

## **Drug & Alcohol Policy Instructions**

- Drivers must sign & date the drug & alcohol policy before taking a pre-employment drug test
- Driver must receive a full copy of all 52 pages
- Employer files the original 52 pages

### **Page 1**

- Type your Company Name, Address and Phone Number
- Date of Implementation & New Effective Date (Enrollment Date - This can be the same Date)

### **Page 48**

- Driver and Employer must sign and print full name
- This page must be dated for each new hire

### **Page 49**

#### **Designated Employer Representative (DER), The Main Contact for your Company**

- Type the Name of the DER (Contact), Address and Phone Number

#### **Collection Site for Drug & Breath Alcohol Testing**

- Type in the Name, Address and Phone Number of an In-Network Collection Site (You do not have to use this site)

#### **Substance Abuse Professional (SAP) & Employee Assistance Program (EAP)**

- Type in the Name, Address and Phone Number. Can be the same for SAP & EAP
- Click Here to Find a SAP & EAP [www.SAPList.com](http://www.SAPList.com)

### **Page 50**

- Type in the Names of all Supervisors and Employees who have received Training

# **DRUG AND ALCOHOL PLAN**

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)  
PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF:  
49 CFR PART 382  
49 CFR PART 40

**ORIGINAL DATE OF IMPLEMENTATION:**  
**NEW EFFECTIVE DATE:**

**PLAN REVISION DATE: January 1, 2024**

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## I. INTRODUCTION

### 1. Development of “Combined” Plan

The Federal Motor Carrier Safety Administration (FMCSA) is the agency within the Department of Transportation (DOT) that regulates motor carriers in the trucking industry. FMCSA's Controlled Substances and Alcohol Use and Testing regulation, 49 CFR Part 382<sup>1</sup>, requires each motor carrier to develop, maintain, and follow a Drug and Alcohol Policy (i.e., Plan). A basic requirement of the Plan is that all drug and alcohol testing will follow the requirements of DOT's "Procedures for Transportation Workplace Drug and Alcohol Testing," 49 CFR Part 40<sup>2</sup>. The Drug and Alcohol Plan, henceforth referred to as the "Plan," meets all the requirements of Part 382 and Part 40.

### 2. Approach

The Plan will use the generic word “*Company*” in reference to the motor carrier for which it is written. The Plan will describe how the Company will comply with government requirements.

The Plan will identify “Company-additional” requirements - those that go beyond the minimum requirements of DOT. Company-additional requirements will be underscored. Therefore, consider anything that is not underscored a requirement of DOT, or a process put in place by the Company to meet a DOT requirement. Appendix D outlines the Company disciplinary actions and additional procedures.

The Plan is written in “plain language” and follows the requirements of each rule. However, the Plan does not repeat the language of either Part 40 or Part 382. Doing so would require the Company to produce a new plan every time DOT or FMCSA issued a change to their respective rule. The goal of DOT is to know that the Company understands the requirements of the rules and how the Company will go about achieving compliance. The Plan makes use of existing DOT language in places where summaries are used to explain a more detailed process (e.g., specimen collection and alcohol test procedures are extracted from DOT's “Employee Guide”<sup>3</sup>).

### 3. Background

**Safety.** The DOT requires transportation employers to develop and implement drug and alcohol testing programs in the interest of public safety. Safety is the highest priority for DOT. One of the means by which the DOT helps ensure safety is by subjecting those drivers responsible for transportation safety to drug and alcohol testing. Drivers tested under the DOT program have direct impact on the safety of the traveling public.

**Test Procedures.** The overall responsibility for management and coordination of the DOT program resides within the Office of the Secretary of Transportation's (OST), Office of Drug and Alcohol Policy and Compliance (ODAPC). ODAPC issues Part 40. Whether the transportation employee is a pipeline worker, truck driver, or airline pilot, their drug and alcohol tests are conducted using the same Part 40 procedures. This consistency benefits all employees affected by DOT regulations in that each agency's regulations must adhere to DOT's testing procedures. Better known simply as “Part 40,” this rule has become the standard for workplace testing in the United States.

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<sup>1</sup> Title 49 Code of Federal Regulations (CFR), Part 382, “Controlled Substances and Alcohol Use and Testing,” Federal Motor Carrier Safety Administration, Department of Transportation, 61 FR 9553, Mar. 8, 1996 as amended.

<sup>2</sup> Title 49, Code of Federal Regulations (CFR), Part 40, “Procedures for Transportation Workplace Drug and Alcohol Testing Programs,” Office of the Secretary, Department of Transportation, 65 FR 79462, Dec. 19, 2000 as amended.

<sup>3</sup> “What Employees Need To Know About DOT Drug & Alcohol Testing,” ODAPC, DOT, October, 2010.

**Compliance Enforcement.** Regulation and enforcement within the different transportation industries is the responsibility of the DOT agency (e.g., FMCSA for trucking) that has authority over the particular industry. The regulatory authority requiring drug and alcohol testing of safety-sensitive employees in aviation, trucking, railroads, and mass transit industries is the Omnibus Transportation Employee Testing Act of 1991<sup>4</sup> (OTETA).

## **II. GENERAL**

### **1. Applicability**

Part 382, and this Plan, applies to every person and to all employers of such persons who operate a commercial motor vehicle in commerce in any State, and is subject to: (1) The commercial driver's license requirements of Part 383<sup>5</sup>; (2) The Licencia Federal de Conductor (Mexico) requirements; or (3) The commercial drivers license requirements of the Canadian National Safety Code.

### **2. Compliance**

**Plan Development.** The Plan meets the requirement of Part 382, paragraph §382.601, to provide educational materials that explain the requirements of Parts 382 and 40 and the Company's policies and procedures with respect to meeting these requirements. The Plan describes the methods and procedures for compliance with the drug and alcohol program requirements of the DOT. The Plan covers the operational, day-to-day requirements that are found in Part 382, and the procedural, testing requirements that are found in Part 40. The Plan provides appendices for the name and address of each laboratory that analyzes specimens for the Company, the Company's Medical Review Officer, Substance Abuse Professionals, and Employee Assistance Professionals. The Plan communicates to drivers, Company officials, and DOT officials the path that the Company will follow in order to comply with the requirements for a successful DOT drug and alcohol program.

**Plan Availability.** The Plan will be posted in a common place, selected by the Company, for driver review and feedback. A copy of the Plan will be made available to all drivers. Any driver desiring a copy of Part 40 and/or Part 382 must contact the Designated Employer Representative (see Appendix B). The Plan will provide a basic description of the rules and testing requirements, and will show how the Company implements and follows them. The Plan is not meant as a substitute for the detail provided in either rule. If there is any difference in instruction or interpretation between the Plan and the rules, the rules prevail. The Plan will be updated at any time its language, or the intent of its language, differs from that of either Part 40 or Part 382. Drivers are encouraged to obtain and read Part 40 and Part 382 on their own.

### **3. "DOT" vs. "FMCSA"**

All DOT workplace testing procedures will follow Part 40 requirements. All DOT procedural responsibilities for motor carriers will follow Part 382. In the Plan, the term "DOT" will be used for references to general requirements (e.g., testing procedures) placed on motor carriers. The use of the term "FMCSA" will be to distinguish specific, unique administration requirements versus general, DOT requirements (e.g., blood alcohol test results received from law enforcement may be used in a post-accident situation).

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<sup>4</sup> Public Law 102-143, October 28, 1991, Title V - Omnibus Transportation Employee Testing, 105 Stat. 952-965; 49 U.S.C. 45104(2).

<sup>5</sup> Title 49 Code of Federal Regulations (CFR), Part 383, "Commercial Drivers License Standards; Requirement and Penalties," Federal Motor Carrier Safety Administration, 52 FR 20587, June 1, 1987, as amended.

#### **4. DOT Procedures**

The Company will assure that the procedures of Part 40 are followed for drug and alcohol testing conducted under the requirements and authority of Part 382; a violation of Part 40 is a violation of Part 382. If the Company employs a Consortium/Third-Party Administrator (C/TPA) to assist in program development, implementation, and management, the C/TPA will, likewise, follow all the requirements of Part 40 and Part 382. It is the Company's goal to establish and maintain compliance with the DOT drug and alcohol program.

#### **5. Stand-down Waiver**

DOT "stand-down" is not in effect for this Company. The Company does not hold a stand-down waiver under Part 40, and has not applied for one. Should this status change, the Company will notify all drivers and Company officials, in accordance with Part 40 requirements.

#### **6. Preemption of State and Local Laws**

Part 40 and Part 382 are Federal laws. Federal law preempts any state or local law, rule, regulation, or order to the extent that: (a) compliance with both the state or local requirement and Part 40 or 382 is not possible; or, (b) compliance with the state or local requirement is an obstacle to the accomplishment and execution of any requirement of Part 40 or 382. This provision does not preempt provisions of state criminal law that impose sanctions for reckless conduct leading to actual loss of life, injury, or damage to property, whether the provisions apply specifically to transportation employees or employers or to the general public.

#### **7. Definitions**

Definitions from Parts 40, and 382 have been combined in alphabetical order and are provided in a single listing. For purposes of the Plan the following definitions apply:

**Actual knowledge** - For the purpose of Part 382 (subpart B) and the Plan, means actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the employee, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or controlled substances or an employee's admission of alcohol or controlled substance use, except as provided in Sec. 382.121. Direct observation as used in this definition means observation of alcohol or controlled substances use and does not include observation of employee behavior or physical characteristics sufficient to warrant reasonable suspicion testing under Sec. 382.307.

**Administrator** - The Administrator of the Federal Motor Carrier Safety Administration (FMCSA) or any person to whom authority in the matter concerned has been delegated by the Secretary of Transportation.

**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.

**Affiliate** - Persons are affiliates of one another if, directly or indirectly, one controls or has the power to control the other or a third party controls or has the power to control both. Indicators of control include, but are not limited to: interlocking management or ownership; shared interest among family members; shared facilities or equipment; or common use of employees. Following the issuance of a Public Interest Exclusion (PIE), an organization having the same or similar management, ownership, or principal employees as the service agent concerning who public interest exclusion is in effect is regarded as an affiliate. This definition is used in connection with the public interest exclusion procedures of Part 40, Subpart R.

**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 as indicated by a breath test under this part.

**Alcohol confirmation test** - A subsequent test using an EBT, following a screening test with a result of 0.02 or greater, that provides quantitative data about the alcohol concentration.

**Alcohol screening device (ASD)** - A breath or saliva device, other than an EBT, that is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a conforming products list (CPL) for such devices.

**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.

**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 Part 40 otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

**Chain-of-custody** (or Custody and Control Form (CCF)) - 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).

**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 CCF.

**Commerce** - (1) Any trade, traffic or transportation within the jurisdiction of the United States between a place in a State and a place outside of such State, including a place outside of the United States; and (2) Trade, traffic, and transportation in the United States which affects any trade, traffic, and transportation described in paragraph (1) of this definition.

**Commercial Motor Vehicle (CMV)** - A motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle-- (1) Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds) inclusive of a towed unit with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or (2) Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or (3) Is designed to transport 16 or more passengers, including the driver; or (4) Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act (49 U.S.C. 5103(b)) and which require the motor vehicle to be placarded under the Hazardous Materials



Regulations (49 CFR part 172, subpart F).

**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.

**Confirmation (or 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 a 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. C/TPAs are not "employers" for purposes of Part 40.

**Continuing education** - Training for substance abuse professionals (SAPs) who have completed qualification training and are performing SAP functions, designed to keep SAPs current on changes and developments in the DOT drug and alcohol testing program.

**Controlled substances** - Those substances identified in Part 40 and this plan as "drugs."

**DOT Procedures (or Part 40)** - The Procedures for Transportation Workplace Drug and Alcohol Testing Program published by the Office of the Secretary of Transportation in 49 CFR Part 40.

**Designated employer representative (DER)** - An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these safety-sensitive duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of Part 40. 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.

**Disabling damage** - Damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs. (1) Inclusions. Damage to motor vehicles that could have been driven, but would have been further damaged if so driven. (2) Exclusions. (i) Damage which can be remedied temporarily at the scene of the accident without special tools or parts. (ii) Tire disablement without other damage even if no spare tire is available. (iii) Headlight or taillight damage. (iv) Damage to turn signals, horn, or windshield wipers which make them inoperative.

**DOT, The Department, DOT agency** - These terms encompass all DOT agencies, including, but not limited to, 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 Pipeline and Hazardous Materials Safety Administration (PHMSA), 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.

**Drugs** - The drugs for which tests are required under Part 40 and DOT agency regulations are marijuana, cocaine, amphetamines, phencyclidine (PCP), and opioids.

**Employee (safety-sensitive 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 under Part 40, 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. For the purposes of regulation under Part 382, the term employee means a person (i.e., driver) who performs a safety-sensitive function, including full-time, part-time and temporary employees.

**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 Part 40. The term includes an

employer's officers, representatives, and management personnel. Service agents are not employers for the purposes of Part 40.

**Error Correction Training** - Training provided to BATs, collectors, and screening test technicians (STTs) following an error that resulted in the cancellation of a drug or alcohol test. Error correction training must be provided in person or by a means that provides real-time observation and interaction between the instructor and trainee.

**Evidential Breath Testing Device (EBT)** - A device approved by NHTSA for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA's Conforming Products List (CPL) for "Evidential Breath Measurement Devices" and identified on the CPL as conforming with the model specifications available from NHTSA's Traffic Safety Program.

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

**Initial drug test (also known as a "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 a 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.

**Licensed medical practitioner** - A person who is licensed, certified, and/or registered, in accordance with applicable Federal, State, local, or foreign laws and regulations, to prescribe controlled substances and other drugs.

**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 a HHS-certified laboratory to a MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen.

**Non-negative specimen** - A urine specimen that is reported as adulterated, substituted, positive (for drug(s) or drug metabolite(s)), and/or invalid.

**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 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.

**Performing (a safety-sensitive function)** - A driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

**Positive rate for random drug testing** - The number of verified positive results for random drug tests conducted under Part 382, plus the number of refusals of random drug tests required by Part 382, divided by the total number of random drug tests results (i.e., positives, negatives, refusals) conducted under Part 382.

