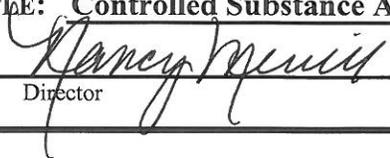


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**IDAHO DEPARTMENT OF PARKS AND RECREATION
POLICY AND PROCEDURES MANUAL**

PROCEDURE TITLE: Controlled Substance Abuse

APPROVALS:


Director

HUMAN RESOURCES
Policy Owner

1.0 PURPOSE

The Omnibus Transportation Employee Testing Act of 1991 and Title 49, Parts 40 and 382, *Code of Federal Regulations*, require the implementation of an alcohol and controlled substances testing program. The Department recognizes that misuse of alcohol and/or unlawful use of controlled substances and drug dependency may result in workplace accidents, absenteeism, substandard work performance and loss of productivity. The Department is also concerned with the adverse effect on the well being of employees, their families, coworkers, and the public. Any employee whose job duties require a Commercial Driver's License shall be considered as being "covered" under the alcohol and controlled substances testing program.

2.0 DEFINITIONS

- 2.1 Alcohol.** A consumable non-prescription substance that contains the intoxicating agent alcohol, such as in liquors, wine, and malt beverages.
- 2.2 Alcohol concentration.** The alcohol in a volume of breath as indicated by an evidential breath test.
- 2.3 CDL Employee.** An individual who is employed by IDPR in a position that requires a commercial driver's license.
- 2.4 Chain of Custody.** A rigid procedure used to account for the integrity of a collected specimen by tracking its handling and storage from point of collection to final completion.
- 2.5 Confirmatory Test.** A second analytical procedure to identify the presence of a specific drug or metabolite in a specimen.
- 2.6 Drugs.** For purposes of this policy, drugs and prescription drugs are controlled substances because of their potential for abuse. This includes substances such as (but not limited to) marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines, barbiturates, benzodiazepines, propoxyphene; a metabolite of those drugs; or any non-prescription substance containing those drugs.
- 2.7 Initial Test.** A first screening to test for any illegal drug usage or the level of alcohol use.
- 2.8 Medical Review Officer.** A licensed physician knowledgeable in the medical use of prescription drugs and knowledgeable in the pharmacology and toxicology of illicit drugs. This physician will review, interpret, evaluate, and confirm the positive results of a drug-screening test.

- 2.9 Prospective CDL Employee.** A new hire who has been given a conditional offer of employment in a position that requires a commercial driver's license (CDL) pending completing and/or meeting all hiring standards criteria; or an existing employee who has just recently acquired their CDL as a requirement of their position.
- 2.10 Safety Sensitive Functions.** This refers to 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 site or any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
 2. All time inspecting equipment 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
 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;
 6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

3.0 RESPONSIBILITIES

3.1 CDL Employee's Responsibility

CDL employees are expected to follow all applicable policies contained herein. Furthermore, they are to report to the workplace prepared to perform their duties and assignments. Failure to follow this policy and all applicable laws and regulations will render the CDL employee subject to disciplinary action up to and including dismissal. Controlled substance abuse or alcohol misuse shall be determined by testing as defined in this policy.

1. Controlled Substances:
 1. CDL employees may not report for duty or stay on duty while using any controlled substances.
 2. The exception to this ruling is if a physician has prescribed the substance and has advised the CDL employee that it does not interfere with his/her ability to perform the job.
 3. Please contact Human Resources for the appropriate form for the doctor to complete.
 4. All prescribed medications that are a controlled substance are to be reported to the CDL employee's supervisor.
2. Alcohol: A CDL employee may not report for duty or stay on duty:
 1. With an alcohol concentration of 0.02 or greater
 2. If in the possession of alcohol at the worksite
 3. If using alcohol during work hours

4. Within four (4) hours of using alcohol off work hours.
3. ***Supervisors and managers with knowledge of any of the above facts must not permit the employee to engage in CDL-related/safety sensitive functions.***

3.2 Supervisors of CDL Employees' Responsibilities

The supervisor's responsibility is to manage IDPR's operations safely and efficiently. Therefore, the supervisor's key responsibility is to concentrate on safe conduct, effective job performance, and employee's fitness for duty.

1. Supervisors must become informed about controlled substances and alcohol as they impact the workplace.
 1. This will be accomplished by understanding IDPR's Policy and Procedures and
 2. By attending or obtaining training about controlled substances abuse and alcohol misuse.
 3. Contact Human Resources for DVD training for supervisors and employees.
2. Supervisors who knowingly tolerate or ignore information and events indicating controlled substance abuse or alcohol misuse or who otherwise fail to act appropriately in accordance with this policy shall be subject to disciplinary action.
3. Supervisors must comply with departmental requests for controlled substance and alcohol testing contained in this policy. Failure to do so is grounds for disciplinary action unless adequate justification for such action is provided.

4.0 PROGRAM ADMINISTRATION

- 4.1 Administration of the Department's alcohol and controlled substances testing program and maintenance of all records relating to the testing program shall be handled by the Department's Human Resource office.
 1. **Employee documents relating to alcohol and/or controlled substances testing, or related incidences, are to be maintained in a separate CDL file only** held in the Human Resource office.
 2. Copies are not to be maintained at the bureau, region, or park levels.
 3. All information specifically related to drug testing of covered employees and external applicants is **confidential** and only those who have a need for the information in the performance of their duties will be allowed access to the records.
- 4.2 The responsibilities for administering IDPR's Controlled Substance Abuse program will include:
 1. Maintain a current list of CDL employees within the agency.
 2. Ensure that all CDL employees complete an *Alcohol and Controlled Substances Testing Consent Form* prior to participating in the random test pool.
 3. Maintain a current program policy.

4. Provide materials and/or opportunities for training programs for designated managers and supervisors in order to accomplish the following objectives:
 1. To increase awareness about alcohol and drug problems in the workplace.
 2. To identify unsatisfactory job performance and work habits caused by CDL employees using alcohol and controlled substances.
 3. To identify the supervisory role in dealing with alcohol and drug problems.
 4. Ensure CDL employees are provided information to increase their awareness of alcohol and controlled substance abuse problems in the workplace to include:
 1. IDPR's policy on alcohol and controlled substances in the workplace including the procedures for implementing each type of test.
 2. The dangers of drugs in the workplace.
 3. The employee's responsibilities regarding controlled substances use and alcohol misuse.
 4. The availability of professional help for personal issues with alcohol and drugs.
 5. Human Resources will be the central point of contact for all issues department-wide concerning the controlled substances and alcohol policy, including clarification of the policy, guidance and training for supervisors and managers; communication with physicians and the servicing laboratory; and will work with managers and supervisors in coordinating employee assistance.

