



SOUTH CENTRAL TRANSIT  
ANTI-DRUG & ALCOHOL MISUSE POLICY  
ADOPTED BY THE SCT BOARD OF DIRECTORS

March 26, 2015

A handwritten signature in black ink, which appears to read 'Bill Milam', is positioned above a horizontal line.

Bill Milam, SCT Board President

**SOUTH CENTRAL IL MASS TRANSIT DISTRICT  
1616 E. McCord St., Drawer N  
Centralia, IL 62801**

**ANTI-DRUG & ALCOHOL-MISUSE POLICY**

**Adopted March 26, 2015 by the Board of Directors**

**Section 1 – PURPOSE**

**Section 1-1**

The purpose of this policy is to assure worker fitness for duty and to protect our employees, passengers, and the public from the risks posed by the misuse of alcohol and use of prohibited drugs. This policy not only meets, but exceeds all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. The Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates urine drug testing and alcohol testing for safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test result or a refusal to test. The U.S. Department of Transportation (DOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and alcohol specimens. A copy of 49 CFR Part 40 will be available for review upon request by a covered employee.

This policy applies to all safety-sensitive transit system employees, paid part-time employees and contract employees when performing any transit-related safety-sensitive business. This policy also applies to all safety-sensitive transit system employees while on or off transit property during lunch periods and breaks. It is a condition of employment for each covered person to participate in this employer's drug & alcohol testing program.

Under the FTA drug and alcohol testing regulations, the testing for the following five drugs and alcohol are required: *marijuana, cocaine, opiates, phencyclidine and amphetamines*. When drugs are mentioned in this policy it will include these drugs. When alcohol is mentioned in this policy, it will include the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.

This policy becomes effective March 26, 2015. This policy supersedes any previous employer policy or agreement that may be in existence prior to the effective date of this policy.

Any questions or assistance needed regarding this employer's FTA drug & alcohol testing program should be directed to:

NAME(S) **Sara Nollman-Hodge or Cindy Holmes**

OFFICE LOCATION **1616 East McCord St., Drawer N, Centralia, IL 62801**

PHONE (DAY) (W) **(618) 532-8076 ext. 125** (NIGHT) (C) **(618) 322-4856**

PHONE (DAY) (W) **(618) 532-8076 ext. 102** (NIGHT) (C) **(618) 322-1596**

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## Section 2 - DEFINITIONS

## Section 2-1

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

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

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

**ALCOHOL USE.** The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

**ALiquOT** – A fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.

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

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

**COLLECTOR** is a person who instructs and assists individuals at a collection site and who receives and makes a screen examination of the urine specimen provided by individuals.

**CONFIRMATION (or confirmatory) TEST.** In drug testing, a second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or drug metabolite. In alcohol testing, a second test, following a screening test with a result of 0.02 or higher that provides a quantitative data of alcohol concentration.

All cutoff concentrations are expressed in nanograms per milliliter (ng/mL). All confirmatory cutoff levels on positive screening tests will be as follows:

Marijuana metabolites	
Delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA)	15
Cocaine metabolites	
Benzoyllecgonine	100
Opiates Metabolites	
Morphine	2000
Codeine	2000
6-Acetylmorphine	10
Phencyclidine	25
Amphetamine	250
Methamphetamine*	250
MDMA	250
MDA (Methylenedioxyamphetamine)	250
MDEA (Methylenedioxyethylamphetamine)	250

\*To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100 ng/mL

**CONFIRMATORY VALIDITY TEST** - The confirmation validity testing is a second test conducted on a different aliquot of the original urine specimen to further support a validity test result.

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## Section 2-2

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

**COVERED EMPLOYEE** means a person, including an applicant or transferee, who performs or will perform a safety-sensitive function for an entity subject to the Federal Transit Administration (FTA) regulations. A volunteer is a covered employee if the volunteer is required to hold a commercial drivers license to operate the vehicle or the volunteer performs a safety-sensitive function for this entity subject to the FTA regulations and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity. (See Attachment 1 for listing of specific covered employees with this employer.)

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

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

When the word “employer” is used in this policy, it shall mean the employer or its designated employer representative.

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

**DOT** means the U.S. Department of Transportation.

**DRUGS** – The drugs for which tests are required under Parts 40 and 655 are marijuana, cocaine, amphetamines, phencyclidine (PCP), and opiates.

**EMPLOYEE** means the same as Covered Employee.

**EMPLOYER** means a recipient or other entity that provides mass transportation service or which performs a safety-sensitive function for such recipient or other entity. This term includes sub-recipients, operators and contractors.

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

**FEDERAL TRANSIT ADMINISTRATION (FTA)** means one of the US Department of Transportation modes that have regulatory authority over the mass transit industry.

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

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

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## Section 2-3

All cutoff concentrations are expressed in nanograms per milliliter (ng/mL). The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drug or classes of drugs:

Marijuana metabolites	50
Cocaine metabolites	150
Opiate metabolites	
Codeine/Morphine*	2000
6-Acetylmorphine	10
Phencyclidine	25
Amphetamines**	
AMP/MAMP***	500
MDMA****	500

\*Morphine is the target analyte for codeine/morphine testing.

\*\*Either a single initial test kit or multiple initial test kits may be used provided the single test kit detects each target analyte independently at the specified cutoff.

\*\*\*Methamphetamine is the target analyte for amphetamine/methamphetamine testing.

\*\*\*\*Methylenedioxymethamphetamine (MDMA)

**INITIAL SPECIMEN VALIDITY TEST** – The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid.

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

**LABORATORY** – Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under Part 40.

**LICENSED MEDICAL PRACTITIONER** means a person who is licensed, certified, and/or registered, in accordance with applicable Federal, state, local or foreign laws and regulations, to prescribe controlled substances and other drugs.

**LIMIT OF DETECTION** – The lowest concentration at which a measurand can be identified, but (for quantitative assays) the concentration cannot be accurately calculated.

**LIMIT OF QUANTITATION** – For quantitative assays, the lowest concentration at which the identity and concentration of the measurand can be accurately established.

**MEDICAL REVIEW OFFICER (MRO)** is a licensed physician (Medical Doctor or Doctor of Osteopathy) responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results. The MRO must be knowledgeable of and have clinical experience in controlled substances abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results. The MRO must be knowledgeable of issues relating to adulterated and substituted specimens as well as the possible causes of specimens having an invalid result. The Consortium has secured a contract with the qualified MRO (see Attachment 1).

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

**OXIDIZING ADULTERANT** is a substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or drug metabolites, or affects the reagents in either the initial or confirmatory drug test.

