Town of Cortland

Agenda Request

(SUBMIT FORM TO THE TOWN CLERK NO LATER THAN ONE WEEK BEFORE THE SCHEDULED MEETING)

ALL REQUESTS ARE SUBJECT TO THE APPROVAL OF THE MAYOR

☐ **RESOLUTION** ☐ **ORDINANCE** ☐ **INFORMATION** ☐ **OTHER**

DATE PREPARED: MAY 9, 2019 **FOR MEETING ON: MAY 13, 2019**

DESCRIPTION/TITLE: CDL DRUG ALCOHOL POLICY UPDATE

REQUIRED ACTION: APPROVE UPDATED CDL DRUG ALCOHOL POLICY AND CHOOSE BETWEEN THE OPTIONS LISTED ON PAGE 12 IN REGARDS TO AN EMPLOYEE'S TERMINATION IF TESTED POSITIVE, AND FOR PAYMENT OF TESTING COSTS IF RETURNING TO DUTY.

STAFF/COMMITTEE RECOMMENDATION: THE FINANCE DEPARTMENT RECOMMENDS CHOOSING OPTION 1 UNDER SECTION 10 ON PAGE 12 OF THE POLICY. THIS OPTION STATES THAT THE DRIVER IS TERMINATED ON THE FIRST OFFENSE IF THE DRIVER VIOLATES A DRUG OR ALCOHOL REGULATION. FINANCE ALSO RECOMMENDS OPTION 1 AT THE BOTTOM OF PAGE 12, WHICH SAYS THAT COSTS ASSOCIATED WITH THE EVALUATIONS, REHABILITATION, RETURN TO DUTY TESTING, AND FOLLOW UP TESTING WILL BE THE RESPONSIBILITY OF THE DRIVER.

STATEMENT OF CONCERN/SUMMARY:

AGENDA PLACEMENT:

☐ BOARD REVIEW OF PENDING BUSINESS ☐ NEW BUSINESS ☐ CONCERNS ☐ STAFF REPORTS
☐ COMMITTEE OF THE WHOLE ☐ PRESIDENT'S REPORT ☐ CONSENT AGENDA ☐ UNFINISHED BUSINESS
☐ PUBLIC HEARING

Prepared by: Jennifer Yaggie, L & A Approved by: Russ Stokes, Mayor Date: May 09, 2019

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DRUG & ALCOHOL ABUSE POLICY

Section 1 – PURPOSE

This policy complies with the U.S. Department of Transportation 49 CFR Part 382, as amended, and 49 CFR Part 40, as amended. Copies of Parts 382 and 40 are available in the employer's office and can be found on the internet at the Department of Transportation (DOT) Office of Drug and Alcohol Policy and Compliance website http://www.dot.gov/odapc. All drivers who hold commercial driver's license (CDL) are required to submit to drug and alcohol tests as a condition of employment in accordance to these regulations.

This policy supersedes any previous employer policy or agreement that may be in existence prior to the effective date of this policy. This policy becomes effective May 14, 2019.

Portions of the Policy in bold and underlined reflect the employer's independent authority. Any drug or alcohol test performed under the employer's independent authority will be conducted on non-DOT forms.

Any questions or assistance needed regarding the municipality's CDL drug & alcohol testing program should be directed to:

NAME(S): Chief Lin Dargis

OFFICE LOCATION: 250 S Halwood St PO Box 519
Cortland, IL 60112-0519

PHONE (DAY): 815-756-2558 (CELL): _____

Section 2 - DEFINITIONS

ADULTERATED SPECIMEN is a specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.

AIR BLANK is a reading by an evidential breath testing device (EBT) of ambient air containing no alcohol. (For EBTs that use gas chromatography technology, it is a reading of the device's internal standard).

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.

ASD (ALCOHOL SCREENING DEVICE). A breath or saliva device, other than an EBT, that is approved by the National Highway Traffic Safety Administration and placed on the Conforming Products List for such devices.

BAT (BREATH ALCOHOL TECHNICIAN) is an individual who instructs and assists individuals in the alcohol testing process and operates an EBT. A BAT may also act as a Screening Test Technician (STT) who instructs and assists individuals in the alcohol testing process and operates an ASD.

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

CDL (COMMERCIAL DRIVERS LICENSE) means a license issued by a State or other jurisdiction, in accordance with the standards contained in 49 CFR Part 383, to an individual which authorizes the individual to operate a class of commercial motor vehicle.

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CMV (COMMERCIAL MOTOR VEHICLE) means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle --

(1) Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
(2) Has a gross vehicle weight rating of 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 and which require the motor vehicle to be placarded under the Hazardous Materials Regulations.

COLLECTOR is a person who instructs and assists individuals at a collection site and who receives and makes an initial inspection of the specimen provided by those employees, and who initiates and completes the CCF.

CONFIRMATION (or confirmatory) TEST. In drug testing, 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. In alcohol testing, a second test, following a screening test with a result of 0.02 or higher that provides a quantitative data of alcohol concentration.

CONSORTIUM is the Mid-West Truckers Association Drug and Alcohol Testing Consortium (hereinafter called the Consortium). The Consortium is a service agent that provides and coordinates the provisions of a variety of drug and alcohol testing services through other service agents for its participants.

CONTROLLED SUBSTANCES – means the same as Drugs.

DER (DESIGNATED EMPLOYER REPRESENTATIVE) is 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 covered 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.

DHHS (DEPARTMENT OF HEALTH AND HUMAN SERVICES) is the Department or any designee of the Secretary, Department of Health and Human Services.

DILUTE SPECIMEN. A specimen with creatinine and specific gravity values that is lower than expected for human urine.

DOT means the U.S. Department of Transportation.

DRIVER means any person who operates any commercial motor vehicle. This includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent owner-operator contractors who are either directly employed by or under lease to an employer or who operate a commercial motor vehicle at the direction of or with the consent of an employer. Driver includes both applicants for employment (subject to pre-employment testing) and current drivers employed by this employer.

