohol-screening test, the DER must immediately arrange to administer an alcohol test to the employee using an EBT or other breath-testing device.
2. When a BAT or SAT informs the DER that the employee has not provided a sufficient amount of breath, the employer must direct the

employee to obtain, within five (5) working days, an evaluation from a licensed physician who is acceptable to the employer, and who has expertise in the medical issues raised by the employee's failure to provide a sufficient specimen. The DER must provide the physician with the following information and instructions:

- a. That the employee was required to take a DOT breath alcohol test, but was unable to provide a sufficient amount of breath to complete the test;
 - b. The consequences for refusing to take a required alcohol test include removal from performing all safety-sensitive functions, referral for evaluation by a SAP, and disciplined up to and including termination;
 - c. The physician must provide the DER with a signed statement of his/her conclusion regarding the employee's failure to provide a sufficient amount of saliva or breath for an alcohol test; and
 - d. That the physician, in his/her reasonable medical judgment, must base those conclusions on requirements listed in 49 CFR 40.265.
3. Upon receipt of the report from the examining physician, the DER must immediately inform the employee and take appropriate action based upon Federal Highway Administration Regulations.

M. Addressing "Correctable Flaws" in Alcohol Testing

1. If a BAT or STT reports to the DER that a correctable flaw has occurred, and another testing device is not available for the new test at a testing site, the DER shall make reasonable efforts to ensure that the test is conducted at another test site as soon as possible.
2. All other problems must be addressed by a BAT, STT, employer, or other Service Agent administering the process, or the test must be cancelled.

N. Fatal Flaws

The employer must cancel an alcohol test if any of the following "fatal flaws" occur. The test is cancelled and must be treated as if the test never occurred. These problems are:

1. In the case of a screening test conducted on saliva ASD or a breath tube ASD:
 - a. The STT or BAT reads the result either sooner than or later than the time allotted by the manufacturer.
 - b. The saliva ASD does not activate, or
 - c. The device is used for a test after the expiration date printed on the device or on its package.

O. Alcohol Confirmation Test Result

The employer shall take the following steps with respect to the receipt and storage of alcohol test results information:

1. If the test results are not in writing (e.g., by telephone or electronic means), the DER shall identify and record the BAT sending the results.
2. Store all test results information in a way that protects confidentiality.

P. Direct Observation

The employer must direct an immediate collection under direct observation with no advance notice to the employee, if:

1. The laboratory reported to the MRO that the specimen is invalid, and the MRO reported to the employer that there was not an adequate medical explanation for the result; or
2. The MRO reported to the employer that the original positive, adulterated, or substituted test result had to be cancelled, because the test of the split specimen could not be performed.
3. The laboratory reported to the MRO that the specimen was substituted with a creatinine concentration greater than or equal to 2mg/dL and less than 5mg/dL and the MRO reported the specimen to the employer as negative and dilute.

Q. Stand-Down Employee

The employer is prohibited from standing down an employee following the MROs receipt of a laboratory report of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test pertaining to the employee prior to the MRO completing the verification process.

Note: To obtain a waiver to this prohibition, the employer shall send a written request which includes all of the information required to the Federal Motor Carrier Safety Administrator, U.S. Department of Transportation, 400 Seventh Street, S.W., Washington, D.C. 20590.

R. Service Agents

1. If the employer uses a Service Agent to perform the tasks necessary to comply with the DOT drug and alcohol testing requirements, it shall ensure the Service Agent complies with 49 CFR Part 40 (Q), Roles and Responsibilities of Service Agents.
2. The employer shall ensure that Service Agents used meet qualifications required for their specialty area, and may require Service Agents to present documentation that they meet these requirements.
3. The employer shall obtain information required from their Service Agents. For example, the employer must not assume that “no news is good news” and permit an applicant to perform safety-sensitive functions before receiving the test results.
4. The employer must not permit the Service Agent to also serve as the DER.