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**PERFORMING (A SAFETY SENSITIVE FUNCTION)** means a covered employee is considered to be performing a safety sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

## Section 2-4

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

**PRIMARY SPECIMEN** - In drug testing, it is the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing.

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

**REFUSAL TO TEST (alcohol or controlled substances)** means that a covered employee:

- 1) Fails to show up for any test (except a pre-employment test) within a reasonable time after being directed to do so by the employer or to remain at the testing site until the testing process is complete, provided that an employee who leaves the testing site before the testing process commences for a pre-employment test is not considered to have refused to test;
- 2) Fails to provide a urine specimen or fails to attempt to provide a saliva or breath specimen for any drug or alcohol test as required by this policy and 49 CFR Parts 655 and 40, provided that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences for a pre-employment test will not be considered to have refused to test;
- 3) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring in providing a specimen;
- 4) Fails to sign the certification at Step 2 of the Alcohol Testing Form;
- 5) Fails to provide a sufficient amount of urine or a sufficient amount of breath, when directed; unless it has been determined, through a required medical evaluation, that there was an adequate medical explanation for the failure;
- 6) Fails or declines to take an additional test the employer or collector has directed the covered employee to take;
- 7) Fails to undergo a medical examination or evaluation as directed by the MRO as part of the verification process, or as directed by the employer concerning the evaluation as part of the shy bladder or insufficient breath procedures. In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;
- 8) Fails to cooperate with any part of the drug or alcohol testing process (e.g., refuses to empty pockets when directed by the collector, behaves in a confrontational way that disrupts the collection process, fails to wash hands after being directed to do so by the collector);
- 9) For an observed collection, fails to follow the observer's instructions to raise his/her clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the covered employee has any type of prosthetic or other device that could be used to interfere with the collection process;
- 10) Possesses or wears a prosthetic or other device that could be used to interfere with the collection process; or
- 11) Admits to the collector or the MRO that the covered employee has adulterated or substituted the specimen.

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

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

**SAFETY SENSITIVE FUNCTION** means any of the following duties:

Safety Sensitive Functions shall include:

- (1) Operating a revenue service vehicle, including when it is not in revenue service;
- (2) Operating a non-revenue service vehicle, when it is required to be operated by a holder of a Commercial Drivers license;
- (3) Controlling the dispatch or movement of a revenue service vehicle;
- (4) Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service, unless the employer receives funding under 49 U.S.C. 5311 and contracts out such services; or
- (5) Carrying a firearm for security purposes.

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## Section 2-5

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

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

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

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)** - A federal agency under the Department of Health and Human Services (DHHS) responsible for the certification of laboratories used as part of the drug-testing program. The Consortium has secured a contract with a DHHS/SAMHSA certified laboratory (see Attachment 1).

**SUBSTANCE ABUSE PROFESSIONAL (SAP)** means a licensed physician (Medical Doctor or Doctor of Osteopathy); or a licensed or certified psychologist, licensed or certified social worker, or a licensed or certified employee assistance professional; or a state-licensed or certified marriage and family therapist; or an addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol & Other Drug Abuse). A qualified SAP must be knowledgeable of and have clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, must be knowledgeable of the SAP function as it relates to employer interests in safety-sensitive duties and, must be knowledgeable of 49 CFR Parts 655 and 40, the DOT SAP Guidelines and stay current on any changes to these materials. This employer has designated a qualified SAP (see Attachment 1).

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

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

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## Section 3 - USE PROHIBITED

## Section 3-1

49 CFR (Code of Federal Regulations) Parts 655 and 40 prohibit the use/misuse of controlled substances and/or alcohol by covered employees regulated by the FTA.

Notwithstanding the disciplinary action as cited in this policy, under this employer's independent authority and by the Drug-Free Workplace Act of 1988, the unlawful manufacture, distribution, dispensation or possession of drugs are prohibited on all employer premises, while in uniform (if a uniform is required), in any employer-owned or leased revenue service vehicle or equipment used in revenue service, or other location at which the covered employee is to perform work. If this employer proves a covered employee is engaging in activities as stated above, the covered employee shall be subject to termination. Any covered employee who faces criminal action as a result of engaging in activities as stated above will be immediately suspended without pay until the court makes a final determination. If the covered employee is convicted, the covered employee will be immediately terminated. If the covered employee is found not guilty, the covered employee will be placed back into a safety-sensitive function. No retroactive pay will be given to the covered employee.

Under this employer's independent authority, the employer may conduct reasonable searches for illegal drugs or alcohol on this employer's premises or in employer-owned or leased revenue service vehicles or equipment used in revenue service. Searches of covered employees and their personal property may be conducted when there are reasonable grounds to believe a covered employee is in violation of this policy. All covered employees are expected to cooperate in such searches. A covered employee's refusal to cooperate or consent to such searches may result in disciplinary action, including termination.

No covered employee performing safety-sensitive functions will possess any quantity of alcohol, lawful or unlawful, at any work site, in any employer-owned revenue service vehicle or any equipment used in revenue service. Under this employer's independent authority, a covered employee will not possess or consume any quantity of alcohol while on duty or in uniform (if required to wear a uniform), even when he/she is not performing a safety-sensitive function. The only exceptions for possession or consumption of alcohol are stated elsewhere in this Section.

The only exception to alcohol possession in this Policy is alcohol not intended for human consumption or products containing alcohol which, when ingested would not impair the ability to perform safety-sensitive functions.

No covered employee will consume any Schedule 1 drug of the Schedule of Controlled Substances of the Drug Enforcement Administration (marijuana, cocaine, opiates, phencyclidine, and amphetamines) or any other drug as cited by the US Department of Transportation, Federal Transit Administration, while on or off duty, except as provided elsewhere in this Section. Covered employees may be tested for drugs (as named above) at any time while on duty. No covered employee shall continue to perform safety-sensitive functions after a positive, adulterated or substituted drug test result. No employer, having actual knowledge of a positive, adulterated or substituted drug test result, shall permit the covered employee to continue to perform safety-sensitive functions. Any covered employee who has received a verified positive, adulterated or substituted test result or has engaged in conduct prohibited in this Section shall be advised by this employer of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs by providing the covered employee with the name, address and telephone number of one or more SAP's, counseling and treatment programs, even though under this employer's independent authority, the employee is terminated.

No covered employee shall refuse to submit to a drug or alcohol test (see Refusal to Test definition in Section 2) when required in accordance with 49 CFR Parts 655 and 40. It is a violation of this policy when a covered employee refuses to test. A covered employee shall not be permitted to perform or continue to perform safety-sensitive functions when he/she refuses to submit to a drug or an alcohol test and will be subject to the Disciplinary Action in Section 10 of this policy.

A covered employee may use a substance administered by or under direction of a licensed medical practitioner who has advised the covered employee that the substance will not affect the covered employee's ability to safely perform safety-sensitive functions. A covered employee may use an over-the-counter substance that will not affect the covered employee's ability to safely perform safety-sensitive functions. Under this employer's independent authority, the covered employee may be required to inform the employer of any prescribed or over-the-counter substances which may impair his/her ability to safely perform a safety-sensitive function. This employer may require written verification from the licensed medical practitioner or pharmacist that the substance will not adversely affect his/her ability to safely perform safety-sensitive functions. The covered employee shall promptly provide such written verification to the DER. If the substance should adversely affect his/her ability to perform safety-sensitive functions, or, if the covered employee does not promptly provide written verification from the licensed medical practitioner or pharmacist, the employer will temporarily remove or reassign the covered employee from a safety-sensitive function, if deemed appropriate.

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## Section 3-2

The consumption of alcohol is prohibited while the covered employee is performing a safety-sensitive function. No covered employee shall report for duty or remain on duty, requiring the performance of safety-sensitive functions, while consuming or having consumed alcohol within four hours of reporting for such duties, or having a BAC of .04 or greater. No employer having knowledge of such conditions shall allow a covered employee to perform or continue to perform safety-sensitive functions. Any covered employee having a BAC of .04 or greater shall be subject to the disciplinary action set forth in Section 10 of this Policy.

This employer will maintain a pre-employment screening program designed to prohibit any employee/applicant/transferee that uses illegal drugs from performing any safety-sensitive functions. No pre-employment alcohol testing will be conducted.