DRUGS – The drugs or classes of drugs for which tests are required under Parts 40 and 382.

EBT (EVIDENTIAL BREATH TESTING DEVICE) is a device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA's Conforming Products List (CPL) of Evidential Breath Measurement Devices, and identified on the CPL as conforming with model specifications available from NHTSA's Traffic Safety Programs.

EMPLOYEE means the same as Driver.

EMPLOYER means a person or entity employing one or more employees (including an individual who is self-employed) that is subject to 49 CFR Parts 382 and 40. The term employer includes an employer's officers, designated representatives or management personnel.

FMCSA (FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION) is the federal agency responsible for the administration of federal regulations for commercial motor vehicle drivers.

HHS means the same as the Department of Health and Human Services (DHHS).

INITIAL TEST (or screening test) - In drug testing, it is the test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites. In alcohol testing, it is an analytical procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

INVALID DRUG TEST is the result reported by an HHS-certified laboratory in accordance with the criteria established by HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

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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 Part 40.

MRO (MEDICAL REVIEW OFFICER) is a licensed physician (Medical Doctor or Doctor of Osteopathy) responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results. The MRO must be knowledgeable of and have clinical experience in controlled substances abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results. The MRO must be knowledgeable of issues relating to adulterated and substituted specimens as well as the possible causes of specimens having an invalid result.

MUNICIPALITY means the same as Employer.

NEGATIVE RESULT – The result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen.

POSITIVE RESULT – The result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations.

PRIMARY SPECIMEN - In drug testing, it is the 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.

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

REFUSAL TO TEST (alcohol or controlled substances) means that a driver:

1) Fails to show up for any test within a reasonable time after being directed to do so by the employer or to remain at the testing site until the testing process is complete. This includes the failure of a driver (including an owner/operator) to appear for a test when called by the Consortium;
2) Fails to provide a specimen or fails to attempt to provide a saliva or breath specimen for any drug or alcohol test as required by this policy and 49 CFR Parts 382 and 40;
3) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring in providing a specimen;
4) Fails to sign the certification at Step 2 of the Alcohol Testing Form;
5) Fails to provide a sufficient amount of specimen or a sufficient amount of breath, when directed; unless it has been determined, through a required medical evaluation, that there was an adequate medical explanation for the failure;
6) Fails or declines to take an additional test the employer or collector has directed the driver to take;
7) Fails to undergo an additional medical examination or evaluation as directed by the MRO as part of the verification process, or as directed by the employer concerning the evaluation as part of the shy bladder or insufficient breath procedures;
8) Fails to cooperate with any part of the drug or alcohol testing process (e.g., refuses to empty pockets when directed by the collector, behaves in a confrontational way that disrupts the collection process, fails to wash hands after being directed to do so by the collector);
9) For an observed collection, fails to follow the observer's instructions to raise his/her clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the driver has any type of prosthetic or other device that could be used to interfere with the collection process;
10) Possesses or wears a prosthetic or other device that could be used to interfere with the collection process; or
11) Admits to the collector or the MRO that the driver has adulterated or substituted the specimen.

It is also considered a refusal to test (which is the same as a positive test) when the driver refuses to test or when the MRO reports to the employer/Consortium that a driver has a verified adulterated or substituted drug test result.

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

SAFETY SENSITIVE FUNCTION means the time period when 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 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 49 CFR Parts 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 resting in a sleeper berth (a berth conforming to requirements of 49 CFR Part 393.76);
(5) All time loading and 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.

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SAMHSA (SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION) is the federal agency under the Department of Health and Human Services (DHHS) responsible for the certification of laboratories used as part of the drug testing program.

SAP (SUBSTANCE ABUSE PROFESSIONAL) means a licensed physician (Medical Doctor or Doctor of Osteopathy); or a licensed or certified psychologist, licensed or certified social worker, or a licensed or certified employee assistance professional; or a state-licensed or certified marriage and family therapist; or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission; or by the International Certification Reciprocity Consortium/Alcohol & Other Drug Abuse; or by the National Board for Certified Counselors, Inc. and Affiliates/Master Addictions Counselor). A qualified SAP must be knowledgeable of and have clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, must be knowledgeable of the SAP function as it relates to employer interests in safety-sensitive duties and, must be knowledgeable of 49 CFR Parts 382 and 40, the DOT SAP Guidelines and stay current on any changes to these materials.

SPLIT SPECIMEN. A part of the 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 it to be tested following a verified positive, adulterated or substituted test of the primary specimen.

SPLIT SPECIMEN COLLECTION – A collection in which the specimen collected is divided into two separate specimen bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

STT (SCREENING TEST TECHNICIAN) is a person who instructs and assists individuals in the alcohol testing process and operates an alcohol screening device (ASD).

SUBSTITUTED SPECIMEN is a specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.

VERIFIED TEST is a drug test result or validity test result from a DHHS/SAMHSA-certified laboratory that has undergone review and final determination by the MRO.

Section 3 – PROHIBITED BEHAVIOR

49 CFR Parts 382 and 40 prohibit the use/misuse of controlled substances and/or alcohol by drivers of commercial motor vehicles.

No driver, at any work site, in any municipality vehicle or leased vehicle, will possess any quantity of any controlled substance or alcohol, lawful or unlawful, which in sufficient quantity could result in impaired performance.

The employer will maintain a pre-employment screening program designed to prohibit the hiring of anyone who uses any illegal drugs.

No driver will report for duty or remain on duty requiring the performance of safety-sensitive functions (including driving a CMV) when the driver uses any drug or substance identified in 21 CFR 1308.11 Schedule 1. No driver shall report for duty, remain on duty or perform safety-sensitive functions (including driving a CMV) if the driver tests positive or has adulterated or substituted a drug test. The employer having actual knowledge that the driver has tested positive or has adulterated or substituted a drug test, shall not permit the driver to perform or continue to perform safety-sensitive functions (including driving a CMV). The employer can obtain actual knowledge that a driver has used alcohol or drugs based on the employer's direct observation of the driver, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or drugs or an driver's admission of alcohol or drug use.