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

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

**Prohibited drug** - Any of the following substances specified in Schedule I or Schedule II of the Controlled Substances Act (21 U.S.C. 812): marijuana, cocaine, opioids, amphetamines, and phencyclidine (PCP).

**Qualification Training** - The training required in order for a collector, BAT, MRO, SAP, or STT to be qualified to perform their functions in the DOT drug and alcohol testing program. Qualification training may be provided by any appropriate means (e.g., classroom instruction, internet application, CD-ROM, video).

**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 a HHS-certified laboratory when no tests are performed for a specimen because of a fatal flaw or a correctable flaw that is not corrected.

**Refresher Training** - The training required periodically for qualified collectors, BATs, and STTs to review basic requirements and provide instruction concerning changes in technology (e.g., new testing methods that may be authorized) and amendments, interpretations, guidance, and issues concerning Part 40 and DOT agency drug and alcohol testing regulations (e.g., Part 382). Refresher training can be provided by any appropriate means (e.g., classroom instruction, internet application, CD-ROM, video).

**Refusal to submit, refuse, or refuse to take** - Behavior consistent with Part 40 concerning refusal to take a drug test or refusal to take an alcohol test.

**Safety-sensitive function** - All time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include: (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 equipment as required by Sections 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle 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 (a berth conforming to the requirements of Section 393.76); (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.

**Screening drug test** - See Initial drug test definition above.

**STT** - A person who instructs and assists employees in the alcohol testing process and operates an ASD.

**Secretary** - The Secretary of Transportation or the Secretary's designee.

**Service agent** - Any person or entity, other than an employee of the employer, who provides services specified under 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 and STTs, laboratories, MROs, substance abuse professionals, and C/TPAs. To act as service agents, persons and organizations must meet the qualifications set forth in applicable sections of Part 40. Service agents are not employers for purposes of Parts 382 and 40.

**Shipping container** - A container that is used for transporting and protecting urine specimen bottles and associated documents from the collection site to the laboratory.

**Specimen bottle** - The bottle that, after being sealed and labeled according to the procedures in Part 40, is used to hold the urine specimen during transportation to the laboratory.

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

**Split specimen collection** - A collection in which the urine collected is divided into two separate specimen bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

**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 person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

**Substituted specimen** - A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

**Verified test** - A drug test result or validity testing result from a HHS-certified laboratory that has undergone review and final determination by the MRO.

**Violation rate for random alcohol testing** - means the number of 0.04 and above random alcohol confirmation test results conducted under Part 382 plus the number of refusals of random alcohol tests required by Part 382, divided by the total number of random alcohol screening tests (including refusals) conducted under Part 382.

### **III. POLICY AND RESPONSIBILITIES**

#### **1. Company Policy**

**Policy Statement.** The Company has a long-standing commitment to maintain the highest standards for employee safety and health. The use of controlled substances and the misuse of alcohol are contrary to these high standards. The use or possession of illegal controlled substances or alcoholic beverages while on Company property, or in any Company vehicle, or on Company time, including breaks or lunch, paid or unpaid, on any shift, is strictly prohibited.

**DOT Compliance.** The Company is aware that it is ultimately responsible for meeting the requirements of Parts 40 and 382. The DOT authorizes transportation employers to use a service agent(s) to perform tasks necessary to comply with the Plan. The Company understands that, under the DOT regulations, it is responsible for the actions of its service agents. The Company is responsible for developing and implementing a successful and comprehensive DOT workplace drug and alcohol program. Components of the Company's program include clear policies, provisions for education and

training, drug and alcohol testing, and when needed, referral for evaluation, education, and treatment. The Company shall ensure that all drivers are aware of the provisions and coverage of the Plan.

## **2. Responsibilities of Key Personnel**

The Company will convey to responsible individuals -- the Designated Employer Representative(s) and affected supervisors - that, to the best of their ability, the privacy and confidentiality of any driver subject to the Plan must be maintained at all times.

**Designated Employer Representative (DER).** Appendix B contains the name, address, and phone number of the DER(s). The DER is:

- a. the key employee for the Company's drug and alcohol program functions, and has the knowledge and authority to make decisions about the testing process and answer questions about it.
- b. not a service agent.
- c. one or more employees of the Company assigned to ensure adequate coverage on all shifts and at all locations.
- d. responsible for the preparation of the Plan, as well as providing oversight and evaluation on the Plan.
- e. responsible to review all adverse personnel action or discipline applied under the Plan for consistency and conformance to human resources policies and procedures.
- f. responsible for scheduling random, return-to-duty and follow-up testing, as applicable, and is authorized to receive and maintain, in a secure file system, all drug and alcohol testing results.
- g. responsible for providing answers to driver questions regarding the testing program, and information on the resources available for drug and alcohol counseling.
- h. responsible for overseeing the employee assistance program (EAP).

**Supervisor.** A Company individual(s) responsible for observing the performance and behavior of drivers that is suggestive enough to lead to reasonable suspicion/cause drug and/or alcohol testing. Supervisors who will determine whether a driver must be drug tested and/or alcohol tested based on reasonable suspicion/cause will be trained in the "signs and symptoms" of each substance. The supervisor is required to document a reasonable suspicion/cause event.

## **3. Responsibility of Drivers**

**Compliance.** Each driver must comply with the requirements of the Plan, and the DOT drug and alcohol rules it pertains to, in order to remain eligible to drive commercial motor vehicles. Each driver has the responsibility to read, be knowledgeable of, and comply with, the requirements of the Plan, and Parts 40 and 382. Committing a DOT violation will result in the driver's immediate removal from the safety-sensitive function, and remain so until successfully completing the DOT return-to-duty conditions of Part 40. The Plan describes circumstances for being tested, violations, prohibited conduct, and their subsequent consequences. The Plan describes what is available to each driver as services (e.g., EAP) in such cases where the driver has a potential problem with drugs or alcohol prior to a drug or alcohol test. It is a condition of employment for all drivers to sign the Acknowledgement/ Receipt Form (Appendix A). In doing so, the driver attests to comply with the drug and alcohol program requirements of the Company and the requirements of the Plan. Failure to comply with this condition may result in disciplinary action up to and including termination.

## **4. Use of Service Agents**

**Compliance.** The Company will contract with service agents to accomplish many of the requirements of Parts 40 and 382. Appendix B (Designated Personnel and Service Agents) provides the names and addresses of service agents that are under contract. Contracts will contain a provision that the service agent will comply with Parts 40 and 382 in the services provided. The work of any service agent providing services to the Company will be open to inspection by the Company. The service agent must allow access to property and records by the Company, the Administrator, and if the Company is

subject to the jurisdiction of a state agency, a representative of the state agency for the purpose of monitoring the Company's compliance with the requirements of Part 382. No service agent will serve as DER for this Company.

**Public Interest Exclusion.** The Company will not use a service agent against whom a Public Interest Exclusion (PIE) has been issued. The Company will stop using the services of a service agent no later than 90 days after the Department has published the decision in the *Federal Register* or posted it on its web site that a PIE has been issued. The Company may apply to the ODAPC Director for an extension of 30 days if it is demonstrated that a substitute service agent cannot be found within 90 days.

**Consortium/Third Party Administrator.** The Company may employ the service of a Consortium/Third Party Administrator (C/TPA) to assist the DER with overall program management and consultation on any program issue. While the C/TPA will not serve as the DER, the C/TPA may support the DER by explaining the regulations and offering guidance on program-compliance issues.

#### **Employee Assistance Professional.**

- a) The Company may offer a program through their EAP allowing the admission of drug and alcohol use. Drivers who admit to drug use or alcohol misuse are not subject to the referral, evaluation and treatment requirements of Part 382, Part 40, and the Plan, provided that: (1) The admission is in accordance with a written Company-established voluntary self-identification program or policy that meets the requirements of paragraph (b) of this section; (2) The driver does not self-identify in order to avoid testing; (3) The driver makes the admission of drug use or alcohol misuse prior to performing a safety sensitive function (i.e., prior to reporting for duty); and (4) The driver does not perform a safety sensitive function until the Company is satisfied that the driver has been evaluated and has successfully completed education or treatment requirements in accordance with the self-identification program guidelines.
- b) A qualified voluntary self-identification program or policy will contain the following elements: (1) The Company will not take adverse action against a driver making a voluntary admission of drug use or alcohol misuse within the parameters of the program or policy and paragraph (a) of this section; (2) The Company will allow the driver sufficient opportunity to seek evaluation, education or treatment to establish control over the driver's drug or alcohol problem; (3) The Company will permit the driver to return to safety sensitive duties only upon successful completion of an educational or treatment program, as determined by a drug and alcohol abuse evaluation expert, i.e., employee assistance professional, substance abuse professional, or qualified drug and alcohol counselor; (4) The Company will ensure that: (i) Prior to the driver participating in a safety sensitive function, the driver shall undergo a return to duty test with a result indicating an alcohol concentration of less than 0.02; and/or (ii) Prior to the driver participating in a safety sensitive function, the driver shall undergo a return to duty drug test with a verified negative test result; and (5) The Company may incorporate driver monitoring and include non-DOT follow-up testing.

#### **5. "Non-DOT" Testing Program**

**Compliance.** The Company may implement an additional drug and/or alcohol testing program, referred to as a "Non-DOT program." Any additional testing program would be completely independent of the DOT testing program. Such a testing program would be developed under the Company's own authority and kept separate from the DOT program. All DOT testing would be accomplished first; the Company's non-DOT program would commence afterwards. The non-DOT program would use different forms and not use the Federal Custody and Control Form or the DOT Alcohol Testing Form. The non-DOT program could test different people, for different drugs, and different reasons-for-testing. If the Company implements its own non-DOT testing program, the Company will define the program

and notify all drivers through a Non-DOT Program Plan.

## **IV. DOT PROGRAM REQUIREMENTS**

### **1. Drivers Subject to Drug and Alcohol Testing**

**Compliance.** Any driver who operates a commercial motor vehicle in commerce in any State and is subject to:

- a) The commercial driver's license requirements of Part 383;
- b) The Licencia Federal de Conductor (Mexico) requirements; or
- c) The commercial drivers license requirements of the Canadian National Safety Code.

### **2. Acknowledgement/Receipt Form**

The "Acknowledgement/Receipt Form," (Appendix A), applies to all drug and/or alcohol tests, or related foregoing or subsequent DOT procedures, for drivers of commercial motor vehicles with the Company. The signed form will be maintained by the Company. For any test, the expectations placed on the driver by the Company are to "follow all instructions" in order to accomplish the test.

### **3. History-check Requirement**

**Compliance.** Prior to the first time that the Company uses a driver (i.e., a new hire or an employee transferring into the safety-sensitive position) the Company will require a "history check" of the driver. The history check will look back into the driver's past three years of DOT employment for DOT violations. History checks are conducted only after obtaining the driver's written authorization to do so. Any driver refusing to provide written consent will not be permitted to perform safety-sensitive functions. The Company will not allow the driver to perform their functions after 30 days from the date on which the driver first performed safety-sensitive functions, unless the Company has obtained or made and documented a good faith effort to obtain drug testing information from previous DOT- regulated employers.

**Information request.** The Company will request the following information about the driver.

- a) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- b) Verified positive drug tests;
- c) Refusals to be tested (including verified adulterated or substituted drug test results);
- d) Other violations of DOT agency drug and alcohol testing regulations; and
- e) With respect to any driver who violated a DOT drug and alcohol regulation, documentation of the driver's successful completion of DOT return-to-duty and follow-up testing requirements.

The Company will make at least one attempt by telephone, e-mail or fax, and maintain documentation associated with the attempt to obtain history-check information (e.g., date and time of the attempt, person contacted). If the Company finds evidence of past DOT violations, those violations may be used as the sole reason for not hiring the individual or for termination.

**Violation Consequences.** The Company will not use any driver who has had a past DOT violation and has not complied with DOT eligibility standards for returning to safety-sensitive work. The Company will also ask the driver if they had any pre-employment test that was positive for which the previous employer did not hire them. The driver's answer to this question will be maintained as part of the driver's history-check information.

### **4. Notification of Tests**

Drivers will be notified directly when a test must be conducted. While the circumstances for a test will differ by its reason-for-test, the Company will endeavor to conduct all tests with only a limited number of Company personnel having knowledge of the reason for the test.

All testing will be unannounced until the last possible moment. The timing will vary in conjunction with the reason-for-test. For example, a pre-employment test will be announced during the job application; a random test is announced within the test period, but just prior to the test, to maintain the element of surprise; and, announcements of post-accident or reasonable suspicion tests are controlled by the circumstances that come to light around the time of the event (e.g., accident). All alcohol test will be conducted just prior to, during, or just after the performance of safety-sensitive duties. Drug tests may be conducted anytime the driver is at work.

The DER and Company supervisors will be responsible for notifications and to help maintain the element of confidentiality. When a driver is notified for a test, the driver must proceed to the collection site immediately. Immediately means that after notification, all the driver's actions must lead to an immediate specimen collection (or test). The Company considers "travel time to the collection site, plus 30 minutes" as the maximum acceptable interval of time between notification and testing.

In test situations such as post-accident and reasonable suspicion/cause, where the driver's job performance is called into question, supervisors will use their discretion and training to minimize further confrontation. A reasonable attempt will be made by the supervisor to isolate and inform the driver of the decision to test, the steps that must be taken to accomplish the test, and the consequences of refusing the test. If possible, for post-accident and reasonable suspicion tests, the Company will have the DER or a supervisor accompany the driver to the collection site. In post-accident test situations occurring where the supervisor is not present, the Company will provide the driver with necessary post-accident information and instructions so that the driver will be able to comply with post-accident testing.

## 5. DOT Drug Violations

**Drug Violations.** The following provides a listing of DOT drug violations of drivers:

- a) A verified positive drug test result;
- b) A refusal to be tested, determined by:
  - (1) Having a verified adulterated or substituted drug test result;
  - (2) Failing to appear for any drug test (except a pre-employment test) within a reasonable time, as determined by the Company, after being directed to do so by the Company;
  - (3) Failing to remain at the drug testing site until the testing process is complete;
  - (4) Failing to provide a urine specimen for any drug test;
  - (5) Failing to allow a directly observed or monitored collection in a drug test that requires such a collection procedure;
  - (6) Failing to provide a sufficient amount of urine for a drug test when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
  - (7) Failing or declining to take an additional drug test the employer or collector has directed you to take;
  - (8) Failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER; or,
  - (9) Failing to cooperate with any part of the testing process (e.g., refuse to empty pockets or failure to wash hands when so directed by the collector, behave in a confrontational way that disrupts the collection process, tampering with a specimen).
  - (10) For an observed collection, fail to follow the observer's instructions to raise clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if there is any type of prosthetic or other device that could be used to interfere with the collection process.
  - (11) Possess or wear a prosthetic or other device that could interfere with the collection process.
  - (12) Admit to the collector or MRO that a specimen has been adulterated or substituted.



