

**D300-R Controlled Substances and Alcohol Testing
Administrative Guideline**

**Franklin Township Community
School Corporation
Transportation Department**



**U.S. Department of Transportation Federal Motor Carrier
Safety Administration (FMCSA) Regulations**

49 CFR Parts 40 & 382

**Effective:
July 1, 2019**

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***This version supersedes and revokes all previous practices, procedures, guidelines, and other statements of FTCSC whether written or oral, that modify, supplement, or conflict with this handbook. This handbook may be amended at any time. The entire listing of School Board policies are listed on the Franklin Township Community School Corporation website at www.ftcsc.org.

Franklin Township Community School Corporation FMCSA Drug and Alcohol Testing Policy

I. PURPOSE STATEMENT

The U.S. Department of Transportation (DOT) has issued regulations (49 CFR, Part 40 and Part 382) which govern the use of drugs and alcohol by employees who hold a Commercial Driver's License (CDL) and who perform safety-sensitive transportation functions, including driving a Commercial Motor Vehicle (CMV). The agency's regulations require drug and alcohol testing of specified employees as described in this policy. The goal of Franklin Township Community School Corporation's (FTCSC) policy and the testing of drivers is to ensure a drug and alcohol-free transportation and work environment, and to reduce and eliminate drug and alcohol related accidents, injuries, fatalities, and damage to FTCSC property.

II. AUTHORITY

It is FTCSC's intention to comply fully with the DOT regulations. However, federal regulations do not preclude the FTCSC from taking additional drug-free workplace actions beyond what may be contained in this policy. FTCSC will advise employees and applicants when any drug-free workplace policy or practice is mandated by DOT or whether it be by the independent authority of the FTCSC. Outside of the requirements of the federal regulations the FTCSC will comply with all applicable state and local laws.

In compliance with the DOT regulations, FTCSC has a designated employer representative (DER). The DER is an individual authorized to receive communications and test results from service agents. The DER is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes. Please direct all questions regarding this Policy to the DER. The DER name and contact information are included in Appendix A of this policy.

III. COVERAGE: EMPLOYEES & APPLICANTS SUBJECT TO TESTING

The Federal Motor Carrier Safety Administration (FMCSA) regulations require drug and alcohol testing of drivers who hold a CDL and operate a CMV. Please refer to the Definitions Section for more information about "drivers." Other individuals may also be subject to DOT-mandated testing. For purposes of the regulations, a CMV means a motor vehicle or a combination of motor vehicles used in commerce to transport passengers or property as defined in the Criteria for Employees Subject to Testing section below.

A. Employees

Participation in this program is a requirement of employment. Refusal to participate in any way is a violation of the federal regulation and will result in adverse employment action.

B. Applicants

All applicants for positions as a driver or for a safety-sensitive position, which includes driving, will be notified of FTCSC's Drug-Free Workplace Program (DFWP) at the time they apply for a position.

IV. REPORTING TEST RESULTS TO THE STATE

FTCSC is authorized by DOT regulations to disclose to the state commercial driver licensing (CDL) authorities the drug and alcohol violations of employees who hold a commercial driver's license and operate commercial motor vehicles when a state law requires such reporting.

V. CRITERIA FOR EMPLOYEES SUBJECT TO TESTING

Under FTCSC's Policy and DOT Federal Motor Carrier Safety Administration (FMCSA) regulations, drivers who hold a CDL and drive a CMV are subject to the drug and alcohol testing in accordance with federal regulations. CMV means a motor vehicle or a combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

- A.** Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds), inclusive of a towed unit with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or
- B.** Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
- C.** Is designed to transport 16 or more passengers, including the driver; or
- D.** Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to have a placard under the Hazardous Materials Regulations.

VI. DEFINITIONS

Definitions as used under this Policy are set forth below and in greater detail in 49 CFR §§ 40.3 and 382.107.

A. Drug

For purposes of this Policy, "drug" means a controlled substance, as defined in Schedules I through V of Section 202 of the Controlled Substances Act, 21 USC § 812. The term includes prescribed drugs not legally obtained, prescribed drugs not being used for prescribed purposes, and any prescribed drugs not taken in accordance with a prescription. In other words, medications prescribed for someone other than the driver

will be considered unlawfully used under any circumstances. Pursuant to DOT regulations, all DOT-required drug tests must test for the following substances identified in 49 CFR § 40.85: marijuana, cocaine, amphetamines, opioids and phencyclidine (i.e. PCP). FTCSA reserves its independent authority and discretion to prohibit and test for other drugs, as defined above, within the limits of applicable state law.

B. Confirmation Test

i. Alcohol

A second test, following a screening test with a result of 0.02 or greater that provides quantitative data of alcohol concentration.

ii. Drugs

A second analytical procedure to identify and quantify the presence of a specific drug or metabolite that is independent of the screening test.

C. Disabling Damage

Damage, which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

i. Included

a. Damage to motor vehicles that could have been driven but would have been further damaged if so driven.

ii. Excluded

a. Damage, which can be remedied temporarily at the scene of the accident without special tools or parts.

b. Tire disablement without other damage even if no spare tire is available.

c. Headlight or taillight damage.

d. Damage to turn signals, horn, or windshield wipers, which makes them inoperative.

D. Driver

Any person who holds a CDL and operates a CMV, which falls under the specific DOT criteria. This includes, but is not limited to, full-time or part-time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent owner-operator contractors.

E. Refusal to Submit

A refusal to submit to a required drug and/or alcohol test (also "refusal to test") means any circumstance outlined in 49 CFR §§ 40.191 or 40.261, including circumstances in which a driver:

- i. Fails to appear for any test (except a pre-employment test) within a reasonable time, as determined by FTCSC, consistent with applicable DOT agency regulations, after being directed to do so by FTCSC. This includes the failure of an employee (including an owner-operator) to appear for a test when called by the FTCSC's Consortium/Third-Party Administrator (C/TPA).
- ii. Fails to remain at the testing site until the testing process is complete (excluding a pre-employment test prior to commencement of the test).
- iii. Fails to provide a urine specimen for any drug test or fails to provide an adequate amount of saliva or breath for any alcohol test required by Part 382 or other DOT agency regulations (excluding a pre-employment test prior to commencement of the test).
- iv. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen.
- v. Fails to provide a sufficient amount of urine, saliva or breath when directed, and/or, with respect to urine or breath, it has been determined through a required medical evaluation that there was no adequate medical explanation for the failure.
- vi. Fails or declines to take a second test the FTCSC or collector has directed the driver to take (see, for instance, 49 CFR § 40.197(b)).
- vii. Fails to undergo a medical examination or evaluation as directed by the MRO as part of the verification process, or as directed by the DER pursuant to 49 CFR § 40.193 or 49 CFR § 40.265(c).
- viii. Fails to sign the certification at Step 2 of the ATF.
- ix. Fails to cooperate with any part of the testing process (e.g., refuses to empty pockets when directed by the collector, behaves in a confrontational way that disrupts the collection process, fails to wash hands after being directed to do so by the collector).
- x. For an observed collection, fails to follow the observer's instructions to raise clothing above the waist, lower clothing and underpants, and to turn around to

permit the observer to determine if the driver has any type of prosthetic or other device that could be used to interfere with the collection process.

- xi.** Possesses or wears a prosthetic or other device that could be used to interfere with the collection process.
- xii.** Admits to the collector or MRO that you adulterated or substituted the specimen.
- xiii.** Is reported by the MRO as having a verified adulterated or substituted test result.

Any driver who refuses to submit to a required drug and/or alcohol test or otherwise fails to cooperate with any part of the testing process is in violation of this Policy. Any driver who refuses such a test will be subject to the consequences described in the "Consequences for Policy Violations" section, including removal from safety-sensitive functions.

F. Safety-Sensitive Function

All time, from the time a driver begins to work, or is required to be in readiness to work, until the time he or she is relieved from work and all responsibility for performing work.

For the purpose of this Policy and the FTCSC's drug and alcohol testing program, employees are considered to be performing a safety-sensitive function and subject to drug and/or alcohol testing at the following times:

- i.** All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- ii.** All time inspecting equipment as required by 49 CFR §§ 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- iii.** All time spent at the driving controls of a commercial motor vehicle in operation;
- iv.** All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth;
- v.** All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and

- vi. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

VII. PROHIBITED BEHAVIOR

A violation of any of the prohibited behaviors described below may result in adverse employment action, including possible termination. Please see the Consequences section of this policy for more information.

A. Controlled Substances

No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any non-Schedule I drug or substance that is identified in the other Schedules in 21 CFR part 1308 except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

FTCSC will not permit the driver to perform or continue to perform a safety-sensitive function if it has actual knowledge that a driver has used a controlled substance. FTCSC may require a driver to inform FTCSC of any therapeutic drug use.

B. Controlled Substances Testing

A covered employee will not report for duty, remain on duty or perform a safety-sensitive function if the individual tests positive or has adulterated or substituted a test specimen for controlled substances. When FTCSC becomes aware that an individual has tested positive or has adulterated or substituted a test specimen for controlled substances, it will not permit the individual to perform or continue to perform safety-sensitive functions unless and until the required Return-to-Duty Procedures are followed.