S. Designated Employer Representative (DER)

The employer shall provide to collectors, BATs and STTs, the name and telephone number of the appropriate DER and C/TPA to contact about any problems or issues that may arise during the testing process. Drivers may direct any questions they may have about this policy to the DER. The name and work telephone number of the DER will be posted on bulletin boards at all work sites.

T. Payment for the Test of a Split Specimen

1. The employer is responsible for making sure that the MRO, first laboratory, and second laboratory perform testing of split specimens in a timely manner once the employee has made a timely request for a test or split specimen.
2. The employer must not condition compliance with this requirement on the employee's direct payment to the MRO, or laboratory, or the employee's agreement to reimburse the employer for the costs of testing. The employer may seek payment or reimbursement of all the costs for the split specimen from the employee.

U. SAP Information Provided by Agent Employer

The employer, through a C/TPA or other Service Agent, shall provide to each employee, (including an applicant or new employee) who violates a DOT Drug or Alcohol Regulation, a listing of SAPs with their addresses and phone numbers who are readily available to the employee and acceptable to the employer. The employee shall not be charged any fee for compiling or providing this list.

V. Confidentiality and Release of Information

1. The employer shall not release individual test results or medical information about an employee to third parties without the employee's specific written consent.
 - a. A third party is any person or employer to whom other subparts of 49 CFR 40 do not explicitly authorize or require the transmission of information in the course of the drug and alcohol testing process.
 - b. Specific written consent means a statement signed by the employee that s/he agrees to the release of specific information to an explicitly identified, person or employer at a particular time. Blanket releases of information (e.g., all test results) or release of information to a category of parties (e.g., other employers who are members of a C/TPA, companies to which the employee may apply for employment) are prohibited.
2. The employer may release information pertaining to an employee's drug or alcohol test without the employee's consent in certain legal proceedings as provided for in 49 CFR 40.323.

3. The employer shall, upon request of DOT agency representatives, provide the following:
 - a. Access to the employer's facilities for DOT agency drug and alcohol program functions.
 - b. 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/documentations, agreements, contracts, policies, and statements.
4. If requested by the National Transportation Safety Board as part of an accident investigation, the employer shall provide information concerning post-accident tests administered after the accident.
5. If requested by a federal, state, or local safety agency with regulatory authority over the employer or the employee, the employer shall provide drug and alcohol test records concerning the employee.

A. Record Retention Requirements

1. The employer shall keep the following records for a period of five (5) years:
 - a. Records of employee alcohol test results indicating an alcohol concentration of 0.02 or greater;
 - b. Records of employee's verified positive drug test results;
 - c. Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated drug test results);
 - d. SAP reports; and
 - e. All follow-up tests and schedules for follow-up tests.
2. The employer shall keep records of information concerning drug and alcohol test results obtained from previous employers on employees that perform safety-sensitive functions for three (3) years.
3. The employer shall keep the following records for a period of two (2) years:
 - a. Records of the inspection, maintenance, and calibration of EBT for ; and
 - b. Records related to the alcohol and drug collection process. These include documents related to random selections, reasonable suspicion determinations, and post-accident determinations; medical evaluations for insufficient amounts of urine and breath; and supervisor and employee education and training records.
4. The employer shall keep records of negative and cancelled drug test results and alcohol results with a concentration of less than 0.02 for one (1) year.
5. The employer shall maintain these records described in 1 through 4 above in a location with controlled access.

6. If the employer decides to have their Service Agent retain these records, the employer shall ensure the records can be produced at the employer's place of business in the time required by the FMCSA (e.g., within two (2) days of a request by the FMCSA inspector).

IX. Reservation of Rights

The employer reserves the right to interpret, change, or rescind this policy in whole or in part, with or without notice, subject to any state and federal laws and relevant collective bargaining agreements.

Provisions within the Federal Department of Transportation (DOT), Federal Motor Carrier Safety Regulations (FMCSR), and state law will supercede any conflicting language in this policy manual.

Nothing in this policy creates a binding employment contract nor modifies an existing contract.