5.0 TESTING

- 5.1 Each type of testing will be done in accordance with 49 CFR Parts 40 and 382.
 1. Drug testing will be by urine or other accepted methodology as approved by the Director or designee.
 2. Alcohol testing will be administered by breath.
- 5.2 A CDL employee who is required to submit to controlled substances or alcohol testing should be advised of the following:
 1. Methods of testing that will be used;
 2. Substances that the urinalysis test can identify;
 3. Consequences of refusal to submit to testing;
 4. The test results shall only be given to personnel who have a need to know.
- 5.3 Test Results
 1. All tests results will be reported in writing from the contracted Medical Review Officer and forwarded to Human Resources.
 2. If the test(s) result is **positive**, Human Resource will inform the supervisor/manager and the Director's office.
 3. Test results are not official until received by Human Resources.
 4. Testing Positive
 1. **A prospective CDL employee who tests positive for drugs will be ineligible for employment with IDPR as agreed to under the**

conditional offer of employment issued at the time of the job offer.

(See Pre-Employment Testing section of this policy.)

2. **A current CDL employee who tests positive for drugs or alcohol will be the subject of disciplinary action, up to and including dismissal. In addition, they will be required to complete follow-up testing before returning to work.** (See Follow-Up Testing section of this policy.)

5. Testing Negative

1. If the test(s) result is **negative**, Human Resources will document the test results and no further action is necessary.
2. If a blood alcohol concentration is 0.02 or greater but less than 0.04, the employee must be removed from performing safety-sensitive functions for a period of no less than twenty-four (24) hours following administration of the test.

5.4 Refusal to Cooperate in Testing Procedure

1. A prospective CDL employee who is offered a position with a conditional offer of employment and refuses to cooperate in pre-employment drug testing will be separated from employment from IDPR. (Please see Pre-Employment section of this policy.)
2. If a current CDL employee refuses to submit to a drug or alcohol test, or otherwise cooperate in the drug or alcohol testing procedures, the employee's refusal will be treated as a positive test result, and the employee will be subject to disciplinary action up to and including dismissal from employment with IDPR.

5.5 Type and Method of Testing Applicable to Employees

CDL EMPLOYEES shall be subject to these types of testing:

1. Random Testing
2. Pre-Employment Testing
3. Reasonable Suspicion Testing
4. Post Accident Testing
5. Follow-Up Testing

- 5.6 A CDL employee will be removed from the work place pending the results of reasonable suspicion or post-accident drug or alcohol testing. The CDL employee will be placed on administrative leave with pay until the test results have been confirmed.

6.0 **RANDOM TESTING**

- 6.1 Unannounced random testing shall be completed on a specific number of CDL employees every quarter.

1. The United States Department of Transportation (USDOT) requires that IDPR randomly test all employees who perform "safety sensitive functions."
2. All names of CDL employees are entered in a pool for random selection on a quarterly basis.

6.2 Procedure for Random Testing

1. Quarterly, IDPR's service provider will provide Human Resources with a confidential list of CDL employees who have been selected by the computer for random testing.
2. Human Resources will coordinate all paperwork confidentially with the CDL employee's supervisor who will then schedule a random test with the Collection Site/Clinic designated for the CDL employee's specific work location.
 1. The paperwork will include
 1. What type of test is being required (alcohol, drugs or both),
 2. The name, address and phone number of the Collection Site,
 3. A *Federal Drug/Alcohol Test Authorization Form* and
 4. A Chain of Custody form (provided to Human Resources by the Contractor). T
 2. The employee will bring this paperwork with them to the Collection Site.
3. The CDL employee's supervisor will then notify the employee of the random test **no longer than 2 hours prior to the designated time.**
 1. The supervisor shall not, under any circumstances, give advance notice to the CDL employee for any reason regarding the random drug screening.
 2. Any supervisor who gives advance notice will be subject to discipline, up to and including dismissal.

6.3 **NOTE 1:**

1. If the required test is for alcohol, it must be administered just before, during, or just after a driver's performance of safety-sensitive duties.
2. If the CDL employee is not engaged in safety-sensitive duties but will be by the random test deadline, the supervisor will hold the test notification and schedule the test at a time when they are engaged in safety-sensitive duties.
3. If the CDL employee will not be engaged in safety-sensitive duties by the random test deadline, the supervisor will notify Human Resources.
4. Human Resources will notify the Contractor who will draw an alternate name for random testing.

6.4 **NOTE2:**

1. Random testing for drugs does not need to be done in an immediate timeframe to safety sensitive functions and so can be scheduled when the names are drawn.
2. The CDL employee will take the paperwork and go to the Collection Site and provide the required sample(s).
3. Test results will be sent directly to Human Resources from the Contractor.
4. If the test(s) result is positive, Human Resources will immediately notify the CDL employee and the employee's region manager or bureau chief and supervisor. Disciplinary action up to and including dismissal may be initiated. Test(s) results are not official until received by Human Resources.

5. If the test(s) result is negative, Human Resources will document the test results, no further action is necessary.
6. Human Resources will compile and maintain all required records.

7.0 PRE-EMPLOYMENT TESTING

A controlled substance test shall be given to all prospective CDL employees before they may operate a state-owned vehicle or perform any safety sensitive functions. *This includes new hires as well as existing employees who have just received their CDL.*

- 7.1 Verification from previous employers for the past three (3) years, if applicable, concerning controlled substances and alcohol test information shall be obtained by Human Resources.
- 7.2 For new employees with an existing CDL who are being hired into a position requiring a CDL.
- 7.3 During or prior to the interview process, HR will explain IDPR's pre-employment controlled substances testing program and will have interviewees complete an *Authorization to Release Information Form 1020(A)* **and** *Pre-Employment Alcohol & Controlled Substances Testing Consent* form. Signing these forms is a condition of employment.
- 7.4 At the point of job offer, the hiring manager will provide a conditional offer of employment to the prospective CDL employee (see Human Resources for template offer letter), provide the name and address of the local Collection site, as well as an *Authorization Form* and *Chain of Custody Form* (provided by Human Resources) and will inform the prospective CDL employee that:
 1. Successful completion of a controlled substances test is required as a condition of the offer of employment. They will ask the employee to be tested for controlled substances at the identified site as soon as possible. The supervisor will also notify the prospective CDL employee that any attempt at alteration/adulteration of the specimen, the control forms, or the testing process will result in immediate withdrawal of the offer or dismissal from employment. The Department will pay for the test and it will be billed through the Contractor to Human Resources.
 2. Human Resources will send the prospective CDL employee's signed *consent form* and *The Authorization to Release Information Form 1020 (A)* to his/her previous employer(s) for the past three (3) years for certification.
 3. The previous employer(s) must certify that the prospective employee has not had a positive controlled substances or alcohol test result, has not refused to be tested within the past three (3) years, or if the previous employer(s) certifies that the prospective CDL employee has received a positive controlled substances or alcohol test, the previous employer's substance abuse professional must certify that the prospective CDL employee has completed the recommended treatment plan and is ready to return to work.