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

When a covered employee is on-call, this employer shall prohibit the covered employee from consuming alcohol for the specified on-call hours. On-call is defined as the covered employee being available by some means of a telecommunication device for a specified period of time, in order to report for duty if the need arises. The procedure shall include either the opportunity for the covered employee to acknowledge the use of alcohol at the time he/she is called to report to duty and his/her inability to perform his/her safety-sensitive function or the requirement that the covered employee take an alcohol test, if the covered employee has acknowledged the use of alcohol, but claims ability to perform his or her safety-sensitive function.

\_\_\_\_\_ *Employee's Initials* \_\_\_\_\_ *Date*

## Section 4 - TYPES OF TESTING

### Section 4-1

According to Part 655, covered employees shall be subject to six types of drug and/or alcohol testing - pre-employment, random, post-accident, reasonable suspicion, return-to-duty and follow-up. (See Section 10 of this policy for Disciplinary Action resulting from alcohol and/or drug misuse or refusing to test.) Before performing a test under Part 655, the employer shall notify the covered employee that the test is required by Part 655.

**(A)PRE-EMPLOYMENT TESTING** - This employer will not allow an employee or applicant to perform any safety-sensitive function until a pre-employment test has been conducted and this employer has received a verified negative drug test result from the MRO/Consortium (Attachment A must be completed by the employee or applicant). This employer will not transfer an employee from a non-safety sensitive function to a safety-sensitive function until a pre-employment test has been conducted and this employer has received a negative drug test result from the MRO/Consortium. (Attachment A must be completed by the transferee).

If the employee's or applicant's drug test is canceled, another drug test shall be conducted with a verified negative test result from the MRO/Consortium before the employee/applicant will be hired or the transferee will start any safety-sensitive function (except as described in the following paragraph).

If an otherwise qualified employee/applicant attempts to provide a specimen and cannot void the minimum 45 ml. of urine, the "Shy Bladder" procedures in Section 5-Drug Testing will apply. If the licensed physician acceptable to the MRO determines the employee/applicant has a medical condition that prevented him or her from providing the required amount of urine and the medical condition is permanent or long-term, the licensed physician may conduct an alternative test to determine if there is clinical evidence that indicates the applicant/transferee uses illicit drugs. If the medical evaluation shows no clinical evidence of illicit drug use, the MRO shall report a negative drug test result to the employer with written notations regarding the results of both the medical evaluation conducted and any further medical examination. If the medical evaluation shows clinical evidence of drug use, the MRO will report the drug test result as canceled to the employer with written notations regarding the results of both the medical evaluation conducted and any further medical examination. The written notations will also state the reason for determining that signs and symptoms of drug use exist. The MRO will receive a written statement of the determination from the employee's/applicant's physician who conducted the medical evaluation and shall consult with the physician before reporting a negative or cancelled drug test result.

If the licensed physician determines the employee/applicant has a medical condition, but does not have a permanent or long-term disability, a pre-employment test shall be conducted again on the employee/applicant and the employer must receive a verified negative test result from the MRO/Consortium before the employee/applicant will start any safety-sensitive function.

A pre-employment test will also be conducted on any covered employee or applicant who has not performed a safety-sensitive function for 90 consecutive calendar days, regardless of the reason, and has not been in this employer's random selection pool during that time. This employer must receive a verified negative drug test result from the MRO/Consortium before the employer will allow the employee or applicant to perform a safety-sensitive function. (Attachment A must be completed by the employee or applicant).

Under this employer's independent authority, if an applicant/employee refuses to submit to a pre-employment drug test or receives a positive, adulterated or substituted pre-employment drug test result, the applicant shall no longer be considered for employment or the employee shall no longer be considered for a safety-sensitive position, however, this employer shall advise the applicant/employee of the resources available in evaluating and resolving problems associated with the misuse of drugs by providing him/her with the name, address and phone number of a Substance Abuse Professional (SAP), counseling and treatment programs.

**(B) RANDOM TESTING** - All covered employees governed by this policy will be included as a part of the Federal Transit Administration Drug and Alcohol Testing Consortium group from which the Consortium will randomly select a sufficient number of covered employees for testing each calendar year to equal an annual rate of not less than a minimum annual percentage for random alcohol (currently 10 percent) and drug testing (currently 25 percent) as determined by the FTA Administrator.

Every two months, our MRO will, from the total group, randomly select by a computer-based random number generated program, that is matched with the membership numbers, the covered employees' names and their social security numbers. Under the selection process used, each covered employee shall have an equal chance of being selected each time selections are made.

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Once the MRO makes the selections, he will forward the random list to the Consortium, who will notify the employers under whose drug and alcohol policies those selected are covered. If any of this employer's covered employees are selected, this employer will be given a date before which the covered employee must be tested per the random selection process. Failure of this employer to ensure the random testing is conducted within the time allotted will cause this employer to be out of compliance with the random testing requirement of 49 CFR Part 655.45.

This employer shall ensure that random drug and alcohol tests conducted under the random testing regulations are unannounced and immediate. This employer shall also ensure that the random tests are spread reasonably throughout the calendar year. Testing shall start in January and shall be continuous throughout the year. There will be no period during which the testing is halted. Testing will be conducted on all days and hours during which the transit service is in operation.

A covered employee shall only be tested for alcohol while the covered employee is performing safety-sensitive functions, just before the covered employee is to perform safety-sensitive functions, or just after the covered employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

**(C) POST-ACCIDENT TESTING** - As soon as possible following an accident, a post-accident drug and alcohol test shall be conducted on the responsible covered employee(s) when any of the circumstances below apply:

1. If an accident involves a fatality with this employer's mass transit vehicle. This employer shall also test any other covered employee whose performance could have contributed to the fatal accident.
2. In a non-fatal accident, if the accident involves this employer's mass transit vehicle, each covered employee operating the mass transit vehicle shall be tested unless this employer determines that the covered employee's performance can be completely discounted as a contributing factor to the accident. This employer shall also test any other covered employee whose performance could have contributed to the accident. The non-fatal accident definition includes a person who as a result of the accident immediately receives medical treatment away from the scene of the accident or one or more vehicles incur disabling damage as a result of the accident, requiring the vehicle(s) to be transported away from the scene by tow truck or other motor vehicle. A non-fatal accident may also include an incident where an individual suffers bodily injury, and immediately receives medical treatment away from the scene of the accident even though there is no vehicle collision, unless the covered employee can be completely discounted as a contributing factor to the accident.

If a post accident breath alcohol test is not conducted within two hours following the accident, this employer shall prepare and maintain on file a record stating why the breath alcohol test was not promptly administered. If the breath alcohol test is not conducted within eight hours following the accident, this employer shall cease all attempts to complete the alcohol test and shall prepare and maintain a record stating why the breath alcohol test was not promptly administered. Records shall be submitted to FTA upon request of the FTA Administrator. (See Attachment C)

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

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

This employer shall provide the covered employee with necessary post-accident information, procedures and instructions, prior to the covered employee's performing any safety-sensitive function, so that the covered employee will be able to comply with the requirements of this section. (See Attachment D)

The results of a blood, urine or breath test for the use of prohibited drugs or alcohol misuse conducted by federal, state or local officials, having independent authority for the test, shall be considered to meet the post-accident testing requirements provided such testing conforms to the applicable federal, state or local drug and/or alcohol testing requirements, and that the results are obtained by this employer. Such test results may be used only when the employer is unable to perform a post-accident test within the required periods as noted in (C) Post-Accident testing of this Policy.

