

Section 1

Company Policy

NOTE: In terms of DOT regulations, Section 1 constitutes a "condensed" version of the company's Substance Abuse Program. The entire plan, consisting of Sections 1 thru 5 and referenced DOT regulations, can be obtained by contacting the company's Designated Employer Representative (DER) listed in Section 1, Contacts.

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DS+ Model Program Agreement

To all Employees:

The Federal Department of Transportation has issued regulations regarding Controlled Substances and Alcohol Use and Testing. Because the Company is required to comply with these regulations and with DOT agency regulations, we must issue a policy prohibiting substance abuse by our safety-sensitive employees.

Alcohol consumption by our safety-sensitive employees is prohibited while performing, and for four (4) hours prior to performing safety-sensitive functions; and for eight (8) hours after an accident unless it has been determined by a Company official that a post-accident alcohol test is not required.

Likewise, manufacturing, selling, buying, soliciting to buy or sell, transporting, using or possessing illegal drugs (including a drug prescribed for another person) is prohibited.

The regulations are very specific regarding what The Company must do to comply. We have developed a policy and procedures that will apply to you based upon the job functions you perform. The entire plan (consisting of Sections 1 thru 5 of this model program and referenced DOT regulations) can be obtained by contacting the company's Designated Employer Representative (DER) listed in Section 1, Contacts.

We must conduct tests under certain specific situations to determine whether employees have used alcohol or drugs. The procedures and technology we will employ in this testing are specified in a Department of Transportation Regulation, Procedures for Transportation Workplace Drug and Alcohol Testing Program (49 CFR, Part 40). Internet users can access information about and/or changes to these regulations from the Drug Screens Plus website at: www.dsplus.com.

A positive drug or alcohol test or a failure to submit to a drug or alcohol test (including a substituted or adulterated specimen) or other violation of 49 CFR 40 or DOT agency drug and alcohol regulations is grounds for discharge, solely at the option of the Company.

Each employee must read this policy and sign a statement certifying that he or she has received a copy. Refusal to sign for receipt of a copy of this policy is grounds for discharge, solely at the option of the Company.

Thank you for your cooperation in implementing these important safety regulations. If you have any questions regarding the DOT regulations or the Company's policies and procedures; please contact the Company's Designated Employer Representative (DER) listed on the following page.

Designated Employer Representative (DER) for drug and alcohol policy, procedure information, or for referral to a Substance Abuse Professional (SAP).

Robert Valentine
City of Escanaba
410 Ludington St POB 948
Escanaba MI 49829
Ph: 906-786-9402
Fax: 906-786-4755

Medical Review Officer (MRO)
Medical Review of Test Results

John Budnick, D.O., MRO-C
DRUG SCREENS PLUS (DS+) ~~(DS+)~~
3637 Clyde Park SW, Suite C
Grand Rapids MI 49509
(800) 459-9012 ext 25

Specimen Collection Site
for Drug/Alcohol Testing.
Other site listings available.
See next page or below:

Marquette General Occupation
2500 7th Ave South STE 120
Escanaba MI 49829
(906) 786-0440

Locating a SAP or Collection Site
This office can assist you with arranging SAP evaluations and/or specimen collection sites throughout the U.S.

Julie Horton
DRUG SCREENS PLUS (DS+) ~~(DS+)~~
3637 Clyde Park SW, Suite C
Grand Rapids MI 49509
(800) 459-9012 ext 23

Counseling/Treatment
(Must be an entity other than the SAP who performed the evaluation.)

Referral will be made to appropriate facility/service subsequent to SAP evaluation.

DHHS Certified Labs

Note: Any Primary lab (i.e., any QTN lab: Schaumburg, IL; Atlanta, GA; Leesburg, FL; Norristown, PA; Irving, TX; Van Nuys, CA.) may be used in combination with the Secondary Lab (including, Secondary lab used as Primary lab) and the combination may change from time to time or according to circumstances (e.g., a post-accident or pre-employment test, a request for a split-specimen test at a different DHHS-certified lab, a different collection site, or other business reason); except that if a QTN lab is the Primary lab, another QTN lab cannot be its Secondary.

Primary: (i.e., primary testing)
Quest Toxicology Network (QTN)
Quest Diagnostics
506 East State Parkway
Schaumburg IL 60173

Secondary: (i.e., split-testing)
MedTox Laboratories Inc
354 West County Road D
Saint Paul MN 55112

Substance Abuse Crisis Hotlines:

Alcoholics Anonymous
Cocaine
Natl Institute on Drug Abuse

800-356-9996
800-COCAINE (262-2463)
800-662-HELP (622-2255)

REGARDING: CONTACT:

City of Escanaba (The Company)
FMCSA SUBSTANCE ABUSE POLICY

A INTRODUCTION AND GENERAL REQUIREMENTS

The US Department of Transportation (DOT) has issued regulations that govern the use of *drugs* and *alcohol* by employees within the transportation industry. 49 CFR Part 40 and FMCSA drug and alcohol regulations (DOT regulations) require the Company establish a program to conduct *drug and alcohol testing* at certain times and under the conditions described below. This policy is intended to implement these DOT regulations and to set forth the Company's own policies and requirements with respect to drug and alcohol use and testing.

The terms "individual", "covered employee", and "employee" are used interchangeably and have the meaning of "employee" as defined in Part 40; and the term "employer" has the meaning of "employer" as defined in Part 40. The terms employer and employee as used in this policy shall not be used to construe an employer/employee relationship that does not otherwise exist independently of this policy (e.g., to construe an independent contractor as an employee of the company for tax purposes, benefits, unemployment, etc.). The term "s/he" means "she or he".

REFERENCES to regulations are intended to facilitate identification of specific regulations and are not meant to exclude (e.g., by the absence of a reference) from coverage any individual or class of individuals with regard to any provision of this policy. Wherever the term "DOT regulations" appears, it means "49 CFR Part 40 and DOT agency drug and alcohol regulations". Wherever DOT regulations are cited without identifying the "CFR", the reference is to "49 CFR".

In addition to policy provisions intended for compliance with DOT regulations, it is the Company's policy to provide a work environment that is free (to the maximum extent possible) of *substance abuse*. Therefore, some provisions of this policy will be enforced under the Company's own authority, whether or not expressly required or expressly permitted by DOT regulations. Wherever such provisions appear throughout this policy, they will be indicated by bold print. Paragraph headings/sub-headings in bold print are simply to assist in identifying and locating specific portions of the policy and not "policy provisions".

Until amended in writing to reflect any change(s), each provision of this policy shall be enforced under Company authority to the fullest extent not prohibited by a DOT regulation. To the extent that any provision (or portion thereof) of this policy is deemed by a DOT authority (e.g., a DOT auditor or agency representative) or is otherwise known by the DER to be in non-compliance with a DOT regulation, that portion shall be enforced by the DER in a manner consistent with and in compliance with the regulation.

The EFFECTIVE DATE of this edition of the policy is January 21, 2002.

A-1 INDIVIDUAL COPY OF COMPANY POLICY

All individuals hired into safety-sensitive positions with the Company (including existing personnel transferring to such positions) will be provided with a copy of this policy prior to being required to submit to its provisions.

This policy (with its definitions, references to, and explanations of DOT regulations) is part of the educational material provided to employees and to representatives of employee organizations pursuant to DOT regulations.

B MATERIALS REQUIRED BY DOT REGULATIONS

B-1 Identity of Company's Designated Employer Representative (DER)
(See: p-3 regarding DER and/or questions about this program.)

B-2 INDIVIDUALS SUBJECT TO THIS POLICY [Ref 40.3, 382.107]

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

FMCSA. This policy applies to any individual who is required by the Company to have a Commercial Driver's License (CDL), and whom the Company requires to operate (or to be qualified to operate) a Commercial Motor Vehicle (CMV). For the purposes of this policy, a CDL is required to operate a CMV which has a gross vehicle or gross combination weight rating in excess of 26,000 pounds, or regardless of the vehicles' size will be used to transport hazardous materials in a quantity which requires the vehicle to be placarded, or designed to transport 16 or more passengers (including the driver).

This includes, but is not limited to, individuals who are: 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 the Company or who operate a CMV at the direction of or with the consent of the Company; vehicle mechanics who will be required to operate a CMV in the course of maintaining and/or repairing the vehicle; or anyone who may be required to operate a CMV for any purpose on behalf of the Company. For the purposes of this policy, all such individuals shall be defined as "drivers".

B-3 REQUIRED COMPLIANCE PERIODS [Ref 382 Subparts B, C, E]

Employees are required to be in compliance with this policy and associated DOT regulations during any period in which they are actually performing, ready to perform, or immediately available (**or required to be immediately available**) to perform safety-sensitive duties on behalf of the Company.

For purposes of the Company's policy and drug and alcohol testing program, *safety-sensitive function* [Ref 49 CFR 382.107] includes but is not limited to the following:

- (a) driving;
- (b) waiting to be dispatched (whether at a carrier's or shipper's terminal, plant, facility or other property) unless the driver has been relieved from duty;
- (c) inspecting, servicing or conditioning equipment;
- (d) being in or on a commercial motor vehicle (except resting in the sleeper berth);
- (e) loading or unloading, including supervising or assisting in loading or unloading, attending a vehicle being loaded or unloaded; or
- (f) repairing, obtaining assistance, or attending a disabled vehicle.

No driver required to take a post-accident test under this policy [See B-5(b)] shall use alcohol for 8-hours following an accident, unless a post-accident alcohol test has been completed. No driver shall report for duty within four hours after using alcohol.

Other time periods or circumstances in which employees may be tested are explained below in section B-5 TESTS REQUIRED.