C. Alcohol

A covered employee must not consume alcohol while on duty, four hours prior to coming on duty time, and up to eight hours following an accident or until the individual undergoes a post-accident test, whichever occurs first. Proof of alcohol consumption in violation of this policy will include, among other possible means, a positive alcohol test as described in this policy.

i. Alcohol Concentration

Employees may not report for duty or remain on duty if such duty requires the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. FTCSC will not permit such an individual to perform or continue to perform safety-sensitive functions when it has actual knowledge that the individual has an alcohol concentration of 0.04 or greater.

A covered employee who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 will not be allowed to perform safety-sensitive functions for at least twenty-four (24) hours.

ii. On-Duty Use

Employees may not use alcohol while performing safety-sensitive functions. FTCSC will not permit such individuals to perform or continue to perform safety-sensitive functions when it has actual knowledge that such an employee is using alcohol while performing safety-sensitive functions.

iii. Pre-Duty Use

A covered employee will not perform safety-sensitive functions within four hours after using alcohol. FTCSC, having actual knowledge that a covered employee has used alcohol within four hours, will not permit the individual to perform or continue to perform safety-sensitive functions.

iv. Use Following an Accident

A covered employee required to take a post-accident alcohol test will not use alcohol for eight hours following the accident or until the individual undergoes a post-accident alcohol test, whichever occurs first.

D. Adulterated, Substituted, or Diluted Specimens

Individuals who tamper with, switch or in any way adulterate a specimen are in violation of this policy and may be subject to disciplinary action, up to and including termination.

E. Use of Marijuana

The DOT's Drug and Alcohol Testing Regulation – 49 CFR Part 40 does not authorize the use of Schedule I drugs, including marijuana for any reason. Therefore, Medical Review Officers (MRO) will not verify a drug test as negative based upon learning that the employee used "medical marijuana" and/or "recreational marijuana" when a state law passed medical marijuana or recreational marijuana initiatives. Marijuana remains unacceptable for any safety-sensitive employee subject to drug testing under the DOT.

VIII. CONTROLLED SUBSTANCES AND ALCOHOL TESTING PROCEDURES

FTCSC will conduct controlled substances (drug) and alcohol testing within the parameters established by DOT and FMCSA. In accordance with the regulation, FTCSC will use scientifically valid methods and procedures employed by laboratories certified by the Substance Abuse and Mental Health Services Administration (SAMHSA).

FTCSC will also utilize the services of specimen collection personnel who are trained in and comply with the specific collection requirements described in the federal regulations. (See Subparts C, D, and E of 49 CFR Part 40).

Furthermore, FTCSC will utilize the services of trained and certified medical review officers (MRO) to verify confirmed positive controlled substances test results (See Subpart G of 49 CFR Part 40), Substance Abuse Professionals (SAP) (See Subpart O of 49 CFR Part 40) to assist in evaluating workers who test positive and who are not immediately terminated, and Breath Alcohol Technicians (BAT) and Screening Test Technicians (STT) to conduct alcohol tests. (See Subpart J of 49 CFR Part 40). Appendix A contains the contact information for the service agents under contract with FTCSC.

A. Confirmation and Medical Review

FTCSC will test urine specimens for the presence of controlled substances. All initial test non-negatives will be confirmed by gas chromatography/mass spectrometry (GC/MS). All confirmed positive drug test results will be reviewed by a medical review officer ("MRO") to determine whether there is any legitimate medical explanation for the confirmed positive, adulterated, substituted or invalid test result.

At the beginning of the confidential verification interview, the MRO will explain to the employee that the laboratory has determined that the employee's test result is positive, adulterated, substituted, or invalid. The MRO will tell the employee the drug(s) for which their specimen tested positive or the basis for the finding of adulteration or substitution.

The MRO will explain the verification interview process to the employee and inform the employee that the MROs decision will be based on information the employee provides during the interview.

The MRO will explain that, if further medical evaluation is needed for the verification process, the employee must comply with the MROs request for this evaluation and that failure to do so is equivalent of expressly declining to discuss the test result.

The MRO will warn the employee who has a confirmed positive, adulterated, substituted or invalid test that the MRO is required to provide to third parties drug test result information and medical information affecting the performance of safety-sensitive duties that the employee gives to the MRO in the verification process without the employee's consent. This means that any information provided by the employee to the MRO such as medications or other substances that will or may present a significant safety risk or may be medically disqualifying for the position, the MRO will report a safety concern to FTCSC.

The MRO must also advise the employee that, before informing any third party about any medication the employee is using pursuant to a legally valid prescription consistent with the Controlled Substances Act, the MRO will allow 5 business days from the date he/she reports the verified negative result for the employee to have the prescribing physician contact the MRO to determine if the medication can be changed to one that does not make the employee medically unqualified or does not pose a significant safety risk. If, in the MRO's reasonable medical judgment, a medical qualification issue or a significant safety risk remains after he/she communicates with the employee's prescribing physician or after 5 business days, whichever is shorter, the MRO must follow § 40.327. If the MRO receives information that eliminates the medical qualification issue or significant safety risk, the MRO must transmit this information to any third party to whom he/she previously provided information under § 40.327.

B. Stand-Down Policy

FTCSC is not permitted under the authority of the DOT regulations to "stand down" an employee prior to receiving the test result from the MRO. However, FTCSC may request a waiver of this policy by a direct appeal to DOT. A waiver, if granted, permits FTCSC to stand down an employee following the MRO's receipt of a laboratory report of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test pertaining to the employee. For further details, refer to 49 CFR Part 40, §40. 21.

C. Shy Bladder

After the employees, first unsuccessful attempt to provide an acceptable specimen, you have up to 3 hours to produce a single specimen of sufficient volume (you can't combine specimens). The employee can consume up to 40 ounces of fluid. If the employee does not provide a specimen within those 3 hours, the employee must undergo a medical evaluation to determine if there was a medical reason for your inability to do so. If a physician determines that there was no medical reason for not providing the sample, this will be considered a refusal to test and the employee will be immediately removed from performing safety-sensitive functions and could result in termination of employment.

If the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, the collector must discontinue the collection, note the fact on the "Remarks" line of the CCF (Step 2), and immediately notify the DER. The collector must also discard any specimen the employee previously provided to include any specimen that is "out of temperature range" or shows signs of tampering. In the remarks section of the CCF that the collector will distribute to the MRO and DER, he/she must note the fact that the employee provided an "out of temperature range specimen" or "specimen that shows signs of tampering" and that it was discarded because the employee did not provide a second sufficient specimen.

D. Direct Observation Collections

Under DOT's 49 CFR Part 40 directly observed collections are authorized and required in specific situations. Please refer to 49 CFR Part 40 (§ 40.67) for a complete explanation of those situations and what FTCSC's obligations are in such circumstances. In the event of a direct observed collection the employee will not be given advance notice.

A direct observed collection will take place if:

- i. Directed by the DER to perform an observed collection
- ii. The employee attempts to tamper with his/her specimen at the collection site.
- iii. The specimen was out of normal temperature range.
- iv. The specimen shows signs of tampering.
- v. The collector finds an item in the employee's pocket or wallet which appears to be brought into the site to contaminate a specimen or the collector notes conducts suggesting tampering.
- vi. The laboratory reported to the MRO that a specimen is invalid, and the MRO reported to you that there was not an adequate medical explanation for the result.
- vii. The Medical Review Officer (MRO) orders the direct observation because the employee has no legitimate medical explanation certain atypical laboratory results or the employee's split specimen could not be tested following a positive or refusal (including adulterated/substituted) test result.
- viii. The laboratory reported to the MRO that the specimen was negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, and the MRO reported the specimen to FTCSC as negative-dilute and that a second collection must take place under direct observations.

Additionally, specimen collections for all return-to-duty and follow-up drug testing will be conducted under direct observation. The collector (or the observer) must be of the same gender as the employee for direct observation collections.

E. Split Specimen

In drug testing, the urine specimen is split into two specimens. When the sample is sent to the first laboratory for testing, the split portion of that sample is retained unopened. It can then be transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

F. Cost of Drug Testing

FTCSC will comply with all federal, state and local laws and regulations regarding payment for drug and alcohol testing services. In the event that an employee requests that a split specimen be tested, FTCSC is responsible to ensure that the MRO, first laboratory, and second laboratory perform all applicable functions in a timely manner. Under the DOT regulations FTCSC may not condition its compliance with these requirements on the employee's direct payment to the MRO or laboratory or the employee's agreement to reimburse FTCSC for the costs of testing. If the employee is asked to pay for any of these services and is either unwilling or unable to do so FTCSC remains responsible to ensure that the test takes place in a timely manner.

G. Drug Collection Procedures

When a specific time for an employee's test has been scheduled, or the collection site is at the employee's worksite, and the employee does not appear at the collection site at the scheduled time, the collector will contact the DER to determine the appropriate interval within which the DER has determined the employee is authorized to arrive. If the employee's arrival is delayed beyond that time, the collector will notify the DER that the employee has not reported for testing. The DER will make the call as to whether it is a refusal to test.

If the employee requires medical attention (e.g., an injured employee in an emergency medical facility who is required to have a post-accident test), treatment must be performed before a drug test can be conducted.

The employee will be asked to provide appropriate identification to the collector upon arrival at the collection site. Acceptable forms of identification include a photo identification (e.g., driver's license, employee badge issued by the employer, or any other picture identification issued by a Federal, state, or local government agency), or identification by an employer or employer representative. If the employee cannot produce positive identification, the collector will contact the DER to verify the identity of the employee.