The consumption of alcohol is prohibited while the driver is performing a safety-sensitive function. No driver shall report for duty or remain on duty, requiring the performance of safety-sensitive functions, while consuming or having consumed alcohol within four hours of reporting for such duties, or having a BAC of .04 or greater. The employer having knowledge of such conditions shall not allow a driver to perform or continue to perform safety-sensitive functions.

Any driver that has an alcohol concentration of .02 or greater, but less than .04, shall not perform or continue to perform safety-sensitive functions, nor shall the employer allow a driver to perform or continue to perform safety-sensitive functions, until the start of the driver's next regularly scheduled work period, but not less than 24 hours following the administration of the alcohol test.

No driver required to take a post-accident alcohol test shall use alcohol for up to eight hours after the accident or until a post-accident test is completed.

A driver who refuses to submit to a drug or alcohol test (see Refusal to Test definition in Section 2) when required in accordance with 49 CFR Parts 382 and 40 shall not perform or continue to perform safety-sensitive functions.

Any driver who has engaged in prohibited behavior in this Section (except when a driver has a BAC of .02 or greater, but less than .04), shall be advised by the employer of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs by providing the driver with a listing of SAP's. **The driver will also be subject to the Disciplinary Action in this policy.**

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Section 4 - TYPES OF TESTING

According to Part 382, drivers shall be subject to pre-employment, random, post-accident, reasonable cause, return-to-duty and follow-up drug and/or alcohol testing.

PRE-EMPLOYMENT TESTING – The driver shall be drug tested and the employer must receive the verified negative drug test result for the driver from the MRO/Consortium before allowing a driver to perform a safety-sensitive function for the first time (Attachment A must be completed by the driver).

RANDOM TESTING – Testing rates will meet or exceed the minimum annual percentage rate set each year by the FMCSA Administrator. The current year testing rates can be viewed online at http://www.dot.gov/odapc/random-testing-rates.

On a regular basis, the Consortium's service agent will, from the total group, randomly select by a computer-based random number generated program that is matched with the membership numbers, the drivers' names, their social security numbers or other comparable identifying numbers. Under the selection process used, each driver shall have an equal chance of being selected each time selections are made.

Once the Consortium's service agent makes the random selections, the random list will be forwarded to the Consortium. The Consortium will notify the employers of the drivers selected. The employer will be given a date before which the driver must be tested per the random selection process. The employer shall ensure that random drug and alcohol tests conducted under the random testing regulations are unannounced. A driver shall only be tested for alcohol while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.

POST-ACCIDENT TESTING - As soon as possible following an accident involving a CMV on a public road, a post-accident drug and alcohol test shall be conducted when one of the three circumstances below applies:

1. If an accident involves a fatality;
2. If a driver receives a citation for a moving traffic violation and the accident involves bodily injury to a person who as a result of the accident immediately receives medical treatment away from the scene of the accident, or,
3. If a driver receives a citation for a moving traffic violation and one or more motor vehicles incur disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.

If the alcohol test is not conducted within two hours following the accident, a record shall be prepared and maintained why the alcohol test was not promptly administered. If an alcohol test is not conducted within eight hours following the accident, the employer shall cease all attempts to complete the alcohol test and a record shall be prepared and maintained why the alcohol test was not promptly administered. (See Attachment C)

If a post-accident drug test is not conducted within 32 hours following the accident, the municipality shall cease all attempts to conduct the drug tests and prepare and maintain on file a record stating why the drug test was not promptly administered. (See Attachment C)

A driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the employer as a refusal to test. Nothing in this Section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary medical care.

The employer shall provide the driver with necessary post-accident information, procedures and instructions prior to the driver operating a CMV, so that the driver will be able to comply with the requirements of this section. (See Attachment D)

Drug and/or breath or blood alcohol tests conducted by federal, state or local officials, having independent authority for the test, shall be considered to meet the post-accident testing requirements, provided such testing conforms to the applicable federal, state or local drug and/or alcohol testing requirements and that the results are obtained by the employer.

REASONABLE SUSPICION TESTING - When the employer's designated person(s) has reasonable suspicion that a driver has violated Section 3 of this Policy, the driver shall be required to submit to an alcohol and/or drug test. The employer's determination that reasonable suspicion exists to require the driver to undergo an alcohol and/or drug test must be based on specific contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the driver. (See Attachment E)

Alcohol testing is authorized only when observations of the driver are made during, just before or just after the period of the work day the driver is required to be in compliance with Part 382. The driver may be required to undergo reasonable suspicion alcohol testing while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased such functions.

If a reasonable suspicion alcohol test is not conducted within two hours after observing the driver, the employer shall prepare and maintain on file a record stating the reason why the test was not promptly administered. If the test is not conducted within eight hours after observing the driver, the employer shall cease attempts to conduct the test and prepare and maintain on file a record stating the reasons why the test was not administered.

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No driver shall report for duty or remain on duty when the employer's designated person(s) has observed the driver using or under the influence of alcohol or impaired by alcohol. The employer shall not permit the driver to perform or continue to perform safety-sensitive functions until an alcohol test is conducted and the driver's alcohol test result is less than .02 or 24 hours have elapsed since the employer's first suspicion of the driver being under the influence of or impaired by alcohol.

The reasonable suspicion observation form must be completed and signed by at least one of the employer's designated person(s) who made the observations either within 24 hours of the observed behavior or before the drug test results are released, whichever is earlier. (See Attachment F)

RETURN TO DUTY TESTING – When a driver has violated a drug or alcohol regulation, the employer, before returning a driver to duty to perform safety-sensitive functions, shall ensure the driver has followed the procedures outlined in 49 CFR Part 40, Subpart O.

The SAP will provide a follow-up evaluation letter to the employer and clearly state the driver has complied with his/her recommendations for education/treatment. If the employer allows a driver to return to safety-sensitive functions, a return to duty test will be scheduled. The return to duty drug collection is conducted under direct observation.