- c) On-duty use of any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in §382.107, and who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

## 6. DOT Alcohol Violations and Prohibited Conduct

**Alcohol Violations.** The following provides a listing of DOT alcohol violations of drivers:

- a) A test result of 0.04 or higher **alcohol** concentration;
- b) A refusal to be tested, determined by:
  - (1) Failing to appear for any alcohol test (except a pre-employment test) within a reasonable time, as determined by the Company, after being directed to do so by the Company;
  - (2) Failing to remain at the alcohol testing site until the testing process is complete;
  - (3) Failing to provide an adequate amount of saliva or breath for an alcohol test;
  - (4) Failing to provide a sufficient amount of breath for an alcohol test when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
  - (5) Failing to undergo a medical examination or evaluation, as directed by the DER;
  - (6) Failing to sign the certification statement on the Alcohol Testing Form; or,
  - (7) Failing to cooperate with any part of the testing process.
- c) On-duty use of alcohol while performing safety-sensitive functions.
- d) Pre-duty use of alcohol within four (4) hours prior to performing safety-sensitive functions.
- e) Use of alcohol within eight (8) hours following an accident unless the driver has already been given a post-accident alcohol test.

**Alcohol Prohibited Conduct.** The following is **prohibited conduct** of drivers:

- a) A test result of 0.02 or greater alcohol concentration, but less than 0.04.

## 7. Violation Consequences and Company Actions

**After DOT Rule Violations.** The Company will not allow any driver who has a DOT drug or alcohol violation to perform safety-sensitive functions for the Company. Immediately, upon learning of the violation, the DER shall assure the removal of the driver from all safety-sensitive duties. That driver will be ineligible to work in any DOT safety-sensitive function for the Company until the driver has successfully completed the DOT return-to-duty process. The Company will refer the driver to a Substance Abuse Professional (SAP) as soon as practicable after the verified violation report.

**After DOT Alcohol Prohibited Conduct.** The Company will not allow any driver to perform, or continue to perform, any safety-sensitive functions under Part 382 when the driver is found to have an alcohol concentration of 0.02, or higher, but less than 0.04. The Company may not use the driver in a safety-sensitive function until the start of the driver's next regularly scheduled shift, which must be not less than twenty-four (24) hours following the test that indicated "prohibited conduct."

## 8. Drug and Alcohol Tests

**Compliance.** The Company will ensure that each driver will be drug and/or alcohol tested for the following reasons when called for by Part 382. All drug and alcohol tests will be conducted following the procedures of Part 40.

**Pre-Employment.** A pre-employment drug test will be conducted before an individual is hired or used to perform safety-sensitive functions. Pre-employment tests are also required of drivers returning from a leave of absence greater than 30 days who have not been participating in the Company's drug and alcohol program and subsequently subject to the random selection process. A negative DOT urine drug test result is required prior to performing safety-sensitive functions. DOT does not allow the use of a "quick test" or any other methodology other than laboratory-based urine testing.

FMCSA does not mandate a pre-employment alcohol test for drivers. FMCSA does give motor carriers who wish to conduct a pre-employment alcohol test the authority to do so. If the Company decides to conduct pre-employment alcohol testing, all applicants will be advised of the test prior to the test occurring, and all tests will be conducted before the first performance of safety-sensitive functions by every driver. The Company will treat all drivers the same for the purpose of pre-employment alcohol testing; the Company will not test some drivers and not others. The Company will conduct the pre-employment tests after making a contingent offer of employment or transfer, subject to the driver passing the pre-employment alcohol test. A result of less than 0.02 alcohol concentration is required prior to performing safety-sensitive functions.

**Post-Accident Testing.** The Company will conduct both a drug test and an alcohol test after an accident. As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, the Company shall test for drugs and alcohol for each of its surviving drivers: (1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or (2) Who receives a citation within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:

(i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle. Table 1 notes when a post-accident test is required.

A post-accident drug test shall be conducted on each driver as soon as possible but no later than 32 hours after the accident. A post-accident alcohol test shall be conducted on each driver as soon as possible but no later than 8 hours after the accident. The Company must take all reasonable steps to test the driver after an accident, but any injury should be treated first. The Company will not delay necessary medical attention for an injured driver following an accident, 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.

A driver who is subject to post-accident testing who fails to remain readily available for such testing, including notifying the Company or Company's representative of their location if they leave the scene of the accident prior to submission to such test, may be deemed by the Company to have refused to submit to testing. Depending on the circumstances of the accident, and if feasible, the driver will not be allowed to perform safety-sensitive functions pending the results of the drug test.

In situations where an accident occurs away from the Company's principal place of business (e.g., "on the road") the responsibility of accomplishing the post-accident tests falls on the driver. The driver must immediately contact the Company, the DER, or other designated Company representation for information and instructions on how to get the test done.

**Exception.** All drug and alcohol testing under Part 382 and this Plan must conform to Part 40 standards, with one exception -- that being post-accident testing. In only a post-accident situation, the results of a breath or blood test for the use of alcohol, conducted by Federal, State, or local officials having independent authority for the test, meet the requirements of acceptable alcohol testing, provided such tests conform to the applicable Federal, State or local alcohol testing requirements, and that the results of the tests are obtained by the Company. Likewise, in only a post-accident situation, the results of a urine test for the use of drugs, conducted by Federal, State, or local officials having independent authority for the test, meet the requirements of acceptable drug testing, provided such tests conform to the applicable Federal, State or local controlled substances testing requirements, and that the results of the tests are obtained by the employer.

## Post-accident Test Criteria

Type of accident involved	Citation issued to the CMV driver	Test must be performed 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

Table 1

**Random Drug Testing.** The Company will conduct a number of random drug and alcohol tests each calendar year that meets or exceeds the current minimum annual percentage random testing rate. The minimum rate for random drug testing, set by FMCSA regulations, is 50 percent of the Company's drivers. The minimum rate for random alcohol testing, set by FMCSA regulations, is 10 percent of the Company's drivers. The Company may use the services of the C/TPA to manage all aspects of the Company's random testing program. If the Company conducts random testing through a C/TPA, the number of drivers to be tested may be calculated for each individual Company or may be based on the total number of drivers covered by the C/TPA who are subject to random testing.

All drivers will be immediately placed in a drug and alcohol random pool after obtaining a negative result on their pre-employment test. Drivers will remain in the random selection pool at all times, regardless of whether or not they have been previously selected for testing. The selection of drivers shall be made by using a computer-based, scientifically valid method (e.g., random number generator or equivalent random selection method) that is matched with a driver's social security number or driver ID number. The DER will assure the pools contain driver social security numbers or driver identification numbers that are current, complete, and correct. Drivers will have an equal chance of being selected for testing. Drivers are subject to both random alcohol and drug testing.

Random testing will occur on a quarterly basis. Prior to selection, the DER shall ensure that the random testing pool has been updated to include all current drivers in the Company's workforce. The number of tests to be conducted will be based on the number of drivers at the beginning of each quarter's test cycle. The DER, or C/TPA, shall use the random selection procedures to compile lists of drivers selected for drug and alcohol testing in each testing cycle. The number of drivers selected on each list shall be sufficient to assure that the minimum number of required tests can be achieved for both drugs and alcohol. The list of drivers selected will be retained by the DER in a secure location until the time of testing when the list will then be provided to the appropriate division manager, department head, or supervisor who will, in turn, notify the driver(s) to report for testing.

Random testing is unannounced, with drivers being notified that they have been selected for testing after they have reported for duty on the day of collection. All testing will be conducted on different days of the week throughout each test cycle to prevent drivers from matching their substance use patterns to the schedule for testing.

Once notified by the appropriate Company official, drivers will be instructed to report immediately to the collection site.

**Reasonable Suspicion/Cause Testing.** The Company will conduct reasonable suspicion testing, also known as reasonable cause testing, based on the Company's observation of "signs and symptoms" of specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver.

The supervisor making the determination to test shall document, in writing, the behavioral signs and symptoms that support the determination to conduct a reasonable suspicion/cause test. This documentation of the driver's conduct shall be prepared and signed within 24 hours of the observed behavior or before the results of the tests are released, whichever is earlier. Refer to the *Post Accident or Reasonable Cause/Suspicion Supervisor Written Record*. The driver will be tested for drugs if the supervisor believes the driver has violated the prohibitions of Part 382 and this Plan concerning drugs. The driver will be tested for alcohol if the supervisor believes the driver has violated the prohibitions of Part 382 and this Plan concerning alcohol. In situations where the supervisor is sure of the signs and symptoms but unsure of the substance, the driver will be tested for both drugs and alcohol. The potentially affected driver should not be allowed to proceed alone to or from the testing site. In addition to the safety concerns for the driver, accompanying the driver also assures that there is no opportunity en route to the testing site for the driver to compromise the test through any method of tampering that could affect the outcome of test result.

The driver shall not perform a safety-sensitive function pending the receipt of the drug test results. The driver should make arrangements to be transported home. The driver should be instructed not to drive any motor vehicle due to the reasonable belief that they may be under the influence of a drug. If the driver insists on driving, a supervisor should notify the proper local law enforcement authority that a driver believed to be under the influence of a drug or alcohol is leaving the Company premises driving a motor vehicle.

**Return-to-Duty Testing.** The Company will conduct a return-to-duty test prior to a driver returning to safety-sensitive duty following a DOT violation. When a driver has a DOT violation they cannot work again in any DOT safety-sensitive function until successfully completing the Substance Abuse Professional (SAP) return-to-duty requirements. Only after the SAP has reported to the Company that the driver is eligible to return to safety-sensitive duties is the Company authorized to return the driver to a safety-sensitive function. However, whether or not to do so is a business decision of the Company, not the DOT. When the Company makes the decision to return the driver to safety-sensitive duty, the Company will initiate the order for the return-to-duty test. All return-to-duty drug tests will be conducted using direct-observation collection procedures.

A return-to-duty test, as a minimum, will be for the substance associated with the violation. A return-to-duty test may, however, be for both drugs and alcohol. The decision belongs solely to the SAP from information gained during the SAP-evaluation/treatment processes. The results of a return-to-duty test must be negative for drugs and less than .02 for alcohol in order "to count" and allow the driver to return to work. A cancelled test must be recollected. A positive drug test, an alcohol test of .04 or higher, or a refusal-to-test will be considered as a new, separate violation. When the driver "passes" his return-to-duty test, their name is immediately placed into the Company's random testing pool.

**Follow-up Testing.** The Company will conduct follow-up testing, as a series of tests that occur after a driver returns to safety-sensitive work, following a negative result on the return-to-duty drug and/or alcohol tests. Follow-up testing, as a minimum, will be for the substance associated with the violation. In addition, follow-up testing may be for both drugs and alcohol, as directed by the SAP's written follow-up testing plan.

Follow-up testing is the Company's responsibility to conduct. Follow-up testing will run concurrently with random testing. All follow-up drug tests will be conducted using direct-observation collection procedures. The results of a follow-up must be negative for drugs and less than .02 for alcohol. A cancelled test must be recollected. A positive drug test, an alcohol test of .04 or higher, or a refusal-to-test will be considered as a new, separate violation.

The number and frequency of the follow-up tests will be determined by the SAP, but shall consist of at least six tests in the first 12 months following the driver's return to duty. The follow-up plan will give both the number of tests and their frequency; the Company will select the actual day and time of the test and the tests are unannounced. Follow-up testing shall not exceed 60 months from the date of the driver's return to duty. The SAP may terminate the requirement for follow-up testing at any time after

the first six tests have been administered, if the SAP determines that such testing is no longer necessary.

## **V. DRUG PROGRAM**

### **1. Drug Tests That Require Direct Observation Procedures**

**Compliance.** The Company will conduct all return-to-duty and follow-up drug tests using the direct observation collection procedures specified by Part 40. Pre-employment, post-accident, reasonable suspicion/cause, and random drug tests are normally conducted by giving the driver the privilege of privacy when providing the urine specimen. However, should it become required that these collections be conducted under direct observation procedures, the Company will convey instructions to the collector to ensure that this occurs. Direct observation procedures will also be used for collections when a specimen is provided and the temperature is out of range, when the specimen appears to have been tampered with or when a previous specimen has been reported as invalid, adulterated, substituted or negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, as defined in Part 40.

### **2. Specimen Collection Procedures**

**Compliance.** The Company will follow the requirements of Part 40 for its DOT collections. A full description of DOT collection requirements that collectors will follow can be found in Part 40, Subpart C ("Urine Collection Personnel"), Subpart D ("Collection Sites, Forms, Equipment and Supplies Used in a DOT Urine Collection"), and Subpart E ("Urine Specimen Collections").

**Collection Site Personnel.** The Company will ensure that collection sites, utilized by its drivers, are aware of their responsibilities with regard to the DOT specimen collection process. These responsibilities are to collect urine specimens using Part 40 procedures, ship the specimens to a Department of Health and Human Services (HHS) certified laboratory for analysis, and distribute copies of the Federal Drug Testing Custody and Control Form (CCF) to the laboratory, Medical Review Officer, employer or employer's C/TPA, and driver in a confidential manner. All attempts are made to use collectors who have been trained in accordance with Part 40. The Company, or the Company's C/TPA, will ask the collection sites conducting DOT collections to attest to the fact that they comply with DOT standards of practice. Any collection site that fails to attest to this goal will not be used by the Company for a DOT collection. The direct supervisor of a driver shall not serve as a collector in conducting any required drug test unless it is otherwise impracticable.

**Collection Site, Forms, and Specimen.** The Company will provide the driver with the specific location of the collection site where the drug test will take place. In most cases, the Company will provide the driver with a drug testing kit, which includes the CCF, to present to the collector. The only specimen that will be collected for any DOT collection is urine; the only form that will be used is the Federal CCF.