The urine specimen will be collected by a trained collection site person (the Collector) in accordance with DOT rules, using a DOT Custody and Control Form (CCF). The Collector will explain the procedures and review the back of the CCF with the employee.

The collector will ask the employee to remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.) and to leave any briefcase, purse, or other personal belongings he or she is carrying with the outer clothing. The employee can retain his or her wallet. In most cases, lockers are provided for the employee and the employee is provided the

key. If the employee asks for a receipt for any belongings left with the collector, the collector must provide one.

The collector will direct the employee to empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen. If nothing is there, the employee places the items back into the pockets and the collection procedure continues. If the employee refuses to empty his or her pockets, this is considered a refusal to cooperate in the testing process. Refusals are considered a positive result that has the same requirements as if the employee tested positive for a drug substance.

The collector will instruct the employee to wash and dry his or her hands while the collector observes, and the collector will direct the employee that they cannot wash their hands again until directed to do so.

The collector will either give the employee or allow the employee to select the collection kit or collection container (if it is separate from the kit) from the available supply. Either the collector or the employee, with both present, then unwraps or breaks the seal of the kit or collection container and the collector will direct the employee to go into the room used for urination and provide a specimen of at least 45 mL. The employee will be directed to not flush the toilet and return with the specimen as soon as possible after completing the void. The collector will check the temperature of the specimen as soon as the employee hands over the specimen, but no later than four minutes after the employee comes out of the restroom.

The collector then pours at least 30 mL of urine from the collection container into a specimen bottle and places the lid/cap on the bottle. This will be the primary specimen or "A" bottle. The collector, then pours at least 15 mL into a second bottle and places the lid/cap on the bottle. This will be the "B" bottle used for the split specimen. The tamper-evident seals from the CCF are placed on each bottle. The collector writes the date on the seals and the employee will be asked to initial the seals. If the employee fails or refuses to initial the seals, the collector will note this in the "Remarks" line of the CCF and complete the collection process. This is not considered a refusal to test.

The collector will now direct the employee to read, sign, and date the certification statement, and provide date of birth, printed name, and day and evening contact telephone numbers in Step 5 of Copy 2 of the CCF. The collector completes the collector's portion of the chain of custody on the CCF and ensures that all copies of the CCF are legible and complete and will remove Copy 5 from the CCF and give it to the employee. The collector may suggest the employee to list any prescription or over-the-counter drugs on the employees copy of the CCF. This information may help the

employee remember what medications he or she may have taken if a positive result is reported by the laboratory to the MRO.

The collector will place the specimen bottles and Copy 1 of the CCF inside the appropriate pouches of the leak-resistant plastic bag, and seals both pouches. The collector will allow the employee to wash his or her hand now and can leave the collection site.

H. Alcohol Testing

FTCSC will only use DOT-approved ATFs and ensure only qualified Screening Test Technicians (STT) or Breath Alcohol Technicians (BAT) perform DOT alcohol tests will require all training verification documents be available upon request. Alcohol tests will be conducted using devices found on the Conforming Products List (CPL) issued by the National Highway Traffic Safety Administration (NHTSA) in accordance with DOT regulations. The devices used by FTCSC will be maintained according to the particular manufacturer's specifications in the Quality Assurance Plan (QAP).

In addition, a supervisor of an employee may not be used to conduct reasonable suspicion/cause test if that supervisor was the one who made the determination for the test.

I. Alcohol Collection Procedures

FTCSC will provide the employee with the specific location where the test will take place. The tests will be conducted in a private setting with controlled access. The alcohol screening test may be conducted with breath or saliva specimen for the initial screen but only breath specimens are allowed for the confirmation test.

When a specific time for an employee's test has been scheduled, or the collection site is at the employee's worksite, and the employee does not appear at the collection site at the scheduled time, the collector will contact the DER to determine the appropriate interval within which the DER has determined the employee is authorized to arrive. If the employee's arrival is delayed beyond that time, the collector will notify the DER that the employee has not reported for testing. The DER will make the call as to whether it is a refusal to test.

If the employee requires medical attention (e.g., an injured employee in an emergency medical facility who is required to have a post-accident test), treatment must be performed before an alcohol test can be conducted.

The employee is to provide positive identification by way of a photo ID issued by the employer (other than in the case of an owner-operator or other self-employer individual) or a Federal, state, or local government (e.g., a driver's license). No fax or photocopies

are allowed. Positive identification by an employer representative (not a co-worker or another employee being tested) is also acceptable. If the employee cannot produce positive identification, the DER can verify the identity of the employee.

The BAT or STT will explain the testing procedure to the employee, including showing the employee the instructions on the back of the ATF and completes Step 1 of the ATF. The BAT will direct the employee to complete Step 2 on the ATF and sign the certification. If the employee refuses to sign this certification, they will document this refusal on the "Remarks" line of the ATF and immediately notify the DER. This is a refusal to test.

The BAT or STT will select, or allow the employee to select, an individually wrapped or sealed mouthpiece from the testing materials and insert it into the device in accordance with the manufacturer's instructions. The employee will be instructed to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates that an adequate amount of breath has been obtained. The employee will be shown the displayed test result. The device will print a label with, or the technician will write, the result and pertinent information on the ATF and ensure the information printed correctly onto the ATF.

In the case a ASD is used, the STT or BAT will check the expiration date and show it to the employee. The STT or BAT will follow the manufacturer's instructions, and only use a device that has been under their control. The device will be opened in the presence of the employee, and the employee will be offered the opportunity to use the device, according to instructions. In any case where the technician uses the device, the device will be inserted into the employee's mouth and gather saliva, with the technician wearing single-use examination gloves while doing so and change them following each test. Assurance will be made that the device has properly activated and that the correct amount of time will be allowed to elapse before reading the result. If problems occur (e.g., the device does not activate, it is dropped on the floor), it will be discarded, and a new test will be conducted using a new device. The STT or BAT will note on the ATF the reason for the new test. If efforts to get the ASD to work properly fail, the technician will direct the employee to take a new test immediately, using an EBT for the screening test. Devices, swabs, gloves or other materials used in the prior saliva or breath tube testing will not be used in subsequent tests.

A result with an alcohol concentration of less than 0.02 will be recorded on the ATF; the result will be transmitted to the DER, with the test concluded without consequence. A result with an alcohol concentration of 0.02 or higher requires the employee to take a confirmation test. If the same BAT who conducted the alcohol screening test will also conduct the confirmation test, the test will begin immediately. If a different BAT will conduct the confirmation test, the technician conducting the screening test will direct the

employee to the site where the test will take place. The technician will also advise the employee not to eat, drink, put anything (e.g., cigarette, chewing gum) into the employee's mouth, or belch, during the 15-minute waiting period until the test occurs. The employee will be observed by the technician or an employer representative on the way to the confirmation testing site. The employee will be directed not to attempt to drive a motor vehicle to the confirmation testing site.

The BAT will ensure that the time since the screening test has been at least 15 minutes, and the employee has been advised not to eat, drink, put anything (e.g., cigarette, chewing gum) into the employee's mouth, or belch. The BAT will conduct an air blank on the EBT in the presence of the employee. The reading must be 0.00 for the test to proceed. If the reading is greater than 0.00, another air blank must be conducted; the EBT must not be used (taken out of service) if the second reading is greater than 0.00. The EBT cannot be used for testing until it is found to be within tolerance limits on an external check of calibration. A new sealed mouthpiece will be opened, in view of the employee, and used for the test. The employee will be instructed to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates that an adequate amount of breath has been obtained. The results will be shown to the employee and printed for application to the ATF.

If the alcohol confirmation test result is lower than 0.02, nothing further is required of the employee. If the alcohol confirmation test result is 0.02 or higher, the BAT will immediately transmit the result directly to the DER in a confidential manner.

In situations where an employee is unable to provide sufficient saliva to complete a screening test, FTCSC will ensure that the employee takes a breath test immediately. In situations where an employee is unable to provide sufficient breath to complete a test, the employee will be sent for an evaluation, by a licensed physician who is acceptable to FTCSC. The physician will have expertise in the medical issues raised by the employee's failure to provide a breath specimen, as well as be apprised of the consequences of the appropriate DOT agency regulation for refusing to take the required alcohol test. The physician will provide FTCSC with a signed statement of their conclusions. If it is the reasonable medical judgment of the physician, that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of breath, the test will be canceled by FTCSC. If there is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of breath, this constitutes a refusal to test.

FTCSC will ensure that an alcohol test is canceled if a fatal flaw occurs. Fatal flaws are:
1) in the case of a screening test conducted on a saliva ASD or a breath tube ASD, the STT or BAT reads the result either sooner than or later than the time allotted by the

manufacturer; the saliva ASD does not activate; the device is used for a test after its expiration date; or, in the case of a screening or confirmation test conducted on an EBT, the sequential test number or alcohol concentration displayed on the EBT is not the same as the sequential test number or alcohol concentration on the printed result; 2) in the case of a confirmation test the BAT conducts the confirmation test before the end of the minimum 15-minute waiting period; the BAT does not conduct an air blank before the confirmation test; there is not a 0.00 result on the air blank conducted before the confirmation test; the EBT does not print the result; or, the next external calibration check of the EBT produces a result that differs by more than the tolerance stated in the QAP from the known value of the test standard. In this case, every result of 0.02 or above obtained on the EBT since the last valid external calibration check is canceled.