X. **DEFINITIONS**

For the purposes of the Vehicle Operators Drug and Alcohol Policy, the following definitions shall apply:

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.

Air Blank. In evidential breath testing devices (EBTs) using gas chromatography technology, a reading of the device's internal standard. In all other EBTs, a reading of ambient air containing no alcohol.

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

Alcohol Concentration. The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath.

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 Test. A test using an evidential breath test device (EBT) or a non-evidential breath test device (such as a saliva test); the method of testing used to detect the level of alcohol. Both a screening test and a confirmation test must be used to establish a positive test result.

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 Testing Site. A place selected by the employer where employees present themselves for the purpose of providing breath or saliva for an alcohol test.

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

Aliquot. A fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.

Blind Specimen or Blind Performance Test Specimen. A specimen submitted to a laboratory for quality control testing purposes, with a fictitious identifier, so that the laboratory cannot distinguish it from an employee specimen.

Blood Alcohol Concentration (BAC). The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

Breath Alcohol Technician (BAT). A person who instructs and assists employees in the alcohol testing process and operates an evidential breath-testing device.

Cancelled Test. A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which 49 CFR Part 40 otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

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. This procedure uses the Federal Drug Testing Custody and Control Form (CCF) (see current form on website: <https://www.transportation.gov/sites/dot.dev/files/docs/Alcohol-Drug-Testing-Form-Suppliers.pdf>).

Collection Container. A container into which the employee urinates to provide the specimen for a drug test.

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 Federal Drug Testing Custody and Control Form (CCF) (see current form on website <https://www.transportation.gov/sites/dot.dev/files/docs/Alcohol-Drug-Testing-Form-Suppliers.pdf>).

Commercial Motor Vehicle. A motor vehicle used in commerce to transport passengers or property, if the motor vehicle: (1) has a gross vehicle weight rating (GVWR) in excess of 26,000 pounds, or (2) is designed to carry 16 or more passengers (including the driver), or (3) of any size, which is used in the transportation of a placardable amount of hazardous material.

Confirmation Test. For alcohol testing, means a second test using an evidential breath test device, following a screening test with a result of .02 or greater, that provides quantitative data of alcohol concentration.

For drug testing, means a second analytical procedure to identify the presence of a specific drug or metabolite that is independent of the screen test, and that uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy, generally a Gas Chromatography/Mass Spectrometry (GC/MS).

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. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members.

Designated Employer Representative (DER). An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive functions and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer. Service agents cannot act as DERs.

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

DOT, the Department, DOT Agency. These terms encompass all DOT agencies, including, but not limited to, the United States Coast Guard (USCG), the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Research and Special Programs Administration (RSPA), and the Office of the Secretary (OST). These terms include any designee of a DOT agency.

Driver. Any person who operates a commercial motor vehicle. This includes, but is not limited to: full-time, regularly employed drivers; casual, intermittent, or occasional drivers; leased drivers; and independent, owner-operator contractors who are either directly employed by, or under lease to, an employer or who operate a commercial motor vehicle at the direction of, or with the consent of the employer.

Drugs. The drugs for which tests are required are: marijuana, cocaine, amphetamines, phencyclidine (PCP), and opioids.

Drug Test. A urinalysis (urine) test that includes specimen collection and testing by a Department of Health and Human Services (DHHS) certified laboratory. Both a screening test and a confirmation test must be used to establish a positive test result.

Employee. Any person who is designated in a DOT agency regulation as subject to drug testing and/or alcohol testing. The term includes individuals currently performing safety-sensitive functions designated in DOT agency regulations and applicants for employment subject to pre-employment testing. For purposes of drug testing, the term "employee" has the same meaning as the term "donor" as found on CCF and related guidance materials produced by the Department of Health and Human Services.

Employer. A person or entity employing one or more employees (including an individual who is self-employed) subject to DOT agency regulations requiring compliance with this policy. The term includes an employer's officers, representatives, and management personnel. Service agents are not employers for the purposes of this policy.