B-4 PROHIBITED CONDUCT [Ref 382 Subpart B]

The following conduct is strictly prohibited:

- (a) using, being under the influence of, or possessing illegal drugs (any drug listed in 21 CFR 1308 when the drug has been dispensed or used or is in the individual's possession in a manner not approved by the FDA), including a drug prescribed for another person;
- (b) using or being under the influence of legal drugs whose use can adversely affect the ability of the covered employee to perform his or her job safely [covered employees are required to obtain advice and instructions from the prescribing physician before performing safety-sensitive duties];
- (c) manufacturing, selling, buying, soliciting to buy or sell, transporting, or possessing illegal drugs;
- (d) using [i.e., *drinking or swallowing any beverage, liquid mixture or preparation (including any medication), containing alcohol*] or being under the influence (i.e., *breath alcohol concentration of 0.02 or greater*) of alcohol at any time while performing any safety-sensitive function;
- (e) using alcohol within four (4) hours before performing or being required to perform any safety-sensitive function (e.g., a supervisor whose primary function is not safety-sensitive, but who is required to be available to perform such duties with little or no advance notice).
- (f) testing positive for drugs (i.e., *MRO verified positive*) or alcohol (i.e., *breath alcohol concentration of 0.04 or greater*);
- (g) refusing to be tested for drugs and/or alcohol (as defined in Section B-8 of (or elsewhere in) this policy or in DOT regulations), including failing to submit to a drug and/or alcohol test as and when directed;
- (h) violating any DOT regulations or other applicable federal and/or state requirement governing the use of drugs or alcohol;
- (i) doing anything to obstruct the Company's goals with respect to drugs and alcohol.

Special Notices & Conduct Prohibited under Company Authority:

- (j) **Equipment may be randomly inspected for drugs or alcohol and related paraphernalia and all other controlled or illegal items, and covered employees shall have no expectation of privacy concerning their use of such equipment. Discovery of such items will result in termination and prosecution per company policies. In addition:**
- (k) **Covered employees may be terminated for parking at a tavern or bar with company equipment when not in the course of business (e.g., delivering, servicing), or for using alcohol or a controlled substance while on company property or in possession of company equipment whether on or off duty at any location.**
- (l) **Hemp products may contain substances that can result in a positive test for THC (whether or not THC is listed on a product label, if any).**

The use of any such product is prohibited. The use of products containing THC for any reason (including "medical" or "nutritional") or even unknowingly (i.e., "passive ingestion") will not be considered a legitimate medical explanation for a positive drug test. {See: 49 CFR 40.151(f)}

- (m) **Prescription or other use of Marijuana or THC will not be accepted** as an explanation for a positive test {see 49 CFR 40.151(e)}. The only current legitimate medical explanation for the presence of THC is a valid prescription for Dronabinol (e.g., Marinol®) for an FDA-approved use (e.g., for the treatment of nausea and vomiting associated with chemotherapy). "Off-label" use (e.g., for glaucoma, migraine headaches, insomnia, weight management, p.m.s., etc.) is specifically prohibited by applicable law. Any use of THC in any form (even if accepted as a legitimate medical explanation for a positive drug test), may be reported by the MRO without your consent (see 49 CFR 40.327) to a third party (e.g., a medical examiner) who may determine that you are medically unqualified to perform safety-sensitive duties.
- (n) **Use of Adulterants, Dilutants, or Masking Agents.** The use or attempted use of any substance for the purpose of masking the presence of any drug or drug metabolite in a specimen intended for drug testing is strictly prohibited. The use of (or attempt to use) specimen dilution, adulteration, or masking agents (as determined by a specimen collector, laboratory, Medical Review Officer or DER) will be considered a "Refusal to test" and will result in disciplinary action up to and including discharge.
- (o) **Compliance with this policy is a condition of employment.** Refusal or failure to take a required drug or alcohol test, testing positive on any such test, or any other violations of 49 CFR 40 or DOT agency drug and alcohol regulations shall result in removal from performing safety-sensitive duties and shall, as with any other prohibited conduct, subject the individual to disciplinary action up to and including discharge, solely at the option of the Company.

B-5 TESTS REQUIRED [Ref 382 Subpart C(301-311)]

GENERAL. Covered employees will be subject to testing for alcohol and controlled substances in accordance with DOT Procedures. Currently, such employees will be tested for alcohol and the following drugs and/or their metabolites: Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines.

Before performing a drug or alcohol test under FMCSA drug and alcohol regulations, the Company is required to notify the employee that the test is required by those regulations. This policy, together with notification by a company representative that you are required to submit to testing and the information provided to you on the CCF or ATF, constitutes such notice. The Company is prohibited from falsely representing that a test is required by those regulations.

All alcohol tests conducted under this policy require the employee to provide a breath specimen for any confirmatory test conducted by, or on behalf of, the Company. In the case of an initial alcohol test, The Company may test the employee using either a DOT-approved breath or saliva testing device. In the

case of an alcohol test conducted by a federal, state or local law enforcement officer following an accident, the employee will be required to provide either a breath or blood or other specimen, as directed by the law enforcement officer.

Except as may be otherwise provided by this policy, employees required to submit to an alcohol test will submit to such testing either just before, during, or just after performing or being required to perform *safety-sensitive functions*.

Drug testing will utilize urine specimens.

At a minimum, the Company is required by DOT to conduct *drug and/or alcohol tests* under the following conditions or times: *pre-employment/pre-duty: (for Drugs only); random/post-accident: (for Drugs and Alcohol); reasonable suspicion, return-to-duty, or follow-up (for Drugs and/or Alcohol)*. Other tests may also be required under DOT's regulations or Company authority. The Company's policy will direct whenever such other tests are required or permitted. The Company will notify an applicant or employee of his/her test results only if the test is positive, or upon the written request of the applicant or employee.

An applicant or employee who (1) tests positive (i.e., a verified positive drug test or a positive alcohol test) on any drug or alcohol test required by this policy; (2) refuses to submit to testing (see B-8), including failure to report for testing (except pre-employment, see 40.191(a)) within a reasonable time, as determined by the Company, consistent with FMCSA regulations; or (3) fails to cooperate with testing procedures (e.g., to be escorted to or from a testing site for a reasonable suspicion test) is prohibited from performing or continuing to perform any safety-sensitive function for the Company (see B-9, for other consequences of violating this policy), **and is subject to disciplinary action up to and including discharge, solely at the option of the Company.**

The Company's policies, procedures, and requirements for each of these tests include (together with the rest of this policy) the following:

a. pre-employment/pre-duty: [Ref 382.301]

- i. Drug testing is required before an applicant can be hired or transferred into a position for which the Company requires the person to hold a CDL and to operate (or be available to operate) a CMV for any purpose, or to otherwise perform (or be available to perform) any safety-sensitive function on behalf of the Company. Pre-employment alcohol testing is not required by DOT regulations and not required by the Company.
- ii. *Employees* will be provided educational materials, notification of the required drug test and an explanation of the collection procedures through the receipt of a copy of this policy. *Applicants* will likewise receive such information, notification and instructions prior to pre-employment testing.
- iii. The employee's signature on any custody and control form used with any test requested under this policy will constitute his or her consent to be tested and authorization to release any information permitted or required by applicable Federal or State Regulations or Company policy.
- iv. Applicants will be required to take and pass a drug test; authorize the Company to obtain applicant's DOT-required drug and alcohol test results (including refusals to be tested) from each company for whom s/he worked (or applied for work) within the previous 2 years; **and comply with any other conditions or requirements of which s/he is advised in**

connection with the position.

b. post-accident: [Ref 382.303] [See the Post-accident flow chart, p31.]

General. A covered employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a Company representative (e.g., the DER) of his/her location if s/he leaves the scene of the accident prior to submission to such test, may be deemed by the Company to have refused to submit to testing. This provision shall not be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care. (See Section 3, Delayed test, Failure-to-test)

- i. As soon as practicable following an occurrence involving a CMV operating on a public road in commerce, each surviving driver must be tested for alcohol and controlled substances as follows:
 - (1) If the accident involved the loss of human life; each surviving driver who was performing *safety-sensitive functions* (see def: 49 CFR 382.107) must be tested regardless of whether or not the driver received a citation. Otherwise,
 - (2) If the driver received a citation under State or local law for a moving traffic violation arising from the accident AND
 - (a) the accident involved bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; OR
 - (b) one or more motor vehicles incurred *disabling damage* as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.
- ii Exception. DOT post-accident testing requirements do not apply to an occurrence:
 - (1) involving only boarding or alighting from a stationary motor vehicle; or
 - (2) only the loading or unloading of cargo; or
 - (3) in the course of the operation of a passenger car or multipurpose passenger vehicle (as defined in 49 CFR 571.3) by an employer unless the motor vehicle is transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with 49 CFR 177.823.
- iii. **Employees who submit to drug or alcohol testing conducted by a law enforcement officer must contact their supervisor (or another Company official) immediately and provide the name, badge number and telephone number of the officer who conducted the testing.**
- iv **At the Company's discretion, employees who are required to submit to post-accident drug or alcohol testing may be assigned to non-safety-sensitive duties, or placed on non-disciplinary suspension, while awaiting the post-accident test results.**

c. random: [Ref 382.305]

- i. The Company is required by DOT regulations to test employees for drugs and alcohol at random and without prior notice.
- ii. Random tests will be conducted at a minimum rate set forth by FMCSA

(see Section 4, Random Testing Program Verification). Selections will be made at least quarterly, but the Company may conduct random testing more frequently and employees may be subject to additional random selections and testing at any time throughout the year. Selections are made by a computer generated random (stochastic) process to ensure that employees cannot be singled out by name or by any other means.