FTCSC will ensure that an alcohol test is canceled if a correctable flaw occurs and is not corrected. Correctable flaws are: the BAT or STT does not sign the ATF; the BAT or STT fails to note on the "Remarks" line of the ATF that the employee has not signed the ATF after the result is obtained; and, the BAT or STT uses a non-DOT form for the test.

FTCSC will ensure that BATs and STTs will try to successfully complete each alcohol test for an employee. If they become aware of a problem that will cause the test to be canceled, they will try to correct the problem promptly, if practicable. Repeating the test is an acceptable part of this process. If repeating the testing process is necessary, a new test (new ATF, new device) must begin as soon as possible. If repeating the testing process is necessary, the technician is not limited in the number of attempts to complete the test, provided that the employee is making a good faith effort to comply with the testing process. If another testing device is not available for the new test at the testing site, the technician will immediately notify the DER and advise the DER that the test could not be completed. The DER will make all reasonable efforts to ensure that the test is conducted at another testing site as soon as possible.

If FTCSC or its service agent administering the testing process becomes aware of a correctable flaw that has not been corrected, all practicable action will be taken to correct the problem so that the test is not cancelled. If the problem resulted from the omission of required information, the person responsible for providing the information must supply in writing the missing information and a signed statement that it is true and accurate. If the problem is the use of a non-DOT form, the technician must, as the person responsible for the use of the incorrect form, certify in writing that the incorrect form contains all the information needed for a valid DOT alcohol test. The technician must also provide a signed statement that the incorrect form was used inadvertently or as the only means of conducting a test, in circumstances beyond the technician's control, and the steps the technician has taken to prevent future use of non-DOT forms for DOT tests. The technician must supply this information on the same business day on which the collector was notified of the problem, transmitting it by fax, e-mail

IX. CONTROLLED SUBSTANCES & ALCOHOL TESTS

Before performing each alcohol or controlled substances test under Part 382, FTCSC will notify the covered employee that the alcohol or controlled substances test is required by DOT and Part 382. FTCSC will not falsely represent that a test is administered under Part 382. Non-DOT drug and alcohol tests will be conducted separately, and individuals will be informed of such before the test is administered.

A. Pre-Employment Drug Testing

Prior to the first time a driver performs safety-sensitive functions for FTCSC, the driver must pass a drug test as a condition of employment. FTCSC will not allow a driver to perform a safety-sensitive function unless it has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver.

(Optional-Pre-employment Alcohol Testing)

Under FTCSC's independent authority an applicant or employee transferring to a CDL safety-sensitive position to perform a pre-employment alcohol testing under this policy.

Every applicant or employee transferring from a non-DOT function to a CDL safety-sensitive position will receive a pre-employment alcohol test. The alcohol test will be performed after a contingent offer of employment or transfer has been made and is subject to the employee having an alcohol test with a concentration below 0.02.

Pursuant to DOT regulations, FTCSC must make a "good faith effort" to obtain a covered employee's previous testing information from the employee's prior DOT-regulated employers, and such prior employers are required to provide the previous testing information to FTCSC. This information should be retained before the employee first performs safety-sensitive functions, unless this is not feasible, in which case the information should be obtained as soon as possible. In any event, an employee will not be allowed to perform a safety-sensitive function after 30 days from the date he or she first performed a safety-sensitive function, unless FTCSC has obtained or made and documented a good faith effort to obtain the previous testing information. A separate release for each prior employer must be signed by the applicant for the prospective employer to legally receive and utilize the information.

In addition, the DOT requires FTCSC to ask applicants if they have failed or refused to participate in a DOT drug or alcohol pre-employment test within the past three (3) years with an employer who did not hire them.

B. Post-Accident Drug Testing

Post-Accident drug testing is required of workers in safety-sensitive positions as soon as practicable following an occurrence that meets the description of a "DOT Accident." Such an accident would be one involving a CMV operating on a public road in commerce. FTCSC will test for controlled substances for each surviving driver:

- i. Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
- ii. Who receives a citation within 32 hours of the occurrence under state or local law for a moving traffic violation arising from the accident, if the accident involved:
 - a. Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - b. One or more 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.

Tests should be administered as soon as possible but not to exceed 32 hours after an accident. If the test cannot be performed within 32 hours, FTCSC will cease attempts and prepare and maintain a record stating the reason(s) why the test was not conducted. This record will be submitted to FMCSA upon request.

A driver who is subject to post-accident testing must remain available to be tested or FTCSC may consider the driver to have refused to submit to testing. Nothing in the regulations should be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

FTCSC will provide drivers with necessary post-accident information, procedures and instructions, prior to the driver operating a commercial motor vehicle, so that drivers will be able to comply with the requirements of the regulations.

C. Post-Accident Alcohol Testing

Post-accident alcohol testing is required of workers in safety-sensitive positions as soon as practical after any occurrence that meets the description of a "DOT Accident." An accident as defined by the regulation is an occurrence involving a CMV operating on a public road in commerce. FTCSC will test for alcohol for each surviving driver:

- i. Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
- ii. Who receives a citation within 8 hours of the occurrence under state or local law for a moving traffic violation arising from the accident, if the accident involved:
 - a. Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - b. One or more 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.

A post-accident alcohol test should be administered within two (2) hours of an accident. If the test cannot be conducted within the two (2) hour time period, FTCSC will document the reason(s) for the time delay and maintain this information on file. If the test cannot be performed within eight (8) hours, all attempts to administer the test will be discontinued and the reason(s) why the test was not conducted will be documented. This record will be submitted to FMCSA upon request.

The driver must refrain from consuming alcohol for eight (8) hours after an accident or until the test has been completed. A driver who is subject to post-accident testing must remain available or FTCSC may consider the driver to have refused to submit to testing.

D. Post-Accident Tests Administered by Law Enforcement Officials

A driver may be directed to submit to a drug and/or alcohol test at an accident scene by any law enforcement officer. Whenever a law enforcement officer conducts a drug or alcohol test involving a driver covered by this policy, the driver must contact his/her supervisor or other Company official to report the test result.

The results of a urine test for the use of controlled substances, conducted by Federal, State, or local officials having independent authority for the test, will be considered to meet the requirements of the DOT/FMCSA regulations, provided such tests conform to the applicable Federal, State or local controlled substances testing requirements, and that the results of the tests are obtained by the employer.

Whenever a driver is involved in an accident as defined by this policy and is not tested for drugs and/or alcohol by a law enforcement officer, the driver is required to immediately contact his/her supervisor or other Company official and remain available to be tested per the conditions outlined in this policy. FTCSC will provide instructions, so the driver can participate in a drug and/or alcohol test.

E. Random Testing

FTCSC will conduct random alcohol and controlled substances testing in accordance with DOT regulations. All such tests will be unannounced and performed at reasonable intervals throughout the year. The selection of drivers for random alcohol and controlled substances testing will be made by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with drivers' Social Security numbers, payroll identification numbers, or other comparable identifying numbers.

Each driver selected for random alcohol and controlled substances testing under the selection process used will have an equal chance of being tested each time selections are made. Each driver selected for testing will be tested during the selection period. Drivers performing safety-sensitive functions will be subject to unannounced random testing at the minimum annual percentage rates established by the FMCSA (the current FMCSA annual random testing rates are ten percent (10%) for alcohol and twenty-five percent (25%) for drugs).

Whenever a driver is selected for a Random test, he or she will be notified of their selection and instructed to report to a collection site immediately. If the driver is performing a safety-sensitive function, other than driving a commercial motor vehicle, at the time of notification, the driver will be instructed to cease performing the safety-sensitive function and proceed to the testing site as soon as possible.

Drivers are permitted to drive their CMV to collection sites for the purpose of providing a breath or saliva sample for an alcohol test or a urine specimen for a drug test after being notified of a random selection. A driver who tests positive or refuses to submit to a test is considered medically unqualified to drive and/or perform any other DOT-related safety-sensitive functions.

Random tests will be conducted without notice throughout the calendar year. Drivers may be tested at any time while the employee is at work for FTCSC. Random *alcohol* testing will only take place just before, during, or just after an employee has conducted a safety-sensitive function.

F. Reasonable Suspicion Testing

A covered employee is required to submit to a drug and/or alcohol test whenever FTCSC has reasonable suspicion to believe that the individual has used controlled substances and/or alcohol in violation of DOT regulations. The decision to conduct a reasonable suspicion test must be based on "specific, contemporaneous, articulable observations concerning appearance, behavior, speech or body odors" of a driver. Such observations may include indications of the chronic and withdrawal effects of controlled substances.

A supervisor or Company official who is trained in accordance with the regulations must make the required observations for a reasonable suspicion drug test. The person who makes the reasonable suspicion determination may not be the person who administers an alcohol test.

Whenever a driver is notified that there is reasonable suspicion to be tested, the driver is expected to report to the test site immediately and must be escorted by a supervisor, manager or other person designate by FTCSC.

A reasonable suspicion alcohol test may only take place just before, during, or just after the period of the workday that the driver is required to be in compliance with the regulations.

i. Alcohol

Alcohol tests should be administered within two-hours of observation. If FTCSC is unable to conduct the test within the two-hour period, FTCSC will document the reasons for the time delay. If the test is not performed within eight hours, FTCSC will cease attempts to administer the test and document the reason(s) why the test was not conducted.

If reasonable suspicion is observed and a test has not yet been performed, a driver will not be permitted to perform any safety-sensitive functions until an alcohol test has been performed and the result is less than 0.02; or 24 hours have passed following the reasonable suspicion determination.