**Collections.** The Company will inform every driver that they are required to carry and present a current valid photo ID, such as a driver's license, passport, or employer-issued picture ID to the collection site. The driver will be advised that the collector will ask them to empty their pockets, remove any unnecessary garments (the driver may retain their wallet), and wash and dry their hands prior to the collection. The driver will be instructed to follow the collector's instructions throughout the collection process. Normally, the driver will be afforded privacy to provide a urine specimen. Exceptions to the rule generally surround issues of attempted adulteration or substitution of a specimen or any situation where questions of specimen validity arise, like an unusual specimen temperature.

After the driver has provided the specimen (a minimum of 45 mL) of their urine into a collection container, the collector will check the temperature and color of the urine. All DOT collections are “split specimen collections.” The collector will pour the urine into two separate bottles (bottle “A” as the primary specimen and bottle “B” as split specimen), seal them with tamper-evident tape, and then ask the driver to initial the seals after they have been placed on the bottles. (Remember: Neither the driver nor the collector should let the specimen out of their sight until it has been poured into two separate

bottles and sealed.) Next, the driver will write their name, date of birth, and daytime and evening phone numbers on the MRO Copy (Copy 2) of the CCF. This is so the MRO can contact the driver directly if any questions arise about their test.

Lastly, the collector will complete the necessary documentation on Copy 1 of the CCF and package the CCF and the two specimen bottles in the plastic bag and seal the bag for shipment to the laboratory. Copies of the CCF will be distributed: Copy 2 to the MRO and Copy 4 to the employer or the employer's C/TPA; the collector keeps Copy 3; and, the driver gets Copy 5. The driver may list any prescription and over-the-counter medications they may be taking on the back of their copy of the CCF (this may serve as a reminder for the driver in the event the MRO calls to discuss their test results).

**Possible collection issues.** If the driver is unable to provide 45 mL of urine on the first attempt, the time will be noted, and they will be required to remain in the testing area under the supervision of the collection site personnel, their supervisor, or a representative from their Company (e.g., supervisor accompanying the driver). Leaving the testing area without authorization may be considered a refusal to test. The driver will be urged to drink up to 40 oz. of fluid, distributed reasonably over a period of up to three hours, and asked to provide a new specimen (into a new collection container). If the DER is contacted, the DER should instruct the driver to remain at the collection site to complete the collection process. If the driver does not provide a sufficient specimen within three hours, the DER, in consultation with the MRO, will direct the driver to obtain a medical evaluation within five days to determine if there is an acceptable medical reason for not being able to provide a specimen. If it is determined that there is no acceptable physiological or pre-existing psychological reason for not providing a urine specimen, it will be considered a refusal to test.

**Directly observed collections.** If a direct observation collection is required of the driver, the Company will ensure that the DOT requirements (i.e., direct observation by same-sex collector, observation of body-to-bottle urination, and use of full turn-around observation) procedures are followed.

### 3. Drug Testing Laboratory

**Compliance.** The Company will employ a laboratory that will follow the requirements of Part 40 for the Company's DOT drug tests. A full explanation of DOT drug testing requirements that the laboratory will follow is found in Part 40, Subpart F (“Drug Testing Laboratories”).

**Laboratory.** The Company shall ensure that all DOT testing is conducted only by a laboratory that is certified by the Department of Health and Human Services (HHS) under the National Laboratory Certification Program (NLCP). Doing so ensures that the Company complies with the requirements of Part 40 and with all applicable requirements of HHS in testing DOT specimens, whether or not those requirements are explicitly stated in the Plan. The laboratory used by this Company is specified in Appendix B. The laboratory will report the certified results to the MRO and only to the MRO, at the address provided on the Federal CCF. Results will not be reported directly to the Company or to or through another service agent, such as the C/TPA.

**Specimen.** Urine is the only specimen that is authorized for DOT drug testing. The Company will not use any other specimen (e.g., hair or saliva) for a DOT-required drug test. A “quick test” (e.g. a urine test that produces an immediate test result) is also prohibited by DOT.

**Drug Testing.** The laboratory will ensure that, on each DOT test, each specimen is tested for **marijuana, cocaine, amphetamines, opi d , and phencyclidine (PCP)**. (See Table 2, pg 23) The testing is a “two step” process: all presumptive positive results on the initial test must be confirmed by a confirmation test. The initial and the confirmation tests use different chemical principles, and separate portions of the original specimen, for testing. DOT specimens will not be tested for any other drugs. DOT specimens will not be subjected to DNA testing.

**Validity Testing.** The laboratory will ensure that, on each DOT test, each specimen is also subjected to “validity testing.” The purpose of validity testing is to determine if the driver tampered with their specimen during the collection process. Validity testing measures the creatinine concentration and specific gravity to detect a diluted or substituted specimen; pH is measured as one criterion established to detect an adulterated specimen. Validity testing also incorporates HHS criteria (used by DOT) in testing for specific adulterants such as nitrites, chromates, surfactants, and other active chemical compounds.

**Laboratory specimen handling and reporting.** When the laboratory receives a DOT specimen they will unpack and enter it into the testing process. Part of that process is to examine the condition of the specimen bottles and accompanying CCF. The laboratory will look closely for any specific reason to stop the testing process (i.e., “fatal flaws”). If the laboratory determines a fatal flaw exists, the specimen is rejected for testing. If a fatal flaw does not exist, the specimen will be tested. DOT specimens are limited to four fatal flaws. They are:

- a) Specimen ID numbers on the CCF and the bottles do not match.
- b) Not enough urine and the bottles cannot be redesignated.
- c) Signs of tampering and the bottles cannot be redesignated.
- d) Collector's printed name and signature are missing.

The laboratory will open only the primary specimen (“A” bottle) to conduct the two tests (initial and confirmatory). If the specimen tests negative in either test and does not have any specimen validity issues, the result will be reported to the MRO as a negative. Only if the specimen test results are positive, adulterated, substituted, and/or invalid under both tests will the specimen be reported to the MRO as a positive, adulterated, substituted, and/or invalid, respectively. These results are also referred to as “non-negative” results.

# Required DOT Drug Tests & Cutoffs

## 65304N - DOT DRUG PANEL W/TS

Req Name: DOT DRUG PANEL W/TS

SUBMITTED URINE SPECIMENS TESTED AT THE LISTED CUTOFFS.

DRUG CLASS	INITIAL TEST LEVEL	CONFIRMATORY TEST LEVEL	CONFIRMATORY METHOD
AMPHETAMINES	500 ng/mL		
Amphetamine		250 ng/mL	MS
Methamphetamine		250 ng/mL	MS
COCAINE METABOLITES	150 ng/mL	100 ng/mL	MS
MARIJUANA METABOLITES	50 ng/mL	15 ng/mL	MS
MDA-ANALOGUES	500 ng/mL		
MDA		250 ng/mL	MS
MDMA		250 ng/mL	MS
OPIATES	2000 ng/mL		
Morphine		2000 ng/mL	MS
Codeine		2000 ng/mL	MS
OPIATES (SEMI-SYNTHETIC)	300 ng/mL		
Hydromorphone		100 ng/mL	MS
Hydrocodone		100 ng/mL	MS
6-ACETYLMORPHINE	10 ng/mL	10 ng/mL	MS
OXYCODONES	100 ng/mL		
Oxymorphone		100 ng/mL	MS
Oxycodone		100 ng/mL	MS
PHENCYCLIDINE	25 ng/mL	25 ng/mL	MS

TestSure™

Testing Lab(s):   Atlanta, Georgia  
                       Lenexa, Kansas  
                       Norristown, Pennsylvania  
                       West Hills, California



#### 4. Laboratory Retention Periods and Reports

**Specimen retention.** Specimens that are confirmed by the laboratory to be positive, adulterated, substituted, or invalid will be retained by the laboratory in properly secured, long-term, frozen storage for at least 365 days. Within this 365 day period, the MRO, the driver, the Company, FMCSA or other state agencies with jurisdiction, may request in writing that the specimens be retained for an additional period. If the laboratory does not receive the request to retain the specimen within the 365-day period, the specimen will be discarded.

**Record retention.** All laboratory records pertaining to any test for this Company on its drivers will be retained for two years. The employer-specific data that is created by the laboratory for the laboratory statistical summary will be retained for two years.

**Semi-annual reports.** The laboratory will prepare and send to the Company the aggregate employer-specific summary on a semi-annual basis. The format for this report is found in Part 40, Appendix B.

#### 5. MRO Review of Drug Test Results

**Compliance.** The Company will have, on staff or contract for the services of, a MRO who is a licensed physician with knowledge of drug abuse and is qualified under Part 40. The MRO will follow the requirements of Part 40 in carrying out the functions of the “independent and impartial gatekeeper of the drug testing process.” A full description of DOT MRO requirements can be found in Part 40, Subpart G (“Medical Review Officers and the Verification Process”), and Subpart H (Split Specimen Testing).

**Duties.** All confirmed drug test results for the Company are received by the MRO directly from the laboratory. The MRO is responsible for the review of both negative and non-negative test results, review of the CCFs associated with each test, and to conduct quality control reviews of the MRO staff. The MRO will review and interpret confirmed positive, adulterated, substituted, and invalid test results. In carrying out this responsibility, the MRO shall examine alternate medical explanations for any positive, adulterated, substituted, or invalid test result. This action would include conducting a medical interview with the driver and review of the driver's medical history, or review of any other relevant biomedical factors, such as the results of a physical examination following an opiate positive. The MRO shall review medical records made available by the tested driver when the source of the confirmed result could have been from legally prescribed medication. The MRO shall not, however, consider the results of urine or other specimens that are not obtained or processed in accordance with DOT regulations.

**Results.** The MRO will use staff under his direct supervision to handle administrative processes for negative test results including receiving the result from the laboratory, reviewing the paperwork for accuracy, and reporting of the result to the DER.

The MRO staff may make the initial contact with drivers having confirmed positive, adulterated, substituted, and invalid test results, for the purposes of setting up an interview for the MRO. The MRO will personally conduct the interview with the driver to determine whether there is a legitimate medical explanation for these results. This interview will be conducted, in most cases, before the Company is notified. If the result is confirmed positive, and a legitimate medical explanation is established, the MRO will report the result to the DER as negative. If not, the MRO will report the result to the DER as positive. If the confirmed result is adulterated or substituted, and a legitimate medical explanation is established, the MRO will report the result to the DER as cancelled and notify ODAPC, in accordance with Part 40 procedures. If not, the MRO will report the result to the DER as a refusal to test. If the result is invalid, and an acceptable reason is established, the MRO will report the result to the DER as cancelled and the process will stop, unless a negative test result is needed (e.g., pre-employment, return-to-duty). If an acceptable reason is not established, the MRO will report the result to the DER as cancelled and order an immediate recollection under direct observation.

**Reports.** All drug test results will be reported to the Company DER in a confidential and timely manner. Before reporting any results, the MRO will have received a copy of the CCF showing where the driver has signed the form. The time period from collecting the specimen to reporting the verified is generally shorter for negatives than for non-negatives. Non-negatives will not be reported to the DER until all information required for the driver interview is received and approved by the MRO. The Company may use a C/TPA as its intermediary in receiving drug test results. If so, those reports will be handled in accordance with Part 40 requirements. If the MRO does not use Copy 2 of the CCF for reporting results, the MRO will maintain a copy of the signed or stamped report in addition to the signed or stamped and dated Copy 2. If the MRO uses an electronic data file to report negatives, the MRO will maintain a retrievable copy of that report in a format suitable for inspection and auditing by a DOT representative.

## **6. Split Specimen Testing**

**Split Specimen.** When the MRO has verified a result as positive, adulterated, or substituted, the MRO will notify the driver of his right to have the split specimen tested. The driver must notify the MRO within 72 hours of the result being verified in order to have this testing conducted. If the driver requests that the split specimen be tested within the 72-hour period, the MRO will ensure that the split specimen is tested. Testing of the split specimen is only conducted at the request of the driver, and then only after using the MRO as the requesting agent for the driver.

The Company is responsible for making sure that the MRO, first laboratory, and second laboratory perform the functions noted in Part 40 in a timely manner, once the driver has made a timely request for a test of the split specimen (e.g., by establishing appropriate accounts with laboratories for testing split specimens).

The Company must not condition compliance with these requirements on the driver's direct payment to the MRO or laboratory or the driver's agreement for reimbursement of the costs of testing. For example, if the Company's asks the driver to pay for some or all of the cost of testing the split specimen, and the driver is unwilling or unable to do so, the Company must ensure that the test takes place in a timely manner, which means that the Company will pay for the split testing. The Company may seek payment or reimbursement of all or part of the cost of the split specimen from the driver. Part 40 takes no position on who ultimately pays the cost of the test, so long as the Company ensures that the testing is conducted as required and the results released appropriately.

**Laboratory.** The testing of the split specimen will be conducted at another HHS-certified laboratory, different from the original laboratory. The Company will select the second laboratory. The split specimen will be tested for the same substance or condition that was found in the primary specimen. The MRO will report back to the DER and the driver whether the split reconfirms the primary. If the test of the split does not reconfirm the primary, both tests will be cancelled as if they never occurred.

## **7. Medical Marijuana**

The DOT and the Company do not accommodate the use of medical marijuana by DOT-safety- sensitive employees.

## 8. Signs and Symptoms of Alcohol and Controlled Substances Use

### Alcohol Fact Sheet

Alcohol is a drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

#### Description

- **Generic/Chemical Names (Representative):** Beer (about 4.5 percent alcohol), wine (about 14 to 20 percent alcohol), distilled spirits or liquor (about 50 percent alcohol).
- **Alternative Sources:** After-shave lotion, cough medicine, antiseptic mouthwash, vanilla extract, disinfectant, room deodorizer fluid, cologne, breath sprays, shaving creams, rubbing alcohol.
- **Common Street Names:** Booze, juice, brew, grain, shine, hooch.
- **Distinguishing Characteristics:** Pure ethanol (sold in some States as “grain alcohol”) is a colorless liquid with a distinctive odor and taste. It has a cooling effect when rubbed on the skin. Most commonly, however, alcohol is consumed as the component of another beverage, and grain alcohol itself is normally diluted with juices or other soft drinks by the consumer. Depending upon the concentration of alcohol in the beverage, the aroma of alcohol may serve as an indicator of the presence of alcohol in a beverage. Since the sale and distribution of all products containing more than a trace amount of ethanol are regulated by Federal and State governments, the best guide to whether a specific beverage contains alcohol will be label information if the original container is available.
- **Paraphernalia:** Liquor, wine, after-shave, or cough medicine bottles; drinking glasses; cans of alcohol-containing beverages; can and bottle openers. Paper bags are sometimes used to conceal the container while the drink is being consumed.
- **Method of Intake:** Alcohol is consumed by mouth. It is infrequently consumed as pure (grain) alcohol. It is, however, frequently consumed in the form in which it is sold (e.g., cans of beer, “straight” liquor, glasses of wine). Alcohol is often consumed in combination with other beverages (“mixers”), either to make it more palatable or to disguise from others that alcohol is being consumed.