- iii. Each employee in a random pool will have an equal chance of being selected from their pool during each selection and as a result may be required to submit to a random drug and/or alcohol test several times in the same year.
- iv. Employees selected for random testing must report to the specimen collection site within a reasonable time (as determined by the DER), following notification (e.g., allowing only for reasonable travel time).

d. reasonable suspicion/for-cause: [Ref 382.307, 603]

- i. For the purpose of requiring drug or alcohol testing, reasonable suspicion will exist when an employee's appearance, behavior, speech, breath or body odors indicate drug or alcohol use, or chronic or withdrawal effects of drugs. [See: Section 3/Forms/Observed Behavior Recording]
- ii. With regard to a reasonable suspicion drug test, such observations must be personally observed and documented by at least one Company official who has received a minimum of 60 minutes training covering the physical, behavioral, speech, and performance indicators of probable drug use.
- iii. With regard to a reasonable suspicion alcohol test, such observations must be personally observed and documented by at least one Company official who has received a minimum of 60 minutes training covering the physical, behavioral, speech, and performance indicators of probable alcohol misuse.
- iv. With regard to alcohol, such observations must be made by the Company official (and any required testing performed) just prior to, during, or just after the period of the work day that the employee is required to be in compliance (see B-3) with this policy. Third-party observations indicative of substance abuse must be personally confirmed by a Company official who has received the above training. The official who makes the reasonable suspicion determination for alcohol testing may not perform the alcohol specimen collection or testing.
- v. **The employee will be transported to the specimen collection site and tested as directed by the Company (alcohol and/or drugs) as soon as possible. The Company will also attempt to contact a family member (or other person designated by the employee), or make arrangements for other suitable transportation in order to transport the employee home following reasonable-suspicion testing.**
- vi. An employee required to take a reasonable suspicion test(s) is considered unqualified to work and placed on immediate suspension, **without pay**, pending results of their test(s). **If the test results are negative and the employee has fully cooperated with the testing, reimbursement will be made for the time of the suspension.**

e. return-to-duty [Ref 382.309]

- i. The Company is not obligated to (and by the inclusion of this provision in this Policy does not undertake or commit to any obligation under this

- policy to) reinstate, retain and/or rehire any employee who violates any DOT regulation or any Company policy concerning drugs and alcohol.
- ii. Should the Company elect to consider reinstating or rehiring an employee who violates any DOT regulation or any Company policy concerning drugs and alcohol, those regulations and policies require that employee (before s/he will be permitted to return to duty) to:
- **execute the Company's "last-chance" agreement;**
 - be evaluated by the Company's SAP who will determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse or controlled substances use;
 - be further evaluated by the Company's SAP to determine the employee's compliance with any education/treatment program prescribed by the SAP; and
 - pass a DOT return-to-duty drug and/or alcohol test.

f. follow-up [Ref 382.311, 382.605(c)(2)(ii)]

- i. The Company is not required to reinstate or rehire an employee who violates any DOT regulation or any Company policy concerning drugs and alcohol, and by the inclusion of this provision does not obligate itself to do so.
- ii. Should the Company elect to reinstate or rehire such employee, s/he
- must remain in full compliance with the provisions of e above;
 - must meet all other requirements of the position; and
 - will be subject to a minimum of 6 (or more, as determined by the SAP) unannounced follow-up tests over the 12 months after returning to duty.
- iii. At the direction of the SAP, the employee may be required to submit to further unannounced testing for up to four additional years.

B-6 TESTING PROCEDURES

GENERAL. To protect employees, the integrity of testing processes, and to ensure the validity of the test results, DOT has established stringent regulations to which the Company and its service agents will adhere. DOT's requirements include procedures covering: specimen collection processes; chain-of-custody for specimens; initial and confirmation tests; review of positive test results by a Medical Review Officer (MRO); reporting and recordkeeping.

All agreements and arrangements, written or unwritten, between and among employers and service agents concerning the implementation of DOT agency drug and alcohol testing requirements are deemed, as a matter of law, to require compliance with all applicable provisions of 49 CFR Part 40 and FMCSA drug and alcohol testing regulations (see Section 5 for DOT agency regulations). Compliance with the regulations is a material term of all such agreements. A service agent who violates these regulations is subject to a Public Interest Exclusion (PIE) by FMCSA. The company is prohibited from using the services of a service agent who is subject to a PIE in accordance with 49 CFR part 40, subpart R. The PIE list is updated at: <http://dot.gov/ost/dapc>.

a. specimen collection and chain-of-custody [Ref 40.31-73, 40.171-277]

General: For both alcohol and drug testing, *specimen donors* must report for testing immediately following notification. A DOT required *Custody and Control Form* (CCF) and/or *Alcohol Testing Form* (ATF) will be utilized. *Specimen donors* will receive a copy of the applicable CCF/ATF at the time specimens are to be

provided. The *Collection Site Person* (CSP), *Breath Alcohol Technician* (BAT) or *Screening Test Technician* (STT) respectively, is responsible for maintaining the integrity of the specimen collection and transfer process, ensuring the modesty and privacy of the specimen donor, and avoiding any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate.

In addition, specimen collection sites are required to implement a policy and procedures to prevent unauthorized personnel from entering any part of the site in which urine specimens are collected or stored. Only employees being tested, collectors/STTs/BATs and other collection or testing site workers, DERs, employee and employer representatives authorized by the DER or other company official, and DOT agency representatives are authorized access to respective drug or alcohol specimen collection sites. Representatives of the company's TPA shall be considered employer representatives for this purpose.

All such persons who have been authorized access must remain under the supervision of a collector/STT/BAT at all times when permitted into the collection site; and, except for the observer/monitor in the case of an observed/monitored collection, no one is permitted to enter the restroom (including a multi-stall restroom) while the employee provides the specimen.

Drug testing: Failure of the *specimen donor* to remain at the collection site or to provide an adequate specimen within 3 hours of the first unsuccessful attempt will be considered a "refusal to submit to testing" (See B-8, and 40.191(a)).

The collection site person shall have successfully completed training to carry out this function in accordance with 49 CFR 40.33 and shall complete the specimen collection services in accordance with the DOT Urine Specimen Collection Procedures Guidelines available from ODAPC, 400 7th Street, SW, Room 10403, Washington DC, 20590 202-366-3784, or on the ODAPC web site (<http://www.dot.gov/ost/dapc>).

Dilute specimens. When a test is verified by the MRO as negative and dilute, the specimen donor will be required to submit to a second specimen collection if the drug test verified as dilute was for the purpose of pre-employment, return-to-duty, or follow-up testing. A second specimen collection will not be required if the specimen verified as dilute was for the purpose of random, reasonable suspicion, or post-accident testing, unless the specimen donor failed to report for testing in a timely manner as determined by the DER. Any such (second) specimen (1) becomes the test of record and (2) will not be collected under direct observation (unless there is another basis for use of direct observation [see 40.67(a)(b) & (c)]. A third specimen collection is only permitted when required by the MRO. (See 40.197(c)(3) as revised 5/28/03.)

Alcohol testing: The specimen shall be collected only by a *Breath Alcohol Technician* (BAT), or *Screening Test Technician* (STT) trained to proficiency in the operation of the DOT-approved evidential breath testing (EBT) or alcohol screening device (ASD) used for the test. A positive initial test must be confirmed by EBT. Testing must conform to 49 CFR 40, subparts J, K, L, M, & N.

Additional information about specimen collection procedures can be found in Appendix C. Referenced DOT agency materials are available from the DER listed on page 3 or can be downloaded from the ODAPC web site listed above.

b. initial, confirmation, and split testing

In general, employees will be permitted to give a urine specimen in privacy and without being observed by collection site personnel. An employee forfeits

this right if there is reason to believe that s/he may alter or substitute a specimen. In the event that an observed collection is required, the observer will be an individual of the same gender as the employee. The employee's direct supervisor is not permitted to serve as the urine specimen collector for a drug test unless it is impracticable for another individual to perform this function. The collection site must provide for visual and aural privacy during the collection.

Alcohol: For an initial alcohol test, the Company may test the employee using either a DOT-approved saliva testing device or non-evidentiary breath testing device (i.e., alcohol screening device or ASD), or evidential breath testing (EBT) device. An initial alcohol test with result of 0.02 or greater will be followed by a confirmation test using an EBT. A post-accident alcohol test conducted by a federal, state or local law enforcement officer will utilize whatever specimens and testing devices that have been approved for such use by the relevant authority.

Drugs: Initial laboratory tests utilize an immunoassay screen to eliminate "negative" urine specimens from further consideration. Specimens also undergo validity testing for adulterants, dilutants and masking agents. To ensure reliability and accuracy of the lab result prior to review by the MRO, an initial lab positive, adulterated, substituted or invalid test result will be followed by confirmation tests performed in accordance with 49 CFR 40 and DHHS regulations.

See Appendix C for additional information about specimen collection.

The split sample method of collection is mandatory for DOT-regulated drug testing. Under this methodology, the employee must provide at least 45 milliliters (ml) of urine, which is then divided into primary (30 ml) and secondary (15 ml) specimen bottles by the collector. In the event that the primary specimen is verified by the MRO as positive, adulterated or substituted, the second bottle will be sent by the primary testing lab to a second (DOT-approved) lab at the employee's request.

c. medical review of lab results

General: The Company's Medical Review Officer (MRO) will review all drug test results confirmed by the lab as positive, adulterated, substituted, or invalid. Prior to reporting such results to the Company, the employee will be given a reasonable opportunity (72 hours from the time of contact by the DER, if not contacted directly by the MRO) to discuss the lab results with the MRO and to present a legitimate medical explanation (if any) for the lab result.

The MRO has the discretion to extend the verification process for up to five days, if the MRO determines that there is a reasonable basis to believe that the employee will be able to produce relevant evidence concerning a legitimate medical explanation within that time.

In the case of a confirmed positive for opiates, the MRO may also require the employee to present him/herself to be examined for clinical evidence of substance abuse. Refusal to comply is equivalent to expressly declining to discuss the test result.

If neither the MRO nor the DER are able to contact an employee within 10 days of the MRO's receipt of a certified test result from the lab, the MRO will verify the test result as a positive or refusal to test, as applicable, without the employee's input.

For a period of 60 days from the MRO's verified report to the DER, the MRO must allow the employee to present information documenting that serious illness,

injury, or other circumstances unavoidably precluded contact with the MRO and/or DER; and may, on the basis of such information, reopen the verification, allowing the employee to present information concerning whether there is a legitimate medical explanation for the confirmed test result.