FTCSC will create a written record of the observations leading to an alcohol Reasonable Suspicion test—which will be signed by the supervisor or Company official who made the observations—within 24 hours of the observed behavior or before the results of the alcohol test is released, whichever is earlier.

ii. Controlled Substances

Controlled substances (or drug) testing should be administered as soon as possible after making a reasonable suspicion determination. The documentation of the employee's conduct must be prepared and signed by a witness within twenty-four hours of the observed behavior or before the results of the drug test are released, whichever is earlier. If the drug test does not occur within thirty-two hours, FTCSC will cease attempts to have the test performed and document the reason(s) why the test was not conducted.

FTCSC will create a written record of the observations leading to a controlled substances Reasonable Suspicion test—which will be signed by the supervisor

or Company official who made the observations—within 24 hours of the observed behavior or before the result of the controlled substances test is released, whichever is earlier.

G. Return-to-Duty Testing

If FTCSC decides to permit an employee who has tested positive to return to the performance of safety-sensitive functions, it must ensure that the employee takes a Return-to-Duty test. This test must be completed after an evaluation by a Substance Abuse Professional (SAP), be consistent with any recommended rehabilitation, and be conducted before the performance of a safety-sensitive function. The result of a drug test must be negative; the result of an alcohol test must be less than 0.02.

The Return-to-Duty test may not be limited to a specific substance (i.e., controlled substances or alcohol separately). If the SAP determines that a multiple-substance abuse problem exists a drug test may be performed in conjunction with an alcohol test. All Return-to-Duty tests must include an observed collection. Please refer to 49 CFR Part 40 (§ 40.67) in Subpart E for detailed information.

NOTE: FTCSC is not required to return an employee to safety-sensitive duties because the employee has met all of the conditions established by the SAP. That is a personnel decision that FTCSC has the discretion to make, subject to collective bargaining agreements or other legal requirements.

H. Follow-Up Testing

A driver who tests positive must be evaluated by a SAP and follow a prescribed rehabilitation/treatment program. Following the determination that an employee needs to resolve problems associated with drug abuse and/or alcohol misuse, FTCSC will, when choosing to retain the individual, ensure that the employee is subject to unannounced, Follow-Up drug and/or alcohol testing as determined by the SAP.

The employee must, at a minimum, be subject to of six unannounced Follow-Up tests in the first 12 months of safety-sensitive duty following the employee's return to safety-sensitive functions. The SAP may require a greater number of Follow-Up tests during the first 12-month period of safety-sensitive duty. The SAP may also require Follow-Up tests during the 48 months of safety-sensitive duty following this first 12-month period. The SAP can modify and/or terminate any testing requirements imposed by the SAP after the initial 12-month period.

FTCSC will not impose additional testing requirements (e.g., under Company authority) of the employee beyond those included in the Follow-Up testing plan directed by the SAP.

The choice of the SAP and the assignment of costs shall be made in accordance with Company agreements with its employees. Follow-Up alcohol testing must only be conducted just before, during, or just after a driver performs a safety-sensitive function. All Follow-Up tests must include an observed collection. Please refer to 49 CFR Part 40 (§ 40.67) in Subpart E for detailed observed collection information.

X. DRUG TESTING LABORATORY

FTCSC shall use for the drug testing required by the FMCSA regulation drug testing laboratories certified by the Department of Health and Human Services under the DOT Procedures. FTCSC utilizes the laboratory services listed in Appendix A to analyze the results according to 49 CFR Part 40 regulations.

Urine specimens are only authorized for DOT testing. All testing must be performed at a certified laboratory. The laboratory tests for the drugs required by DOT regulations of drug classifications for, cocaine, marijuana, opioids, amphetamines and PCP. All initial non-negatives will be confirmed using gas chromatography/mass spectrometry (GC/MS). The initial and confirmatory testing will use different chemical principle. DOT specimens will not be tested for any other drugs. DOT specimens will not be subject to DNA testing.

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

When the laboratory receives a DOT specimen they will unpack and enter it into the testing process. Part of that process is to examine the condition of the specimen bottles and accompanying CCF. The laboratory will look closely for any specific reason to stop the testing process. When a laboratory discovers a “correctable flaw” (signature is omitted on the certification statement on the CCF) during its incoming specimens, the laboratory will attempt to correct it. If the laboratory is unsuccessful in this attempt, it will report to the MRO that the specimen has been “Rejected for Testing” (with the reason stated).

If the laboratory determines a fatal flaw exists, the specimen is rejected for testing. If a fatal flaw does not exist, the specimen will be tested. The DOT fatal flaws are as follows:

- Specimen ID numbers on the CCF and the bottles do not match.
- Not enough urine and the bottles cannot be re-designated.
- Signs of tampering and the bottles cannot be re-designated.
- Collector’s printed name and signature are missing.

- No CCF (and a specimen was collected).
- Two separate collections were performed using one CCF.
- No specimen submitted with the CCF (and a specimen was collected).

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

The laboratory will report all results directly to our Medical Review Officer through a secured mechanism designed by the Laboratory and the MRO office.

XI. CUT-OFF LEVELS

The following is the list of the 5 drugs required as part of a DOT drug test panel. Initial and confirmation cutoff concentrations are expressed in nanograms per milliliter (ng/mL).

Initial Test Analyte	Initial Test Cutoff Concentration	Confirmatory Test Analyte	Confirmatory Test Cutoff Concentration
Marijuana metabolites	50 ng/mL	THCA	15 ng/mL
Cocaine metabolites (Benzoylecgonine)	150 ng/mL	Benzoylecgonine	100 ng/mL
Codeine/Morphine	2000 ng/mL	Codeine Morphine	2000 ng/mL 2000 ng/mL
Hydrocodone/Hydromorphone	300 ng/ml	Hydrocodone Hydromorphone	100 ng/mL 100 ng/mL
Oxycodone/ Oxymorphone	100 ng/ml	Oxycodone Oxymorphone	100 ng/mL 100 ng/mL
6–Acetylmorphine	10 ng/mL	6–Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamine/Methamphetamine	500 ng/mL	Amphetamine Methamphetamine	250 ng/mL 250 ng/mL
MDMA/MDA	500 ng/mL	MDMA MDA	250 ng/mL 250 ng/mL

XII. MEDICAL REVIEW OFFICER (MRO)

FTCSC has designated a medical review officer (MRO) listed in Appendix A to verify results according to 49 CFR Part 40 regulations. Our MRO is a licensed physician who has the qualifications required by DOT Procedures which require the MRO to go through training and re-qualification meeting the requirements of 40 CFR Part 40. FTCSC utilizes the MRO services listed in Appendix A.

A. MRO Duties

Acts as an independent and impartial “gatekeeper” and advocate for the accuracy and integrity of the drug testing process.

Provides a quality assurance review of the drug testing process for the specimens under the MROs review. This includes, but is not limited to:

- Ensures the review of the CCF on all specimen collections for the purposes of determining whether there is a problem that may cause a test to be cancelled
- Provides feedback to employers, collection sites and laboratories regarding performance issues where necessary; and
- Reports to and consults with the ODAPC or a relevant DOT agency when requiring DOT assistance in resolving any program issue. As an employer or service agent, are prohibited from limiting or attempting to limit the MRO's access to DOT for this purpose and from retaliating in any way against an MRO for discussing drug testing issues with DOT.

The MRO must determine whether there is a legitimate medical explanation for confirmed positive, adulterated, substituted, and invalid drug tests results from the laboratory.

Even though the MRO reviews employees' test results, this does not deem that MRO has an established a doctor-patient relationship with the employees whose tests the MRO reviews.

The MRO must act to investigate and correct problems where possible and notify appropriate parties (e.g., HHS, DOT, employers, service agents) where assistance is needed, (e.g., cancelled or problematic tests, incorrect results).

The MRO must ensure the timely flow of test results and other information to employers. while protecting the confidentiality of the drug testing information.

The MRO must perform all your functions in compliance with Part 40 and other DOT agency regulations.

B. Negative Results

The MRO reviews 5% of all negative drug tests outlined by the 49 CFR Part 40 regulations. The MRO staff releases all negative drug test results as allowed by the regulations. A legible Copy 1 of the CCF or the electronic laboratory results and a legible Copy 2, must be in hand before releasing negative results to perform a QC function to ensure no discrepancies have occurred.

Option 1:

If the MRO reports a negative dilute test that has a creatinine concentration greater than 5 mg/dL per 49 CFR Part 40.197 (b)(2), FTCS has the opportunity to have an immediate recollection of the employee. This test will not be conducted under direct observation per the regulations unless the MRO directs you to do so. All employees with a negative dilute test for the test purpose(s) listed below will be asked by the DER to proceed to the collection facility for the recollection under the original reason for test with the most minimum possible advanced notice.

FTCS may require a recollection for negative dilutes. The recollection will be performed as a normal collection. It will not be direct observed in these events.

The DER will explain to the employee the reason for recollection. Any employee that refuses to have the additional test will be immediately relieved from performing safety-sensitive functions, will be terminated and referred to the SAP and complete the return to duty process before performing covered functions for any employer as this is a refusal to test which is the same as testing positive for a substance.

The second test result is the result of record even if it is a negative dilute. A subsequent test will not be required.

Option 2:

This Company will not require a re-collection of a urine specimen if the result is negative-dilute.