FOLLOW-UP TESTING – If the employer allows a driver to return to safety-sensitive functions, follow up testing will be conducted as specified in 49 CFR Part 40, Subpart O and according to the SAP's follow up evaluation letter. The employer will ensure that all follow up drug collections are conducted under direct observation.

Section 5 - DRUG TESTING - Drug testing procedures will be followed in accordance with 49 CFR Part 40.

When a driver arrives at the collection site, the testing process will begin without undue delay. To ensure the security during the testing process, only one collection will be conducted at a time. The driver must have positive identification either by photo identification or by the identification of the driver by the employer's designated representative. The collector will explain the basic collection procedures and show the driver the instructions on the back of the Federal Drug Testing Custody and Control Form (hereinafter called CCF). The driver will be instructed to remove and leave with the collector, or in a mutually agreeable location, any outer clothing along with any briefcase, purse or other personal belongings. The driver may retain his/her wallet.

The driver will be directed to empty his/her pockets and display the items in them. If the collector determines none of the items could adulterate the specimen, the driver may return the items into his/her pockets. If there is material that could adulterate a specimen, the collector must determine whether it was accidentally brought in or intentionally brought in to adulterate a specimen. If it was accidental, the collector will retain the material and return it when the testing process is complete. If it was intentional, a direct observation test will take place immediately.

The collector shall complete Step 1 of the CCF. The driver shall wash and dry his/her hands before providing the specimen, then will have no further access to water or other materials until the specimen is given to the collector. The driver will be instructed to provide at least 45 mL of urine, not flush the toilet and return to the collector with the specimen. The driver will provide the specimen in private, except in the case of an observed or monitored collection. Any conduct that clearly indicates an attempt to tamper with a specimen will cause a new collection under direct observation to take place immediately.

The collector will ensure there is at least 45 mL of urine in the collection container and the temperature of the specimen is within the range of 90-100 degrees. If the temperature is out of that range, a new collection under direct observation will take place immediately. The specimen will also be inspected for unusual color, the presence of foreign objects or material or for other signs of tampering. If it is apparent the driver has tampered with the specimen, a new collection under direct observation will take place immediately.

If a direct observation collection must take place, it must be conducted immediately. All direct observation collections are done without any advance notice to the driver. The collector shall explain to the driver the reason for the direct observation test, except when the employer is required to do so. The collector or an observer must be the same gender as the driver. The same gender collector or observer must request the driver to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower his/her clothing and underpants to show the collector or observer, by turning around, that the driver does not have a prosthetic device. After the collector or observer has determined the driver does not have such a device; the driver may be permitted to return the clothing to its proper position for the observed urination. The collector or observer must watch the urine go from the driver's body into the collection container. An observer will continue to watch the specimen until it is given to the collector.

A monitored collection will only be conducted if a multi-stalled restroom is used and all sources of water or potential adulterants cannot be secured. The collector must be the same gender, unless he or she is a medical professional. An observer must be the same gender. A bluing agent shall be put in the toilet the driver will use. The driver shall provide the urine specimen behind a closed stall door with the collector/observer standing outside of the stall door listening to the driver urinate into the collection container. If the collector/observer hears sounds or makes other observations of the driver attempting to tamper with a specimen, another collection will take place immediately under direct observation.

The tabs on the specimen bottles will be broken in front of the collector and the driver. The driver will give the specimen container to the collector and the collector will pour the urine specimen into the split specimen bottles. The primary specimen shall be at least 30 mL of urine and the split specimen shall be at least 15 mL of urine. The driver should observe the specimen at all times until the lids/caps are secured and the tamper-evident bottle seals are put over the lids/caps (this is for the driver's protection to ensure it is his/her specimen). The driver is to initial the tamper-evident bottle seals on the bottles for proof that it is her/her specimen. The driver will also be required to

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sign the CCF as proof that the specimen identified as having been collected is in fact the driver's. The collector will complete the CCF and place the specimen bottles and Copy 1 of the CCF in the pouches of the plastic bag and secure both pouches. The driver will then be dismissed from the collection site.

Both specimens will be sent by overnight delivery to the DHHS/SAMHSA-certified laboratory for testing of the drugs or classes of drugs as identified in 49 CFR Part 40.85.

Before a laboratory-confirmed positive test, adulterated test, substituted test or invalid test result will be released to the Consortium, the MRO will conduct a verification interview with the driver by telephone unless: the driver declines to discuss the test result; the MRO or the employer cannot make contact with the driver within 10 days of the MRO receiving the laboratory result; or more than 72 hours have passed since the employer has contacted the driver to call the MRO.

Before the start of the verification interview with the driver, the MRO will warn the driver that any information given to the MRO on the driver's use of legally valid prescription under the Controlled Substances Act will be provided to third parties if the MRO determines the information will likely result in the driver being medically unqualified to perform safety-sensitive functions, or is likely to pose a significant safety risk if the driver is allowed to continue performing safety-sensitive functions.

After informing any third party about the medication, the MRO will allow 5 days for the driver to have his/her prescribing physician contact the MRO to determine if the medication can be changed to one that does not make the driver medically unqualified or pose a safety risk. If the MRO receives such information from the physician, the MRO must inform any third party who he had previously provided information to about the safety risks of the driver's other medication.

During the verification process, if the driver can give the MRO a legitimate medical explanation for the positive, adulterated or substituted test result, the MRO will report the verified test result as negative. If the driver cannot give the MRO a legitimate medical explanation, the verified positive test result will be reported as positive and the verified adulterated or substituted test result will be reported as a refusal to test. If the test result is invalid or contains an unexplained interfering substance and the driver cannot give the MRO an acceptable explanation or a valid prescription and the driver does not admit to adulterating or substituting the specimen, the verified test result will be reported as a cancelled test with a second collection to take place immediately on the driver under direct observation. If the driver can give the MRO an acceptable explanation, the verified test result will be a cancelled test with no further testing needed unless a negative result is needed for pre-employment, return to duty or follow-up testing. If the driver admits to adulterating or substituting the specimen, the verified test result will be reported as a refusal to test.