4. If the prospective CDL employee has received a positive controlled substances or alcohol test and has not completed the recommended treatment plan, then Human Resources will contact the hiring manager and instruct him/her to withdraw the conditional offer of employment.

7.5 For current employees who receive their CDL while on the job at IDPR:

1. If the current employee was hired within the last three (3) years, they will need to complete the consent and release forms for the period of time prior to their employment with IDPR. The forms will be forwarded to Human Resources who will complete the pre-employment check.
2. In addition, Human Resources will coordinate a pre-employment test with the CDL employee's supervisor.
3. If the employee has been employed by IDPR for three (3) or more years, no pre-employment check is needed, but Human Resources will coordinate a pre-employment controlled substances test with the CDL employee's supervisor.
4. The service provider will contact Human Resources with the test results.
 1. If the test(s) result for the prospective CDL employee is positive, Human Resources will immediately notify the supervisor/manager of the prospective employee, and the supervisor/manager will withdraw the offer.
 2. If a current employee receives a positive test result, Human Resources will immediately notify the CDL employee and the employee's region manager or bureau chief and supervisor. Disciplinary action up to and including dismissal may be initiated. Test(s) results are not official until received in Human Resources.
 3. If the test result is negative, Human Resources will contact the supervisor so that an effective employment date can be established for the prospective CDL employee.

7.6 Human Resources will compile and maintain all required records.

NOTE: Once the prospective CDL employee receives a positive test and the employment is finalized, they must complete an *Alcohol and Controlled Substances Testing Consent* form prior to participating in the random test pool. In addition, if an existing employee obtains their CDL, they must complete an *Alcohol and Controlled Substances Testing Consent* form prior to participating in the random test pool.

8.0 REASONABLE SUSPICION TESTING

8.1 Reasonable suspicion testing is performed when supervisors, managers, or administrators have reasonable suspicion to believe that a CDL employee's behavior or appearance may indicate controlled substance abuse or alcohol misuse.

1. Reasonable suspicion must be based on first-hand, specific and clearly stated observations seen or heard by management.
2. The observations must be made just before, during, or just after the performance of job functions.

8.2 Reasonable Suspicion Testing Procedure

1. *Reasonable suspicion alcohol testing should be done within two (2) hours of the observed behavior or appearance, and may not be done later than eight (8) hours of the observed behavior or appearance.*
2. *If reasonable suspicion controlled substances testing cannot be done within thirty-two (32) hours of the observed behavior or appearance, it should not be done. Further observation is required:*
3. When a supervisor observes behavior or performance problems that could adversely affect a CDL employee's personal safety or the safety of others, the supervisor, with the approval of the region manager or bureau chief, notify Human Resources to determine whether a reasonable suspicion drug or alcohol test should be conducted.
4. If it is determined that a drug or alcohol test should be performed, transportation for the employee will be provided.
 1. The supervisor, manager, or administrator will also assist the CDL employee in making arrangements to have someone else drive the employee home following completion of the testing.
 2. If the employee refuses to allow someone else to drive, the supervisor should explain that he or she will notify the proper authorities that the employee is possibly impaired and should not be driving.
 3. Human Resources will coordinate the required paperwork with the supervisor prior to the testing.
5. The supervisor who observed the behavior must complete *FMCSA Reasonable Suspicion Form 1070*.
 1. This form must be completed within twenty-four hours (24) of a reasonable suspicion testing and
 2. The form must be forwarded to Human Resources and marked CONFIDENTIAL.
6. If the test(s) result is positive, Human Resources will immediately notify the CDL employee and the employee's region manager or bureau chief and manager.
 1. Disciplinary action up to and including dismissal may be initiated.
 2. Test(s) results are not official until received by Human Resources.
7. If the test(s) result is negative, Human Resources will document the test results and will immediately notify the supervisor/manager.
 1. Human Resources will also notify the CDL employee, and instruct the employee to return to work immediately, unless there is another reason why the employee should not immediately return to work.
 2. The successful completion of a controlled substances or alcohol test does not bar any other disciplinary or administrative actions deemed appropriate by the supervisor/manager in relation to the behavior which initiated a cause for reasonable suspicion testing.
8. Human Resources will compile and maintain all required records.

9.0 POST-ACCIDENT TESTING

9.1 IDPR will require a post-accident alcohol and controlled substances test as soon as practicable following an on-the-job accident where:

1. The employee driver was performing safety-sensitive functions with regard to the vehicle, and;
2. There was a loss of human life OR;
3. The employee driver receives a moving traffic violation citation under state or local law AND
4. If the accident involved:
 1. Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 2. One or more motor vehicles received damage, as a result of the accident, requiring that the vehicle be towed away or otherwise transported by tow truck or other vehicle.

9.2 **It is important to note the following:**

1. ***Post-accident alcohol and post-accident controlled substances testing should be done within two (2) hours of and no later than eight (8) hour following the accident.***
2. ***If a test cannot be done within eight (8) hours of the incident, no test shall be given and the reason documented and forwarded to Human Resources.***

9.3 Post Accident Procedure

Immediately following an on-the-job accident:

1. The CDL employee involved in the accident must notify their supervisor and Human Resources.
2. As soon as practical after an accident, the CDL employee will be escorted to a service provider by a supervisor or their designee.
 1. Transportation will be provided.
 2. If properly licensed to do so, controlled substance and alcohol testing may be conducted at the medical facility where the CDL employee was transported.
3. A CDL employee should not consume alcohol until post-accident testing is completed or for a period of eight (8) hours—whichever comes first.
4. The CDL employee's supervisor must complete the *Federal Motor Carrier Safety Administration (FMCSA) Post Accident Form 1050*.
 1. This form must be completed within twenty four hours (24) of testing an employee for post-accident and
 2. The form shall be forwarded to Human Resources and marked CONFIDENTIAL.
 3. The supervisor shall also document the accident in the Department's Incident Accident Reporting System (IRS)
5. If the test(s) result is positive, Human Resources will immediately notify the CDL employee and the employee's region manager or bureau chief and supervisor.