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**(D) REASONABLE SUSPICION TESTING** - Supervisors and/or other company officers authorized by the employer to make reasonable suspicion determinations shall receive at least 60 minutes of training on the physical, behavioral, and performance indicators of probable drug use and at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. When a trained supervisor/other company officer has reasonable suspicion that a covered employee has violated the "Use Prohibited" provision of Section 3 of this Policy, the covered employee shall be required to submit to an alcohol and/or drug test. The trained supervisor/other company officer's determination that reasonable suspicion exists must be based on specific contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the covered employee. (See Attachment E)

Alcohol testing is authorized when observations of the covered employee are made during, just before, or just after the period of the work day that the covered employee is required to be in compliance with Part 655. The covered employee may be required to undergo reasonable suspicion alcohol testing while the covered employee is performing safety-sensitive functions, just before the covered employee is to perform safety-sensitive functions, or just after the covered employee has ceased such functions. Under this employer's independent authority, the covered employee may also be required to undergo reasonable suspicion alcohol testing at any time while on duty even when the covered employee is not performing any safety-sensitive function.

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

No covered employee shall report for duty or remain on duty when this employer's designated person(s) has observed the covered employee as under the influence of alcohol or impaired by alcohol. This employer shall not permit the covered employee to perform or continue to perform safety-sensitive functions until an alcohol test is conducted and the covered employee's alcohol test result is less than .02 or until the start of the covered employee's next regularly scheduled duty period, but not less than 8 hours following the determination that there was reasonable suspicion to believe the covered employee was under the influence of alcohol or impaired by alcohol. Any covered employee that is impaired by alcohol or under the influence of alcohol will be sent home for the remainder of the work day without pay.

Under this employer's independent authority, if reasonable suspicion exists to require a covered employee to undergo a drug test, the employee will be immediately removed from performing any safety-sensitive functions and will not be allowed to resume safety-sensitive functions until the employer receives a negative drug test result. If the drug test result is negative, the employee would be compensated for the time he/she is off duty. If the drug test result is positive, the employee shall not be compensated and shall be subject to the Disciplinary Action in Section 10 of this policy.

Refusal to submit to a reasonable suspicion test shall be considered a positive test. Under this employer's independent authority, any covered employee who refuses to submit to a reasonable suspicion test shall be subject to the Disciplinary Action in Section 10 of this Policy.

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

**(E) RETURN TO DUTY TESTING** - Any covered employee who comes forward with a drug and/or alcohol problem as stated in Section 8 (Employee Assistance Program) of this Policy shall be advised by this employer of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs by providing the covered employee with the name, address and telephone number of one or more SAP's, counseling and treatment programs as stated in Attachment 1.

Any covered employee who comes forward with a drug and/or alcohol problem shall have a face-to-face clinical assessment and evaluation by a SAP to determine what assistance is needed for the covered employee to resolve problems associated with alcohol and/or drug use. The SAP must refer the covered employee to an appropriate education and/or treatment plan and provide a letter to the employer stating the specific recommendations of assistance for the covered employee. The covered employee shall have a face-to-face follow-up evaluation to determine if the covered employee has actively participated in the education and/or treatment program and has demonstrated successful

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compliance with the initial assessment and evaluation recommendations. Successful compliance could mean full or partial completion of the evaluation recommendations.

If the SAP feels the covered employee has not successfully complied with the recommendations of assistance, the SAP must provide a letter to the employer stating so. The covered employee will not be allowed to return to safety-sensitive functions and the employer may take employment action against the covered employee, up to and including termination.

If the SAP feels the covered employee has successfully complied or is continuing to comply with the recommendations of assistance, the SAP must provide a letter to the employer stating so. The SAP letter may include requirements for further recommendations of assistance and follow-up evaluations if the SAP believes that ongoing services are needed to assist the covered employee in maintaining sobriety or abstinence from drug use after the covered employee returns to safety-sensitive functions. The SAP letter provided to the employer shall also include the SAP's follow-up testing plan for the covered employee.

The employer shall fax or mail a copy of the SAP letter to the Consortium. The Consortium will assist the employer in determining whether the covered employee has complied with the SAP's recommendations. If the employer is ready for the covered employee to return to safety-sensitive functions, a return to duty test will be scheduled.

The SAP may direct the covered employee to undergo both a drug and alcohol test if the SAP determines that return to duty testing for both drugs and alcohol are necessary for the covered employee. If the alcohol test result is less than .02, and the drug test result is negative, the covered employee may return to safety-sensitive functions.

Under this employer's independent authority, the provisions of return to duty testing only applies when a covered employee comes forward for assistance with a drug and/or alcohol problem as stated in Section 8 (Employee Assistance Program) of this Policy.

**(F) FOLLOW-UP TESTING** - The covered employee will be subject to unannounced follow-up drug and/or alcohol tests following the covered employee's return to safety-sensitive functions. The number and frequency of such tests shall be determined by the SAP and shall consist of at least six tests in the first twelve months of the covered employee's return to duty. The SAP may direct the covered employee to undergo both drug and alcohol tests if the SAP determines that follow-up testing for both drugs and alcohol are necessary for that covered employee. Follow-up testing shall not exceed 60 months from the date of the covered employee's return to duty. The Consortium will assist the employer in ensuring that follow-up testing is conducted in accordance with the plan established by the SAP.

Under this employer's independent authority, the provisions of follow-up testing only applies when a covered employee comes forward for assistance with a drug and/or alcohol problem as stated in Section 8 (Employee Assistance Program) of this Policy.

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## Section 5 - DRUG TESTING

### Section 5-1

**(A) DRUG TESTING PROCEDURES:** All drug testing procedures will be followed in accordance with 49 CFR Part 40.

To ensure the integrity of collections, the facilities to be used for testing must be secured during drug testing by visual inspection to ensure that no foreign or unauthorized substances are present, to ensure other persons are not present and to ensure undetected access is not possible.

Bluing agents shall be put in the toilet bowl and in a moveable toilet tank (unless the tank is taped or otherwise secured). Any water source shall be secured or otherwise made unavailable to the covered employee. All soaps, disinfectants, cleaning agents or other possible adulterants shall be removed from the facility or otherwise secured, if not removable. All areas and items in the facility that could conceal contaminants shall be secured. All of the above shall be rechecked following each collection.

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

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

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

The covered employee will be instructed not to list any medications that he/she is currently taking on the CCF (unless it is the covered employee's copy).

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

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

If a direct observation collection must take place, it must be conducted immediately unless the direct observation collection is for a return to duty or follow-up test. All direct observation collections are done without any advance notice to the covered employee. The collector shall explain to the covered employee the reason for the direct observation test, except when the employer is required to do so. The collector or an observer must be the same gender as the employee. The same gender collector or observer must request the covered employee to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower his/her clothing and underpants to show the collector or observer, by turning around, that the covered employee does not have a prosthetic device. After the collector or observer has determined the

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covered employee does not have such a device, the employee may be permitted to return the clothing to its proper position for the observed urination. The collector or observer must watch the urine go from the driver's body into the collection container. An observer will continue to watch the specimen until it is given to the collector.

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

The tabs on the specimen bottles will be broken in front of the collector and the covered employee. The covered employee will give the specimen container to the collector and the collector will pour the urine specimen into the split specimen bottles. The primary specimen shall be at least 30 mL of urine. The split specimen shall be at least 15 mL of urine. The covered employee should observe the specimen at all times until the lids/caps are secured and the tamper-evident bottle seals are put over the lids/caps (this is for the covered employee's protection to ensure it is his/her specimen). The covered employee is to initial the tamper-evident bottle seals on the bottles for proof that it is her/her specimen. The covered employee will also be required to sign the CCF as proof that the specimen identified as having been collected is in fact the covered employee's. The collector will complete the CCF and place the specimen bottles and Copy 1 of the CCF in the pouches of the plastic bag and secure both pouches. The covered employee will then be dismissed from the collection site.