Even if an employee presents a legitimate medical explanation and the employee's drug test is verified as negative, the MRO may be required to bring fitness-for-duty considerations to the attention of third parties. [See 40.327]

- i. **Once notified of a required drug test, the employee must remain available for contact by the Company and the MRO and must make contact with the Company at least daily. Failure to maintain contact with the Company shall be cause for disciplinary action up to and including discharge, solely at the option of the Company.**
- ii. Except for the use of methadone, THC (or Marijuana), and medications containing alcohol, nothing in this policy prohibits an employee's use of a medication legally prescribed (**for an FDA-approved use**) by a licensed physician who:
 - (a) is familiar with the employee's medical history and specific safety-sensitive duties, and
 - (b) has advised the employee that the prescribed medication will not adversely affect the employee's ability to perform his or her safety-sensitive duties (e.g., to drive a commercial motor vehicle).
- iii. Medications prescribed for someone other than the employee will not be considered lawfully used by the employee under any circumstances.
- iv. Medications containing alcohol will not be considered lawfully used by the employee while on duty or within 4 hours prior to going on duty.
- v. Medications containing alcohol will not be considered a legitimate medical explanation if cited as an explanation for a positive alcohol test.
- vi. As part of the verification process, the MRO is prohibited from considering as a "legitimate medical explanation" (see 49 CFR 40.151):
 - (a) evidence from other tests (i.e., not performed pursuant to DOT regs);
 - (b) assertions by the donor (when disputed by the collector) not reflected on the CCF concerning matters occurring at the collection site;
 - (c) whether the employer was correct in directing that a test occur (e.g., whether proper grounds existed under DOT regulations);
 - (d) explanations that would not, even if true, constitute a legitimate medical explanation (e.g., marijuana brownies, passive inhalation, coca tea, etc.);
 - (e) prescriptions or physician recommendations for the use of "Schedule I" controlled substances (e.g., under "medical marijuana" laws adopted by some states);
 - (f) an assertion of the consumption or other use of hemp or coca products (e.g., hemp oil, hemp seed, coca teas, etc.);
 - (g) an assertion that there is a legitimate medical explanation for PCP or 6-AM (a metabolite of heroin) in a specimen;
 - (h) an assertion that soap, bleach, or glutaraldehyde entered a specimen through physiological means;
 - (i) an assertion that the employee can produce urine with no detectable creatinine through physiological means.
- vii. **An employee whose test has been verified by the MRO as adulterated, substituted (or otherwise determined to be a "refusal to**

test") or positive is unqualified to perform safety-sensitive duties and is subject to disciplinary action up to and including discharge, solely at the option of the Company.

viii. In the event the primary specimen is verified as positive, adulterated or substituted, the employee will be notified of the test result by the MRO and/or by the Company and will be given the option to have the second (split) specimen bottle sent to a different laboratory for analysis. To request such "split specimen test", the employee must notify the MRO within 72 hours of being told that the primary specimen was positive (e.g., by calling the MRO's office at 1-800-459-9012 ext 25 and leaving a message at any time, day or night). Pending the outcome of the split specimen test, the employee will be considered unqualified to work in any safety-sensitive position for the Company.

ix. Except as otherwise prohibited by law, an employee who requests a split specimen test will be required to pay for the testing.

d. reporting, recordkeeping, and confidentiality [Ref 49 CFR 40.321-333]

General. The results of all alcohol and controlled substances tests will be considered confidential and will be maintained in a secure location with controlled access. Except as provided by DOT regulations or as otherwise provided by law, employers and their service agents are prohibited from releasing individual test results or medical information about an employee to third parties without the employee's specific written consent.

- i. Employees are entitled, upon written request, to obtain copies of any records pertaining to the employee's use of alcohol or controlled substances and/or to have such records released to a specific identified person. (See 49 CFR 40.331)
- ii. Employees are required to provide the Company with written authorization to obtain drug and alcohol testing records (including positives and refusals to test) from each previous employer (including, whether or not hired, every employer to whom the employee applied to perform any duty designated as a safety-sensitive function by a DOT agency regulation) during the previous 24 months. (See 49 CFR 40.25)
- iii. Likewise, the Company is required to provide such information about test results to potential employers when authorized by the employee in writing, or to others (e.g., in connection with legal proceedings) when required or permitted by Federal or State law. (See 40.25, 40.323-331)
- iv. The MRO must report drug test results and medical information obtained during the verification process to third parties (e.g., the employer, medical examiner, SAP, DOT agency, or NTSB) under various circumstances without the employee's consent if the MRO determines (in his/her reasonable medical judgment), that:
 - (a) The information is likely to result in a determination that the employee is medically unqualified under an applicable DOT agency regulation; or
 - (b) The information indicates that continued performance by the employee of his or her safety-sensitive function is likely to pose a significant safety risk. (See 49 CFR 40.327 for additional information.)
- v. In accordance with DOT regulations, the Company and its service agents will provide access to facilities, property, and records to DOT agency representatives; and, in accordance with 49 CFR 40.323, may release an employee's confidential information to officials involved in any

action that arises by or on behalf of the employee (e.g., unemployment, worker's compensation hearings, etc.) without the employee's consent. However, the Company or service agent (e.g., MRO) must immediately notify the employee in writing of any such release of information.

B-7 REQUIREMENT TO SUBMIT TO TESTING

Employees are required to submit to all drug and/or alcohol testing required by DOT regulations or by this Company policy and must appear for such testing within a reasonable time (as determined by the Company), after being directed to do so by the Company. [See 40.191(a) and 40.61(a)]

B-8 REFUSAL TO SUBMIT TO TESTING [See 40.25, .191, .261, .285]

General. In addition to consequences imposed by DOT agency regulations, an employee's *Refusal to submit* to testing at the direction of the Company or law enforcement personnel will subject the employee to disciplinary action **up to and including discharge, solely at the option of the Company.**

- (a) As an employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.
- (b) As an employee, you have refused to take a drug or alcohol test if you:
 - (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, consistent with FMCSA regulations as determined by the Company, (or, if an owner-operator, by a C/TPA per 40.61(a));
 - (2) Fail to remain at the testing site until the testing process is complete, *Provided*, That an employee who leaves the testing site before the testing process commences (see 40.63(c)) for a pre-employment test is not deemed to have refused to test;
 - (3) Fail to provide a urine specimen for a drug test or fail to attempt to provide a saliva or breath specimen, as applicable, for a drug or alcohol test required by DOT drug and alcohol regulations, *Provided*, That an employee who does not provide a urine specimen because s/he has left the testing site before the testing process commences (see 40.63(c)) for a pre-employment test is not deemed to have refused to test;
 - (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen (see 40.67(l) and 40.69(g));
 - (5) Fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see 40.193(d)(2));
 - (6) Fail or decline to take a second test the Company or collector has directed you to take;
 - (7) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or by the DER following "shy bladder" procedures [see 40.193(d)], or as directed by the employer as part of the insufficient breath procedures [see 40.265(c)]. However, in the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment; or
 - (8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process).

(c) In the case of an insufficient urine specimen, the Company's DER will, after consulting with the MRO, direct the individual to be evaluated within 5 working days by a licensed physician (acceptable to the MRO) who has expertise in the medical issues raised by the employee's failure to provide a sufficient specimen.

- (1) The purpose of this examination is to determine if a medical condition has, or with a high degree of probability, could have precluded the employee from providing an adequate amount of urine and (if so) to document whether or not any such condition is permanent or long-term.
- (2) Such evaluation(s) shall be made in accordance with 49 CFR 40.193 and 40.195. The evaluation(s) may include blood tests for clinical evidence of substance abuse and should consider whether or not the individual's current medical condition might adversely affect the safety of the individual and others in the performance of safety-sensitive duties.

B-9 CONSEQUENCES OF VIOLATING THIS POLICY [Ref 382 Subpart E]

General. Except as provided in Section B-10 of this policy, an employee who has violated a DOT drug and alcohol regulation; e.g., a verified positive drug test, positive alcohol test, refusal to test, or any other violation of the prohibition on the use of alcohol or drugs under a DOT agency regulation cannot again perform any DOT safety-sensitive duties for any employer until and unless s/he has completed the SAP evaluation, referral, and education/treatment process set forth in 49 CFR 40, Subpart O. See Section 5 of this policy for DOT regulations.

Any employer or safety-sensitive employee who violates 49 CFR 40 or DOT agency drug and alcohol regulations is subject to the penalty provisions of 49 U.S.C. 521(b); and **such employees are subject to disciplinary action up to and including discharge, solely at the option of the Company.**

- i. At a minimum, such employees will be prohibited from performing any safety-sensitive function for the Company **and may be automatically suspended without pay. The Company has no obligation to reinstate, retain or rehire any employee who violates any DOT regulation or Company policy concerning drugs and alcohol.** [Ref B-5(e) and (f)]
- ii. An employee whose test result is positive for drugs or alcohol or who refuses a drug or alcohol test may also be subject to civil and criminal penalties imposed by DOT.

B-10 AN ALCOHOL CONCENTRATION OF 0.02 - 0.039 [Ref 382.505]

If the violation is limited to an alcohol concentration of 0.02 or greater but less than 0.04, the employee will not be permitted to perform any safety sensitive function for the Company until the start of the employee's next regular shift, but not less than 24 hours following such result.

Except as may otherwise be prohibited by law, the Company reserves at its sole option, the right to impose additional disciplinary action up to and including discharge. [Ref 49 CFR 382.505(b)]

B-11 THE EFFECTS OF ALCOHOL AND CONTROLLED SUBSTANCE USE

The Company will provide information and training to employees as to the effects of alcohol and controlled substances use on health, work, and personal life; signs and symptoms of an alcohol or a controlled substances problem; and available methods of intervening when an alcohol or a controlled substances

problem is suspected (including confrontation) and referral to any assistance resources available to the employee or his/her dependents. Such information and training is considered a part of this policy and will be provided prior to the first request for a test administered under this policy. (See Appendix A)

FMCSA regulations and Company policy require that all persons designated to supervise employees who perform safety-sensitive functions receive training regarding substance abuse. Assistance with intervention, confrontation or referral (whether to an SAP or to management) regarding substance abuse can be obtained from any such supervisor, or from the DER listed on page 3.

C OPTIONAL PROVISIONS

C-1. Stand-Down. The Company has not received a waiver (nor, at this time, applied for a waiver) to "Stand Down" employees from their safety-sensitive duties pending completion of the MRO verification process (see 40.21).

C-2. Self-Referral and Unpaid Leave of Absence

General. An employee who requests a leave of absence under this provision may provide the Company with *actual knowledge* of drug or alcohol use prohibited by DOT regulations and therefore be subject to consequences specified by DOT regulations and this policy. Following the request for leave of absence (whether or not the leave is granted) the employee will not be permitted to perform safety sensitive duties for the Company until the Company is satisfied that s/he has been evaluated and has successfully completed the requirements of 49 CFR 40, Subpart O.