If the dilute specimen has a creatinine concentration equal to or greater than 2 mg/dL, but less than or equal to 5 mg/dL, the MRO shall require a recollection of the specimen **under direct observation.**

C. Positive Results

The MRO is required to review all positive, adulterated, substituted and invalid drug test results provided by the laboratory. The MRO reviews Copy 2 of the Federal Custody and Control form to determine if there are any fatal or correctable errors that may require the test to be cancelled.

The MRO reviews Copy 1 of the Federal Custody and Control form ensure that it is consistent with the information contained on Copy 2, that the test result is legible, and that the certifying scientist signed the form.

The MRO conducts a confidential verification interview with the employee if the employee wants to discuss the result. The MRO when in contact with the employee will explain to the employee that, if he or she declines to discuss the result, the MRO will be required to verify the test as positive or as a refusal to test because of adulteration or substitution, as applicable.

The MROs staff may conduct this initial contact for MRO under the MROs direction. The staff contact is to schedule the discussion between the MRO and the employee and explain the consequences of the employee declining to speak with the MRO. (i.e., that the MRO will verify the test without input from the employee). If the employee declines to speak with the MRO, the MROs staff person will document the employee's decision, including the date and time.

The MROs staff person may advise an employee to have medical information (e.g., prescriptions, information forming the basis of a legitimate medical explanation for a confirmed positive test result) ready to present at the interview with the MRO.

The MRO will make three attempts spread reasonably during a 24-hour period to contact the employee. If after the 24-hour period and the employee did not contact the MRO, the MRO will contact the DER with a statement that he has made three attempts to contact the employee with no response. The MRO will direct the DER to contact the employee for the employee to call the MRO.

The DER is to make three attempts within the next 24-hour period. If successful contact is made, (talks to the employee) the DER is to notify the MRO that contact was made with documentation of the date and time the contact was made. The DER must inform the employee that he or she should contact the MRO immediately. The DER must also inform the employee of the consequences of failing to contact the MRO within the next 72 hours. The consequences are that the MRO will report the non-negative test event to the DER after 72 hours has passed with if no contact has been made with the MRO.

If the employee does not call the DER within the 24-hour period, the DER may leave a message for the employee such as leaving a voice-mail on the employees' personal cell

phone, by personal email or by letter by US mail. Because you the DER has exhausted all reasonable efforts to contact the employee but failed to do so, you may place the employee on temporary medically unqualified status or medical leave.

D. MRO Notification to Employee

At the beginning of the confidential verification interview, the MRO will explain to the employee that the laboratory has determined that the employee's test result is positive, adulterated, substituted, or invalid. The MRO will tell the employee the drug(s) for which their specimen tested positive or the basis for the finding of adulteration or substitution.

The MRO will explain the verification interview process to the employee and inform the employee that the MROs decision will be based on information the employee provides during the interview.

The MRO will explain that, if further medical evaluation is needed for the verification process, the employee must comply with the MROs request for this evaluation and that failure to do so is equivalent of expressly declining to discuss the test result.

The MRO will warn the employee who has a confirmed positive, adulterated, substituted or invalid test that the MRO is required to provide to third parties drug test result information and medical information affecting the performance of safety-sensitive duties that the employee gives to the MRO in the verification process without the employee's consent. This means that any information provided by the employee to the MRO such as medications or other substances that will or may present a significant safety risk or may be medically disqualifying for the position, the MRO will report a safety concern to FTCSA.

E. MRO Notification of Employee Right to Test the Split Specimen

If the MRO determines there is no legitimate medical explanation for a confirmed positive test result other than the unauthorized use of a prohibited drug, the MRO will inform the employee of the following procedure in which to request a test of the split specimen if the employee desires.

The MRO informs the employee they have up to 72 hours from the time the MRO interviews the employee regarding the test result. The MRO gives the employee the MRO phone number to call to request another SAMHSA certified laboratory to test the split specimen which is Bottle B performed during the collection. The MRO will immediately order the split sample testing when the employee informs the MRO of the request. The MRO also informs the employee that FTCSA may require the employee to pay for the cost of shipment (if any) and reanalysis of the sample. The MRO informs the employee that the laboratory is not allowed to perform additional tests of the specimen nor will DNA tests be authorized.

F. MRO Correctable Flaws

When the MRO discovers a “correctable flaw” during their review of the CCF, the MRO must cancel the test unless the flaw is corrected. The following are correctable flaws that the MRO must attempt to correct:

- The employee’s signature is omitted from the certification statement, unless the employee’s failure or refusal to sign is noted on the “Remarks” line of the CCF.
- The certifying scientist’s signature is omitted on the laboratory copy of the CCF for a positive, adulterated, substituted, or invalid test result.
- The collector uses a non-Federal form or an expired Federal form for the test. The flaw may be corrected using the following procedure, provided that the collection testing process has been conducted at an HHS-certified laboratory
 - If the problem is the use of a non-Federal form or an expired Federal form, you must provide a signed statement (i.e., a memorandum for the record). It must state that the incorrect form contains all the information needed for a valid DOT drug test, and that the incorrect form was used inadvertently or as the only means of conducting a test, in circumstances beyond your control. The statement must also list the steps you have taken to prevent future use of non-Federal forms or expired Federal forms for DOT tests. For this flaw to be corrected, the test of the specimen must have occurred at a HHS-certified laboratory where it was tested consistent with the requirements of this part. You must supply this information on the same business day on which you are notified of the problem, transmitting it by fax or courier.
 - Written documentation of a correction with the CCF must be maintained.
 - The CCF is to be marked and to make it obvious on the face of the CCF that the flaw has been corrected.

If the test cannot be corrected, the MRO must cancel the test.

G. MRO Reporting of Results

All drug test results will be reported to FTCSA DER in a confidential and timely manner. Before reporting any results, the MRO will have received a copy of the CCF showing where the employee has signed the form. The time period from collecting the specimen to reporting the verified test result is generally shorter for negatives than for non-negatives. Non-negatives will not be reported to the DER until all information

required for the employee interview is received and approved by the MRO. FTCSC may use a C/TPA as its intermediary in receiving drug test results. If so, those reports will be handled in accordance with Part 40 requirements. If the MRO does not use Copy 2 of the CCF for reporting results, the MRO will maintain a copy of the signed or stamped report in addition to the signed or stamped and dated Copy 2. If the MRO uses an electronic data file to report negatives, the MRO will maintain a retrievable copy of that report in a suitable format for inspection and auditing by a DOT representative.

XIII. CONSEQUENCES FOR POLICY VIOLATIONS

Any employee who tests positive for the presence of the following drugs is medically unqualified to drive and will be terminated (1) marijuana, (2) cocaine, (3) opiates, (4) amphetamines, or (5) phencyclidine (PCP). Any employee who test 0.02% concentration of alcohol by breath test is medically unqualified to drive and will be terminated. Furthermore, any corporation driver who refuses to test shall be medically unqualified and immediately terminated from employment.

NOTE: In accordance with DOT regulations, "any employer or driver who violates the requirements of [Part 382] shall be subject to the civil and/or criminal penalty provisions of 49 U.S.C. 521(b). In addition, any employer or driver who violates the requirements of 49 CFR Part 40 shall be subject to the civil and/or criminal penalty provisions of 49 U.S.C. 521(b)."

Removal from Safety-Sensitive Function

Upon receiving notice of a verified positive drug test result or a verified adulterated or substituted drug test result FTCSC will immediately remove the individual involved from performing safety-sensitive job functions. This action will occur when FTCSC receives the initial report of the verified positive test result. FTCSC will not wait to receive the written report or the result of a split specimen test.

Upon receiving notice of an alcohol test result of 0.04 or higher, FTCSC will immediately remove the individual involved from performing safety-sensitive functions. If FTCSC receives an alcohol test result of 0.02—0.039, it will temporarily remove the employee involved from performing safety-sensitive functions. FTCSC will not wait to receive the written report of the result of the test.

When an employee violates this policy in any way, including producing a verified positive, adulterated, or substituted test result, FTCSC will not permit the individual to perform safety-sensitive functions until or unless the individual successfully completes the return-to-duty process explained below in this policy.

Employees who are prohibited from performing safety-sensitive functions due to violations of this policy will be advised by FTCSC of the resources available in evaluating and resolving the drug and/or alcohol problem. This will include the names, addresses, and telephone

numbers of Substance Abuse Professionals (SAPs) and counseling and treatment programs.

FTCSC is not required to directly provide or pay for SAP services. FTCSC will not charge the employee for providing listings of SAP services.

Return-to-Duty Procedures

Before the driver who has tested positive for controlled substances or who has an alcohol concentration of 0.04 or greater can return to a safety-sensitive position, he or she must:

1. Meet with a Substance Abuse Professional (SAP) for an initial evaluation;
2. Properly follow all recommended education, rehabilitation or treatment;
3. Meet with the SAP for a follow-up evaluation to determine whether the individual has successfully complied with the SAP's education and/or treatment program;
4. Take and provide a negative Return-to-Duty drug and/or alcohol test, which will involve a directly observed collection; and
5. Be subject to Post-Rehabilitation/Follow-Up testing for up to sixty (60) months, to include a minimum of six (6) Follow-Up tests in the first twelve (12) months after the Return-to-Duty test with an alcohol concentration of less than 0.02 and a negative drug test. The SAP may terminate the requirement for the Follow-Up testing at any time after the first 12 months if the SAP determines that such testing is no longer necessary.