All verified negative, refusal to test (adulterated or substituted), positive, canceled and invalid test results will be released by the MRO to the Consortium, who will forward the results to the employer.

Dilute Specimens: The employer has **chosen not** / **chosen (circle one)** to conduct a second collection on negative **all** / **pre-employment, random, return to duty, follow-up (choose all or choose which test will have a second collection)** dilute test results.

Shy Bladder: After a driver's first unsuccessful attempt to provide a minimum of 45 mL of urine, the shy bladder time starts. The collector will document on the remarks line of the CCF and inform the driver of the time in which the 3-hour period begins and ends. Any insufficient specimen shall be discarded. The driver will be urged to drink up to 40 oz. of fluids, reasonably through a period of up to 3 hours; however, it is not considered a refusal to test if the driver chooses not to drink fluids. If the driver does not provide a sufficient amount of specimen within 3 hours, the collection will be discontinued and the employer will be notified. The employer will consult with the MRO, then direct the driver to obtain, within 5 working days, an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues associated with the driver's inability to provide an adequate amount of specimen. The physician must provide to the MRO a written statement of his/her recommendations and the basis for them. If the driver has a medical condition that could have prevented him/her from providing a sufficient amount of urine, and the MRO agrees with the physician's recommendation, the MRO will report the test result as a cancelled test. If the driver does not have a medical condition that could have prevented him/her from providing a sufficient amount of urine and the MRO agrees with the physician's recommendation, the MRO will report the test result as a refusal to test.

Split Specimen Testing: In the event of a verified positive, adulterated or substituted test result, the driver can request the MRO to send the split specimen to a second laboratory to be tested within 72 hours from the time the driver was notified of the result. **The driver shall reimburse the employer for the cost of the split specimen test.**

Section 6 - ALCOHOL TESTING - Alcohol testing procedures will be followed in accordance with 49 CFR Part 40.

If both a drug and alcohol test is to be conducted on the driver, the alcohol test must be completed before the urine collection process begins. A driver shall only be tested for alcohol while the driver is performing a safety-sensitive function, just before a driver is to perform a safety-sensitive function, or just after the driver has ceased performing a safety-sensitive function.

To ensure the security of the alcohol testing site, only authorized personnel shall be allowed to enter the testing site. The BAT/STT shall ensure that the driver is given privacy while an alcohol test is being conducted to prevent unauthorized persons from seeing or hearing the test result. Alcohol testing will be conducted on one driver at a time. The screening test and confirmation test, if needed, will be completed on a driver before the BAT/STT starts an alcohol test on another driver to be tested.

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A driver shall appear at the collection site at the time specified by the employer. If the driver does not appear at the specified time, the BAT/STT shall notify the employer to determine how long it should take for the driver to arrive at the collection site. If the driver has not arrived by that time, the BAT/STT will contact the employer to inform him/her the driver has not reported for testing.

When the driver arrives at the collection site, the testing process will begin without undue delay. The driver must have positive identification either by photo identification or by the identification of the driver by the employer representative. The BAT/STT will explain the testing procedures and show the instructions on the back of the DOT Alcohol Testing Form (hereinafter called ATF) to the driver. The BAT/STT shall complete Step 1 on the ATF. The driver will then be directed to complete Step 2 on the ATF and sign the certification. If the driver refuses to sign the certification, the BAT/STT will document on the ATF that the driver has refused to test and the employer will be immediately notified.

If an ASD is used for the screening test, the BAT/STT will follow the manufacturer's directions for use. If the alcohol concentration is less than .02, The BAT/STT will sign and date Step 3 of the ATF and transmit the alcohol test result using Copy 1 of the ATF by telephone, electronic means, or in person to the employer. The ASD and materials used in the testing process shall be properly disposed of. If the alcohol concentration is greater than or equal to 0.02, the BAT will immediately conduct a confirmation test using an EBT.

If an EBT is used for the screening test, the BAT or the driver will select an individually sealed mouthpiece. The BAT will open the sealed mouthpiece in front of the driver and insert it into the EBT. The driver will be requested to blow steadily and forcefully into the mouthpiece for at least six seconds or until the EBT indicates that enough breath has been obtained. The driver will be shown the breath alcohol test result and the result will be affixed to the ATF with tamper-evident tape.

If the result is less than 0.02 alcohol concentration, the BAT shall sign and date Step 3 on the ATF. The BAT must transmit the alcohol test result using Copy 1 of the ATF immediately by telephone, electronic means or in person to the employer. If the alcohol concentration is 0.02 or greater, a confirmation test shall be conducted with an EBT not less than 15 minutes nor more than 30 minutes after the completion of the screening test. During that time, the driver will be asked not to eat, drink, belch or put anything into his/her mouth to prevent an accumulation of mouth alcohol that could lead to an artificially high reading on the confirmation test. The BAT/STT will note in the remarks on the ATF these instructions were given and will also note on the ATF if the driver chose to ignore the instructions. The confirmation test will still be conducted. If the confirmation test will be conducted at a different site, the BAT/STT or the employer must transport the driver to the testing site. The driver will not be allowed to drive a motor vehicle.

If the confirmation test is conducted more than 30 minutes after the result of the screening test, the BAT shall note in the remarks on the ATF the reason the confirmation test could not be conducted within the 15-30 minute time frame. The confirmation test will still be conducted.

An individually sealed mouthpiece will be opened in front of the driver and attached to the EBT. The BAT and the driver shall read the sequential test number displayed on the EBT. The driver will be requested to blow steadily and forcefully into the mouthpiece for at least six seconds or until the EBT indicates that enough breath has been obtained. The driver will be shown the breath alcohol test result and the result will be affixed to the ATF with tamper-evident tape.