Both specimens are then sent by overnight delivery to the DHHS/SAMHSA-certified laboratory for testing of the five drugs or classes of drugs (as described in Section 1) and for validity testing.

All results will be reviewed by the MRO. Negative results will be released by the MRO to the Consortium, who will forward the results to this employer.

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

Before the start of the verification interview with the covered employee, the MRO will warn the covered employee that any medical information given to the MRO (medical conditions, medications or other substances affecting the performance of safety-sensitive functions the covered employee reports having or using) will be provided to third parties (the employer, a SAP evaluating a covered employee as part of the return to duty process, DOT, another federal safety agency or any other safety agency) if the MRO determines the information is likely to result in the covered employee being medically unqualified to perform safety-sensitive functions or is likely to pose a significant safety risk if the covered employee is allowed to continue performing safety-sensitive functions.

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

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

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follow-up testing. If the covered employee admits to adulterating or substituting the specimen, the verified test result will be reported as a refusal to test.

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

**(B) DILUTE SPECIMENS:** The employer will treat a verified positive drug test result that is diluted the same as a verified positive drug test result.

This employer has chosen not to have any second collections conducted on negative dilute test results.

**(B) SHY BLADDER:** After a covered employee's first unsuccessful attempt to provide a minimum of 45 mL of urine, the shy bladder time starts. Any insufficient specimen shall be discarded and a fresh collection container shall be used for each attempt, thereafter. The collector will document on the remarks line of the CCF and inform the employee of the time in which the 3-hour period begins and ends. The covered employee will be urged to drink up to 40 oz. of fluids, reasonably through a period of up to 3 hours; however, it is not considered a refusal to test if the covered employee chooses not to drink fluids. If the covered employee does not provide a sufficient amount of specimen within 3 hours, the collection will be discontinued and the employer will be notified. The employer will consult with the MRO, then direct the covered employee to obtain, within 5 working days, an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues associated with the covered employee's inability to provide an adequate amount of specimen. Under this employer's independent authority, all costs incurred for the medical evaluation shall be paid by the employee, unless the medical evaluation would be covered by this employer's health insurance policy or other employer policy. The physician must provide to the MRO a written statement of his/her recommendations and the basis for them. If the covered employee has a medical condition that could have prevented him/her from providing a sufficient amount of urine, and the MRO agrees with the physician's recommendation, the MRO will report the test result as a cancelled test. If the covered employee does not have a medical condition that could have prevented him/her from providing a sufficient amount of urine and the MRO agrees with the physician's recommendation, the MRO will report the test result as a refusal to test.

**(C) SPLIT SPECIMEN TESTS:** When a covered employee is notified of a positive drug test or a refusal to test because of adulteration or substitution, the covered employee has 72 hours from the time of notification by the MRO to request a test of the split specimen either verbally or in writing to the MRO. The MRO will then prepare the documentation and forward it to the laboratory that is storing the split specimen. That lab will then prepare the documentation and send both the split specimen and the documentation to another DHHS/SAMHSA lab for the split specimen testing. Pending the result of the split specimen test, the covered employee is not allowed to remain in a safety-sensitive function.

If the covered employee is unable to contact the MRO within 72 hours, the covered employee may present to the MRO information documenting that serious illness, injury, inability to contact the MRO, lack of actual notice of the verified test result, or other circumstances unavoidably prevented the covered employee from timely contacting the MRO. If the MRO concludes there is a legitimate explanation for the covered employee's failure to contact the MRO within 72 hours, the MRO shall direct that the test of the split specimen take place.

Another DHHS/SAMHSA laboratory will test the split specimen to either reconfirm or fail to confirm the positive, adulterated or substituted drug test result from the result of the primary specimen. If the split specimen reconfirms the positive, adulterated or substituted result, the positive or refusal to test result will stand. If the split specimen fails to confirm the positive, adulterated or substituted result, both the primary specimen and the split specimen test results will be cancelled by the MRO.

If the covered employee notifies the MRO to test the split specimen and the laboratory reports to the MRO the split specimen is not available, the MRO will cancel both the primary specimen and the split specimen tests and direct the employer to conduct another collection on the covered employee immediately under direct observation.

Under this employer's independent authority, any covered employee who requests a test of his/her split specimen shall reimburse the employer for the cost of the split specimen test assessed to this employer by the Consortium.

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## Section 6 - ALCOHOL TESTING

### Section 6-1

**[A] ALCOHOL TESTING PROCEDURES:** All alcohol testing procedures will be followed in accordance with 49 CFR Part 40. All alcohol testing will be administered by a BAT/STT who has met the qualification training requirements in 49 CFR Part 40.

A covered employee shall only be tested for alcohol while the covered employee is performing a safety-sensitive function, just before a covered employee is to perform a safety-sensitive function, or just after the covered employee has ceased performing a safety-sensitive function.

If both a drug and alcohol test is to be conducted on the covered employee, the alcohol test must be completed before the urine collection process begins.

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

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

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

If a saliva alcohol screening device (hereinafter called device) is used for the screening test, the BAT/STT will check the expiration date on the device and show it to the covered employee. If it is beyond the expiration date, the device shall be disposed of and a new device shall be used.

The BAT/STT will offer the covered employee the choice of using the swab himself/herself, or having the BAT/STT use the swab. If the covered employee uses it, the BAT/STT will instruct the covered employee to insert the absorbent end of the swab in his/her mouth and actively swab around the cheeks, gums and under the tongue for 30-60 seconds or until the cotton swab is thoroughly wet. Otherwise, if the covered employee chooses not to use the device, the BAT/STT will swab the covered employee's mouth. The BAT/STT will wear single-use examination or similar gloves when swabbing the covered employee's mouth and will change the gloves following each test given.

If the swab breaks or is contaminated (dropped on the floor or on a surface) or the swab is removed or falls from the device before the device is activated, the BAT/STT shall discard the device and conduct another test using a new device. The BAT/STT shall note in the remarks section of the ATF the reason for the new test. The BAT/STT will offer the covered employee the choice of using the swab himself/herself, or having the BAT/STT use the swab, unless the BAT/STT feels the covered employee was responsible for the new test needing to be conducted.

On the new device, if the swab breaks or is contaminated (dropped on the floor or on a surface) or the swab is removed or falls from the device before the device is activated, the collection shall be terminated and an explanation shall be noted in the remarks section of the ATF. A new test shall then be conducted immediately by a BAT using an EBT for the screening test.

The BAT/STT shall place the device on a flat surface or hold the device at a slight angle and insert the swab into the entry port. The BAT/STT shall then apply gentle, steady pressure until the device indicates it is activated.

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If the saliva ASD procedures are correctly followed but the device does not activate, the BAT/STT shall discard the device and conduct a new test on a new device. In all cases where a new test is necessary because the device does not activate, the BAT/STT will swab the covered employee's mouth.

The BAT/STT shall read the result displayed on the device 2 minutes after inserting the swab into the entry port. The BAT/STT shall show the device and its reading to the covered employee and shall record the result on the ATF. The BAT/STT shall also enter that a saliva ASD was used in Step 3 on the ATF.

If the result is less than .02 alcohol concentration, the BAT/STT shall sign and date Step 3 of the ATF. The BAT/STT must immediately transmit the alcohol test result using Copy 1 of the ATF by telephone, electronic means, or in person to the employer. All devices and materials used in the testing process shall be properly disposed of.