- **Duration of Single Dose Effect:** Alcohol is fully absorbed into the bloodstream within 30 minutes to 2 hours, depending upon the beverage consumed and associated food intake. The body can metabolize about one quarter of an ounce (0.25 oz.—roughly half the amount in a can of beer) of alcohol per hour.

The effects of alcohol on behavior (including driving behavior) vary with the individual and with the concentration of alcohol in the individual's blood. The level of alcohol achieved in the blood depends in large part (although not exclusively) upon the amount of alcohol consumed and the time period over which it was consumed. One rule of thumb says that in a 150-pound person, each drink adds 0.02% to blood alcohol concentration and each hour that passes removes 0.01percent from it.

Generally speaking, alcohol is absorbed into the blood relatively quickly and metabolized more slowly. Therefore, the potential exists for alcohol concentrations to build steadily throughout a drinking session. The table below shows some general effects of varying levels of BAC:

<u>BAC</u>	<u>Behavioral Effects</u>
0.02-0.09%	Loss of muscular coordination, impaired senses, changes in mood and personality.
0.10-0.19%	Marked mental impairment, further loss of coordination, prolonged reaction time.
0.20-0.29%	Nausea, vomiting, double vision.
0.30-0.39%	Hypothermia, blackouts, anesthesia.
0.40-0.70%	Coma, respiratory failure, death.

- **Detection Time:** The detection time for alcohol depends upon the maximum level of BAC achieved and varies by individual. Since under FMCSA regulations alcohol concentrations as low as 0.02 percent (under DOT testing procedures, breath alcohol concentration is used as a proxy for BAC) require employer action, and current technology can reliably detect this level, a driver who had achieved a moderate level of intoxication (i.e., 0.08 percent BAC) would be detectable approximately 8 hours after achieving that level. (Note: this is detectability after achieving this level and not after commencing or stopping drinking.)
- **Dependency Level:** The chronic use of alcohol can produce dependence in some individuals manifested by craving, withdrawal, and tolerance. Despite the fact that many individuals consume alcoholic beverages (more than 90 percent of Americans at some point during their lives), relatively few of them (only about 10 percent of drinkers) develop psychological and physical dependency on it.

## 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.

## Effects of Alcohol on the Individual

### *Physical 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.

### *Other Health Effects*

- In addition to having direct health effects through physiological changes in the drinker's body, alcohol contributes significantly to health problems indirectly. While most of the medical consequences of alcohol use listed above result from chronic use, these other effects can often result from a single episode of acute use:
  - One half of all traffic accident fatalities are alcohol-related.
  - The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.
  - Falls are the most common cause of nonfatal injuries in the U.S. and the second-most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20 to 80 percent. A BAC between 0.05 and 0.10 percent increases the likelihood of a fall by three times. Between 0.10 and 0.15 percent, it increases by a factor of 10, and above 0.16 percent it increases by a factor of 60.
  - Research indicates over 60 percent of those dying in nonvehicular fires (fourth leading cause of accidental death in the United States) have BACs over 0.10 percent.
  - Approximately 38 percent of those drowning (third leading cause of accidental death in the United States) have been exposed to alcohol at the time of their deaths.
  - Between 20 and 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.
  - Alcohol also plays a significant role in crime and family violence, including spousal and child abuse.

### *Effects on Driver Performance*

The statistics reported above make it clear that alcohol can have a devastating effect on driver performance. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the professional driver of most of the tools he or she relies upon to perform safely.

Hangovers also present a risk to driving behavior, as would other illnesses. 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.

### *Overdose Effects*

- Unconsciousness, coma, death.

### *Withdrawal Syndrome*

Repeated use of alcohol results in tolerance, with increasing consumption necessary to attain its characteristic effects. Alcohol at a given blood level produces less impairment in heavy drinkers than it does in lighter drinkers. Alcohol is toxic by itself and, coupled with the malnutrition common in alcoholics, can lead to kidney disease, deterioration of mental faculties, and psychotic episodes (the "DTs") if the alcohol is withdrawn. The DTs are characterized by hallucinations and extreme fear, and their presence are a clear indication of alcohol dependence. Withdrawal and the associated DTs can be fatal.

### *References*

Blum, Kenneth, "Handbook of Abusable Drugs," NY, Gardner Press, 1984.

Department of Health and Human Services, "Alcohol and Health: 7th Special Report to the U.S. Congress," Washington, DC, 1990.

## Amphetamine Fact Sheet

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the United States or clandestinely manufactured in crude laboratories.

### Description

- **Generic/Chemical Names:** Include amphetamine and methamphetamine. Trade names include: Desoxyn, Dexapex, Fastin, Vasotilin, Dexedrine, Delcobese, Fetamine, Obetrol.
- **Common Street Names:** Uppers, speed, bennies, crystal, black beauties, Christmas trees, white crosses, mollies, bam, crank, meth, ice, LA ice.
- **Distinguishing Characteristics:** In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms, including pill, capsule, tablet, powder, and liquid. Amphetamine (“speed”) is sold in counterfeit capsules or as white, flat, double-scored “mini bennies.” Methamphetamine is often sold as a creamy white, granular powder or in lumps wrapped in aluminum foil or sealable plastic bags.
- **Paraphernalia:** Needles, syringes, and rubber tubing for tourniquets, used for the injection method.
- **Method of Intake:** The most common forms of amphetamines are pills, tablets, or capsules, which are ingested. The less frequent forms, liquid and powder, are injected or snorted.
- **Duration of Single Dose Effect:** 2 to 4 hours.
- **Detection Time:** 1 to 2 days after use.
- **Dependency Level:** Psychological dependence on amphetamines is known to be high. Physical dependence is possible.

### 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 the level of the dose).
- **Behavioral Symptoms:** Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power; “amphetamine psychosis” which might result from extended use (see health effects).

## Effects of Amphetamine Use on the Individual

### *Physical Health Effects*

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Long-term heavy use can lead to malnutrition, skin disorders, ulcers, and various diseases that come from vitamin deficiencies.
- Lack of sleep, weight loss, and depression also result from regular use.
- Users who inject drugs intravenously can get serious and life-threatening infections (e.g., lung or heart disease, kidney damage) from nonsterile equipment or contaminated self-prepared solutions.

### *Effects on Mental Performance*

- Anxiety, restlessness
- Moodiness
- False sense of power.

Large doses over long periods can result in

- Hallucinations
- Delusions

- Paranoia
- Brain damage.

### *Effects on Driver Performance*

Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness. However, although low doses of amphetamines will cause a short-term improvement in mental and physical functioning, greater use impairs functioning. The hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

### *Overdose Effects*

- Agitation
- Increase in body temperature
- Hallucinations
- Convulsions
- Death

### *Withdrawal Syndrome*

- Apathy
- Long-term periods of sleep
- Irritability
- Depression
- Disorientation

### **Workplace Issues**

- Because amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness due to unusual overtime demands or failure to get rest.
- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

### *Reference*

Federal Motor Carrier Safety Administration, Office of Motor Carriers, “Guidelines for Implementing the FMCSA Anti-Drug Program,” Publication No. FMCSA-MC-91-014, March 1992.

## Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

### Description

- **Generic/Chemical Names:** Cocaine hydrochloride or cocaine base.
- **Common Street Names:** Coke, crack, snow, blow, flake, “C”, toot, rock, base, nose candy, snort, white horse.
- **Distinguishing Characteristics:** Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride or “snorting coke” is a white to creamy granular or lumpy powder chopped fine before use. Cocaine base, rock, or crack is a crystalline rock about the size of a small pebble.
- **Paraphernalia:** Cocaine hydrochloride—single-edged razor blade, a small mirror or piece of smooth metal; a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine (used for snorting), needles, tourniquets (used for injecting). Cocaine base—a “crack pipe” (small glass smoking device for vaporizing the crack crystals); a lighter, alcohol lamp, or small butane torch for heating the substance.
- **Method of Intake:** Cocaine hydrochloride is snorted into the nose, rubbed on the gums, or injected into the veins. Cocaine base is heated in a glass pipe and the vapor is inhaled.
- **Duration of Single Dose Effect:** 1 to 2 hours.
- **Detection Time:** Up to 2 to 3 days after last use.
- **Dependency Level:** Research indicates possible physical dependence. Although there is insufficient evidence for humans, animal studies indicate “reverse tolerance,” in which certain behavioral effects become stronger with repeated use of cocaine. Psychological dependence on cocaine is known to be high.

### 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 (sensation 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.

## Effects of Cocaine Use on the Individual

### *Physical Health Effects*

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable 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 psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days of using crack or within several months of snorting coke. 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. The number of cocaine overdose deaths in the United States has tripled in the last four years.

### *Effects on Mental Performance*

- Paranoia and hallucinations
- Hyperexcitability and overreaction to stimulus
- Difficulty in concentration
- Wide mood swings
- Withdrawal leads to depression and disorientation

### *Effects on Driver Performance*

Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.

The high cost of cocaine frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

### *Overdose Effects*

- Agitation
- Increase in body temperature
- Hallucinations
- Convulsions
- Death

### *Withdrawal Syndrome*

- Apathy
- Long periods of sleep
- Irritability
- Depression
- Disorientation

### *Reference*

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

## Cannabinoids (Marijuana) Fact Sheet

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception-altering effects it produces.

### Description

- **Generic/Chemical Name:** Dronabinol, marinol, nabilone.
- **Common Street Names:** Pot, dope, grass, hemp, weed, hooch, herb, hash, joint, Acapulco gold, reefer, sinsemilla, Thai sticks.
- **Distinguishing Characteristics:** Like tobacco, marijuana consists of dried, chopped leaves that are green to light tan in color. The seeds are oval with one slightly pointed end. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.
- **Paraphernalia:** Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking “bongs” (large-bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- **Method of Intake:** Marijuana is usually inhaled in cigarette or pipe smoke. Occasionally, it is added to baking ingredients (e.g., brownies) and ingested. Tetrahydro-cannabinol (THC), the active chemical detected in urinalysis, is released by exposure to heat.
- **Duration of Single Dose Effect:** The most obvious effects are felt for 4 to 6 hours. Preliminary studies suggest that performance impairment lasts longer. The active chemical, THC, is stored in body fat and slowly metabolized over time.
- **Detection Time:** Traces of marijuana will remain in the urine of an occasional user for up to 1 week, and, in the case of a chronic user, for 3 to 4 weeks.
- **Dependency Level:** Evidence indicates moderate psychological dependence.

### 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 (often masked by eye drops); stained fingertips from holding “joints,” particularly for nonsmokers; 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, panic reactions, paranoia, “I don’t care” attitude, false sense of power.

## Effects of Marijuana Use on the Individual

### *General 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 the fungus *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. The U.S. Government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

### *Pregnancy Problems and Birth Defects*

- The active chemical, THC, and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in the male sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics, including breast development, occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.

- Pregnant women who are chronic marijuana smokers have a higher-than-normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver, and water on the brain and spine.
- Offspring of test animals that were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

### *Mental Function*

Regular use can cause the following effects:

- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as “acute brain syndrome,” which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.



### *Effects on Driver Performance*

- The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle very dangerous.

### *Overdose Effects*

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic
- Paranoid reaction
- Unpleasant distortions in body image

### *Withdrawal Syndrome*

- Sleep disturbance
- Hyperactivity
- Decreased appetite
- Irritability
- Gastrointestinal distress
- Salivation, sweating, and tremors

### **Workplace Issues**

- The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of *both* the depressant and marijuana.

### *Reference*

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

## Opiates (Narcotics) Fact Sheet

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

### Description

- **Generic/Chemical Names:** Natural and natural derivatives include opium, morphine, codeine, and heroin (semi-synthetic).

Synthetics include meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan).

- **Common Street Names:** Big M, micro, dots, horse, “H”, junk, smack, scag, Miss Emma, dope, China white.
- **Distinguishing Characteristics:** Because of the variety of compounds and forms, opiates are more difficult to clearly describe in terms of form, color, odor, and other physical characteristics. Opium and its derivatives can range from dark brown chunks to white crystals or powders. Depending on the method of intake, they may be in powder, pill, or liquid form.
- **Paraphernalia:** Needles, syringe caps, eyedroppers, bent spoons, bottle caps, and rubber tubing (used in the preparation for and injection of the drug).
- **Method of Intake:** Opiates may be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- **Duration of Single Dose Effect:** 3 to 6 hours.
- **Detection Time:** Usually up to 2 days.
- **Dependency Level:** Both physical and psychological dependence on opiates are known to be high. Dependence on codeine is moderate.

### Signs and Symptoms of Use

- **Evidence of Presence of Drug:** In addition to paraphernalia enumerated above, the following items may be present: 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.

### **Effects of Narcotics Use on the Individual**

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics’ effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

### *Effects on Mental Performance*

- Depression and apathy
- Wide mood swings
- Slowed movement and reflexes

In addition, the high physical and psychological dependence level of opiates compounds the impaired functioning.

### *Effects on Driver Performance*

The apathy caused by opiates can translate into an “I don’t really care” attitude toward performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

## **Social Issues**

- There are more than 500,000 heroin addicts in the United States, most of whom are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

## **Workplace Issues**

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

## *Reference*

Federal Motor Carrier Safety Administration, Office of Motor Carriers, “Guidelines for Implementing the FMCSA Anti-Drug Program,” Publication No. FMCSA-MC-91-014, March 1992.