Alcohol Positive between 0.02 and 0.04

A driver found to have an alcohol concentration of 0.02 or greater, but less than 0.04, will not be permitted to perform a safety-sensitive transportation function for at least twenty-four (24) hours.

Except as provided in the above paragraph, FTCSC will not take any action under the DOT regulatory authority against a driver based solely on test results showing an alcohol concentration less than 0.04. This does not prohibit FTCSC, with authority independent of the regulation, from taking any action. If FTCSC chooses to take such action it will do so in accordance with all applicable state and local laws.

XIV. (OPTIONAL) VOLUNTARY ADMISSION OF SUBSTANCE ABUSE

FTCSC encourages all employees who need assistance in dealing with alcohol abuse or drug dependency problems to see appropriate counseling and/or treatment through various private and public organizations that are available. Employees who

voluntarily come forward and admit to alcohol misuse or controlled substance use are not subject to disciplinary action or the referral, evaluation and treatment requirements of the DOT regulations provided that:

- A. The admission is in accordance with a written FTCSC-established voluntary self-identification program or policy that meets the requirements of the regulation;
- B. The Driver does not self-identify in order to avoid alcohol or controlled substance testing under the requirements of the regulation.
- C. The driver makes the admission of alcohol misuse or controlled substance use prior to performing a safety sensitive function (i.e., prior to reporting to duty); and
- D. The driver does not perform a safety-sensitive function until FTCSC is satisfied that the individual has been evaluated and has successfully completed all education and/or treatment requirements.
- E. Prior to returning the employee to return to safety-sensitive functions, the employee must undergo a return-to-duty test with a result indicating an alcohol concentration of less than .02 and/or a verified negative drug test result.

XV.RETENTION OF RECORDS

FTCSC will maintain records of its alcohol misuse and controlled substances use prevention programs as required by DOT. The records will be maintained in a secure location with controlled access. For complete details regarding the requirements of the retention of records see § 382.401 of the FMCSA regulations.

XVI. EMPLOYER NOTIFICATIONS

FTCSC is required to notify a driver of the results of a Pre-Employment controlled substances test if the individual requests such results within 60 calendar days of being notified of the employment application status.

Regarding employees, FTCSC must notify a driver of the results of random, reasonable suspicion and post-accident controlled substances tests if the test results are verified positive. As part of this report FTCSC will inform the employee which controlled substance or substances were verified as positive.

The DER will make reasonable efforts to contact a driver, regardless of that individual's employment status, to let him or her know of their right to discuss the results of the test with a medical review officer who has been unable to contact that person.

The DER will immediately notify the medical review officer that the driver has been notified to contact the MRO within 72 hours.

XVII. SUPERVISOR TRAINING

FTCSC will provide to each supervisor at least 60 minutes of training on alcohol misuse and at least an additional 60 minutes of training on controlled substances use. The intent of the training is to help supervisors to determine whether reasonable suspicion exists to require a driver to undergo drug and/or alcohol testing. As such, training will cover the physical, behavioral, speech, and performance indicators of alcohol misuse and use of controlled substances.

XVIII. EMPLOYEE EDUCATION

Each covered employee will be provided with information regarding the content of this policy. Additionally, covered employees will receive information regarding the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or a controlled substances problem (the driver's or a co-worker's); and available methods of intervening when an alcohol or a controlled substances problem is suspected, including confrontation, referral to any employee assistance program and or referral to management.

A. Certificate of Policy Receipt

FTCSC will ensure that each driver signs a statement certifying that he or she has received a copy of FTCSC's policy, as well as applicable educational materials. FTCSC will maintain the original of the signed certificate and will provide a copy of the certificate to the driver upon request.

XIX. CONFIDENTIALITY

Except as otherwise provided for by DOT, FTCSC is prohibited from releasing individual test results or medical information about an employee to third parties without the employee's specific written consent.

A "third party" is any person or organization not explicitly authorized or required by the regulations to be informed of controlled substances and/or alcohol testing results or any other matters regulated to this policy.

"Specific written consent" means a statement signed by the employee that he or she agrees to the release of a particular piece of information to a particular, explicitly identified, person or organization at a particular time. "Blanket releases," in which an employee agrees to a release of a category of information (e.g., all test results) or to release information to a category of parties (e.g., other employers who are members of a consortium, companies to which the employee may apply for employment), are prohibited by DOT.

FTCSC may release information pertaining to an employee's drug or alcohol test without the employee's consent in certain legal proceedings, including: a lawsuit (e.g., a wrongful discharge action), grievance (e.g., an arbitration concerning disciplinary action taken by FTCSC), or administrative proceeding (e.g., an unemployment compensation hearing) brought by, or on behalf of, an employee and resulting from a positive DOT drug or alcohol test or a refusal to test (including, but not limited to, adulterated or substituted test results).

Included in these proceedings are criminal or civil actions resulting from an employee's performance of safety-sensitive duties, in which a court determines that the drug or alcohol test information sought is relevant to the case and issues an order directing FTCSC to produce the information.

FTCSC may be required to release information under certain circumstances, such as when it receives a specific, written consent from an employee authorizing the release of information about that employee's drug or alcohol tests to an identified person, upon request of DOT agency representatives, when requested by the National Transportation Safety Board as part of an accident investigation, and when requested by a federal, state or local safety agency with regulatory authority over FTCSC or the employee.

XX. RESERVATION OF RIGHTS

This policy, with specific DOT-related application, supersedes and revokes any other practice or policy of FTCSC relating to the use of controlled substances and/or alcohol in the workplace and drug and/or alcohol testing. This policy automatically incorporates any changes to 49 CFR Part 40 and/or 49 CFR Part 382 or related regulations or statutes which govern the use of controlled substances and alcohol by employees who hold a CDL and who drive a CMV.

This policy is not an express or implied contract of employment nor is it to be interpreted as such. Additionally, this policy does not in any way affect or change the status of any at-will employee. Nothing in this policy is a promise or guarantee or should be construed as a promise or guarantee that FTCSC will follow in any particular circumstances any particular course of action, disciplinary, rehabilitative or otherwise.

XXI. CLEARINGHOUSE REPORTING REQUIREMENTS

As part of the continuing efforts to promote safe roadways and to ensure only qualified CDL drivers are performing safety-sensitive duties, a database was created that will contain pertinent information containing CDL drivers' drug and alcohol testing violations. Employers will be required to query the data base on an annual basis for

current employees and as part of the pre-employment screening process for all covered prospective employees.

The following outlines the responsibilities for the reporting entity and when and what information is required to be reported to the clearinghouse. They are as follows:

Prospective/Current Employer of CDL Driver must report within 3 business days:

An alcohol confirmation test with a concentration of 0.04 or higher.

Refusal to test (alcohol) as specified in 49 CFR 40.261.

Refusal to test (drug) not requiring a determination by the MRO as specified in 49 CFR 40.191.

Actual knowledge, as defined in 49 CFR 382.107, that a driver has used alcohol on duty, used alcohol within four hours of coming on duty, used alcohol prior to post-accident testing, or has used a controlled substance.

Negative return-to-duty test results (drug and alcohol testing, as applicable)

Completion of follow-up testing.

Medical Review Officer (MRO) must report within 2 business day:

Verified positive, adulterated, or substituted drug test result.

Refusal to test (drug) requiring a determination by the MRO as specified in 49 CFR 40.191.

Substance Abuse Professional (SAP) must report within one business:

Successful completion of treatment and/or education and the determination of eligibility for return-to-duty testing (identification of driver and date the initial assessment was initiated).

Note: If an employer uses a C/TPA to comply with the employer reporting responsibilities, the employer remains responsible for ensuring that the C/TPA is compliant for such reporting

Attachment to FMCSA Drug-Free Workplace Policy

Signs and Symptoms of Drug and Alcohol

Drugs and alcohol can result in such work-related problems as absenteeism and tardiness, lower productivity, missed deadlines, poor work quality, unsafe driving, and increased injuries and accidents. Problems relating to or communicating with supervisors, co-workers or customers, following directions, concentrating or remembering things may also indicate a drug or alcohol problem.

Drugs and alcohol slow reaction times, cause confusion, harm coordination and motor skills and can impair decision-making and memory. People misusing alcohol and using illegal drugs may be withdrawn, lethargic, depressed, erratic, “hyper” or unusually anxious, hostile or paranoid.

Drugs and alcohol misuse can also result in health problems like chronic gastritis, headaches, chronic respiratory infections and liver problems. They may also show up as poor hygiene, a sloppy appearance, financial problems, DUIs or family problems.

Evidence of use can include paraphernalia such as pipes, syringes, foil packets, pills, powders and empty alcohol containers. Physical symptoms of use can include:

- Marijuana and alcohol odors
- Puffy or droopy eyelids, bloodshot eyes, dilated or pinpoint pupils
- Nosebleeds, excessive sniffing, chronic sinus problems, nasal sores
- Needle tracks or blood spots on clothing
- Tremors, racing or irregular heartbeats
- Slurred or incoherent speech
- Confusion, anxiety, paranoia
- Coordination problems
- Lethargy and sleepiness

Effects of Drugs and Alcohol

Drugs and alcohol can harm health and the workplace in a variety of ways.

Alcohol

Alcohol is a central nervous system depressant that acts like a poison if used in large quantities. Each year the lives of tens of thousands of Americans are shortened or ended by alcohol misuse.