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

If the result is less than .02 alcohol concentration, the BAT shall sign and date Step 3 on the ATF. The BAT must transmit the alcohol test result using Copy 1 of the ATF immediately by telephone, electronic means or in person to the employer.

If the alcohol concentration is .02 or greater, a confirmation test shall be conducted with an EBT not less than 15 minutes nor more than 30 minutes after the completion of the screening test. During that time, the covered employee will be asked not to eat, drink, belch or put anything into his/her mouth to prevent an accumulation of mouth alcohol that could lead to an artificially high reading on the confirmation test. The BAT/STT will note in the remarks on the ATF these instructions were given and will also note on the ATF if the covered employee chose to ignore the instructions. The confirmation test will still be conducted. If the confirmation test will be conducted at a different site, the BAT/STT or the employer must transport the covered employee to the testing site. The covered employee will not be allowed to drive a motor vehicle.

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

If the screening test was conducted by a STT or if the confirmation test is to be conducted by a different BAT, the STT or BAT who conducted the screening test shall complete and sign Step 3 on the ATF and give the covered employee Copy 2 of the ATF. A new ATF will be used by the BAT who will be conducting the confirmation test. The BAT will require positive identification of the covered employee and explain the confirmation testing procedures. The BAT shall complete Step 1 on the ATF. The covered employee will then be directed to complete Step 2 on the ATF and sign the certification. If the covered employee refuses to sign the certification, the BAT/STT will document on the ATF that the covered employee has refused to test and the employer will be immediately notified.

Before the confirmation test is conducted, the BAT must conduct an air blank test on the EBT that reads "0.00" and show the reading to the covered employee. An individually sealed mouthpiece will be opened in front of the covered employee and attached to the EBT. The BAT and the covered employee shall read the sequential test number displayed on the EBT. The covered employee will be requested to blow steadily and forcefully into the mouthpiece for at least six seconds or until the EBT indicates that enough breath has been obtained. The covered employee will be shown the breath alcohol test result and the result will be affixed to the ATF with tamper-evident tape.

If the confirmation test result is less than .02 alcohol concentration, the BAT shall sign and date Step 3 on the ATF. The BAT must transmit the alcohol test result using Copy 1 of the ATF immediately by telephone, electronic means or in person to the employer.

If the confirmation test result is .02 or greater alcohol concentration, the covered employee shall be directed to sign Step 4 on the ATF. If the covered employee does not sign, the BAT will note in the remarks on the ATF of the covered employee's failure to sign Step 4. The covered employee's failure to sign Step 4 will not be considered a refusal to test. The BAT must immediately notify the employer by any means of an alcohol test result of .02 or greater to ensure the result is immediately received by the employer.

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If a screening or confirmation test is invalid, the BAT/STT will inform the covered employee that the test is cancelled and note the problem on the remarks line on the ATF. If a new screening or confirmation test is capable of being done, a screening test will be repeated or a retest will be conducted for the confirmation test on the covered employee.

**[B] INABILITY TO PROVIDE AN ADEQUATE AMOUNT OF SALIVA OR BREATH:** If a covered employee is unable to provide sufficient saliva to complete a test on the saliva ASD to activate the device, the BAT/STT shall conduct another test using a new device. If the covered employee refuses to complete the new test, the BAT/STT shall terminate testing and immediately notify the employer.

If a new test is conducted and the covered employee is still not able to provide sufficient saliva to complete the test, the employer shall be immediately notified and the alcohol test will then be administered by a BAT using an EBT.

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

If the covered employee does make an attempt again and fails to provide an adequate amount of breath, the BAT may provide another opportunity to the covered employee if the BAT feels there is a strong likelihood the covered employee could provide a sufficient amount of breath. If the covered employee fails to provide an adequate amount of breath, the BAT shall note the failure on the remarks of the ATF and immediately notify the employer. The employer will then direct the covered employee to obtain, within 5 days, an evaluation from a licensed physician who is acceptable to the employer and has expertise in the medical issues associated with the covered employee's inability to provide a sufficient specimen. The employer will tell the physician the covered employee was required to take a DOT breath alcohol test but was unable to provide a sufficient amount of breath and the consequences for refusing to take the required alcohol test. The employer must also tell the physician to provide to the employer a signed statement of the physician's conclusions and the basis for them. If the physician determines the covered employee has a medical condition that could have prevented him/her from providing a sufficient amount of breath, the test will be cancelled. No further testing will be required except when the covered employee needs a test result of less than .02 for a return to duty or a follow-up test. If the physician determines the covered employee does not have a medical condition that could have prevented him/her from providing a sufficient amount of breath, it will be considered a refusal to test. The employer shall notify the covered employee of the physician's conclusions.

**[C] OTHER ALCOHOL-RELATED CONDUCT:** A covered employee tested under Section 4 of this policy who is found to have an alcohol concentration of .02 or greater, but less than .04, shall not perform or continue to perform safety-sensitive functions, nor shall this employer allow a covered employee to perform or continue to perform safety-sensitive functions, until the start of the covered employee's next regularly scheduled duty period, but not less than 8 hours following the administration of the alcohol test or until another alcohol test is conducted on the employee and the result is less than .02. Any covered employee who has an alcohol test result of .02 or greater, but less than .04, will be sent home without pay, under this employer's independent authority.

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## Section 7 - ACCESS TO RECORDS

### Section 7-1

All laboratory records pertaining to a given urine specimen will be kept by the laboratory for two years, unless otherwise instructed by this employer, the employee, the MRO or a DOT agency to retain the records for an additional period of time. The laboratory will keep in long-term frozen storage a confirmed positive, adulterated, substituted or invalid split specimen in its original-labeled specimen bottle for at least one year to be available for the purpose of preserving evidence for litigation or a safety investigation. All MRO records pertaining to negative drug test results are kept by the MRO for one year. All records pertaining to confirmed positive, adulterated, substituted or invalid test results are kept by the MRO for a minimum of five years.

All records pertaining to the employer's drug and alcohol testing program shall be maintained in a secure location with controlled access and shall be maintained according to 49CFR Part 655. Records, including drug and alcohol test results, shall only be released in the following circumstances:

Upon written request, covered employees are entitled to copies of their records pertaining to their use of drugs or alcohol, including any records pertaining to their drug and alcohol tests. Covered employees are also entitled to have access to any pertinent records directly related to their given urine or alcohol specimen testing such as equipment calibration maintenance records and records of laboratory certifications. This employer shall promptly provide records requested by the covered employee and shall not be conditional upon the employer's receipt of payment for the preparation and/or production of those records.

The laboratory must provide the records relating to the results of the employee's drug tests within 10 days of a written request from the employee. The laboratory may charge no more than the cost of preparation and reproduction for copies of these records.

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

This employer may disclose drug and alcohol information pertaining to a covered employee to the employee or to the decision maker in a lawsuit, grievance or other proceeding initiated by or on behalf of the covered employee, and arising from the results of a drug and alcohol test administered according to 49 CFR Parts 655 and 40 or from this employer's determination that the covered employee engaged in conduct prohibited in Section 3 ("Use Prohibited") (including, but not limited to worker's compensation, unemployment compensation or other proceeding relating to a benefit sought by the covered employee). In addition, the employer may disclose information in criminal or civil actions resulting from the covered employee's performance of safety-sensitive functions, in which a court of competent jurisdiction determines that the drug and alcohol test information sought is relevant to the case and issues an order directing the employer to produce the information. The employer may release the information to the decision-maker in the proceeding only with a binding stipulation that the decision-maker to whom it was released will make it available only to parties in the proceeding. The employer must notify the covered employee in writing of any information released to the decision-maker in the criminal or civil proceeding.