By the inclusion of this provision, the Company does not commit to retain, reinstate, or rehire the employee following either the request for leave of absence or (if granted) the completion of his or her leave of absence; any such decision will be based solely on the business needs of the Company as determined by the Company.

- (a) Subject to and consistent with the requirements of this provision, an employee may request an unpaid leave of absence (vs immediate discharge) not to exceed 90 days from the date of request for the purpose of referral, evaluation and treatment for substance abuse and/or alcoholism provided by a licensed SAP approved by the Company.**
- (b) To be entitled to such leave, the employee:**
 - (i) must have first been clinically diagnosed as drug and/or alcohol dependent by a licensed substance abuse professional, and**
 - (ii) must be eligible for leave under the federal Family and Medical Leave Act (FMLA) or similar applicable state law. Contact the DER (page 3) to inquire about FMLA benefits, if any.**
- (c) Such leave of absence shall not be permitted and the employee will be subject to disciplinary action up to and including immediate discharge solely at the option of the company, if the request occurs:**
 - (i) After the employee has performed any safety sensitive function for the Company on the day of the request; or**
 - (ii) Following a request or attempted request by the DER for the employee to submit to a drug or alcohol test, or**
 - (iii) Following a request or attempted request by the DER (or other representative of the company) for the employee to submit to an interview regarding the employee's performance of his or her**

safety sensitive duties (e.g., a reasonable suspicion interview).

D CERTIFICATE OF RECEIPT. Each employee is required to sign a *certificate of receipt* certifying that he or she has received a copy of the policy, training and educational materials required by FMCSA regulations. Do not sign for materials, information, or training that you have not received. You are entitled to receive a copy of the certificate of receipt.

Alcohol is the most widely abused of all drugs and belongs to the class of drugs known as depressants. Depressants affect the central nervous system; slowing down mental functions, depressing the pulse rate, blood pressure, respiration and other bodily functions. 60% of all automobile accident fatalities involve alcohol.

Alcoholism is a progressive disease which typically passes through 5 stages: social drinking, increased tolerance, behavioral changes, concealment of drinking, complete dependency.

In addition to the direct effects, even small amounts of alcohol can have a serious effect on an unborn child. Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes. The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.

From 1982 through 1993, deaths from drunken driving accidents have dropped by nearly one third. This drop is attributed (by the CDC) to improved law enforcement, state's raising their drinking ages to 21 and lowering their legal limits for intoxication. Fewer people are drinking. There has been an increase in social pressure against driving drunk and heightened public awareness as a result of groups such as MADD.

Signs and Symptoms:

Typical Sources: Beer, wine, hard liquors.

Physical Symptoms: Odor on breath; slurred speech; very bloodshot/ watery eyes; poor balance/ coordination; sleepy or stuporous condition; gaze nystagmus (spasmodic movement of eyes); possibly constricted pupils; greatly impaired driving ability; impaired judgment; inability to divide attention; lowered inhibitions; changes in sleep patterns.

Behavioral Symptoms: excessive use of mouthwash or mints to cover odor of alcohol; focus on alcohol-related activities; hidden drinking, morning drinking, drinking before attending an activity that includes drinking; drinking instead of eating; chronic, unjustifiable problems with family, employer, other employees; excessive irritability and impatience; extreme changes in personality.

Personal Health, Safety, and the Work Environment:

The annual alcohol-related death toll includes: 35,000 auto accident deaths; 15,000 in non-highway accidents; 40,000 deaths due to liver and brain disease or suicide; 125,000 in other alcohol-related conditions/accidents. Two-thirds of all homicides are committed by people who drink prior to the crime. Two to three percent of the drivers on the highway are legally drunk on a typical week-day, and four to six percent on nights and weekends.

General Health Effects: ▪ Reduced coordination and reflex action ▪ Impaired vision and judgment ▪ depressed genital reflexes and increased sexual dysfunction/impotency (in spite of reduced inhibitions) ▪ vitamin/mineral deficiencies resulting from improper diet ▪ increased risk of miscarriage/premature birth/birth defects ▪ ruptured veins ▪ high blood pressure ▪ damage to stomach, pancreas, brain cells, esophagus, liver ▪ increased danger of auto/boating accidents, slips/trips/falls, fire, drowning, or becoming a victim of violence, crime, murder.

Safety and the Work Environment: Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body (increasing with each additional drink) and resulting in an accident rate of up to 6 times the rate for an unimpaired individual. It takes an average person (150 pounds) about an hour to process one serving of an alcoholic beverage from the body. Over 40 percent of falls are alcohol-related.

Overdose Effects: ▪ Unconsciousness ▪ Amnesia/Blackouts ▪ Impotency ▪ Coma ▪ Death

Withdrawal Syndrome: Alcohol withdrawal can be fatal. Symptoms can include ▪ Sleep disturbance ▪ Anxiety attacks ▪ Decreased appetite/nausea/vomiting/cramps ▪ Hallucinations ▪ Sweating and tremors ▪ Convulsions ▪ Coma ▪ Heart failure. The alcoholic requires professional medical attention during withdrawal.

Marijuana use is very common; about one-third of all adult Americans have tried the drug. In the 1985 National Household Survey on Drug Abuse (NIDA, 1986b), about 10 percent of Americans over the age of 12 reported that they had used the drug within the month prior to their interviews. Among those young adults who have tried marijuana, 39 percent of males and 24 percent of females report using it more than 100 times.

Regardless of any state or local statutes permitting the use of Marijuana or THC, such use (including a prescription by a licensed physician) violates Federal statutes.

Passive inhalation of marijuana smoke does occur and can result in detectable levels of THC in blood and urine. However, it is highly unlikely that passive inhalation would result in a positive test result at the cutoff level currently used in DOT testing.

Under DOT regulations, a Medical Review Officer (MRO) is not allowed to accept any claim of "passive ingestion" (e.g., the unwitting consumption of marijuana brownies or hemp oil, passive inhalation, etc.) as a legitimate medical explanation for a positive drug test for THC.

Signs and Symptoms:

Evidence of Presence: plastic bags (commonly used to sell marijuana); smoking papers; roach clip holder; small pipes of bone, brass, or glass; smoking bongos; distinctive odor (like burning rope).

Physical Symptoms: reddened eyes (often masked by eye drops); stained fingertips from holding "joints"; chronic fatigue; irritating cough, chronic sore throat; accelerated heart beat; slowed speech; impaired motor coordination; altered perception; increased appetite.

Behavioral Symptoms: impaired memory; time-space distortions; feeling of euphoria; panic reactions; paranoia; "I don't care" attitude; false sense of power.

Personal Health, Safety, and the Work Environment:

Marijuana produces a pleasant euphoria or "high," commonly followed by drowsiness. Intoxication temporarily impairs concentration, learning, and perceptual-motor skills. Thus, for at least 4-6 hours after a dose of marijuana, drivers probably function with reduced abilities. Studies suggest that performance is impaired long after the acute subjective effects have ended. Experienced pilots in a flight simulator were impaired for at least 24 hours after a dose, long after the subjective "high" had disappeared. Functional impairments are less well understood in cases of prolonged, heavy marijuana use, because such users can develop behavioral and physiological tolerance.

General Health Effects:

- Chronic marijuana smoking causes emphysema-like conditions.
- One "joint" is the cancer-causing equivalent of 1/2 to a full pack of tobacco cigarettes.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Chronic marijuana smoking causes changes in brain cells and brain waves. Long-term brain damage is likely to occur.
- The active chemical, THC, and 60 other chemicals in marijuana tend to concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in the male sex hormone and an increase in the female sex hormone, which can lead to female sex characteristics including breast development.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in male sex hormones.
- THC has been linked with: malformations of the brain, spinal cord, forelimbs, liver, and spine, and visual/ophthalmic problems.

Safety and the Work Environment: Regular use can cause:

- delayed decision making
- diminished concentration
- impaired short-term memory
- impaired signal detection (ability to detect a brief flash of light)
- impaired tracking (the ability to follow moving objects with the eyes) and visual distance measurements
- The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior.
- Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle (or other safety-sensitive work) very dangerous.

Overdose Effects:

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic
- Paranoia
- Distorted body image.

Withdrawal Syndrome:

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

Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride ("snorting coke") is a white to creamy granular or lumpy powder (chopped fine before use). Cocaine base, rock, or crack is a crystalline rock about the size of a small pebble.

Cocaine hydrochloride is snorted into the nose, rubbed on the gums, or injected into the veins.

Cocaine base is heated in a glass pipe and the vapor is inhaled.

It is estimated that 5.8 million Americans use cocaine in any given month, and 5 percent of employed persons 20 to 40 years old reported using cocaine in the month prior to the NIDA survey.

Cocaine first produces psychomotor and autonomic stimulation, with a euphoric subjective "high." Larger doses may induce mental confusion or paranoid delusions, and serious overdoses cause seizures, respiratory depression, cardiac arrhythmias, and death.

Cocaine abusers, even if they do not use at work, often report vocational impairment due to exhaustion; they use the drug until late at night. Among chronic users, exhaustion, lethargy, and mental depression appear, and the stimulant effect may seem progressively weaker. Cocaine is highly reinforcing; repeated experiences with it tend to drive further episodes of self-administration. Many users say that although the drug no longer produces much "high," they are unable to abstain.

Under DOT regulations, a Medical Review Officer (MRO) is not allowed to accept any claim of "passive ingestion" (e.g., the consumption of coca teas) as a legitimate medical explanation for a positive drug test for cocaine.

Signs and Symptoms:

Evidence of Presence: small folded envelopes, plastic bags, or vials used to store cocaine; razor blades; cut-off drinking straws or rolled bills for snorting; small spoons; heating apparatus.

Physical Symptoms: dilated pupils; runny or irritated nose; profuse sweating; dry mouth; tremors; needle tracks; loss of appetite; hyperexcitability; restlessness; high blood pressure; heart palpitations; insomnia; talkativeness; formication (sensation of bugs crawling on skin).