Evidential Breath Testing Device (EBT). A device approved by the 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.

HHS. The Department of Health and Human Services or any designee of the Secretary, Department of Health and Human Services.

Illegally Used Drug. Any prescribed drug that is legally obtainable, but has not been legally obtained or is not being used for prescribed purposes, all designer drugs, and any other over-the-counter or non-drug substances (e.g., airplane glue) being used for other than their intended purpose. (Note: A designer drug is a man-made drug, or combination of drugs, which is similar in basic scientific properties to a drug or controlled substance and is produced in a clandestine laboratory.)

Initial Drug Test (Screening 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.

Laboratory. Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.

Limit of Detection (LOD). The lowest concentration at which a measurand can be identified, but (for quantitative assays) the concentration cannot be accurately calculated.

Limit of Quantitation. For quantitative assays, the lowest concentration at which the identity and concentration of the measurand can be accurately established.

Medical Review Officer (MRO). A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.

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 metabolites(s)), and /or invalid.

Office of Drug and Alcohol Policy and Compliance (ODAPC). The office in the Office of the Secretary, DOT, that is responsible for coordinating drug and alcohol testing program matters within the Department, and providing information concerning the implementation of 49 CFR Part 40.

Oxidizing Adulterant. A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or drug metabolites, or affects the reagents in either the initial or confirmatory drug test.

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.

Reasonable Suspicion of Drug and/or Alcohol Use. Reasonable suspicion means such suspicion that will justify a supervisor in referring a driver for an alcohol and/or drug test. It is the amount of suspicion sufficient to convince a trained supervisor under the circumstances to believe that:

- a. The driver has violated the Vehicle Operators Drug and Alcohol policy; or
- b. The actions, appearance, or conduct of an on-duty driver are indicative of the use of drugs or alcohol.

The suspicion must be based in fact on specific, contemporaneous, articulable observations by a trained supervisor(s) concerning the appearance, behavior, speech, or body odors of the driver.

For reasonable suspicion of alcohol misuse, such observations must be made during, just preceding, or just after the period of the work day that the driver is performing a safety-sensitive function. Reasonable suspicion is more than mere speculation but less than absolute certainty.

Reconfirmed. The result reported for a split specimen when the second laboratory is able to corroborate the original result reported for the primary specimen.

Rejected for Testing. The result reported by an HHS-certified laboratory when no tests are performed for a specimen because of a fatal flaw or a correctable flaw that is not corrected.

Screening Test. In alcohol testing, it means an analytical procedure to determine whether a driver may have a prohibited concentration in his/her system (breath or saliva test). In drug testing, it means an immunoassay screen to eliminate “negative” urine specimens from further consideration.

Screening Test Technician (STT). A person who instructs and assists employees in the alcohol testing process and operates an Alcohol Screening Device (ASD).

Service Agent. Any person or entity, other than an employee of the employer, who provides services specified under this part (49 CFR Part 40) to employers and/or employees in connection with DOT drug and alcohol testing requirements. This includes, but is not limited to, collectors, BATs, STTs, laboratories, MROs, SAPs, and C/TPAs. To act as service agents, persons and employers must meet the qualifications set forth in applicable sections of 49 CFR Part 40. Service agents are not employers for purposes of 49 CFR Part 40.

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).

Stand-down. The practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test result.

Substance Abuse Professional (SAP). A licensed physician, or a licensed or certified psychologist, social worker, employee assistance professional, state-licensed or certified marriage and family therapist, or drug and alcohol counselor (certified by an organization listed at <https://www.transportation.gov/odapc/sap>) with knowledge of and clinical experience in the diagnosis and treatment of drug- and alcohol-related disorders. (Note: To act as SAP under the DOT drug testing program, the individual must meet the requirements for credentials, basic knowledge, qualification training, continuing education, and documentation listed in 49 CFR 40.281.)

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.

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.

RESPONSIBILITY FOR REVIEW: The County Personnel Director and/or Administrative Officer will review this policy every 5 years or sooner as necessary.