1. Disciplinary action, action up to and including dismissal may be initiated.
2. Test(s) results are not official until received by Human Resources.
6. If the test(s) result is negative, Human Resources will document the test results and will immediately notify the supervisor.
 1. Human Resources will also notify the CDL employee, and instruct the employee to return to work as soon as practical, unless there is another reason why the employee should not immediately return to work.
 2. The successful completion of a controlled substances or alcohol test does not bar any other disciplinary or administrative actions deemed appropriate by the supervisor/manager in relation to the behavior which initiated the accident.
7. Human Resources will compile and maintain all required records.

10.0 FOLLOW-UP TESTING

10.1 *FOR ANY EMPLOYEE WHO TESTS POSITIVE:* follow-up testing is required.

10.2 The following test results are required before the employee may return to their job.

1. An alcohol concentration of less than 0.02
2. A verified negative controlled substances test.

10.3 In some instances, employees who violate alcohol or controlled substances prohibitions may be referred to a substance abuse program by management (with Director approval) to determine what treatment is necessary.

10.4 After completing a substance abuse program, employees must do the following before returning to duty:

1. Produce an alcohol test of less than 0.02 alcohol concentration (if the violation was alcohol related).
2. Produce a verified negative controlled substances test (if the violation was controlled substances related).
3. Be re-evaluated by the substance abuse program to determine satisfactory completion of treatment recommendations.
4. Be subject to a minimum of six (6) unannounced follow-up tests within the first year after returning to CDL job duties.

11.0 TRAINING

11.1 IDPR will provide specific supervisory and employee awareness training regarding alcohol misuse, controlled substances abuse, and compliance requirements.

11.2 Training for Supervisors of CDL Employees:
Training is required for supervisors, managers, and IDPR officials who are responsible for determining if employees need to undergo testing for reasonable suspicion.

- 11.3 Training for CDL Employees:
IDPR will provide each CDL employee the following:
1. A copy of this written policy (or a location of where it can be viewed and obtained) with descriptions of procedures for all types of testing;
 2. When and where CDL employees will be tested for alcohol and/or controlled substances (provided at the time of testing);
 3. FMCSA's *The Driver's Handbook for Drug and Alcohol Abuse Training and Testing*, which includes how testing is conducted and how the results are handled.

12.0 VOLUNTARY SELF-IDENTIFICATION

- 12.1 If a CDL employee voluntarily self-identifies to a misuse of alcohol and/or non-authorized controlled substance use, and submits a written request for assistance, the employee will be granted a reasonable amount of leave to participate in an employee assistance program or similar program for alcohol and/or drug counseling or an inpatient or outpatient treatment program. The request for time will be in accordance with IDPR's FMLA and Sick Leave policy.
- 12.2 A CDL employee who voluntarily self-identifies and takes a required rehabilitative treatment program must undergo a drug and/or alcohol test prior to returning to work.
1. The CDL employee must receive a negative test result before being allowed to return to work.
 2. A CDL employee who receives a positive result for the return-to-duty test will not be allowed to return to work and is subject to disciplinary action up to and including dismissal from employment.
- 12.3 Any requested leave received from a CDL employee who has previously been granted time off to participate in either an alcohol and/or a drug counseling or treatment must be approved by the Director.
- 12.4 A CDL employee who self-identifies will not be allowed to return to a safety-sensitive position until the employee has been evaluated by a drug and alcohol abuse evaluation expert, and has successfully completed any treatment or education components recommended or required by the evaluator.
- 12.5 The CDL employee who self-identifies, may, at the Director's discretion, be subject to six (6) unannounced follow-up tests within the first year after returning to CDL job duties, following the employee's return to work.
- 12.6 IDPR will not take disciplinary action against a CDL employee who self-identifies as long as:
1. The CDL employee does not self-identify in order to avoid a drug or alcohol test;

2. The CDL employee makes the admission of alcohol misuse or controlled substance use prior to performing a safety sensitive function;
3. The CDL employee does not perform a safety-sensitive function until he or she has been evaluated by a drug and alcohol abuse evaluation expert, and successfully completed any treatment or education components recommended or required by the evaluator.

APPENDIX

FORMS REFERENCED IN THIS POLICY CAN BE FOUND IN THE CONTROLLED SUBSTANCE ABUSE FORMS SECTION

Federal Drug/Alcohol Test Authorization Form: authorizes employees at the Collection Site for any type of alcohol or controlled substances test.

Authorization to Release Information Form 1020 (A): to obtain background information regarding prospective CDL employees' history three (3) years prior to employment with IDPR, also used for existing IDPR employees who receive their CDL within three (3) years of their initial hire.

Pre-Employment Alcohol and Controlled Substances Testing Consent Form: for prospective CDL employees and existing employees who receive their CDL on the job.

Alcohol and Controlled Substances Testing Consent Form: for any CDL employee prior to participating in the random test pool.

Reasonable Suspicion Form 1070: used by supervisor to document the circumstances leading to a test based on reasonable suspicion.

Post-Accident Form 1050: used to document the circumstances following an accident by a CDL employee.



CDS, Inc.

Federal Drug/Alcohol Test Authorization Form

Central Drug System, Inc. (800) 310-0036

This form is provided by the Central Drug System, Inc. to the Designated Employer Representative for completion and authorization in the use of specimen collection/alcohol testing and must accompany each employee to the designated collection site. Any questions concerning the use of this form or collection procedures, please call: Central Drug System, Inc. (800) 310-0036

Please use tab key to move from each field; use the mouse to check boxes.

Employee's Name: _____

Company Name: _____

DER Name: _____

Testing Authority: (Circle one):

FMCSA FAA FRA FTA PHMSA USCG

Social Security Number

Telephone: _____

DER after hours No.: _____

Employee MUST Report to the Following Collection Site

Name of Collection Site: _____

Address: _____

Phone: _____

Special Instructions: _____

EMPLOYEE MUST BRING PHOTO I.D.