This employer may disclose drug and alcohol testing information required to be maintained under 49 CFR Part 655, pertaining to a covered employee, to the State oversight agency or grantee required to certify to FTA compliance with the drug and alcohol testing procedures of 49 CFR Parts 40 and 655.

This employer shall only release information regarding a covered employee's record as directed by the specific written consent of the covered employee to an identified person. Release of that information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

Records shall be accessible and copies shall be made available in all of the employer's facilities to the U.S. Secretary of Transportation, or any Federal, state or local safety agency with regulatory authority over the employer or the employer's covered employees.

Information related to the employer's administration of a post-accident alcohol and/or drug test administered following an accident under investigation by the National Transportation Safety Board (NTSB) shall be made available when requested by the NTSB.

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## Section 7-2

In the event this employer chooses to rehabilitate a covered employee with a positive alcohol result of .04 or greater, or a refusal to test, this employer shall release the alcohol result and or documentation to the Consortium to assist with the return to duty and follow-up testing as required under 49 CFR Part 40.

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## Section 8 - EMPLOYEE ASSISTANCE PROGRAM

## Section 8-1

Each covered employee will receive a copy of this anti-drug and alcohol-misuse policy, which includes all requirements under 49 CFR Parts 655.15 and 655.16. Some of those requirements include: the name(s) of the person or people that can answer covered employees' questions about the drug and alcohol program and testing; what period of the workday the covered employee is required to be in compliance; which covered employees are required to comply with the federal regulations and this policy; what conduct and behavior is prohibited under this drug and alcohol program; the circumstances in which the covered employee will be tested for drugs and alcohol; what procedures are used to test for drugs and alcohol; that the employee must submit to drug and alcohol testing as required by Part 655; what kind of behavior that constitutes a refusal to test and that a refusal to test is a violation of this Policy; the disciplinary action that will be taken on an employee who has a verified positive drug test, a verified positive alcohol test of .04 or greater or refuses to submit to test, including that the employee be removed from any safety-sensitive functions and be evaluated by a SAP; the consequences for an employee who has an alcohol concentration of .02 or greater, but less than .04; and any other requirements included in this Policy that exceeds CFR Parts 40 and 655. Each covered employee shall be given educational information concerning the effects and consequences of drug use on the covered employee's personal health, safety and work environment, including signs and symptoms of a drug problem. Also provided to the covered employee under this employer's independent authority is educational information concerning the effects and consequences of alcohol use on the covered employee's personal health, safety and work environment, including signs and symptoms of an alcohol problem.

Each covered employee will be required to sign an Anti-Drug & Alcohol-Misuse Policy Receipt Certificate (See Attachment G) certifying that they received a copy of the Anti-Drug and Alcohol-Misuse Policy which includes the required content as stated above. This employer will provide a copy of the Anti-Drug & Alcohol-Misuse Policy Receipt Certificate to each covered employee and keep the original.

Each covered employee will receive at least 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms which may indicate prohibited drug use. It is the covered employee's responsibility to report to work fit for duty, and remain fit throughout the workday in order to perform in a safe, efficient and productive manner. The covered employee will also be made aware of the signs and symptoms of a drug and/or alcohol problem (his/hers or a co-worker's) and shall be made aware of ways to intervene when a drug and/or alcohol problem is suspected, including referral to management, referral to an employee assistance program (if available from the employer), and referral to drug and/or alcohol abuse hotlines and help-lines as provided below, or local Alcoholics Anonymous or Narcotics Anonymous groups.

When a covered employee suspects a co-worker is under the influence of drugs and/or alcohol, the covered employee should refer the co-worker's name to management, who shall respond accordingly.

These hotline and help-line numbers are made available as a reference only:

Focus on Recovery Help-Line for Alcohol and Drug Abuse (800) 234-0286, (800) 234-0246, (800) 234-0420; or the Center for Substance Abuse Treatments Drug Information, Treatment, and Referral Hotline (800) 662-HELP (4357)

Under this employer's independent authority, any covered employee may come forward for assistance with a drug and/or alcohol use problem, as long as it is before a covered employee's notification of an impending drug and/or alcohol test. This employer shall provide the covered employee with referrals of where the covered employee can go for assistance. The covered employee will be removed from any safety sensitive function, and if no other position is available, will be put on unpaid leave of absence until such time the covered employee has completed all evaluations and rehabilitation required by the SAP. A letter must be written by the SAP and received by this employer stating the covered employee's readiness to return to duty to a safety sensitive function, and, the covered employee shall be required to complete a non-federal return to duty test for drugs and/or alcohol. If the employee fails or refuses to take a return to duty test, under this employer's independent authority, the employee will be terminated. If the result(s) is negative, the covered employee may return to duty. The covered employee will then be subject to non-federal follow-up drug and/or alcohol tests as prescribed by the SAP after returning to duty. All costs associated with the evaluations and rehabilitation will be the responsibility of the covered employee. The return to duty testing and follow-up testing shall be pre-paid by the employer, to be immediately reimbursed by the covered employee.

If a covered employee comes forward for assistance with a drug and/or alcohol problem and completes the SAP's recommendations, the covered employee will be allowed to return to duty provided the return to duty test result(s) is negative. Follow-up tests will be conducted as non-federal tests. If the employee fails or refuses to take a non-federal

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test, under this employer's independent authority, the employee will be terminated. The covered employee will be allowed to continue his/her safety-sensitive functions provided any follow up test result is negative. If the covered employee receives a positive return to duty test or at any time receives a positive follow up test result, the covered employee shall be terminated.

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

Employees who abuse drugs and/or alcohol cause more absenteeism, loss in work productivity, more accidents and more medical claims. This results in a loss of \$140 billion to American businesses each year.

Compared with the average employee, a typical drug-using employee in the workplace is:

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

Marijuana - The common name for the drug made from chopped leaves, stems and flowering tops of a cannabis plant. Some common street names for marijuana are "dope," "grass," "joint," "pot," "reefer." Marijuana can be smoked or eaten.

Marijuana is a depressant and mind-altering drug. It works on the brain and causes hallucinations. A person using marijuana is more than likely to experience slowed reaction time, reduced concentration, distorted vision and depth perception, is slower in making decisions, often drives slower than the speed limit, is unable to correctly measure distance and time, and has impaired short-term memory.

Some of the symptoms and signs of marijuana use are:

- |                        |                      |
|------------------------|----------------------|
| short-term memory loss | reddened eyes        |
| moodiness              | increased appetite   |
| slowed thinking        | increased heart rate |
| dilated pupils         | loss of memory       |

Some visible signs noted for the presence of marijuana are:

- |   |             |
|---|-------------|
| roach clips   | bongs       |
| cigarette rolling papers                            | small pipes |
| "one hitters" (usually metal - slim tubular device) |             |

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

Phencyclidine (PCP) - PCP was developed originally as an anesthetic but was taken off the market because it sometimes caused hallucinations. The most common street names for PCP are "angel dust," "crystal," "tea" and "THC." PCP is sold in various forms, mainly as a white, off-white or brown crystal-like powder, tablet or capsule. It can be ingested by mouth, snorted or injected intravenously. It can also be smoked when combined with marijuana or tobacco.