If the confirmation test result is less than 0.02 alcohol concentration, the BAT shall sign and date Step 3 on the ATF. The BAT must transmit the alcohol test result using Copy 1 of the ATF immediately by telephone, electronic means or in person to the employer. If the confirmation test result is 0.02 or greater alcohol concentration, the driver shall be directed to sign Step 4 on the ATF. If the driver does not sign, the BAT will note in the remarks on the ATF of the driver's failure to sign Step 4. The driver's failure to sign Step 4 will not be considered a refusal to test. The BAT must immediately notify the employer by any means of an alcohol test result of 0.02 or greater to ensure the result is immediately received by the employer.

Inability to Provide an Adequate Amount of Breath: If a driver is unable, or alleges he/she is unable to provide an amount of breath sufficient to give a reading on the EBT, the BAT should again instruct the driver to attempt to provide an adequate amount of breath and the proper way to do so. If the driver refuses to make a second attempt, the BAT shall discontinue the test and immediately notify the employer.

If the driver fails to provide an adequate amount of breath, the BAT shall note the failure on the remarks of the ATF and immediately notify the employer. The employer will then direct the driver to obtain, within 5 days, an evaluation from a licensed physician who is acceptable to the employer and has expertise in the medical issues associated with the driver's inability to provide a sufficient specimen. The employer will tell the physician the driver was required to take a DOT breath alcohol test but was unable to provide a sufficient amount of breath and the consequences for refusing to take the required alcohol test. If the physician determines the driver has a medical condition that could have prevented him/her from providing a sufficient amount of breath, the test will be cancelled. If the physician determines the driver does not have a medical condition that could have prevented him/her from providing a sufficient amount of breath, it will be considered a refusal to test. The employer shall notify the driver of the physician's conclusions.

Section 7 - ACCESS TO RECORDS

All records pertaining to the employer's drug and alcohol testing program shall be maintained in a secure location with controlled access. Access and release of drug and alcohol testing records shall be in accordance with 49 CFR Parts 382 and 40.

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Upon written request, drivers are entitled to copies of their records pertaining to their use of drugs or alcohol, including any records pertaining to their drug and alcohol tests. Drivers are also entitled to have access to any pertinent records directly related to their given drug or alcohol specimen testing.

Records to subsequent employers shall be made available upon receipt of a specific written authorization from the driver. The employer will only disclose information that is expressly authorized by the terms of the driver's request. The employer shall provide such information and results requested promptly to the subsequent employer at no charge.

Records shall be made accessible pertaining to the employer's drug and alcohol testing program at all of the employer's facilities to the U.S. Secretary of Transportation, any DOT agency, or any state or local officials with regulatory authority over the employer's drivers.

Section 8 - EMPLOYEE ASSISTANCE PROGRAM & GENERAL INFORMATION

Each driver must sign an Acknowledgment (Attachment G) that they received a copy of the Drug & Alcohol Abuse Policy that complies with Part 382.601. Drivers shall be made aware of educational information concerning the effects and consequences of drug and alcohol use on the driver's personal health, safety and work environment, including signs and symptoms of a drug or alcohol problem.

It is the driver's responsibility to report to work fit for duty, and remain fit throughout the workday in order to perform in a safe, efficient and productive manner. The driver will also be made aware of the signs and symptoms of a drug and/or alcohol problem (his/hers or a co-worker's) and shall be made aware of ways to intervene when a problem is suspected, including referral to management, referral to an employee assistance program (if available from the employer), and referral to drug and/or alcohol abuse hotlines and help-lines, or local Alcoholics Anonymous or Narcotics Anonymous groups. Referrals to local Alcoholics Anonymous or Narcotics Anonymous groups or drug and/or alcohol abuse hotlines and help-lines are made available as a reference only: Alcoholics & Narcotics Help Line (888) 206-7272; Focus on Recovery Help-Line for Alcohol and Drug Abuse (800) 234-0286; or the Center for Substance Abuse Treatments Drug Information, Treatment, and Referral Hotline (800) 662-4357.

A driver shall not report for duty or remain on duty requiring performance of safety-sensitive functions when the driver uses a non-Schedule I drug or substance that is identified in the other Schedules in 21 CFR Part 1308 except when the use is pursuant to the instruction of a licensed medical practitioner who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle (CMV). The employer may require the driver to inform them of any therapeutic drug use. **If the driver does not promptly provide verification from the medical practitioner that the substance will not adversely affect the driver's ability to safely operate the CMV, the employer will temporarily remove or reassign the driver from a safety-sensitive function, if deemed appropriate.**

A driver may come forward for assistance with a drug and/or alcohol use problem, as long as it is before a driver's notification of an impending drug and/or alcohol test and before the driver performs a safety-sensitive function. The employer shall provide the driver with referrals of where the driver can go for assistance and give the driver sufficient opportunity to complete the counseling, education or rehabilitation required by a drug and alcohol professional; e.g., a qualified drug and alcohol counselor or substance abuse professional. No adverse action will be taken against the driver. The driver will not perform safety-sensitive functions until the employer is satisfied that the employee has been evaluated and has successfully completed the counseling or treatment requirements and the driver tests negative on a return to duty drug and/or alcohol test. **The employer may require follow up testing after the driver returns to duty. All costs associated with the evaluation and rehabilitation will be the responsibility of the driver. The return to duty and any follow up testing conducted shall be pre-paid by the employer, to be immediately reimbursed by the driver.**

We may conduct reasonable searches for illegal drugs or alcohol on the employer's premises or in employer-owned or leased motor vehicles. Searches of drivers and their personal property may be conducted when there are reasonable grounds to believe the driver is in violation of this policy. All drivers are expected to cooperate in such searches. A driver's refusal to cooperate or consent to such searches may result in disciplinary action, including termination.

The unlawful manufacture, distribution, dispensation or possession of drugs are prohibited on all employer premises, at any location the driver is performing work for the employer or in any employer-owned or leased commercial motor vehicle. If the employer proves a driver is engaging in any of these activities, the driver shall be subject to termination. Any driver who faces criminal action as a result of engaging in these activities will be immediately suspended until the court makes a final determination. If the driver is convicted, the driver will be immediately terminated. If the driver is found not guilty, the driver will be placed back into a safety sensitive function.