The employee from the above company is required to submit to the following DOT test(s):

PLEASE CHECK THE APPROPRIATE TEST:

Please use the mouse to check box below.

DOT DRUG TEST

DOT ALCOHOL BREATH TEST

Authorized by: _____

Date: _____ Time: _____

REASON FOR DOT TEST

Use the mouse to check REASON for Test.

PLEASE CHECK ONE:

PRE-EMPLOYMENT

POST-ACCIDENT

RANDOM

REASONABLE SUSPICION

RETURN-TO-DUTY (directly observed)

FOLLOW-UP (directly observed)

After checking reason, save the file and print.

ALL TESTS PERFORMED SHOULD BE FEDERAL (DOT) TESTS

The following form(s) must be forwarded to CDS – MRO Department: Fax: (714) 418-0136

1. The Drug Test Federal Custody & Control Form, Copy #2

2. The U.S. Department of Transportation (DOT) Alcohol Testing Form marked "EMPLOYER COPY"

All requested drug and alcohol test form(s) must be received by Central Drug System – MRO Dept. within 24 hours or during the next business day after the collection date.

Central Drug System, Inc.

Attn: MRO Department

16560 Harbor Blvd., Suite A

Fountain Valley, CA 92708

Central Drug System, Inc. Assumes Financial Responsibility
RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



**FMCSA
Drug & Alcohol
Results and Safety
Performance History**

**Authorization to
Release Information
Form 1020(A)**

For compliance with
Title 49 Code of
Federal Regulations
Parts 40.25 & 391.23

DOT DRUG & ALCOHOL TEST RESULTS

Prospective Employer: _____

Applicant: _____
Print Name Social Security Number

Please list all DOT-regulated employers for whom you utilized your Class A or Class B license during the preceding three (3) years:
(Please fill out & sign a separate form if more than 3 employers in the last 3 years)

Previous Employer Name	Address	Phone Number	Fax Number	Contact Name	Employment Dates

1. During the past three years, have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? YES NO

2. If yes to above, have you successfully completed DOT return-to-duty requirements? YES NO Not Applicable

This release is in accordance with DOT Regulations 49 CFR Parts 40.25, 40.321 and 391.23. I understand this information is limited to the following DOT-regulated testing items: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; 6) Documentation, if any, of completion of the return-to-duty process following a rule violation.

I have read and fully understand this authorization. I certify that the information I have furnished above is correct and complete. In signing below, I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by previous employer(s) listed above to the prospective employer listed above. This information may also be released to the employer's authorized background check vendor Central Drug System, Inc. (CDS).

Check this box if you have NOT performed DOT functions during the past three (3) years.

Applicant Signature

Date

SAFETY PERFORMANCE HISTORY

Prospective Employer: _____

Applicant: _____
Print Name Social Security Number

Please list all DOT-regulated employers for whom you utilized your Class A or Class B license during the preceding three (3) years:
(Please fill out & sign a separate form if more than 3 employers in the last 3 years)

Previous Employer Name	Address	Phone Number	Fax Number	Contact Name	Employment Dates

I hereby authorize release of information from my Department of Transportation driving and safety records by my previous employer(s), listed above to the prospective employer listed above. This information may also be released to the employer's authorized background check vendor Central Drug System, Inc (CDS). This release is in accordance with DOT regulation 49 CFR Part 391.23. The information to be released will include: a) general driver identification and employment verification information; b) information regarding any accidents, as defined by 49 CFR Part 390.5, that occurred in the previous three (3) years including date of the accident, city or town where the accident occurred, driver name, number of injuries, number of fatalities and whether hazardous materials, other than fuel spilled from the fuel tank, were released; and any accident records that are retained pursuant to 49 CFR Part 390.15(b)(2) or pursuant to an employer's internal policies for retaining more detailed minor accident information.

I understand that pursuant to Part 391.23(h)(i), I have the right to review the information provided by the previous employer, the right to have errors corrected by the previous employer, and the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

Applicant Signature

Date



ALCOHOL AND CONTROLLED SUBSTANCES TESTING CONSENT FORM

TO BE SIGNED BY ALL COMMERCIAL DRIVERS' LICENSED EMPLOYEES COVERED BY THE FEDERAL CDL DRUG AND ALCOHOL TESTING REGULATIONS.

As a condition of my continued employment as an operator of controlled commercial motor vehicles, I consent to alcohol and controlled substances testing, as stated in the Department's Drug Free Workplace policy.

I understand that if I test positive for alcohol or controlled substances, I will be subject to disciplinary action up to and including dismissal from employment.

I further agree that, in the event that I am involved in an on the job commercial motor vehicle accident (as defined by the terms of the Department's Drug Free Workplace policy), I authorize the release of relevant hospital reports or other documentation that would indicate whether there were alcohol and/or controlled substances in my system at the time of the accident.

I understand that the collection, testing, and reporting of my specimen or evidential breath test will be done in accordance with standard chain of custody procedures. If I am taking any prescription medication at the time of the test, I will be given the opportunity to reveal that information to the Medical Review Officer, if contacted.

I consent to the release of my test results received from the contracted laboratory and Medical Review Officer to Department management designated to receive such results. I understand that the test results will be held in confidence by the Department management and only released to supervisors on a "need to know" basis.

Employee Name (Print Name)

Date

Employee Signature

Division

RETURN FORM TO THE HR OFFICE

A	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN TWO (2) HOURS AFTER THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303		
B	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN EIGHT (8) HOURS AFTER THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303		
C	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN THIRTY-TWO (32) HOURS AFTER THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303		
D	EXPLAIN THE REASON(S) THE EMPLOYEE WAS CITED FOR THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303		
COLLECTION INFORMATION	COLLECTION SITE:	NAME OF COLLECTOR:	NAME OF BREATH ALCOHOL TECHNICIAN (BAT):
	WAS EMERGENCY DRUG TESTING KIT USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER INFORMATION CONCERNING COLLECTION:	
ADDITIONAL INFORMATION	NAME OF SUPERVISOR(S) AT THE SCENE OF THE ACCIDENT:	NAME OF OTHER WITNESS(ES) AT THE SCENE OF THE ACCIDENT:	PROPERTY DAMAGE: <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR EXPLAIN:
ADDITIONAL COMMENTS:			
EMPLOYEE: I THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.			
EMPLOYEE'S SIGNATURE _____		DATE: _____	
PREPARER: I THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT	PROGRAM ADMINISTRATOR: I THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT		CDS USE ONLY
NAME OF PREPARER _____	NAME OF PROGRAM ADMINISTRATOR: _____		RECEIVED BY: _____
PREPARER'S SIGNATURE _____ DATE _____	PROGRAM ADMINISTRATOR'S SIGNATURE _____ DATE _____		DATE: _____
			FILE DATE: _____

(10/1/10)

Please forward completed form, marked **CONFIDENTIAL** to Human Resources.