Behavioral Symptoms: increased physical activity; depression; isolation and secretive behavior; unusual defensiveness; frequent absences; wide mood swings; difficulty in concentration; paranoia; hallucinations; confusion; false sense of power and control.

Personal Health, Safety, and the Work Environment:

General Health Effects: ▪ may upset chemical balance of the brain...speed up the aging process...cause irreparable damage to critical nerve cells ▪ causes heart to beat faster and harder and rapidly increases blood pressure ▪ causes spasms of blood vessels in the brain and heart...leading to strokes and heart attacks ▪ Cocaine causes the strongest mental dependency of any known drug. ▪ Treatment success rates are lower than those of other chemical dependencies. ▪ Cocaine is extremely dangerous when taken with depressant drugs. Medical intervention for overdoses in such cases usually proves ineffective.

Safety and the Work Environment: Regular use can cause the following effects: ▪ Paranoia and hallucinations ▪ Hyperexcitability and overreaction to stimulus ▪ Difficulty in concentration ▪ Wide mood swings ▪ Withdrawal leads to depression and disorientation ▪ Cocaine use results in an artificial sense of power and control which leads to a sense of invincibility.

- Lapses in attention and the ignoring of warning signals greatly increase potential for accidents.
- Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reaction.
- The cost of maintaining cocaine dependency frequently leads to workplace theft and/or dealing.
- Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

Overdose Effects: ▪ Agitation ▪ Increase in body temperature ▪ Hallucinations
▪ Convulsions ▪ Death

Withdrawal Syndrome: ▪ Apathy ▪ Long periods of sleep ▪ Irritability ▪ Depression ▪ Disorientation

In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms including pill, capsule, tablet (ingested), powder (snorted), and liquid (injected). Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double scored "mini bennies." Methamphetamine is often sold as a creamy white, granular powder or in lumps wrapped in aluminum foil or plastic bags.

These synthetic drugs are much less widely abused than cocaine or marijuana. About 4% of young adults 18-25 and less than 1% of adults over 25 years of age report non-medical use of a stimulant in the month before their interviews. The stimulant effects of amphetamine and methamphetamine are similar to those of cocaine, but last longer. A single therapeutic dose enhances attention and performance, but performance deteriorates as the effects wear off, or with repeated dosing.

These stimulant drugs are useful in treating narcolepsy and attention-deficit disorder, and are sometimes prescribed for depression which has not responded to other treatments. The drugs cause anorexia, but tolerance quickly develops, limiting their merit for treating obesity. Because of the abuse risk, medical boards in several jurisdictions have formally determined that it is inappropriate to treat obesity with these drugs for more than a few weeks. However, a tested individual producing a confirmed positive should be carefully queried about prescribed medications.

Signs and Symptoms:

Evidence of Presence: Most frequently - pills, capsules, tablets; envelopes, bags, vials for storing; Less frequently - syringes, needles, tourniquets.

Physical Symptoms: dilated pupils; sweating; increased blood pressure; palpitations; rapid heartbeat; dizziness; decreased appetite; dry mouth, headaches; blurred vision; insomnia; high fever (depending on the level of the dose).

Behavioral Symptoms: confusion; panic; talkativeness; hallucinations; restlessness; anxiety; moodiness; false sense of confidence and power; "amphetamine psychosis" which might result from extended use.

Personal Health, Safety, and the Work Environment:

General Health Effects: ▪ "Amphetamine psychosis" - Resembling schizophrenia, users may see, hear, and feel things that do not exist (hallucinations), have irrational thoughts or beliefs (delusions), and feel as though people are out to get them (paranoia). ▪ Regular use produces strong psychological dependence and increasing tolerance to the drug. ▪ The euphoria increases impulsive and risk taking behavior, such as bizarre and violent acts. ▪ Intoxication may induce a heart attack or stroke due to spiking of blood pressure. ▪ Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels. ▪ Lack of sleep, weight loss, and depression also result from regular use. ▪ Users who inject drugs can get serious and life-threatening infections, lung or heart disease, and/or kidney damage).

Safety and the Work Environment:

Regular use can cause: ▪ Restlessness ▪ Anxiety ▪ Moodiness ▪ False sense of power.

Extended use can result in: ▪ Hallucinations ▪ Delusions ▪ Paranoia ▪ Brain damage.

- A false sense of alertness can result in risky driving behavior and increased accidents.
- Employees who fail to get sufficient rest may use the drug to increase alertness and become dependent.
- While limited doses cause short-term mental/physical improvement, greater use impairs functioning.
- Amphetamine hangover effects (fatigue/depression) are a danger in safety-sensitive positions.

Overdose Effects: ▪ Agitation ▪ Increase in body temperature ▪ Hallucinations
▪ Convulsions ▪ Death

Withdrawal Syndrome: ▪ Apathy ▪ Long periods of sleep ▪ Irritability ▪ Depression
▪ Disorientation

Natural and natural derivatives include: opium; morphine; codeine; and heroin (semi-synthetic). Synthetics include: meperidine (Demorol); oxymorphone (Numorphan); and oxycodone (Percodan). Taken in pill form, smoked, or injected, depending on the type of narcotic used.

Because of the variety of compounds and forms, opiates are more difficult to clearly describe in terms of form, color, odor, and other physical characteristics. Opium and its derivatives can range from dark brown chunks to white crystals or powders.

Fortunately, opioid abuse overall is relatively uncommon...fewer than 1/2% of respondents report heroin use in the month preceding their interviews. Agencies employing many health care professionals may find occasional unexplained urine samples containing non-heroin opioids...such as meperidine, fentanyl, hydromorphone, oxycodone, or pentazocine.

Since the body metabolizes codeine to morphine, both substances may occur in urine following the use of codeine. Poppy seeds contain trace amounts of morphine and codeine, so an employee who consumes poppy seed rolls may produce urine positives for morphine (with or without codeine). Thus, MROs must find that urine containing morphine, or morphine and codeine, does not demonstrate drug abuse unless other signs also are present: needle tracks or signs of intoxication or withdrawal...moderate, nonlethal, "flu"-like abstinence syndrome with nausea, diarrhea, coryza, occasional vomiting, weakness, malaise, "gooseflesh," and mydriasis.

However, the metabolite 6-acetylmorphine in the urine comes only from heroin; this compound confirms illicit drug use.

Signs and Symptoms:

Evidence of Presence: Needles; syringe caps; eyedroppers; bent spoons; bottle caps; and rubber tubing (used in preparation and injection of the drug). Foil, glassine envelopes, or paper "bindles" (packets for holding drugs); balloons or prophylactics used to hold heroin; bloody tissues used to wipe the injection site; and burned matches used to heat the drug prior to injection.

Physical Symptoms: constricted pupils; sweating; nausea and vomiting; diarrhea; needle marks or "tracks"; wearing long sleeves to cover "tracks"; loss of appetite; slurred speech; slowed reflexes; depressed breathing and heartbeat; and drowsiness and fatigue.

Behavioral Symptoms: mood swings; impaired coordination; depression; apathy; stupor; and euphoria.

Personal Health, Safety, and the Work Environment:

General Health Effects: ▪ Intravenous (IV) needle users have a high risk for contracting hepatitis and AIDS due to sharing of needles. ▪ Because opiates increase tolerance to pain, individuals may under-estimate the extent of injuries, leading to failure to seek medical attention after an accident. ▪ Because the effects of opiates are multiplied when used in combination with other depressant drugs and alcohol, overdoses are more likely.

Safety and the Work Environment: Regular use can cause the following effects: ▪ Depression ▪ Apathy ▪ Wide mood swings ▪ Slowed movement ▪ Slower reflexes ▪ Physical or psychological dependence ▪ The apathy caused by opiates results in an "I don't really care" attitude towards performance. ▪ Physical effects, depression, fatigue, slowed reflexes raise potential for accidents.

Overdose Effects: ▪ Slow/shallow breathing ▪ Clammy skin ▪ Convulsions ▪ Coma ▪ Death

Withdrawal Syndrome: ▪ Watery eyes ▪ Runny nose ▪ Yawning ▪ Loss of appetite ▪ Irritability ▪ Tremors ▪ Panic ▪ Cramps ▪ Nausea ▪ Chills ▪ Sweating

PCP is not used in medicine and does not occur in nature. PCP's use as a human anesthetic was discontinued because it produced psychotic reactions, and its more prolonged use as a veterinary tranquilizing agent also has stopped. Thus, the drug now has no therapeutic role; its use is strictly illegal.

It is commonly sold as a creamy, granular powder (brown or white) and is often packaged in one-inch-square aluminum foil or folded paper packets. Occasionally, PCP is sold in capsule, tablet or liquid form. It is sometime smoked in marijuana, tobacco, or other leafy materials.

Since monkeys repeatedly self-administer PCP intravenously, resulting in gross intoxication, the drug is said to reinforce self-administration behavior in animals. Some human beings also repeatedly and chronically self-administer PCP.

This behavioral reinforcement is striking, considering the drug's pronounced adverse effects. The psychosis which sometimes develops with intoxication may be long-lasting, and there are suggestions of personality and cognitive changes persisting for months after chronic use.

Its toxicity has given it a bad reputation even among drug users, who often are not very discriminating in these matters. It remains a popular drug of abuse in certain cities, notably Washington, DC, Los Angeles, CA, and Baltimore, MD.; but occurs sporadically elsewhere.

Signs and Symptoms:

Evidence of Presence: foil or paper packets; stamps (off which PCP is licked); injection paraphernalia (needles, syringes, and tourniquets); leafy herbs (for smoking).

Physical Symptoms: dilated or floating pupils; blurred vision; nystagmus (jerky eye movement); drooling; muscle rigidity; profuse sweating; decreased sensitivity to pain; dizziness; drowsiness; impaired coordination (e.g., drunken-like walk, staggering); severe disorientation; rapid heartbeat.

Behavioral Symptoms: anxiety; panic/fear/terror; aggressive/violent behavior; distorted perception; severe confusion and agitation; disorganization; mood swings; poor perception of time and distance; poor judgment; auditory hallucinations.

Personal Health, Safety, and the Work Environment:

General Health Effects: There are 4 phases to PCP abuse.