Section 9 - INFORMATION CONCERNING THE EFFECTS OF ALCOHOL AND CONTROLLED SUBSTANCES USE ON AN INDIVIDUAL'S HEALTH, WORK & PERSONAL LIFE

Employees who abuse drugs and/or alcohol cause more absenteeism, loss in work productivity, more accidents and more medical claims. This results in a loss of $140 billion to American businesses each year. Compared with the average employee, a typical drug-using employee in the workplace is:

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2.5 times more likely to be absent 8 days or more each year;
3 times more likely to be late for work;
3.6 times more likely to be involved in workplace accidents;
5 times more likely to file a workers' compensation claim; and,
Incur 300% higher medical claims.

Marijuana - The common name for the drug made from chopped leaves, stems and flowering tops of a cannabis plant. Some common street names for marijuana are "dope," "blunt," "joint," "pot," "reefer." Marijuana can be smoked or eaten. Marijuana is a depressant and mind-altering drug. It works on the brain and causes hallucinations. A person using marijuana is more than likely to experience slowed reaction time, reduced concentration, distorted vision and depth perception, is slower in making decisions, often drives slower than the speed limit, is unable to correctly measure distance and time, and has impaired short-term memory.

Some of the symptoms and signs of marijuana use are:

Short-term memory loss	reddened eyes	moodiness
Increased appetite	slowed thinking	loss of memory
Increased heart rate	dilated pupils	

Some visible signs noted for the presence of marijuana are:

Roach clips	bongs	Cigarette rolling papers
Small pipes	one hitters (usually metal - slim tubular device)	

The active ingredient in marijuana (THC) is stored in the body fat and could be retained for days or weeks, depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. Marijuana and alcohol together will magnify the effects of both many times. Chronic marijuana smoking could cause severe irritation of the lungs, heart problems, reduced immune system and possible brain damage.

Phencyclidine - It was developed originally as an anesthetic but was taken off the market because it sometimes caused hallucinations. The most common street names for phencyclidine are "PCP", "angel dust," "crystal" and "tea". Phencyclidine is sold in various forms, mainly as a white, off-white or brown crystal-like powder, tablet or capsule. It can be ingested by mouth, snorted or injected intravenously. It can also be smoked when combined with marijuana or tobacco. A person using phencyclidine is more than likely to experience impaired coordination and dulled senses, a sense of power, drowsiness, aggressive behavior, hallucinations and blurred or double-vision. In some cases a person could even experience convulsions, coma, ruptured blood vessels in the brain, heart and lung failure, or even death.

Some of the symptoms and signs of phencyclidine use are:

Confusion	increased blood pressure	anxiety
Panic	dizziness	drowsiness
Hallucinations	disorientation	sweating
Increased heart rate	aggressive behavior	

Some of the signs for the presence of phencyclidine are:

Needles	capsules	syringes
Plastic packets with powdery substance	tablets	

Phencyclidine is water soluble but still could be retained in the body's system for days, depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. P and alcohol together is dangerous and could cause an overdose. Chronic Phencyclidine use could cause hallucinations, psychosis, convulsions, coma or possible death.

Cocaine - Cocaine comes from the leaves of coca plants. Some common street names for cocaine are "coke," "crack," "rock," "snort," "toot," "blow," and "snow." Cocaine can be snorted, injected intravenously, smoked or free-based (heating the cocaine and inhaling the vapors). Cocaine stimulates the body's central nervous system. Psychological dependence on the drug can be high with repeated use. A person using cocaine is more than likely to experience impatience, anger, over stimulated reflexes, distorted vision and depth perception, slow reaction time and false sense of security and alertness. In some cases, a person could even experience seizures, heart attacks, convulsions, hallucinations and death.

Some of the symptoms and signs of cocaine use are:

Dilated pupils	nose bleeds	paranoia
Irritability	runny nose	needle marks
Increased blood pressure	hallucinations	restlessness
Talkativeness	anxiety	weight loss
Depression	nervousness	

Some of the signs for the presence of cocaine are:

Small spoons	mirrors	needles
Small plastic bags or vials	syringes	small drinking straws
Razor blades	rolled paper currency	small butane torch

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Cocaine is water soluble but still could be retained in the body's system for several days, depending on the quality of the drug, the tolerance of the user and the dosage or amounts taken. Cocaine causes the most mental dependency of any known drug. Cocaine and depressants, taken together, can be very dangerous or even fatal. Intravenous users have a high risk of contracting liver disease, tetanus, serum hepatitis and AIDS from the use of needles. Chronic cocaine use could cause seizures, heart attacks, strokes, convulsions, depression or death.

Amphetamines- Amphetamines are manufactured central nervous system stimulants used most often by individuals to stay awake. Psychological dependence on the drug can be high with repeated use. Some common street names for amphetamines are "speed," "crank," "meth," "crystal," "diet pills," "bennies" and "uppers." In pure form, amphetamines are yellowish crystals in which some are made into tablets, pills or capsules. Amphetamines can be ingested in tablet, pill or capsule form, snorted, or injected intravenously if in powder or liquid form. A person using amphetamines is more than likely to experience delayed reaction time, over stimulated reflexes, anxiety, irritability, distorted vision and depth perception, and a false sense of security and alertness.

Some of the symptoms and signs of amphetamine use are:

Loss of appetite	weight loss	sweating
Paranoia	dilated pupils	increased blood pressure
Dry mouth	talkativeness	sleeplessness
Nervousness	needle marks	depression
Hallucinations	anxiety	

Some of the signs for the presence of amphetamines are:

Pills	small butane torch	tablets
Rolled paper currency	capsules	small drinking straws
Small plastic bags or vials	razor blades	needles
Syringes		

Amphetamines are water-soluble, but still could be retained in the body's system for several days depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. Chronic amphetamine use could cause physical collapse, delusions, hallucinations, brain damage, heart damage, toxic psychosis or death.