A EXPLAIN THE REASON(S) WHY THE EMPLOYEE **DID NOT** TEST FOR ALCOHOL WITHIN TWO (2) HOURS AFTER THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303

B EXPLAIN THE REASON(S) WHY THE EMPLOYEE **DID NOT** TEST FOR ALCOHOL WITHIN EIGHT (8) HOURS AFTER THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303

C EXPLAIN THE REASON(S) WHY THE EMPLOYEE **DID NOT** TEST FOR ALCOHOL WITHIN THIRTY-TWO (32) HOURS AFTER THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303

D EXPLAIN THE REASON(S) THE EMPLOYEE WAS CITED FOR THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303

COLLECTION INFORMATION	COLLECTION SITE:	NAME OF COLLECTOR:	NAME OF BREATH ALCOHOL TECHNICIAN (BAT):
	WAS EMERGENCY DRUG TESTING KIT USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER INFORMATION CONCERNING COLLECTION:	

ADDITIONAL INFORMATION	NAME OF SUPERVISOR(S) AT THE SCENE OF THE ACCIDENT:	NAME OF OTHER WITNESS(ES) AT THE SCENE OF THE ACCIDENT:	PROPERTY DAMAGE: EXPLAIN: <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR
ADDITIONAL COMMENTS:			

EMPLOYEE: I THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

EMPLOYEE'S SIGNATURE _____ DATE: _____

PREPARER:
I THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

NAME OF PREPARER _____

PREPARER'S SIGNATURE _____ DATE _____

PROGRAM ADMINISTRATOR:
I THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

NAME OF PROGRAM ADMINISTRATOR: _____

PROGRAM ADMINISTRATOR'S SIGNATURE _____ DATE _____

CDS USE ONLY

RECEIVED BY: _____

DATE: _____

FILE DATE: _____

(10/1/10)

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PRE-EMPLOYMENT ALCOHOL & CONTROLLED SUBSTANCES TESTING CONSENT FORM

TO BE SIGNED BY ALL PROSPECTIVE COMMERCIAL DRIVERS' LICENSED EMPLOYEES COVERED BY THE FEDERAL CDL DRUG AND ALCOHOL TESTING REGULATIONS.

As a condition of employment with the Idaho Department of Parks & Recreation (IDPR), I hereby consent to and acknowledge that I am scheduled to undergo a controlled substances test. The Department's offer of employment is conditional upon the negative result of a drug test prior to the first time I perform a safety-sensitive function for the agency.

The controlled substances test will involve an analysis of a urine sample which I will provide at a designated Collection Site. The purpose of this controlled substances screening is to test for the presence of the following substances:

1. Marijuana
2. Cocaine
3. Opiates
4. Phencyclidine (PCP)
5. Amphetamines

I acknowledge that the test results will be made available to IDPR Human Resources Officer and to specific agency management.

As a probationary employee for whom pre-employment controlled substances' testing is required, I am aware that my employment will be terminated if I receive a confirmed positive test result. Additionally, if I fail to report for testing within 48 hours of being directed to do so by the agency, IDPR will terminate my employment.

If I refuse to undergo treatment or if I have a previous positive test result, I am aware that my employment with IDPR will be terminated. I am aware that if I tamper with or attempt to alter the testing process or if I refuse to submit to the testing process, my employment with IDPR may be terminated.

My signature indicates my consent to test a urine specimen provided by me to determine the presence of controlled substance(s).

Employee Name (Print Name)

Date

Employee Signature

Division

RETURN FORM TO THE HR OFFICE



Substance Abuse And Alcohol Misuse Compliance Report
Federal Motor Carrier Safety Administration (FMCSA) Reasonable Suspicion

For compliance with the Department of Transportation Title 49 Code of Federal Regulations Part 382

Form 1070

MO. DAY YEAR TIME (2400) CITY COUNTY STATE

DAY OF WEEK DISTRICT NAME OF PROGRAM ADMINISTRATOR NAME OF PERSON COMPLETING THIS REPORT
S M T W T F S

EMPLOYEE INFORMATION

NAME OF EMPLOYEE INVOLVED: _____ JOB FUNCTION: _____ NAME OF IMMEDIATE SUPERVISOR: _____

EMPLOYEE'S DRIVER LICENSE NUMBER: _____ STATE CLASS _____ EMPLOYEE'S SOCIAL SECURITY NUMBER: _____ VEHICLE NUMBER: _____

WAS ABOVE EMPLOYEE INJURED? YES NO TYPE OF INJURY (MAJOR MINOR NONE (INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES (IF ANY): _____

INTERVIEW INFORMATION

THE DETERMINATION THAT REASONABLE SUSPICION EXISTS MUST BE BASED ON THE SPECIFIC, CONTEMPORANEOUS, ARTICULABLE, BEHAVIOR, SPEECH OR BODY ODORS OF THE DRIVER. THE OBSERVATIONS MAY INCLUDE INDICATIONS OF THE CHRONIC AND WITHDRAWAL EFFECTS OF CONTROLLED SUBSTANCES. THE REQUIRED OBSERVATIONS MUST BE MADE BY A SUPERVISOR OR COMPANY OFFICIAL WHO IS TRAINED IN ACCORDANCE WITH PART 382.603. DOCUMENTATION OF THE GROUNDS FOR REASONABLE SUSPICION TO REQUIRE A CONTROLLED SUBSTANCE TEST MUST BE MADE AND SIGNED BY THE SUPERVISOR/EMPLOYER WITHIN 24 HOURS OF THE OBSERVED BEHAVIOR OR BEFORE THE RESULTS OF TEST ARE RELEASED, WHICHEVER IS LATER.