- **Phase 1/Acute toxicity:** can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perceptions are common.
- **Phase 2/Toxic psychosis:** while this phase does not always follow the first, users may experience visual and auditory delusions, paranoia, and agitation.
- **Phase 3/Drug-induced schizophrenia:** may last a month or longer.
- **Phase 4/Drug-induced depression:** suicidal tendencies and mental dysfunction can last for months.

Safety and the Work Environment: Regular use can cause the following effects:

- Irreversible memory loss
- Personality changes
- Thought disorders
- Hallucinations
- Extreme mental/anesthetic effects create high potential for accidents and for overdose emergencies.
- Because the effects are aggravated by other depressant drugs such as alcohol, overdose potential is high.
- PCP-induced hallucinations may be misdiagnosed as LSD-induced. The standard treatment for LSD-induced hallucinations is Thorazine, which when administered with PCP can be fatal.
- Distortions in perception, and potential visual and auditory delusions make performance unpredictable and dangerous in safety-sensitive positions.
- PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous in any safety-sensitive position.

Overdose Effects: ▪ Longer, more intense "trip" episodes ▪ Psychosis ▪ Coma ▪ Death

Withdrawal Syndrome: ▪ None reported

Appendix B: Definitions, including FMCSA-specific

If a term is defined in 49 CFR 40.3 (included in Section 5 of this policy), that definition shall be used with respect to this policy, except to the extent (if any) that the definition is superseded by an applicable DOT agency definition or regulation. **Otherwise, the following definitions shall be used with respect to this policy and the definition for any other term(s) shall be as determined solely by the Company, to the extent not prohibited by an applicable law.**

accident	With respect to DOT agency drug and alcohol post-accident testing:
FMCSA	(a) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol and controlled substances each surviving driver: (1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or (2) Who receives a citation under State or local law for a moving traffic violation arising from the accident, if the accident involved: (i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle. (b) Disabling damage means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs. (1) Inclusions. Damage to motor vehicles that could have been driven, but would have been further damaged if so driven. (2) Exclusions. (i) Damage which can be remedied temporarily at the scene of the accident without special tools or parts. (ii) Tire disablement without other damage even if no spare tire is available. (iii) Headlight or taillight damage.
Actual knowledge	An employer can obtain actual knowledge that a safety-sensitive employee has used alcohol or controlled substances based on the employer's direct observation of the employee, information provided by the employee's previous employer(s), a traffic citation for driving a CMV (FMCSA) or revenue-generating vehicle (FTA) while under the influence of alcohol or controlled substance(s) or an employee's admission of alcohol or controlled substances use (unless any such admission meets the exemption requirements of a self-referral program in accordance with a DOT-agency drug and alcohol regulation; e.g., 49 CFR 382.217 for FMCSA-regulated employers).
applicants	Individuals hired or transferred into positions that include safety-sensitive functions.
conforming products list (CPL)	NHTSA's Conforming Products List of Evidential Breath Measurement Devices (CPL)
consent and release form(s)	A service agent must <u>not</u> require an employee to sign a consent, release, waiver of liability, or indemnification agreement with respect to any part of the drug or alcohol testing process including but not limited to, collections, laboratory testing, MRO, and SAP services [40.355(a)].
controlled substance	Includes all substances listed on Schedules I through V of 21 CFR 1308. At a minimum, covered employees will be tested for the following drugs and/or their metabolites: Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines.
Covered employee	An individual designated in a DOT agency regulation as subject to drug testing and/or alcohol testing (including an applicant). "Individual", "employee" or <u>any</u> other alternative term used with regard to such person has the same meaning. See " <i>Employee</i> ".
custody and control form (CCF)	The Federal Drug Testing Custody and Control Form (CCF) utilized for documenting the collection of a specimen for a DOT required or permitted urine drug test.
detectable level	of a controlled substance: the lowest level deemed by the testing laboratory to be scientifically sufficient to determine that the controlled substance is present.
Dilute specimen	A specimen with creatinine and specific gravity values that are lower than expected for human urine.
disabling damage (FMCSA)	means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs. <u>Inclusions</u> : Damage to motor vehicles that could have been driven, but would have been further damaged if so

driven. Exclusions: Damage which can be remedied temporarily at the scene of the accident without special tools or parts: e.g., tire disablement without other damage even if no spare tire is available; headlight or taillight damage; damage to turn signals, horn, or windshield wipers which make them inoperative.

Driver	Means any person who operates a commercial motor vehicle. This includes, but is not limited to: Full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors who are either directly employed by or under lease to an employer or who operate a commercial motor vehicle at the direction of or with the consent of an employer.																																	
drug test	An analytic procedure to determine whether an individual has (confirmation test) or may have (screening test) a prohibited controlled substance in a body specimen.																																	
follow-up testing	Drug/alcohol testing of an employee determined to be in need of assistance in resolving problems with drugs/alcohol. [See also: 40.281-313]																																	
HHS	The Department of Health and Human Services or any designee of the Secretary, Department of Health and Human Services.																																	
Immediately or within a reasonable time	With respect to random testing: as soon as possible consistent with safety considerations. Failure of the employee to report for random testing within a reasonable time <u>as determined by the DER</u> is considered a refusal to test. See 40.191 regarding <i>refusal to test</i> and consequences.																																	
NHTSA	National Highway Traffic Safety Administration																																	
positive result (alcohol)	<i>Refusal to submit</i> a specimen OR an alcohol concentration of 0.02 or greater on a test performed by a Breath Alcohol Technician on Evidential Breath Testing equipment or by other means (if required by circumstances and not prohibited by a Federal reg).																																	
positive result (drugs)	The presence of a drug or drug metabolite in a urine sample at or above the following test levels (subject to change):																																	
	<table border="0"> <thead> <tr> <th>Substance</th> <th>Test Levels(ng/ml): Screening Test</th> <th>Confirmatory Test</th> </tr> </thead> <tbody> <tr> <td>Marijuana</td> <td>50</td> <td>15</td> </tr> <tr> <td>Cocaine</td> <td>300</td> <td>150</td> </tr> <tr> <td>Phencyclidine (PCP)</td> <td>25</td> <td>25</td> </tr> <tr> <td>Amphetamines</td> <td>1000</td> <td></td> </tr> <tr> <td> Amphetamine</td> <td></td> <td>500</td> </tr> <tr> <td> Methamphetamine</td> <td></td> <td>500</td> </tr> <tr> <td>Opiates</td> <td>2000</td> <td></td> </tr> <tr> <td> Morphine</td> <td></td> <td>2000</td> </tr> <tr> <td> Codeine</td> <td></td> <td>2000</td> </tr> <tr> <td> 6-acetylmorphine (6-AM)</td> <td></td> <td>10</td> </tr> </tbody> </table>	Substance	Test Levels(ng/ml): Screening Test	Confirmatory Test	Marijuana	50	15	Cocaine	300	150	Phencyclidine (PCP)	25	25	Amphetamines	1000		Amphetamine		500	Methamphetamine		500	Opiates	2000		Morphine		2000	Codeine		2000	6-acetylmorphine (6-AM)		10
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Positive <u>Lab</u> results: [See 40.81-113]. A "verified" positive is one that has been reviewed by the MRO and verified as positive in accordance with accepted MRO guidelines. [See 40.121-169].																																		
Prohibited drug	With regard to an employer having "actual knowledge" of an employee's misuse of drugs or alcohol, "prohibited drug" means any controlled substance where the controlled substance has been dispensed or used or is in the individual's possession in a manner not approved by the FDA, including a controlled substance prescribed for another person.																																	
Redact	To put into suitable literary form; revise; edit (See 40.329(c)).																																	
Refusal to test or to submit a specimen	Means any circumstance outlined in 49 CFR 40.191 and 40.261. <i>See 49 CFR 40.355 (i) and (j) regarding limitations on Service Agents with regard to making a determination that an employee has "refused a drug or alcohol test". This determination is almost exclusively a "non-delegable" responsibility of the DER.</i>																																	
return-to-duty testing	Required following a violation of DOT drug and alcohol agency regs. [See 40.281-313]																																	
safety-sensitive function FMCSA:	Any on-duty functions under 395.2(1)-(7). A driver is "performing" safety-sensitive functions during any period in which the driver is actually performing, ready to perform, or immediately available to perform such functions. See individual DOT agency regulations for their respective definitions.																																	
specimen (breath alcohol test)	A breath specimen that is sufficient to result in a valid test (on an EBT or ASD) as determined by the BAT.																																	
(saliva alcohol test)	Saliva from the employee's mouth collected in the manner described by the manufacturer of the Alcohol Screening Device (ASD).																																	
(urine drug test)	A minimum of 45 ml of the tested employee's freshly voided urine as determined by the collection site person.																																	
Substance abuse	Illicit use of a controlled substance or misuse of alcohol.																																	

Employee Notice of procedures used to insure the integrity of the collection process

- You are required to report to the collection site immediately following notification of a required drug and/or alcohol test (i.e., within a reasonable time as determined by the employer). Failure to do so is considered a refusal to test [see 40.191, 40.261].
- You will be required to provide a fresh specimen when you arrive at the collection site. An adulterated or substituted specimen is considered a refusal to test and (like a positive drug or alcohol test) constitutes a violation of DOT drug and alcohol regulations [see 40.25, 40.133, 40.145, 40.191, 40.285].
- You will be required to remove outer clothing (i.e., coveralls, jacket, coat, hat) that could be used to conceal items/substances used to tamper with a specimen, but you **CANNOT BE REQUIRED** to disrobe [40.61(f)]. Being found with such items/substances will cause a required, immediate observed specimen collection [40.61(f)(5)(i), 40.63(e)]. Failure to cooperate constitutes a refusal to test.
- **In addition to consequences imposed by DOT for a refusal to test [40.285], any attempt to dilute, adulterate, or substitute a specimen may be cause for discipline up to and including discharge under Company authority and solely at the option of the Company.**
- You will be required to show a valid PHOTO I.D. issued by the employer (other than an owner-operator or other self-employed individual) or a Federal, state, or local government (e.g., a driver's license). Faxes or photocopies are not acceptable [40.61(c), 40.241(c)].
- You can NOT be required to sign a consent, release, waiver of liability, or indemnification agreement with respect to any part of the drug or alcohol testing process covered by 49 CFR Part 40 (including, but not limited to, collections, laboratory testing, MRO, and SAP services) [See 49 CFR 40.355]. Also, you must NOT list medications on the Custody and Control Form (CCF); you may make notes on the back of your (employee) copy of the CCF for your convenience, but these notes must not be transmitted to anyone else [40.61(g)] unless and until such information is requested by the MRO as part of the MRO verification process (40.141).
- Failure to cooperate with any part of the testing process is a refusal to test [40.61(f), 40.191(a)(8), 40.261(a)(7)].
- Alcohol testing can be conducted only by a Breath Alcohol Technician (BAT) or Screening Test Technician (STT) meeting their respective requirements of 49 CFR 40, Subpart J (40.211-215). An STT can conduct only alcohol screening tests, but a BAT can conduct alcohol screening and confirmation tests [40.211].
- An Alcohol Screening Test will follow the procedures detailed in 49 CFR 40, Subpart L (40.241-247). If a drug test is also required, the alcohol test should be conducted before the drug test [40.241(b)(1)].
- If the screening test is positive (i.e., an alcohol concentration of 0.02 or greater) a confirmation test will be required following the procedures detailed in 49 CFR 40, Subpart M (40.251-255).
- An employee's refusal to sign the Alcohol Testing Form (ATF) certification is a Refusal to test [40.241(g)].