## Phencyclidine (PCP) Fact Sheet

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a comalike condition with muscle rigidity and a blank stare with the eyelids half-closed. Sudden noises or physical shocks may cause a “freak-out,” in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

### Description

- **Generic/Chemical Names:** Phencyclidine.
- **Common Street Names:** Angel dust, dust, peace pills, hog, killer weed, mint, monkey dust, supergrass, Tran Q, weed.
- **Distinguishing Characteristics:** PCP is commonly sold as a creamy, granular powder. It is either brown or white and often packaged in one-inch-square aluminum foil or folded paper packets. Occasionally, it is sold in capsule, tablet, or liquid form. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- **Paraphernalia:** Foil or paper packets; stamps (off which PCP is licked); needles, syringes, and tourniquets (for injection); leafy herbs (for smoking).
- **Method of Intake:** In pill, capsule, or tablet form, PCP may be ingested. It is commonly injected as “angel dust.” It may be smoked or snorted when applied to leafy materials or combined with marijuana or tobacco.
- **Duration of Single Dose Effect:** Days.
- **Detection Time:** Up to 8 days.
- **Dependency Level:** Psychological dependence on PCP is known to be high. Physical dependence is unknown.

### 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.

## 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 is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD-induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.
- There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

## *Effects on Mental Performance*

- Irreversible memory loss
- Personality changes
- Thought disorders
- Hallucinations

### *Effects on Driver Performance*

The distortions in perception and potential visual and auditory delusions make driver performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous to driving.

### *Overdose Effects*

- Longer, more intense “trip” episodes
- Psychosis
- Coma
- Possible death.

### *Withdrawal Syndrome*

- None reported

### **Workplace Issues**

- PCP abuse is less common today than in the recent past. It is not generally used in a workplace setting because of the severe disorientation that occurs.

## **VI. ALCOHOL PROGRAM**

### **1. Alcohol Test**

**Compliance.** The Company will follow Part 40 procedures for alcohol testing. A full description of DOT alcohol testing requirements can be found in Part 40, Subpart J--Alcohol Testing Personnel; Subpart K--Testing Sites, Forms, Equipment and Supplies Used in Alcohol Subpart N--Problems in Alcohol Testing; Subpart L ("Alcohol Screening Tests"); Subpart M ("Alcohol Confirmation Tests"); and, Subpart N ("Problems in Alcohol Testing"). These procedures apply to all DOT alcohol tests regardless of the reason for the test.

**Personnel and Testing Devices.** The Company will only use qualified Screening Test Technicians (STT) or Breath Alcohol Technicians (BAT) for DOT alcohol tests. These technicians will only conduct the test using DOT-approved devices. Devices are approved by the National Highway Traffic Safety Administration (NHTSA), an agency of DOT, and placed on the Conforming Products List (CPL).<sup>11</sup> The devices used by the Company will be maintained according to the particular manufacturer's specifications in the Quality Assurance Plan (QAP). External calibration checks will be performed at the intervals specified in the manufacturer's instructions for any EBT used for DOT-required alcohol confirmation testing.

**Testing Site, Forms, and Specimen.** The Company will provide the driver with the specific location where the test will take place. Tests will be conducted in an area to prevent unauthorized people from hearing or seeing the driver's test result. The Company will remind the driver that failure to sign the DOT Alcohol Testing Form at the instruction of the testing technician will be viewed as a refusal to test. The alcohol screening test may be conducted with breath or saliva, as applicable for the device used by the testing technician. Only breath will be used for the confirmation test, which is conducted by a BAT using an EBT.

**Test.** The Company will inform the driver that they are required to carry and present a current valid picture ID, such as a driver's license, passport, or employer-issued picture ID to the testing site. The testing technician will perform a screening test and show the driver the test result. If the screening test result is an alcohol concentration of less than 0.02, no further testing is authorized, and there is no DOT action to be taken. The technician will document the result on the ATF, provide the driver a copy and also provide the Company and/or the Company's C/TPA a copy. If the screening test result is 0.02 or greater, the driver will be required to take a confirmation test, which can only be administered by a BAT using an EBT. The BAT will wait at least 15-minutes, but not more than 30 minutes, before conducting the confirmation test. During that time, the driver will not be allowed to eat, drink, smoke, belch, put anything in their mouth or leave the testing area. Leaving the testing area without authorization may be considered a refusal to test. The BAT will perform an "air blank" (which must read 0.00) on the EBT device to ensure that there is no residual alcohol in the EBT or in the air around it. The confirmation test result is the final result of the test, and the result will be shown to the driver and on the printout from the EBT. If the result is less than 0.02, no action is taken under Part 382. Any result of 0.02 or greater will be immediately reported to the Company.

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<sup>11</sup> National Highway Traffic Safety Administration, Conforming Products List for Evidential Breath Measurement Devices, March 11, 2010, and addendums.



## **VII. PROGRAM ELEMENTS COMMON TO DRUG AND ALCOHOL**

### **1. Substance Abuse Professional**

**Compliance.** The Company will follow the requirements of Part 40 for its Substance Abuse Professional (SAP) obligations. A full description of the SAP requirements is in Part 40, Subpart O ("Substance Abuse Professionals and the Return-to-Duty Process").

**Qualifications.** The Company will refer drivers only to SAP's who have the credentials, basic knowledge, and qualification training, including fulfilling obligations for continuing education courses, for DOT violations. The SAP will not be an advocate for the Company or the driver. The SAP's function is to protect the public interest in safety by professionally evaluating the driver and recommending appropriate education/treatment, follow-up tests, and aftercare.

**SAP Referral.** The Company will provide to each driver who violates a DOT drug and alcohol regulation a listing of SAP's readily available to the driver and acceptable to the Company. The list will include SAP names, addresses, and telephone numbers. There will not be a charge to the driver for compiling or providing this list. The Company may use its C/TPA or other service agent to provide this information. Any driver who has violated DOT drug and alcohol regulations cannot again perform any DOT safety-sensitive duties for this Company until and unless the driver successfully completes the SAP evaluation, referral, and education/treatment process.

**Payment.** The Company is not required to pay for a SAP evaluation or any subsequent recommended education or treatment for a driver who has violated a DOT drug and alcohol regulation.

**Company Responsibility.** The Company is only bound by DOT to ensure that if the driver is provided an opportunity to return to a DOT safety-sensitive duty following a violation, that the Company ensure that the driver receives an evaluation by a SAP meeting the requirements of Part 40 and that the driver successfully complies with the SAP's evaluation recommendations before returning to the safety-sensitive job. Even if a SAP believes that the driver is ready to return to safety-sensitive work, the Company is under no obligation to return the driver to work. Under the DOT regulations, hiring and reinstatement decisions are left to the employer. The DOT leaves all payment issues for SAP evaluations and services to the Company and the driver to resolve.

**SAP Process.** The SAP will make a face-to-face clinical assessment and evaluation to determine what assistance is needed by the driver to resolve problems associated with alcohol and/or drug use. The SAP will refer the driver to an appropriate education and/or treatment program. At the completion of the education and/or treatment, the SAP will conduct a face-to-face follow-up evaluation to determine if the driver actively participated in the education and/or treatment program and demonstrated successful compliance with the initial assessment and evaluation recommendations. Reports will be provided to the Company on both the initial requirements and the outcome of the follow-up evaluation. The report will be specific and will include all of the Part 40 requirements of a written SAP report. The SAP will provide the DER with a written follow-up drug and/or alcohol testing plan for the driver and, if deemed necessary, will also provide the driver and the Company with recommendations for continuing education and/or treatment.

### **2. Employee Assistance Program**

The Company may provide an Employee Assistance Program (EAP) for its drivers and supervisors. The EAP may be established "in house," as part of internal personnel service or may be contracted to an entity that provides EAP services at other locations. The function of the EAP will be to provide drivers with informational material on the awareness and danger of drug and alcohol use. General EAP-information material, such as the availability of brochures or videos, and community service "hotline" telephone numbers will be displayed in common areas and distributed to drivers. Drivers will be encouraged to call the hotline if needed. Additionally, this Plan will be displayed and made available to all drivers. The Plan contains the employer's policy regarding the use of prohibited drugs and alcohol misuse. The areas and places in which the above material will be displayed include employee bulletin boards, break rooms, locker rooms, or other areas designated by the Company.

### 3. Supervisor Training

Each supervisor who will determine whether a driver must be drug tested and/or alcohol tested based on reasonable suspicion/cause will be trained in the "signs and symptoms" of each substance. Each supervisor will receive one 60-minute period of training on the specific, contemporaneous physical, behavioral, and performance indicators of probable *drug* use and one 60-minute period of training on the specific, contemporaneous physical, behavioral, and performance indicators of probable *alcohol* use. The two 60-minute training periods may run concurrently.

### 4. Recordkeeping

**Compliance.** The Company will ensure that all records required by the DOT are maintained. The Company is not required to keep records related to a program requirement that does not apply to Part 40 or 382. The Company or its C/TPA will maintain the records in a locked file system and will be accessed only on a strict "need to know" basis. The Company or its C/TPA will not release a driver's drug and alcohol records to third parties without the driver's specific written consent. A "third party" is any person or organization to whom Parts 40 or 382 do not explicitly authorize or require the transmission of information in the course of the drug and alcohol testing process. "Specific written consent" means a statement signed by the driver that he or she agrees to the release of a particular piece of information to a particular, explicitly identified, person or organization at a particular time.

The Company or its C/TPA will release the driver's information without consent to DOT, FMCSA, or other government agency having regulatory authority over the Company or driver without consent. The Company or its C/TPA will release the driver's information without consent as a part of an accident investigation by the National Transportation Safety Board. The Company or its C/TPA will release the driver's information without consent in certain legal proceedings. These proceedings include a lawsuit, grievance, administrative proceeding (e.g., an unemployment compensation hearing brought by or on behalf of a driver resulting from a positive drug or alcohol test or refusal to test), a criminal or civil action resulting from a driver's performance of safety-sensitive duties, in which a court of competent jurisdiction determines that the drug or alcohol test information sought is relevant to the case and issues an order directing the Company to produce the information. In such a proceeding the information will be released to the decisionmaker in the proceeding with a binding stipulation that the decisionmaker to whom it is released will make it available only to parties to the proceeding. After releasing the information, the Company or its C/TPA will notify the driver.

If the Company uses a C/TPA to maintain the records, the Company will ensure that the C/TPA can produce these records at the Company's principal place of business in the time required by the DOT agency for an inspection. The records will be provided within two business days after receipt of the request. Most records will be stored electronically, where permitted by Part 40 and 382. The Company will ensure that the records are easily accessible, legible, and formatted and stored in an organized manner. If electronic records do not meet these criteria for the DOT inspector, the Company will convert them to printed documentation in a rapid and readily auditable manner, at the request of DOT agency personnel.

**Records and Retention Periods.** The Company or its C/TPA will maintain the following records for the noted time periods, as a minimum:

- a) Records kept for **five** years:
  - (1) Records of alcohol test results indicating an alcohol concentration of 0.02 or greater;
  - (2) Records of the inspection, maintenance, and calibration of EBTs;
  - (3) Records of verified positive drug test results;
  - (4) Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated drug test results);
  - (5) SAP reports;
  - (6) Follow-up tests and schedules for follow-up tests; and,
  - (7) Statistical data related to the Company's testing program, entitled "Management Information System," will be available to a representative of DOT, FMCSA, or a state agency having regulatory authority over the Company upon request.

- b) Records kept for **three** years:
  - (1) Records of information obtained from previous employers under Part 40 concerning **drug** and alcohol test results of drivers;
- c) Records kept for **two** years:
  - (1) Records that demonstrate the drug-testing collection process; and,
  - (2) Records related to the alcohol collection process (i.e., calibration documentation for evidential breath testing devices, documentation of breath alcohol technician training, documents generated in connection with decisions to administer reasonable suspicion alcohol tests, documents generated in connection with decisions on post-accident tests, and documents verifying existence of a medical explanation of the inability of a driver to provide adequate breath for testing); and,
- d) Records kept for **one** year:
  - (1) Negative drug test results.
  - (2) Alcohol results less than 0.02.
- e) Records kept **indefinitely**:

Records related to the education and training of breath alcohol technicians, screening test technicians, supervisors, and drivers shall be maintained by the Company while the individual performs the functions which require the training and for two years after ceasing to perform those functions.
- f) Types of records to be maintained is outlined in 382.401(c)
- g) Location of records. All records required by Part 382 shall be maintained as required by §390.31 and shall be made available for inspection at the Company's principal place of business within two business days after a request has been made by an authorized representative of the FMCSA.

**Request for Records.** All drivers have the right to request and obtain copies of any records pertaining to the driver's use of alcohol and/or drugs, including records of the driver's DOT-mandated drug and/or alcohol tests, and copies of SAP reports. Requests for records must be made in writing to the DER. A laboratory must provide, within 10 business days of receiving a written request from a driver, and made through the MRO, the records relating to the results of the driver's drug test (i.e., laboratory report and data package). Service agents providing records may charge no more than the cost of preparation and reproduction for copies of these records. SAPs must redact follow-up testing information from the report before providing it to the driver.

## **5. Management Information System**

**Compliance.** The Company will prepare and maintain the DOT Management Information System (MIS) report for its drug and alcohol testing program. This report will be submitted to FMCSA in accordance with annual submission requirements. If the Company uses a C/TPA then the C/TPA may prepare and maintain the MIS, reporting the MIS as the Company requires. The DER will certify each report submitted by a C/TPA for accuracy and completeness.

**VIII. Appendix A - Acknowledgement/Receipt Form**

I acknowledge, by signing this form, that my full compliance with the Drug and Alcohol Plan (the "Plan") and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Employee Name (Please Print)**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Company Representative Name (Please Print)**

\_\_\_\_\_  
**Company Representative Signature**

## **IX. Appendix B - Designated Personnel and Service Agents**

### **CONSORTIUM/THIRD PARTY ADMINISTRATOR (C/TPA)**

Name: Express Labs, Inc.