INTERVIEW LOCATION: _____ ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST? YES NO WHY? _____

ARE YOU TAKING ANY MEDICATIONS OR DRUGS? YES NO IF YES, WHAT? _____ LAST DOSE MO. DAY TIME (2400) _____

ARE YOU DIABETIC OR EPILEPTIC? YES NO ARE YOU TAKING INSULIN? YES NO WHAT HAVE YOU EATEN TODAY? WHEN? WHAT HAVE YOU BEEN DRINKING? HOW MUCH? TIME OF LAST DRINK? _____

OBSERVED CONDITION

BREATH ODOR LIQUOR/ALCOHOL	COLOR OF FACE	ATTITUDE	PUPILS	WALKING
NONE	NORMAL	POLITE	NORMAL	FAIR
FAINT	RED	CAREFREE	DILATED	SURE
MODERATE	PALE	INSULTING	CONSTRICTED	SWAYING
STRONG	OTHER:	EXCITED	POOR REACTION TO LIGHT	UNCERTAIN
OTHER:	BALANCE	SLEEPY	SPEECH	FALLING
BODY ODOR		COMBATIVE		STUMBLING
NONE	SURE	HILARIOUS	FAIR	STAGGERING
ALCOHOL ODOR	SWAYING	COOPERATIVE	SLURRED	OTHER:
MARIJUANA ODOR	WOBBLING	ANTAGONISTIC	STUTTERING	Is the clearness and correctness of enunciation abnormal for individual? YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER:	FALLING	TALKATIVE	CONFUSED	
	OTHER:	OTHER:	INCOHERENT WORDS	

OTHER INFORMATION

THE ABOVE OBSERVATIONS WERE MADE BY: (PRINT NAME) _____ TRAINED IN ACCORDANCE WITH PART 382.603? YES NO DATE OF TRAINING? MO. DAY YEAR _____ TRAINED BY? _____

THE ABOVE OBSERVATIONS WERE MADE: WHILE THE DRIVER WAS PERFORMING A SAFETY-SENSITIVE FUNCTION DURING THE PERIOD OF THE WORK DAY JUST BEFORE THE DRIVER PERFORMED A SAFETY-SENSITIVE FUNCTION JUST PRECEDING THE PERIOD OF THE WORK DAY JUST AFTER THE DRIVER CEASED PERFORMING A SAFETY-SENSITIVE FUNCTION JUST AFTER THE PERIOD OF THE WORK DAY

I, THE UNDERSIGNED, DETERMINE THAT THE INVOLVED EMPLOYEE, BASED ON SPECIFIC, CONTEMPORANEOUS, ARTICULABLE OBSERVATIONS CONCERNING THE APPEARANCE, BEHAVIOR, SPEECH OR BODY ODORS OF THE DRIVER AS INDICATED ABOVE, IS IN VIOLATION OF THE PROHIBITIONS OF PART 382, SUBPART B (EXCEPT FOR 382.204), CONCERNING THE FOLLOWING:
 ALCOHOL MISUSE CONTROLLED SUBSTANCE USE BOTH ALCOHOL MISUSE AND CONTROLLED SUBSTANCE USE

DOCUMENTATION OF THE GROUNDS FOR REASONABLE SUSPICION TO REQUIRE A CONTROLLED SUBSTANCE TEST MUST BE MADE AND SIGNED BY THE SUPERVISOR/EMPLOYER WITHIN 24 HOURS OF THE OBSERVED BEHAVIOR OR BEFORE THE RESULTS OF THE TEST ARE RELEASED.
 SIGNATURE OF EMPLOYER/SUPERVISOR _____ TIME AM PM DATE _____

A DRIVER SHALL BE REQUIRED TO SUBMIT TO AN ALCOHOL AND/OR CONTROLLED SUBSTANCES TEST WHEN THE EMPLOYER/SUPERVISOR HAS REASONABLE SUSPICION TO BELIEVE THAT THE DRIVER HAS VIOLATED THE PROHIBITIONS OF PART 382, SUBPART B (EXCEPT FOR 382.204), CONCERNING ALCOHOL AND/OR CONTROLLED SUBSTANCES. ANY DRIVER REQUIRED TO TEST, MUST BE ESCORTED TO THE TESTING SITE.

REQUIRED TEST INFORMATION

A	B	C
WAS THE ABOVE EMPLOYEE TESTED FOR ALCOHOL DETECTION WITH AN APPROVED EVIDENTIAL BREATH TESTING (EBT) DEVICE WITHIN TWO (2) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION FOR ALCOHOL MISUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WAS THE ABOVE EMPLOYEE TESTED FOR ALCOHOL DETECTION WITH AN APPROVED EVIDENTIAL BREATH TESTING (EBT) DEVICE WITHIN EIGHT (8) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION FOR ALCOHOL MISUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WAS THE ABOVE EMPLOYEE TESTED FOR CONTROLLED SUBSTANCES AS REQUIRED FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION FOR CONTROLLED SUBSTANCES? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF NO, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS FORM, WHY THE ABOVE EMPLOYEE DID NOT TEST WITHIN TWO (2) HOURS AFTER THE DETERMINATION WAS MADE.	IF NO, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS FORM, WHY THE ABOVE EMPLOYEE DID NOT TEST WITHIN EIGHT (8) HOURS AFTER THE DETERMINATION WAS MADE.	IF NO, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS FORM, WHY THE ABOVE EMPLOYEE DID NOT TEST FOR CONTROLLED SUBSTANCES AFTER THE DETERMINATION WAS MADE.