Opiates - Some opiates come from the seed pod of the Asian poppy. Other opiates are synthesized or manufactured. Psychological dependence can be high with repeated use. Some common street names are "horse," "junk," "smack," "downers," "M," "yellow jackets," "blues" and "ludes." Opiates are in many different compounds and forms. The most common are the pills, tablets or capsules. Other compounds and forms are in liquid or powder form. Opiates can be injected, smoked or injected intravenously. A person using opiates is more than likely to experience distorted sense of time and distance, slowed reflexes, difficulty focusing, drowsiness and little or no concentration.

Some of the symptoms and signs of opiate use are:

Nausea	needle marks	loss of appetite
Confusion	drowsiness	cold or moist skin
Depression	short attention span	reduced pain
Memory loss	constricted pupils	sweating
Diarrhea	vomiting	

Some of the signs for the presence of opiates are:

Pills	bottle caps	tablets
Small packets	capsules	eye droppers
Needles	small spoons	syringes

Opiates are water soluble, but still could be retained in the body's system for one to several days, depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. Opiates taken with alcohol and other depressant drugs magnify the effects of the opiates and could lead to overdoses. Intravenous users have a high risk of contracting liver disease, tetanus, serum hepatitis and AIDS from the use of needles. Chronic opiate use could cause loss of consciousness, convulsions, coma or death.

Alcohol - Some common street names for alcohol are "booze," "juice," "brew," "sauce" and "hooch." As a rule, a drink or two will create a feeling of well-being. What determines the rate of metabolism in the body and how fast it dissipates the alcohol depends on the altitude, the individual's body weight, metabolism, stomach content, gender, and whether the individual is sick or healthy, rested or tired. After the first drink or two, impairment begins, depending on the factors stated above. When the individual consumes alcohol that produces physical or mood-altering effects, it becomes a substance of abuse. A person using alcohol is more than likely to experience blurred or distorted vision, impaired reaction time, impaired judgment, anger, nausea, drowsiness and aggressiveness.

Some of the symptoms and signs of alcohol use are:

Slurred speech	hostility	odor on breath
Insomnia	flushed skin	loss of concentration
Glazed eyes	unsteadiness	blackouts
Memory loss	drowsiness	incoherence

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Chronic alcohol use could cause brain damage, neurological damage, liver damage, pancreas and kidney damage, heart problems, strokes, cancer, coma, toxic psychosis and possible death.

Section 10 - DISCIPLINARY ACTION OPTIONS (Circle the Option that will apply for a driver who has violated a drug and/or alcohol violation. Also, circle the Option on who will pay for the DOT return to duty and follow up testing.)

OPTION 1 (if the driver violates a drug or alcohol regulation, they are terminated) - The employer will provide the driver who has violated a drug and/or alcohol regulation with names and phone numbers of SAP networks that will offer qualified SAPs available geographically to the driver. **The driver will be terminated.**

If the employer chooses to rehire the driver for safety-sensitive functions, the driver must follow the procedures outlined in 49 CFR Part 40. The driver must test negative on a return to duty drug test and/or less than 0.02 on a breath alcohol test before returning to safety-sensitive functions. The employer shall conduct follow up testing on the driver as specified in SAP follow up evaluation letter. The employer will ensure that the return to duty and all follow up drug collections are conducted under direct observation.

OPTION 2 (if the driver violates a drug or alcohol regulation a second time, they are terminated) - The employer will provide the driver who has violated a drug and/or alcohol regulation the first time with names and phone numbers of SAP networks that will offer qualified SAPs available geographically to the driver. The driver must follow the procedures outlined in 49 CFR Part 40. The driver must test negative on a return to duty drug test and/or less than 0.02 on a breath alcohol test before returning to safety-sensitive functions. The employer shall conduct follow up testing on the driver as specified in SAP follow up evaluation letter. The employer will ensure that the return to duty and all follow up drug collections are conducted under direct observation.

The employer will provide the driver who has violated a drug and/or alcohol regulation a second time with names and phone numbers of SAP networks that will offer qualified SAPs available geographically to the driver. **The driver will be terminated.**

OPTION 3 (if the driver violates a drug or alcohol regulation a third time, they are terminated) - The employer will provide the driver who has violated a drug and/or alcohol regulation the first time with names and phone numbers of SAP networks that will offer qualified SAPs available geographically to the driver. The driver must follow the procedures outlined in 49 CFR Part 40. The driver must test negative on a return to duty drug test and/or test less than 0.02 on a breath alcohol test before returning to safety-sensitive functions. The employer shall conduct follow up testing on the driver as specified in SAP follow up evaluation letter. The employer will ensure that the return to duty and all follow up drug collections are conducted under direct observation.

The employer will provide the driver who has violated a drug and/or alcohol regulation a second time with names and phone numbers of SAP networks that will offer qualified SAPs available geographically to the driver. The driver must follow the procedures outlined in 49 CFR Part 40. The driver must test negative on a return to duty drug test and/or test less than 0.02 on a breath alcohol test before returning to safety-sensitive functions. The employer shall conduct follow up testing on the employee as specified in SAP follow up evaluation letter. The employer will ensure that the return to duty and all follow up drug collections are conducted under direct observation.

The employer will provide the driver who has violated a drug and/or alcohol regulation a third time with names and phone numbers of SAP networks that will offer qualified SAPs available geographically to the driver. **The driver will be terminated.**

OPTION 1 - All costs associated with the SAP evaluations, rehabilitation, return to duty testing and follow up testing will be the responsibility of the driver. The return to duty and follow up testing costs shall be pre-paid by the employer, to be immediately reimbursed by the driver.

OPTION 2 - All costs associated with the SAP evaluations, rehabilitation, return to duty testing and follow up testing will be the responsibility of the driver. The return to duty and follow up testing costs shall be paid by the employer.

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