See Section 1, B-6; and, Section 5, 49 CFR Part 40 (included by reference in this policy).

Subpart:	C: 40.31-37	Urine Collection Personnel
	D: 40.41-51	Collection Sites, Forms, Equipment and Supplies
	E: 40.61-73	Urine Specimen Collections
	J: 40.211-217	Alcohol Testing Personnel
	K: 40.221-235	Testing Sites, Forms, Equipment and Supplies
	L: 40.241-247	Alcohol Screening Tests
	M: 40.251-255	Alcohol Confirmation Tests
	N: 40.261-277	Problems in Alcohol Testing
	O: 40.281-313	Substance Abuse Professionals and the Return-to-Duty Process

The employer shall ensure that each covered employee/applicant is required to sign a statement certifying that he or she has received educational materials that explain DOT drug and alcohol testing requirements (and the employer's policies and procedures with respect to meeting these requirements) before performing safety-sensitive duties for the employer. The employer shall maintain the original of the signed certificate and may provide a copy of the certificate to the employee/applicant.

EMPLOYEE/APPLICANT NOTICE: READ BEFORE YOU SIGN

The DOT requires the Company to provide covered employees/applicants (and representatives of employee organizations) with educational materials that explain DOT regulations regarding drug and alcohol use and abuse, Company policies and procedures for meeting those regulations, and other information and training concerning the effects of alcohol and controlled substances use.

The DOT also requires you to sign a receipt certifying that you have received these materials.

Refusal to sign this form upon receipt of the materials will be grounds for discharge. By signing this receipt you agree that you have received and read and are responsible to understand the Company policy, DOT regulations regarding alcohol and drug use testing, and all Company training materials included with or referenced in this material.

Any questions you have regarding the above materials or this certification form may be addressed to the Designated Employer Representative (DER). See page 3 of your copy of the Company's Combined Drug/Alcohol Substance Abuse Policy for the Name, Address, and Phone Number of the DER.

By signing this receipt, you are agreeing that your questions have been answered to your satisfaction. The original of this form will be retained by the Company in a separate file along with other Company records maintained for the Company's DOT drug and alcohol testing programs. Your copy of this receipt will be found in the back of your copy of the Company's Combined Drug/Alcohol Substance Abuse Policy.

CERTIFICATION by Employee/Applicant:

I certify that I have received a copy of the Company Substance Abuse Policy and other educational and training materials which the Company is required to provide as explained in the above notice, and that I have a record of the Name, Address, and Phone Number of the Company's current DER on page 3 of my copy of the Policy.

Furthermore, I agree that I am responsible for reading, understanding and obeying all current Company policies and DOT regulations regarding alcohol and drug use testing and all future changes in or additions to those policies and regulations as they are adopted by the Company.

I further understand and agree that I may be subject to disciplinary action and other liability for violating DOT regulations and/or Company policies.

Prior to signing this Receipt, I read it carefully and any questions I had regarding the above materials and/or this form have been answered to my satisfaction.

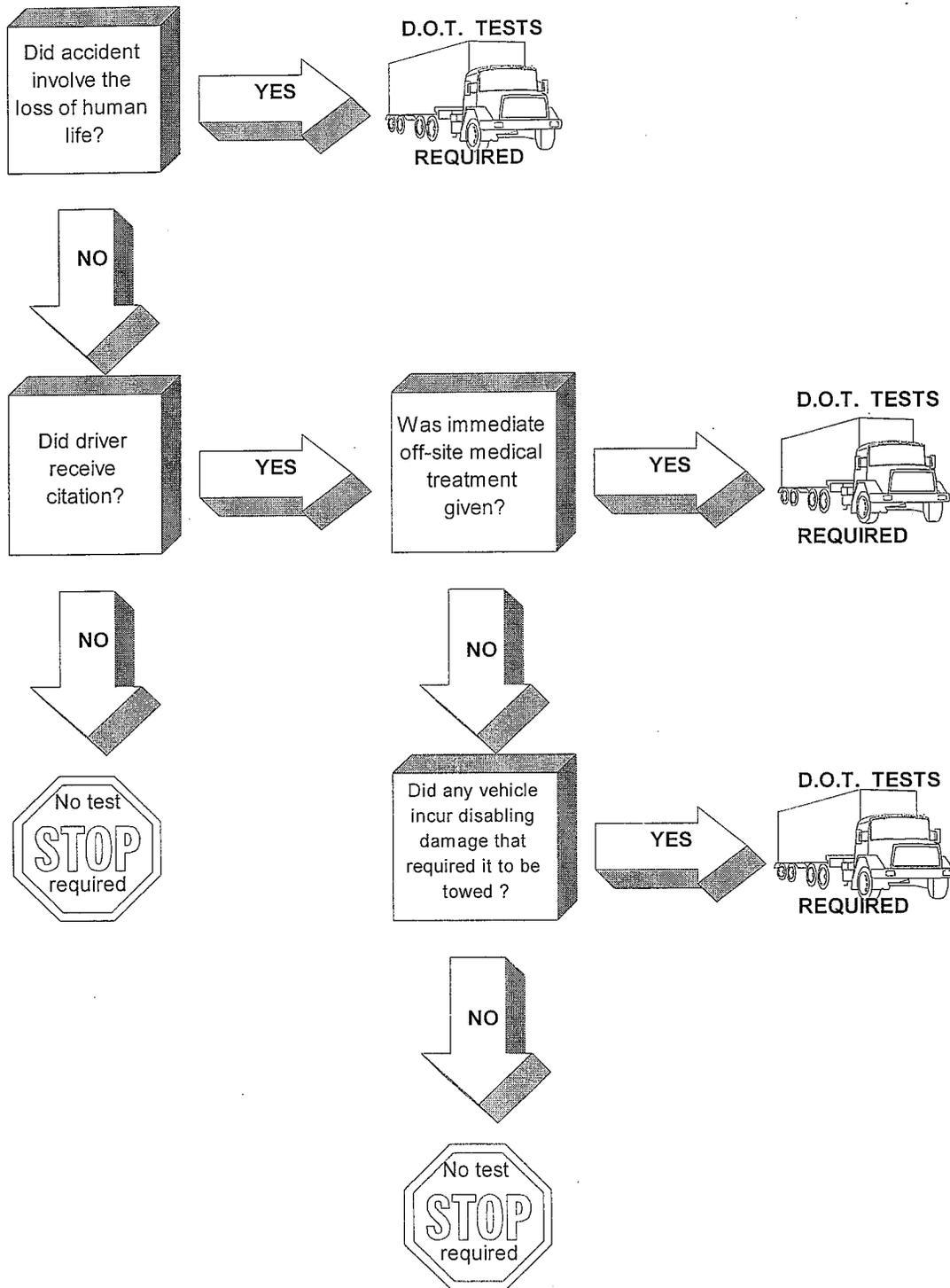
Employee
Signature _____ Date: ___/___/___

Print Name _____

Witness
Signature _____ Date: ___/___/___

Print Name _____

F.H.W.A POST ACCIDENT TEST CRITERIA



Disabling Damage Inclusions: Damage to motor vehicles that could have been driven, but would have been further damaged if so driven. Exclusions: Damage which can be remedied temporarily at the scene of the accident without special tools or parts: e.g., tire disablement without other damage even if no spare tire is available; headlight or taillight damage; damage to turn signals, horn, or windshield wipers which make them inoperative.



Model Program Agreement

Big Responsibility... Smart Choice!

3637 Clyde Park SW Suite C Grand Rapids MI 49509-4095 (616) 532-9299 FAX 532-4644

Effective Date: January 21, 2002

This is a legal agreement between you, City of Escanaba (The Company), and Drug Screens Plus (DS+). By keeping the accompanying Model Program, you are agreeing to be bound by the terms of this agreement. If you do not agree to the terms of this agreement, promptly return the Model Program for a full refund.

Limited Warranty

DS+ has made a good faith effort to prepare the accompanying Model Program to facilitate your compliance with DOT drug and alcohol regulations. However, City of Escanaba is responsible for complying with those regulations and accepts full responsibility for reviewing and/or modifying the Model Program to ensure that any use of these materials in whole or in part is within the legal bounds of any Federal, State, and Local laws, statutes, or other regulations. Nothing in these materials is intended or should be considered legal advice. In making any legal decision(s), you should seek legal advice from an attorney.

For ninety (90) days from January 21, 2002, in the event of any defect brought to our attention **DS+** will (at our discretion) either replace, refund, or edit the defective materials including print and/or computer media (if any).

No Other Warranties

DS+ disclaims all other warranties, either express or implied, including but not limited to implied warranties of fitness for a particular purpose.

Hold Harmless

City of Escanaba agrees to hold **DS+** harmless from any claim related in any way to these materials by any party for any reason and any dispute concerning these materials shall be adjudicated by courts residing in Kent County, Michigan.

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