A	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN TWO (2) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.307		
B	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN EIGHT (8) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.307		
C	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR CONTROLLED SUBSTANCES FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.307		
COLLECTION INFORMATION	FEDERAL REGULATION PROHIBITS THE PERSON WHO DETERMINES THAT REASONABLE SUSPICION EXISTS TO CONDUCT THE ALCOHOL TEST ON THE DRIVER.		
	COLLECTION SITE:	WAS THE EMPLOYEE ESCORTED TO THE TESTING SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED TO GO TO TESTING SITE	NAME OF ESCORT:
	DID DRIVER SUBMIT TO CONTROLLED SUBSTANCE TEST? <input type="checkbox"/> YES <input type="checkbox"/> REFUSED	NAME OF COLLECTOR?	DID DRIVER SUBMIT TO ALCOHOL TEST? <input type="checkbox"/> YES <input type="checkbox"/> REFUSED
OTHER INFORMATION CONCERNING COLLECTION:			
DISPOSITION OF DRIVER	NOTWITHSTANDING THE ABSENCE OF A REASONABLE SUSPICION ALCOHOL TEST, NO DRIVER SHALL REPORT FOR DUTY OR REMAIN ON DUTY REQUIRING THE PERFORMANCE OF SAFETY-SENSITIVE FUNCTIONS WHILE THE DRIVER IS UNDER THE INFLUENCE OF OR IMPAIRED BY ALCOHOL, AS SHOWN BY THE BEHAVIORAL, SPEECH, AND PERFORMANCE INDICATORS OF ALCOHOL MISUSE, NOR SHALL AN EMPLOYER OR SUPERVISOR PERMIT THE DRIVER TO PERFORM OR CONTINUE TO PERFORM SAFETY-SENSITIVE FUNCTIONS, UNTIL:		
	<p>(i) AN ALCOHOL TEST IS ADMINISTERED AND THE DRIVER'S ALCOHOL CONCENTRATION MEASURES LESS THAN 0.02; OR</p> <p>(ii) TWENTY FOUR HOURS (24 HRS) HAVE ELAPSED FOLLOWING THE DETERMINATION THAT THERE IS REASONABLE SUSPICION TO BELIEVE THAT THE DRIVER HAS VIOLATED THE PROHIBITIONS CONCERNING THE MISUSE OF ALCOHOL.</p>		
	EXCEPT AS SPECIFIED ABOVE, NO EMPLOYER OR SUPERVISOR SHALL TAKE ANY ACTION AGAINST A DRIVER BASED SOLELY ON THE DRIVER'S BEHAVIOR AND APPEARANCE, WITH RESPECT TO ALCOHOL USE, IN THE ABSENCE OF AN ALCOHOL TEST. THIS DOES NOT PROHIBIT AN EMPLOYER OR SUPERVISOR FROM TAKING ACTION OTHERWISE CONSISTENT WITH THE LAW.		
DISPOSITION OR ACTION TAKEN?			
ADDITIONAL INFORMATION	WHAT FIRST LED THE SUPERVISOR/EMPLOYER TO SUSPECT INFLUENCE, INTOXICATION, CONTROLLED SUBSTANCE USE, AND/OR ALCOHOL MISUSE OF THE ABOVE DRIVER?		
EMPLOYEE: I, THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.			
EMPLOYEE'S SIGNATURE _____		DATE: _____	
PREPARER: I, THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.		PROGRAM ADMINISTRATOR: I, THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	
NAME OF PREPARER _____		NAME OF PROGRAM ADMINISTRATOR _____	
PREPARER'S SIGNATURE _____ DATE: _____		PROGRAM ADMINISTRATOR'S SIGNATURE _____ DATE: _____	
		CDS USE ONLY	
		RECEIVE DBY: _____	
		DATE: _____	
		FILE _____	
		DATE: _____	

(10/1/10)

Forward completed form, marked **CONFIDENTIAL**
to Human Resources

A EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN TWO (2) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.307

B EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN EIGHT (8) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.307

C EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR CONTROLLED SUBSTANCES FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.307

COLLECTION INFORMATION	FEDERAL REGULATION PROHIBITS THE PERSON WHO DETERMINES THAT REASONABLE SUSPICION EXISTS TO CONDUCT THE ALCOHOL TEST ON THE DRIVER.			
	COLLECTION SITE:		WAS THE EMPLOYEE ESCORTED TO THE TESTING SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF ESCORT: <input type="checkbox"/> REFUSED TO GO TO TESTING SITE
	DID DRIVER SUBMIT TO CONTROLLED SUBSTANCE TEST? <input type="checkbox"/> YES <input type="checkbox"/> REFUSED	NAME OF COLLECTOR?	DID DRIVER SUBMIT TO ALCOHOL TEST? <input type="checkbox"/> YES <input type="checkbox"/> REFUSED	NAME OF BREATH ALCOHOL TECHNICIAN (BAT):
	OTHER INFORMATION CONCERNING COLLECTION:			

DISPOSITION OF DRIVER

NOTWITHSTANDING THE ABSENCE OF A REASONABLE SUSPICION ALCOHOL TEST, NO DRIVER SHALL REPORT FOR DUTY OR REMAIN ON DUTY REQUIRING THE PERFORMANCE OF SAFETY-SENSITIVE FUNCTIONS WHILE THE DRIVER IS UNDER THE INFLUENCE OF OR IMPAIRED BY ALCOHOL, AS SHOWN BY THE BEHAVIORAL, SPEECH, AND PERFORMANCE INDICATORS OF ALCOHOL MISUSE, NOR SHALL AN EMPLOYER OR SUPERVISOR PERMIT THE DRIVER TO PERFORM OR CONTINUE TO PERFORM SAFETY-SENSITIVE FUNCTIONS, UNTIL:

(i) AN ALCOHOL TEST IS ADMINISTERED AND THE DRIVER'S ALCOHOL CONCENTRATION MEASURES LESS THAN 0.02; OR

(ii) TWENTY FOUR HOURS (24 HRS) HAVE ELAPSED FOLLOWING THE DETERMINATION THAT THERE IS REASONABLE SUSPICION TO BELIEVE THAT THE DRIVER HAS VIOLATED THE PROHIBITIONS CONCERNING THE MISUSE OF ALCOHOL.

EXCEPT AS SPECIFIED ABOVE, NO EMPLOYER OR SUPERVISOR SHALL TAKE ANY ACTION AGAINST A DRIVER BASED SOLELY ON THE DRIVER'S BEHAVIOR AND APPEARANCE, WITH RESPECT TO ALCOHOL USE, IN THE ABSENCE OF AN ALCOHOL TEST. THIS DOES NOT PROHIBIT AN EMPLOYER OR SUPERVISOR FROM TAKING ACTION OTHERWISE CONSISTENT WITH THE LAW.

DISPOSITION OR ACTION TAKEN?

ADDITIONAL INFORMATION

WHAT FIRST LED THE SUPERVISOR/EMPLOYER TO SUSPECT INFLUENCE, INTOXICATION, CONTROLLED SUBSTANCE USE, AND/OR ALCOHOL MISUSE OF THE ABOVE DRIVER?

EMPLOYEE: I, THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.			
EMPLOYEE'S SIGNATURE _____		DATE: _____	
PREPARER: I, THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.		PROGRAM ADMINISTRATOR: I, THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	
NAME OF PREPARER _____		NAME OF PROGRAM ADMINISTRATOR _____	
PREPARER'S SIGNATURE _____ DATE: _____		PROGRAM ADMINISTRATOR'S SIGNATURE _____ DATE: _____	
			CDS USE ONLY
			RECEIVE DBY: _____
			DATE: _____
			FILE DATE: _____

(10/1/10)

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