Alcohol quickly reaches the brain after drinking. It impairs self-control and other learned behaviors. This loss of self-control can lead to aggressive driving (or overly cautious driving), as well as the other kinds of aggressive behaviors associated with drinking. Even small doses of alcohol, i.e. a single drink, can harm driving performance. In large doses, alcohol significantly impairs coordination, memory and judgment.

Over time, alcohol misuse damages the liver, the heart, the digestive system and can cause permanent brain damage. On average, alcoholics shorten their life span by about 10 years. Alcohol misuse harms the ability to think clearly, harms judgment and can affect the ability to get along with and work constructively with co-workers and customers. Alcoholics often have attendance and work performance problems and get fired because of the consequences of alcohol misuse. Because of its adverse effects on coordination, reflex time, vision, driving ability, judgment and the ability to evaluate and quickly process information, alcohol is especially dangerous for drivers of commercial motor vehicles.

A small glass of wine, a can of beer and a one and one-half ounce shot of liquor all contain about the same amount of alcohol. It takes the body about one hour to metabolize and eliminate each "drink" of alcohol. Coffee, exercise and cold showers do not speed up this process or magically produce sobriety. While individuals differ greatly, each drink on an empty stomach by an average-sized adult male may lead to an alcohol concentration of about .02. Thus, drinking more than two drinks raises a serious risk of having an alcohol concentration in excess of DOT rules, especially for people with low body weights. Any drinking while on duty or during the 4 hours before working violates DOT rules.

Cocaine

Cocaine is a powerful stimulant that can be inhaled up the nose, injected or smoked. It greatly increases heart rate and blood pressure. Partly because of its effects on the circulatory system, cocaine use can lead to seizures. Every time cocaine is used, there is some unquantifiable risk of a fatal stroke or heart attack. Cocaine can also cause tremors, convulsions, vomiting and raises body temperature to dangerous levels. Repeated snorting damages nasal tissues, sometimes permanently. Needle use carries risks of infection and overdose.

Initially, cocaine use brings a rush of euphoria and exaggerated overconfidence. Sometimes these effects are so strong that safe driving is impossible. Cocaine wears off in about an hour after it is snorted and in just a few minutes after it is smoked. When it wears off, the user may become depressed, anxious, paranoid and exhausted.

Cocaine users may exhibit rapid mood swings and changes in activity level. They may grind their teeth, repeatedly wash their hands or engage in other compulsive behaviors.

Amphetamines/Methamphetamine

Amphetamines, also known as “speed,” are powerful stimulants that are often abused by employees because they make it easy to stay awake. Amphetamines, however, are dangerous drugs with a high potential for abuse. Amphetamines may also be known as uppers, black beauties, white crosses or dexies.

Use brings feelings of alertness and a loss in appetite. The user may also become very talkative or physically active or feel very strong after ingesting amphetamines. In a few hours however, the amphetamines wear off and restlessness, anxiety, paranoia and headaches set in.

In large doses, amphetamines can produce serious toxic effects. The user’s blood pressure can rise to the point where strokes or heart attacks occur. Long-term users often have acne, tooth problems and may exhibit symptoms of permanent brain damage.

Methamphetamine is a dangerous stimulant that is double synthesized from amphetamine and is not used for any medical purposes. Unlike amphetamines, which does have a potential for causing tolerance and abuse but only with time, methamphetamine use can quickly lead to tolerance and addiction. Abusers who use meth will often require higher dose of the drug, more often with only a couple of use.

Marijuana

Marijuana is a hallucinogen that alters the user’s sense of time and reduces the user’s ability to perform tasks requiring coordination, swift reactions and concentration. Taken in large quantities, marijuana can act like a depressant.

While some people may regard marijuana as harmless, there is evidence its use is unhealthy and dangerous for the driver. Marijuana causes significant increases in blood pressure and pulse rate and, thus, can aggravate or cause heart disease. Marijuana smoke also contains a number of known carcinogens. Many experts believe that marijuana is actually healthier to smoke than tobacco.

Studies have shown that smoking marijuana affects the ability to perform tasks like driving, which require both thinking and motor skills, for at least 24 hours. Users, however, often believe that all the impairing effects of smoking have worn off after 4 to 6 hours. Marijuana significantly impairs short-term memory and can harm the user’s ability to concentrate or plan for and achieve long-term goals. There is also significant evidence that marijuana harms the reproductive systems of men and women and is dangerous for children and non-smokers who live with the user.

Opiates/Opioids

An opiate is a narcotic analgesic that directly depresses the central nervous system and the processes associated with the entire central nervous system. There are three types of opiates: natural, synthetic and semi synthetic. While some of these drugs are used for medicinal

purposes, others are illegal and highly dangerous. However, all opiates can become addictive when abused.

Natural opiates are substances that occur naturally within the poppy plant. While they are often thought to be less harmful than synthetics, they can still become addictive and cause dangerous respiratory depression. The natural opiates include opium, morphine and codeine.

Synthetic opiates are drugs that are completely manmade in a “chemical laboratories” with a similar “chemical structure” to the natural opiates. These drugs are widely used and cause the same basic effects that natural opiates produce. Some examples of synthetic opioids include, methadone, fentanyl.

Semi-synthetic opiates are derived from natural opiates to make other substances. They have a combination of natural opiates and synthetic opiates. Semi-synthetic opiates were developed in the early 20th century. They were meant to be safer and more effective than the use of natural opiates for medical purposes but can still have the same side effects as opiates.

Heroin is a semi-synthetic opiate and is the strongest opiate and the most abused opiate drug derived from morphine. Heroin use has been increasing in recent years because of the availability and is rather inexpensive. This new stronger heroin can be smoked or snorted.

Heroin can also be injected using needles. There is no medicinal use for this drug. Other common semi-synthetic opiates include meperidine, oxycodone, oxymorphone, hydrocodone and hydromorphone

Opiates and opioids are not the same thing, although many people use the terms interchangeably. Opiates or opiate drugs originate from naturally-occurring alkaloids found in the opium poppy plant. Whereas opioids are synthetic or partly-synthetic drugs that are manufactured to work in a similar way to opiates.

All types of opiate drugs alter the way that pain is perceived, thus making the individual who has taken the drug experience less pain. The drugs may also calm anxiety, cause relaxation and induce a pleasant sense of euphoria. Opioids are among the most commonly prescribed drug in the world and are highly addictive. Therefore, it may not come as a surprise that abuse and addiction of opioids has increased in the recent years.

PCP

Phencyclidine, or PCP, is also called angel dust or dust. PCP is an extremely dangerous hallucinogen that has unusual and unpredictable side effects. It was developed as an anesthetic in the late 1950's and used for a while as a tranquilizer both for humans and animals. Because of its dangers, it now has no legal uses and is no longer legally manufactured. Rather,

PCP is manufactured in underground laboratories. It often contains dangerous adulterants but is very dangerous all by itself.

PCP can produce violence and bizarre behavior in anyone who uses it. Occasionally, PCP users attack nurses and policemen or jump out of windows because they believe they can fly. PCP somehow scrambles the brain's internal stimuli and seriously changes how users feel, see and deal with their environment.

In low doses, PCP produces a feeling of numbness. Increased doses produce excitement, confusion and delirium. The user's body may become rigid or go into convulsions. Routine activities like driving become dangerous and unpredictable.

Users may walk with strange uncoordinated steps. PCP users may have a blank stare, sweat heavily, have thick slurred speech or engage in some of the violent and bizarre behaviors mentioned above.

Franklin Township Community School Corporation Acknowledgement of Receipt of Policy

I hereby acknowledge that I have received, read, and understand my Company's Drug-Free Workplace Program Policy required by Department of Transportation (DOT) regulations. I understand that I am subject to and must adhere to the DOT regulations and must abide by terms of FTCSC's Policy as a condition of employment with FTCSC.

I understand that:

I may be required to submit to drug and/or alcohol tests based on Department of Transportation regulations as directed by FTCSC;

Laboratory test results will be released in accordance with the Policy and based on Department of Transportation regulations to the Medical Review Officer (MRO) selected by FTCSC and I authorize the release of the results of a saliva or breath alcohol test by a certified technician to Franklin Township Community School Corporation.

FTCSC's Policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination, in addition to any action required by DOT regulations; and

Refusal to submit to a drug and/or alcohol test in accordance with the Policy is a violation of DOT regulations and the Policy, and may result in disciplinary action, including but not limited to suspension (with or without pay) or termination of employment, in addition to action required by DOT regulations.

**THE UNDERSIGNED STATES THAT HE OR SHE HAS READ THE FOREGOING
ACKNOWLEDGEMENT AND UNDERSTANDS THE CONTENTS THEREOF.**

Employee Name _____

Employee Social Security Number _____

Employee Signature: _____

Company Name: Franklin Township Community School Corporation

NOTE: *This certificate should be retained in a secured file.*

Appendix A

DRUG PERSONNEL AND SERVICES

1. DESIGNATED EMPLOYER REPRESENTATIVE (DER)

Todd Livesay
8730 Indian Creek Road
Indianapolis, IN 46259
317-803-5065

2. THIRD-PARTY ADMINISTRATOR (TPA)

DISA Global Solutions, Inc.
10900 Corporate Centre Drive, Suite 250
Houston, Texas 77041
281-673-2400

3. MEDICAL REVIEW OFFICER (MRO)

University Services-Terri Hellings, MD.
2837 Southhampton Road
Philadelphia, Pennsylvania 19154
800-624--3784