Address: 445 Broad Hollow Rd. Suite: 25, Melville NY 11747

Phone Number: 919-779-8878

### **DESIGNATED EMPLOYER REPRESENTATIVE (DER)/ALCOHOL & DRUG PROGRAM MANAGER**

Name:

Address:

Phone Number:

### **MEDICAL REVIEW OFFICER (MRO)**

Name: D.R.S., Dr. Neil Dash

Address: 546 Franklin Ave., Massapequa, NY 11758

Phone Number: 516-541-7816

### **SUBSTANCE ABUSE & MENTAL HEALTH ADMINISTRATION (SAMHSA/HHS) LABORATORY**

Name: Quest Diagnostics

Address: 10101 Renner Boulevard, Lenexa, KS 66219

Phone Number: 913-888-1770

### **COLLECTION SITE(s) - DRUG AND BREATH ALCOHOL**

Name:

Address:

Phone Number:

### **LIST OF APPROVED EVIDENTIAL BREATH TESTING DEVICES (EBTS) UTILIZED:**

EBT Manufacture Name and EBT Model Name:

Lifeloc, Phoenix 6.0 Breath Alcohol Tester

### **SUBSTANCE ABUSE PROFESSIONAL (SAP)**

Name:

Address:

Phone Number:

### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Name:

Address:

Phone Number:

## X. Appendix C - Covered Positions

**EMPLOYEE/SUPERVISOR POSITIONS SUBJECT TO ALCOHOL & DRUG TESTING  
(JOB CLASSIFICATIONS/TITLES)**

**SUPERVISOR POSITIONS THAT HAVE RECEIVED ALCOHOL AND DRUG TRAINING (60 MINUTES DRUG, 60 MINUTES ALCOHOL)**

[illegible]

## **XI. Appendix D - Company Disciplinary Actions and Additional Procedures**

### **1. Company Discipline**

Under the Drug and Alcohol Plan, the Company is committed to a drug and alcohol free workplace. Violations to this Plan include:

- a) The presence in the body, possession, use, distribution, dispensing, and/or unlawful manufacture of prohibited drugs and the misuse of alcohol is not condoned while conducting Company business, or while in work areas or Company vehicles on or off Company premises. No employee will work under the influence of prohibited drugs and alcohol.
- b) An employee or applicant who tests positive for drugs, has an alcohol concentration of 0.04 or higher, or refuses to take any drug or alcohol test as directed by the Company.
- c) The prohibited use of alcohol with a test result of 0.02 or greater, but less than 0.04.

Employees violating this Plan will be subject to disciplinary actions up to and including termination. Disciplinary action may include, but is not limited to: removal from working in a covered position, suspension, loss of pay, and termination of employment.

### **2. Additional Company Procedures**

Reservation of Rights. The Company reserves the right to interpret, modify, or revise this policy statement in whole or in part without notice. Nothing in this policy statement is to be construed as an employment contract nor does this alter an employee's employment at-will status. The employee remains free to resign his/her employment at any time for any or no reason, without notice. Similarly, the Company reserves the right to terminate any employee's employment, for any or no reason, without notice.

Compliance with All Laws. This policy statement will be amended from time to time to comply with changes in Federal and State laws.

The Company reserves the right to revise or amend this policy with or without notice at any time.

THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK TO ADD ADDITIONAL COMPANY DISCIPLINARY ACTIONS AND PROCEDURES IF NEEDED.



## **PROCEDURES AND PLAN FOR IMPLEMENTATION OF THE COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE**

The purpose of these procedures and plan for the Clearinghouse in advance of the Compliance Date of January 6, 2020 as mandated by § 382.601: 1) is for the COMPANY to meet its *Employer Obligation to Promulgate a Policy on the Misuse of Alcohol and Use of Controlled Substance*; 2) to publish educational materials to drivers about the Clearinghouse and other regulatory changes contained in the Final Rule issued December 5, 2016; and 3) to notify drivers that drug and alcohol test information will be reported to the Clearinghouse beginning January 6, 2020 so as to encourage drivers to seek substance abuse treatment if they currently have a problem with the misuse of alcohol and/or use of controlled substance(s).

### **DRUG AND ALCOHOL CLEARINGHOUSE 382.701**

#### ***(a) Pre-employment query required.***

(1) Employers must not employ a driver subject to controlled substances and alcohol testing to perform a safety-sensitive function without first conducting a pre-employment query of the Clearinghouse to obtain information about whether the driver has a verified positive, adulterated, or substituted controlled substances test result; has an alcohol confirmation test with a concentration of 0.04 or higher; has refused to submit to a test in violation of § 382.211; or that an employer has reported actual knowledge, as defined at § 382.107, that the driver used alcohol on duty in violation of § 382.205, used alcohol before duty in violation of § 382.207, used alcohol following an accident in violation of § 382.209, or used a controlled substance, in violation of § 382.213.

(2) The COMPANY must conduct a full query under this section, which releases information in the Clearinghouse to an employer and requires that the individual driver give specific consent.

#### ***(b) Annual query required.***

(1) The COMPANY must conduct a query of the Clearinghouse at least once per year for information for all employees subject to controlled substance and alcohol testing under 382, to determine whether information exists in the Clearinghouse about those employees.

(2) In lieu of a full query, as described in paragraph (a)(2) of 382.701, the COMPANY may obtain the individual driver's consent to conduct a limited query to satisfy the annual query requirement in paragraph (b)(1) of this section. The limited query will tell the COMPANY whether there is information about the individual driver in the Clearinghouse, but will not release that information to the COMPANY. The individual driver may give consent to conduct limited queries that is effective for more than one year.

(3) If the limited query shows that information exists in the Clearinghouse about the individual driver, the employer must conduct a full query, in accordance with paragraph (a)(2) of 382.701, within 24 hours of conducting the limited query. If the employer fails to conduct a full query within 24 hours, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer conducts the full query and the results confirm that the driver's Clearinghouse record contains no prohibitions as defined in paragraph (d) of 382.701.

(c) *Employer notification.* If any information described in paragraph (a) of 382.701 is entered into the Clearinghouse about a driver during the 30-day period immediately following an employer conducting a query of that driver's records, FMCSA will notify the employer.

(d) *Prohibition.* No employer may allow a driver to perform any safety-sensitive function if the results of a Clearinghouse query demonstrate that the driver has a verified positive, adulterated, or substituted controlled substances test result; has an alcohol confirmation test with a concentration of 0.04 or higher; has refused to submit to a test in violation of § 382.211; or that an employer has reported actual knowledge, as defined at

§ 382.107 that the driver used alcohol on duty in violation of § 382.205, used alcohol before duty in violation of § 382.207, used alcohol following an accident in violation of § 382.209, or used a controlled substance in violation of § 382.213, except where a query of the Clearinghouse demonstrates:

(1) That the driver has successfully completed the SAP evaluation, referral, and education/treatment process set forth in part 40, subpart O, of this title; achieves a negative return-to-duty test result; and completes the follow-up testing plan prescribed by the SAP.

(2) That, if the driver has not completed all follow-up tests as prescribed by the SAP in accordance with § 40.307 and specified in the SAP report required by § 40.311, the driver has completed the SAP evaluation, referral, and education/treatment process set forth in part 40, subpart O, and achieves a negative return-to-duty test result, and the employer assumes the responsibility for managing the follow-up testing process associated with the testing violation.

(a) *Recordkeeping required.* Employers must retain for 3 years a record of each query and all information received in response to each query made under this section. As of January 6, 2023, an employer who maintains a valid registration fulfills this requirement.

### **DRIVER CONSENT TO PERMIT ACCESS TO INFORMATION IN THE CLEARINGHOUSE 382.703**

(a) No employer may query the Clearinghouse to determine whether a record exists for any particular driver without first obtaining that driver's written or electronic consent. The employer conducting the search must retain the consent for 3 years from the date of the last query.

(b) Before the COMPANY may access information contained in the driver's Clearinghouse record, the driver must submit electronic consent through the Clearinghouse granting the employer access to the following specific records:

(1) A verified positive, adulterated, or substituted controlled substances test result;

(2) An alcohol confirmation test with a concentration of 0.04 or higher;

(3) A refusal to submit to a test in violation of § 382.211;

(4) An employer's report of actual knowledge, as defined at § 382.107, of:

(i) On duty alcohol use pursuant to § 382.205;

(ii) Pre-duty alcohol use pursuant to § 382.207;

(iii) Alcohol use following an accident pursuant to § 382.209; and

(iv) Controlled substance use pursuant to § 382.213;

(5) A SAP report of the successful completion of the return-to-duty process;

(6) A negative return-to-duty test; and

(7) An employer's report of completion of follow-up testing.

(c) No employer may permit a driver to perform a safety-sensitive function if the driver refuses to grant the consent required by paragraphs (a) and (b) of 382.703.

(d) A driver granting consent under 382.703 must provide consent electronically to the Agency through the Clearinghouse prior to release of information to an employer in accordance with § 382.701(a)(2) or (b)(3).

(e) A driver granting consent under this section grants consent for the Agency to release information to an employer in accordance with § 382.701(c).

## **REPORTING TO THE CLEARINGHOUSE 382.705**

### **(a) *MROs.***

(1) Within 2 business days of making a determination or verification, MROs must report the following information about a driver to the Clearinghouse:

- (i) Verified positive, adulterated, or substituted controlled substances test results;
- (ii) Refusal-to-test determination by the MRO in accordance with 49 CFR 40.191(a)(5), (7), and (11), (b), and (d)(2).

(2) MROs must provide the following information for each controlled substances test result specified in paragraph (a)(1) of this section:

- (i) Reason for the test;
- (ii) Federal Drug Testing Custody and Control Form specimen ID number;
- (iii) Driver's name, date of birth, and CDL number and State of issuance;
- (iv) Employer's name, address, and USDOT number, if applicable;
- (v) Date of the test;
- (vi) Date of the verified result; and
- (vii) *Test result.* The test result must be one of the following:
  - (A) Positive (including the controlled substance(s) identified);
  - (B) Refusal to test: adulterated;
  - (C) Refusal to test: substituted; or
  - (D) Refusal to provide a sufficient specimen after the MRO makes a determination, in accordance with § 40.193 of this title, that the employee does not have a medical condition that has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine. Under this subpart a refusal would also include a refusal to undergo a medical examination or evaluation to substantiate a qualifying medical condition.

(3) Within 1 business day of making any change to the results report in accordance with paragraph (a)(1) of this section, a MRO must report that changed result to the Clearinghouse.

### **(b) *Employers.***

(1) Employers must report the following information about a driver to the Clearinghouse by the close of the third business day following the date on which they obtained that information:

- (i) An alcohol confirmation test result with an alcohol concentration of 0.04 or greater;
- (ii) A negative return-to-duty test result;
- (iii) A refusal to take an alcohol test pursuant to 49 CFR 40.261;
- (iv) A refusal to test determination made in accordance with 49 CFR 40.191(a)(1) through (4), (a)(6), (a)(8) through (11), or (d)(1), but in the case of a refusal to test under (a)(11), the employer may report only those admissions made to the specimen collector; and
- (v) A report that the driver has successfully completed all follow-up tests as prescribed in the SAP report in accordance with §§ 40.307, 40.309, and 40.311 of this title.

(2) The information required to be reported under paragraph (b)(1) of this section must include, as applicable:

- (i) Reason for the test;
- (ii) Driver's name, date of birth, and CDL number and State of issuance;
- (iii) Employer name, address, and USDOT number;

- (iv) Date of the test;
- (v) Date the result was reported; and
- (vi) *Test result*. The test result must be one of the following:
  - (A) Negative (only required for return-to-duty tests administered in accordance with § 382.309);.
  - (B) Positive; or
  - (C) Refusal to take a test.

(3) For each report of a violation of 49 CFR 40.261(a)(1) or 40.191(a)(1), the employer must report the following information:

- (i) Documentation, including, but not limited to, electronic mail or other contemporaneous record of the time and date the driver was notified to appear at a testing site; and the time, date and testing site location at which the employee was directed to appear, or an affidavit providing evidence of such notification;
- (ii) Documentation, including, but not limited to, electronic mail or other correspondence, or an affidavit, indicating the date the employee was terminated or resigned (if applicable);
- (iii) Documentation, including, but not limited to, electronic mail or other correspondence, or an affidavit, showing that the C/TPA reporting the violation was designated as a service agent for an employer who employs himself/herself as a driver pursuant to paragraph (b)(6) of this section when the reported refusal occurred (if applicable); and
- (iv) Documentation, including a certificate of service or other evidence, showing that the employer provided the employee with all documentation reported under paragraph (b)(3) of this section.

(4) Employers must report the following violations by the close of the third business day following the date on which the employer obtains actual knowledge, as defined at § 382.107, of:

- (i) On-duty alcohol use pursuant to § 382.205;
- (ii) Pre-duty alcohol use pursuant to § 382.207;
- (iii) Alcohol use following an accident pursuant to § 382.209; and
- (iv) Controlled substance use pursuant to § 382.213.

(5) For each violation in paragraph (b)(4) of this section, the employer must report the following information:

- (i) Driver's name, date of birth, CDL number and State of issuance;
- (ii) Employer name, address, and USDOT number, if applicable;
- (iii) Date the employer obtained actual knowledge of the violation;
- (iv) Witnesses to the violation, if any, including contact information;
- (v) Description of the violation;
- (vi) Evidence supporting each fact alleged in the description of the violation required under paragraph (b)(4) of this section, which may include, but is not limited to, affidavits, photographs, video or audio recordings, employee statements (other than admissions pursuant to § 382.121), correspondence, or other documentation; and
- (vii) A certificate of service or other evidence showing that the employer provided the employee with all information reported under paragraph (b)(4) of this section.

(6) An employer who employs himself/herself as a driver must designate a C/TPA to comply with the employer requirements in paragraph (b) of this section related to his or her own alcohol and controlled substances use.

(c) *C/TPAs*. Any employer may designate a C/TPA to perform the employer requirements in paragraph (b) of this section. Regardless of whether it uses a C/TPA to perform its requirements, the employer retains ultimate responsibility for compliance with this section. Exception: an employer does not retain responsibility where the C/TPA is designated to comply with employer requirements as described in paragraph (b)(6) of 382.705.

(d) *SAPs.*

(1) SAPs must report to the Clearinghouse for each driver who has completed the return-to-duty process in accordance with 49 CFR part 40, subpart O, the following information:

(i) SAPs name, address, and telephone number;

(ii) Driver's name, date of birth, and CDL number and State of issuance;

(iii) Date of the initial substance-abuse-professional assessment; and

(iv) Date the SAP determined that the driver demonstrated successful compliance as defined in 49 CFR part 40, subpart O, and was eligible for return-to-duty testing under 382.