A person using PCP is more than likely to experience impaired coordination and dulled senses, a sense of power, drowsiness, aggressive behavior, hallucinations and blurred or double-vision. In some cases a person could even experience convulsions, coma, ruptured blood vessels in the brain, heart and lung failure, or even death.

Some of the symptoms and signs of PCP use are:

- |                      |                          |
|----------------------|--------------------------|
| confusion            | increased blood pressure |
| anxiety              | panic                    |
| dizziness            | drowsiness               |
| hallucinations       | disorientation           |
| increased heart rate | sweating                 |
| aggressive behavior  |                          |

Some of the signs for the presence of PCP are:

- |  |          |
|--|----------|
| needles                                  | capsules |
| syringes                                 | tablets  |
| plastic packets with a powdery substance |          |

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## Section 9-2

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

Cocaine - Cocaine comes from the leaves of coca plants. Some common street names for cocaine are "coke," "crack," "rock," "snort," "toot," "blow," and "snow." Cocaine can be snorted, injected intravenously, smoked or free-based (heating the cocaine and inhaling the vapors).

Cocaine stimulates the body's central nervous system. Psychological dependence on the drug can be high with repeated use.

A person using cocaine is more than likely to experience impatience, anger, over stimulated reflexes, distorted vision and depth perception, slow reaction time and false sense of security and alertness. In some cases, a person could even experience seizures, heart attacks, convulsions, hallucinations and death.

Some of the symptoms and signs of cocaine use are:

dilated pupils	nose bleeds
paranoia	irritability
runny nose	needle marks
increased blood pressure	hallucinations
restlessness	talkativeness
anxiety	weight loss
depression	nervousness

Some of the signs for the presence of cocaine are:

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

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

Amphetamines- Amphetamines are manufactured central nervous system stimulants used most often by individuals to stay awake. Psychological dependence on the drug can be high with repeated use. Some common street names for amphetamines are "speed," "crank," "meth," "crystal," "diet pills," "bennies" and "uppers."

In pure form, amphetamines are yellowish crystals in which some are made into tablets, pills or capsules. Amphetamines can be ingested in tablet, pill or capsule form, snorted, or injected intravenously if in powder or liquid form.

A person using amphetamines is more than likely to experience delayed reaction time, over stimulated reflexes, anxiety, irritability, distorted vision and depth perception, and a false sense of security and alertness.

Some of the symptoms and signs of amphetamine use are:

loss of appetite	paranoia
weight loss	sweating
dilated pupils	increased blood pressure
dry mouth	talkativeness
sleeplessness	nervousness
needle marks	depression
hallucinations	anxiety

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## Section 9-3

Some of the signs for the presence of amphetamines are:

pills  
tablets  
capsules  
small plastic bags or vials  
needles

small butane torch  
rolled paper currency  
small drinking straws  
razor blades  
syringes

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

Opiates - Some opiates come from the seed pod of the Asian poppy. Other opiates are synthesized or manufactured. Psychological dependence can be high with repeated use. Some common street names are "horse," "junk," "smack," "downers," "M," "yellow jackets," "blues" and "ludes."

Opiates are in many different compounds and forms. The most common are the pills, tablets or capsules. Other compounds and forms are in liquid or powder form. Opiates can be injected, smoked or injected intravenously.

A person using opiates is more than likely to experience distorted sense of time and distance, slowed reflexes, difficulty focusing, drowsiness and little or no concentration.

Some of the symptoms and signs of opiate use are:

nausea  
loss of appetite  
drowsiness  
depression  
reduced pain  
constricted pupils  
diarrhea

needle marks  
confusion  
cold or moist skin  
short attention span  
memory loss  
sweating  
vomiting

Some of the signs for the presence of opiates are:

pills  
tablets  
capsules  
needles  
syringes

bottle caps  
small packets  
eye droppers  
small spoons

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

Alcohol - Some common street names for alcohol are "booze," "juice," "brew," "sauce" and "hooch."

As a rule, a drink or two will create a feeling of well-being. What determines the rate of metabolism in the body and how fast it dissipates the alcohol depends on the altitude, the individual's body weight, metabolism, stomach content, gender, and whether the individual is sick or healthy, rested or tired. After the first drink or two, impairment begins, depending on the factors stated above. When the individual consumes alcohol that produces physical or mood-altering effects, it becomes a substance of abuse.

A person using alcohol is more than likely to experience blurred or distorted vision, impaired reaction time, impaired judgment, anger, nausea, drowsiness and aggressiveness.

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## Section 9-4

Some of the symptoms and signs of alcohol use are:

slurred speech  
odor on breath  
flushed skin  
glazed eyes  
blackouts  
drowsiness

hostility  
insomnia  
loss of concentration  
unsteadiness  
memory loss  
incoherence

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

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## **Section 10 - DISCIPLINARY ACTION**

### **Section 10-1**

**(Under this employer's independent authority, the following action will apply for any covered employee who violates this policy)**

**A violation of this policy will result in termination.**

This employer will advise the covered employee who violated this policy of the resources available in evaluating and resolving problems associated with the misuse of drugs and/or alcohol, even though the covered employee is terminated.

***THIS IS NOT AN EMPLOYMENT CONTRACT***

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## ATTACHMENT 1 - Page 1 South Central Transit (REV. 03.26.2015)

### COVERED EMPLOYEE JOB TITLES COVERED BY THIS ANTI-DRUG & ALCOHOL MISUSE POLICY:

Dispatchers/Schedulers  
Drivers  
Mechanics  
Safety/Training Coordinator  
Director of Operations

### MEDICAL REVIEW OFFICERS:

Dr. Howard Strickler, Chief MRO  
Dr. Jack Whites  
Dr. Philip Lopez

EDPM, Inc.  
505 20<sup>th</sup> Street North  
Suite #1200, Financial Center  
Birmingham, AL 35203-4610  
800-833-9412

### CERTIFIED LABORATORY:

LabOne, Inc.  
D/B/A Quest Diagnostics  
10101 Renner Blvd  
Lenexa, KS 62219  
913-888-3927/800-873-8845  
Fax: 913-273-1395

### CONSORTIUM:

Federal Transit Administration Drug & Alcohol Testing Consortium  
Administered by Mid-West Truckers Association, Inc.  
Candy Wendt, C-SAPA, Drug & Alcohol Program Supervisor  
2727 N Dirksen Parkway  
Springfield, IL 62702  
217-525-0310

### SUBSTANCE ABUSE PROFESSIONAL:

Michael G. Thompson, CRADC  
4230 Lincolnshire Drive, Suite E  
Mt. Vernon, IL 62864  
618-242-4290

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## ATTACHMENT 1 - Page 2 South Central Transit (REV. 03.26.2015)

### TREATMENT FACILITIES:

Comprehensive Services  
16352 North IL Hwy 37  
Mt. Vernon, IL 62864  
618-242-7300

Associated Psychotherapists  
1220 South Park  
Herrin, IL 62948  
618-988-1757

### DRUG TEST COLLECTORS AND BREATH ALCOHOL TECHNICIANS:

Elizabeth Beltz  
115 Dewey Road  
Eldorado, IL 62930  
618-273-8010  
618-841-3547 (Cell)  
618-561-8642 (Pager)

Intoxilyzer 400 Breath Alcohol Testing Device

Teri Russo  
Joe Russo  
19662 N Pisque Lane  
Woodlawn, IL 62898  
800-483-2076  
618-214-5597 (cell)

Phoenix 6.0 Breath Alcohol Testing Device  
Phoenix 6.0 Breath Alcohol Testing Device

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