(2) SAP must report the information required by paragraphs (d)(1)(i) through (iii) of this section by the close of the business day following the date of the initial substance abuse assessment, and must report the information required by paragraph (d)(1)(iv) of 382.703 by the close of the business day following the determination that the driver has completed the return-to-duty process.

(e) *Reporting truthfully and accurately.* Every person or entity with access must report truthfully and accurately to the Clearinghouse and is expressly prohibited from reporting information he or she knows or should know is false or inaccurate.

Reporting Entities and Circumstances	
Reporting Entity	When Information Will Be Reported to Clearinghouse
Prospective/Current Employer of CDL Driver	<ul style="list-style-type: none"> <li>— An alcohol confirmation test with a concentration of 0.04 or higher</li> <li>— Refusal to test (alcohol) as specified in 49 CFR 40.261</li> <li>— Refusal to test (drug) not requiring a determination by the MRO as specified in 49 CFR 40.191</li> <li>— Actual knowledge, as defined in 49 CFR 382.107, that a driver has used alcohol on duty, used alcohol within four hours of coming on duty, used alcohol prior to post-accident testing, or has used a controlled substance.</li> <li>— Negative return-to-duty test results (drug and alcohol testing, as applicable)</li> <li>— Completion of follow-up testing</li> </ul>
Service Agent acting on behalf of Current Employer of CDL Driver	<ul style="list-style-type: none"> <li>— An alcohol confirmation test with a concentration of 0.04 or higher</li> <li>— Refusal to test (alcohol) as specified in 49 CFR 40.261</li> <li>— Refusal to test (drug) not requiring a determination by the MRO as specified in 49 CFR 40.191</li> <li>— Actual knowledge, as defined in 49 CFR 382.107, that a driver has used alcohol on duty, used alcohol within four hours of coming on duty, used alcohol prior to post-accident testing, or has used a controlled substance.</li> <li>— Negative return-to-duty test results (drug and alcohol testing, as applicable)</li> <li>— Completion of follow-up testing</li> </ul>
MRO	<ul style="list-style-type: none"> <li>— Verified positive, adulterated, or substituted drug test result</li> <li>— Refusal to test (drug) requiring a determination by the MRO as specified in 49 CFR 40.191</li> </ul>
SAP	<ul style="list-style-type: none"> <li>— Identification of driver and date the initial assessment was initiated</li> <li>— Successful completion of treatment and/or education and the determination of eligibility for return-to-duty testing</li> </ul>

## **NOTICE TO DRIVERS OF ENTRY, REVISION, REMOVAL, OR RELEASE OF INFORMATION 382.707**

(a) FMCSA must notify a driver when information concerning that driver has been added to, revised, or removed from the Clearinghouse.

(b) FMCSA must notify a driver when information concerning that driver has been released from the Clearinghouse to an employer and specify the reason for the release.

(c) Drivers will be notified by letter sent by U.S. Mail to the address on record with the State Driver Licensing Agency that issued the driver's commercial driver's license. Exception: A driver may provide the Clearinghouse with an alternative means or address for notification, including electronic mail.

## **DRIVERS' ACCESS TO INFORMATION IN THE CLEARINGHOUSE 382.709**

A driver may review information in the Clearinghouse about himself or herself, except as otherwise restricted by law or regulation. A driver must register with the Clearinghouse before accessing his or her information.

## **CLEARINGHOUSE REGISTRATION 382.711**

(a) *Clearinghouse registration required.* Each employer and service agent must register with the Clearinghouse before accessing or reporting information in the Clearinghouse.

(b) *Employers.*

(1) Employer Clearinghouse registration must include:

- (i) Name, address, and telephone number;
- (ii) USDOT number, except if the registrant does not have a USDOT Number, it may be requested to provide other information to verify identity; and
- (iii) Name of the person(s) the employer authorizes to report information to or obtain information from the Clearinghouse and any additional information FMCSA needs to validate his or her identity.

(2) Employers must verify the names of the person(s) authorized under paragraph (b)(1)(iii) of this section annually.

(3) Identification of the C/TPA or other service agent used to comply with the requirements of this part, if applicable, and authorization for the C/TPA to query or report information to the Clearinghouse. Employers must update any changes to this information within 10 days.

(c) *MROs and SAPs.* Each MRO or SAP must provide the following to apply for Clearinghouse registration:

- (1) Name, address, telephone number, and any additional information FMCSA needs to validate the applicant's identity;
- (2) A certification that the applicant's access to the Clearinghouse is conditioned on his or her compliance with the applicable qualification and/or training requirements in 49 CFR part 40; and
- (3) Evidence of required professional credentials to verify that the applicant currently meets the applicable qualification and/or training requirements in 49 CFR part 40.

(d) *C/TPAs and other service agents.* Each consortium/third party administrator or other service agent must provide the following to apply for Clearinghouse registration:

- (1) Name, address, telephone number, and any additional information FMCSA needs to validate the applicant's identity; and
- (2) Name, title, and telephone number of the person(s) authorized to report information to and obtain information from the Clearinghouse.
- (3) Each C/TPA or other service agent must verify the names of the person(s) authorized under paragraph (d)(2) of 382.711 annually.

## **DURATION, CANCELLATION, AND REVOCATION OF ACCESS 382.713**

(a) *Term.* Clearinghouse registration is valid for 5 years, unless cancelled or revoked.

(b) *Cancellation.* FMCSA will cancel Clearinghouse registrations for anyone who has not queried or reported to the Clearinghouse for 2 years.

(c) *Revocation.* FMCSA has the right to revoke the Clearinghouse registration of anyone who fails to comply with any of the prescribed rights and restrictions on access to the Clearinghouse, including but not limited to, submission of inaccurate or false information and misuse or misappropriation of access rights or

protected information from the Clearinghouse and failure to maintain the requisite qualifications, certifications and/or training requirements as set forth in part 40 of this title.

#### **AUTHORIZATION TO ENTER INFORMATION INTO THE CLEARINGHOUSE 382.717**

(a) *C/TPAs*. No C/TPA or other service agent may enter information into the Clearinghouse on an employer's behalf unless the employer designates the C/TPA or other service agent.

(b) *SAPs*. A driver must designate a SAP before that SAP can enter any information about the driver's return-to-duty process into the Clearinghouse.

#### **PROCEDURES FOR CORRECTING INFORMATION IN THE DATABASE 382.17**

(a) Petitions limited to inaccurately reported information.

(1) Under this section, petitioners may challenge only the accuracy of information reporting, not the accuracy of test results or refusals.

(2) *Exceptions*.

(i) Petitioners may request that FMCSA remove from the Clearinghouse an employer's report of actual knowledge that the driver received a traffic citation for driving a commercial motor vehicle while under the influence of alcohol or controlled substances if the citation did not result in a conviction. For the purposes of this section, conviction has the same meaning as used in 49 CFR part 383.

(ii) Petitioners may request that FMCSA remove from the Clearinghouse an employer's report of actual knowledge (other than as provided for in paragraph (a)(2)(i) of this section) if that report does not comply with the reporting requirements in § 382.705(b)(5).

(iii) Petitioners may request that FMCSA remove from the Clearinghouse an employer's report of a violation under 49 CFR 40.261(a)(1) or 40.191(a)(1) if that report does not comply with the reporting requirements in § 382.705(b)(3).

(b) *Petition*. Any driver or authorized representative of the driver may submit a petition to the FMCSA contesting the accuracy of information in the Clearinghouse. The petition must include:

(1) The petitioner's name, address, telephone number, and CDL number and State of issuance;

(2) Detailed description of the basis for the allegation that the information is not accurate; and

(3) Evidence supporting the allegation that the information is not accurate. Failure to submit evidence is cause for dismissing the petition.

(c) *Submission of petition*. The petitioner may submit his/her petition electronically through the Clearinghouse or in writing to: Federal Motor Carrier Safety Administration, Office of Enforcement and Compliance, Attention: Drug and Alcohol Program Manager, 1200 New Jersey Avenue SE, Washington, D.C. 20590.

(d) *Notice of decision*. Within 45 days of receiving a complete petition, FMCSA will inform the driver in writing of its decision to remove, retain, or correct the information in the database and provide the basis for the decision.

(e) *Request for expedited treatment*.

(1) A driver may request expedited treatment to correct inaccurate information in his or her Clearinghouse record under paragraph (a)(1) of this section if the inaccuracy is currently preventing him or her from performing safety-sensitive functions, or to remove employer reports under paragraph (a)(2) of this section if such reports are currently preventing him or her from performing safety-sensitive functions. This request may be included in the original petition or as a separate document.



(2) If FMCSA grants expedited treatment, it will subsequently inform the driver of its decision in writing within 14 days of receipt of a complete petition.

(f) *Administrative review.*

(1) A driver may request FMCSA to conduct an administrative review if he or she believes that a decision made in accordance with paragraph (d) or (e) of this section was in error.

(2) The request must prominently state at the top of the document: “Administrative Review of Drug and Alcohol Clearinghouse Decision” and the driver may submit his/her request electronically through the Clearinghouse or in writing to the Associate Administrator for Enforcement (MC-E), Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., SE., Washington, DC 20590.

(3) The driver’s request must explain the error he or she believes FMCSA committed and provide information and/or documents to support his or her argument.

(4) FMCSA will complete its administrative review no later than 30 days after receiving the driver’s request for review. The Associate Administrator’s decision will constitute the final Agency action.

(g) *Subsequent notification to employers.* When information is corrected or removed in accordance with this section, or in accordance with 49 CFR part 10, FMCSA will notify any employer that accessed the incorrect information that a correction or removal was made.

## **AVAILABILITY AND REMOVAL OF INFORMATION 382.719**

(a) Driver information not available. Information about a driver’s drug or alcohol violation will not be available to an employer conducting a query of the Clearinghouse after all of the following conditions relating to the violation are satisfied:

(1) The SAP reports to the Clearinghouse the information required in § 382.705(d);

(2) The employer reports to the Clearinghouse that the driver’s return-to-duty test results are negative;

(3) The driver’s current employer reports that the driver has successfully completed all follow-up tests as prescribed in the SAP report in accordance with §§ 40.307, 40.309, and 40.311 of this title; and

(4) Five years have passed since the date of the violation determination.

(b) Driver information remains available. Information about a particular driver’s drug or alcohol violation will remain available to employers conducting a query until all requirements in paragraph (a) of this section have been met.

(c) *Exceptions.*

(1) Within 2 business days of granting a request for removal pursuant to § 382.717(a)(2)(i), FMCSA will remove information from the Clearinghouse.

(2) Information about a particular driver’s drug or alcohol violation may be removed in accordance with § 382.717(a)(2)(ii) and (iii) or in accordance with 49 CFR part 10.

(d) *Driver information remains available.* Nothing in this part shall prevent FMCSA from using information removed under this section for research, auditing, or enforcement purposes.

## **FEES 382.721**

FMCSA may collect a reasonable fee from entities required to query the Clearinghouse. **Exception:** No driver may be required to pay a fee to access his or her own information in the Clearinghouse.

## **UNAUTHORIZED ACCESS OR USE PROHIBITED 382.723**

(a) Except as expressly authorized in this subpart, no person or entity may access the Clearinghouse. No person or entity may share, distribute, publish, or otherwise release any information in the Clearinghouse except as specifically authorized by law. No person may report inaccurate or misleading information to the Clearinghouse.

(b) An employer's use of information received from the Clearinghouse is limited to determining whether a prohibition applies to a driver performing a safety-sensitive function with respect to a commercial motor vehicle. No employer may divulge or permit any other person or entity to divulge any information from the Clearinghouse to any person or entity not directly involved in determining whether a prohibition applies to a driver performing a safety-sensitive function with respect to a commercial motor vehicle.

c) Violations of this section are subject to civil and criminal penalties in accordance with applicable law, including those set forth at § 382.507.

(d) Nothing in this part shall prohibit FMCSA from accessing information about individual drivers in the Clearinghouse for research, auditing, or enforcement purposes.

#### **ACCESS BY STATE LICENSING AUTHORITIES 382.725**

(a) In order to determine whether a driver is qualified to operate a commercial motor vehicle, the chief commercial driver's licensing official of a State must obtain the driver's record from the Clearinghouse if the driver has applied for a commercial driver's license from that State.

(b) By applying for a commercial driver's license, a driver is deemed to have consented to the release of information from the Clearinghouse in accordance with this section.

(c) The chief commercial driver's licensing official's use of information received from the Clearinghouse is limited to determining an individual's qualifications to operate a commercial motor vehicle. No chief driver's licensing official may divulge or permit any other person or entity to divulge any information from the Clearinghouse to any person or entity not directly involved in determining an individual's qualifications to operate a commercial motor vehicle.

(d) A chief commercial driver's licensing official who does not take appropriate safeguards to protect the privacy and confidentiality of information obtained under this section is subject to revocation of his or her right of access under this section.

#### **PENALTIES 382.727**

An employer, employee, MRO, or service agent who violates any provision of this subpart shall be subject to the civil and/or criminal penalty provisions of 49 U.S.C. 521(b)(2)(C).

#### **INVESTIGATION AND INQUIRIES 391.23**

(e) (4) As of January 6, 2023, employers subject to § 382.701(a) of § 382 must use the Drug and Alcohol Clearinghouse to comply with the requirements of this section with respect to FMCSA-regulated employers.

(i) *Exceptions.*

(A) If an applicant who is subject to follow-up testing has not successfully completed all follow-up tests, the employer must request the applicant's follow-up testing plan directly from the previous employer in accordance with § 40.25(b)(5) of Part 40.

(B) If an applicant was subject to an alcohol and controlled substance testing program under the requirements of a DOT mode other than FMCSA, the employer must request alcohol and controlled substances information required under this section directly from those employers regulated by a DOT mode other than FMCSA.

(ii) *[Reserved]*

(f) (1) A prospective motor carrier employer must provide to the previous employer the driver's consent meeting the requirements of § 40.321(b) of Part 40 for the release of the information in paragraph (e) of 391.23. If the driver refuses to provide this consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

(2) If a driver refuses to grant consent for the prospective motor carrier employer to query the Drug and Alcohol Clearinghouse in accordance with paragraph (e)(4) of 391.23, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle.