RLS & Associates, Inc.

Moving Public Transportation
Into the Future

FTA Drug and Alcohol Regulatory Update

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APRIL 15, 2026

2026 CALACT SPRING CONFERENCE

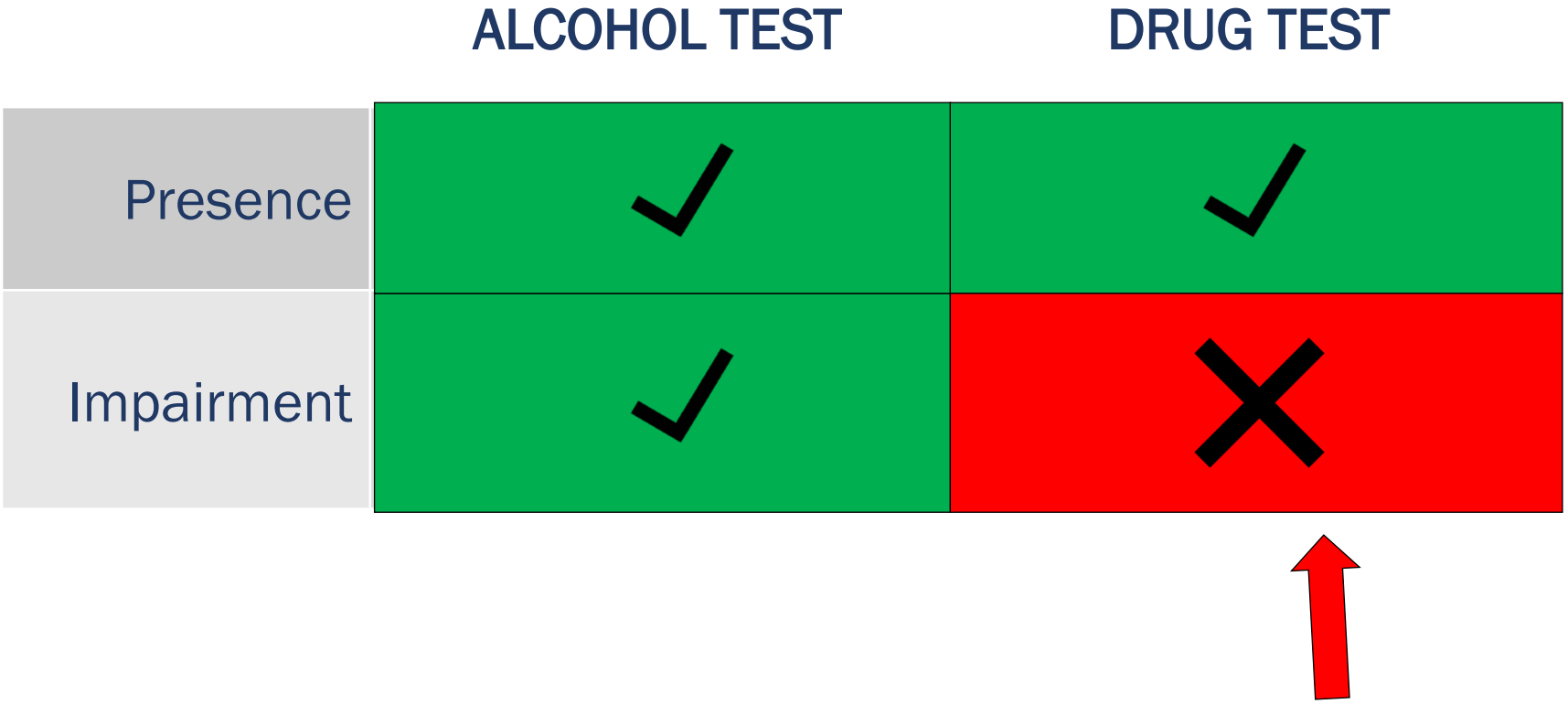
Recent Executive Order

- 12/018/2025 – Executive Order
  - Directs federal agencies (DEA/FDA) to initiate the process of modifying the regulatory status of marijuana from Schedule I under the Controlled Substances Act (CSA) to Schedule III
    - Federal acknowledgement of marijuana's medical value.
    - Reduces tax burden on cannabis businesses
    - Simplifies process and reduces administrative hurdles for research on risks and benefits
  - Does not legalize recreational marijuana
  - Does not have FDA approval required to legally prescribe under Federal authority
  - No change to federal penalties for illicit trafficking
  - Does not change state laws—state-compliant businesses are still in violation of Federal law
  - DOJ and DEA conducting formal rulemaking process
  - Likely shortcuts to formal hearings

Federal vs. State

- THC is still Federally illegal
  - USDOT Test is a Federal Test
  - THC use prohibited AT ALL TIMES for SS employees
- “Prescription” / Medical recommendation for Marijuana
  - Will NOT save anyone from a USDOT positive test result
  - **** Some MROs don’t even know this!**
- Term - “Safety-Sensitive”
  - Defined by USDOT/USDOT-Agency ONLY

Presence vs. Impairment



- Oral fluid drug testing will NOT change this!

Hemp vs Marijuana – A Legal Distinction

2018 Farm Bill

- Hemp removed from definition of "Marijuana"
- Hemp removed from CSA Schedule I

Hemp

- Any cannabis plant, or derivative thereof that:
  - Does not contain more than 0.3% delta-9 THC
- Federally legal ONLY if produced consistent with 2018 Farm Bill
- **Trending Example:**
  - **"hemp derived" THC Delta 9 Drinks**

Marijuana

- Anything* that isn't "hemp"
- Federally illegal
- CSA Schedule I

Recent Updates

49 CFR Part 40: NPRM

ODAPC Employer Handbook Update

Recent Updates (cont'd)

- 09/02/2025 - NPRM Posted to Update 49 CFR Part 40
  - USDOT-ODAPC: NPRM posted 09/02/2025; Public comment period open until 10/17/2025
  - Primary purpose:
    - Align/harmonize Part 40 with DHHS Mandatory Guidelines for Federal Drug Testing Programs (updated 01/16/2025)
  - USDOT-ODAPC is proposing:
    - Addition of Fentanyl and Norfentanyl (metabolite of Fentanyl) to DOT-regulated drug test
    - Amendments/Clarifications of certain provisions to harmonize with DHHS mandatory guidelines
  - What Does This NPRM Mean For You?
    - Review NPRM at link provided
    - Provide comment(s) if appropriate
    - Standby for final rule later in year

Recent Updates (cont'd)

- What is "Fentanyl" ?
  - Opioid drug
  - Synthetic with no natural ingredients
  - Approved medical uses
  - Illicit fentanyl is a main driver of overdoses
  - More potent than other opioids –
    - ~50x stronger than heroin
    - Small doses can be fatal
    - 2mg = fatal dose (few grains of salt)
  - Often hidden in other drugs
  - Can also be a "stand alone" drug… prevalence of "stand alone" fentanyl increasing

Figure: Image of real Adderall pills (left) and fake Adderall pills that contain fentanyl (right). *Source: DEA*

Recent Updates (cont'd)

- USDOT-ODAPC Published Updated Employer Handbook (10/2/2025)
  - "What Employers Need to Know About DOT Drug and Alcohol Testin
  - Last revised in June 2015
  - Available here: https://www.transportation.gov/odapc/employer_handbook
  - This is not a legal document that adds to or makes any official interpretations of DOT rules
  - This publication is for educational purposes only

Recent Updates (cont'd)

- FTA Restructure—Transit Safety Oversight (TSO)
- FTA is discontinuing its periodic newsletter "**FTA Drug and Alcohol Regulation *Updates***"
  - Related articles incorporated in "***Transit Safety and Oversight Spotlight***"
    - *Periodic*
    - *Subscribe through "email updates"*
      - *https://www.fta.dot.gov/*
      - *https://www.transit.dot.gov/regulations-and-guidance/safety/tso-spotlight-newsletter*

Oral Fluid Drug Testing

Where Do We Stand?

Oral Fluid Drug Testing: Part 40 Update

The What

- 49 CFR Part 40 is USDOT's D&A regulation covering testing procedures

The Why

- "OTETA" requires DOT is to align with DHHS drug testing rules
- DHHS published updated final rule for oral fluid testing in 2019
- Part 40 had to be updated to align with DHHS changes

The When

- Feb 2022 – USDOT issued NPRM
- May 02, 2023 – Final rule (Part 40) published in Federal Register
- June 1, 2023 – Effective date for all changes
- Legal Quagmire

Oral Fluid Drug Testing: Part 40 Update (cont'd)

The Headline

- ORAL FLUID DRUG TESTING
- Permitted as **alternative*** to urine drug testing
- Time to result likely won't be much different than urine tests

Can You Start Oral Fluid Testing?

- NO!
- DHHS must first approve 2 labs
- Why 2 labs?
- **…. We're all still waiting**

Highlights

- **Employer** chooses test specimen type
- Employers will want to establish a "standing order"
- All oral fluid collections are considered "directly observed"

Oral Fluid Drug Testing: Part 40 Update (cont'd)

What Does This Mean For Employers?

- Decide which specimen type(s) you want to utilize once available
- Tests requiring "subsequent collections" like shy bladder, dry mouth, temp out of range, etc.

What Does This Mean For Employers?

- Collectors will need to obtain training specific to oral fluid collections
- Employer should retain copies of training certificates
- Vital for DERs/DAPMs to be immediately available to collectors during test

What Does This Mean for EMPLOYEES?

- May be subject to either urine or oral fluid collection in future
- Some tests can start as one specimen type and switch to another
- Make it clear that it is **employer's decision**

Urine vs Oral Fluid Drug Testing

	Historical Standard	Speed of "Use to Detection"	Detection Window	Time EE is Out of Operations	Ability to "Cheat"	Time to Result	Intrusiveness
Urine	• Long-standing Standard						
Oral Fluid	• Newly Authorized for DOT						

Urine vs Oral Fluid – Industry Insights

URINE

- Return To Duty / Follow – Up
- Pre-Employment*
- Random Testing
- When collection site is unable to do Oral Fluid*
- “Wet Monkey” Theory

Oral Fluid

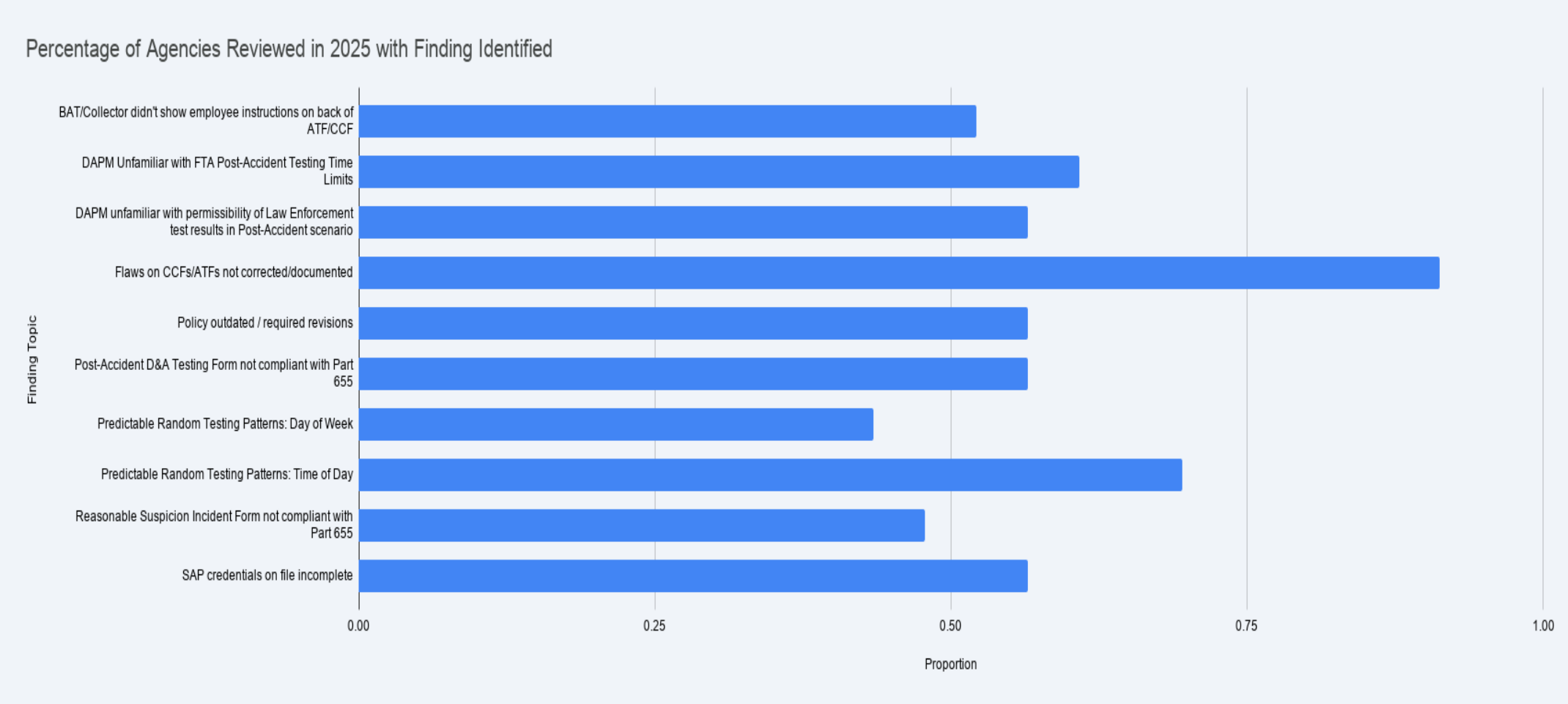
- Post-Accident / Reasonable Suspicion
- Pre-Employment*
- States with “parent THC” laws
- If initial urine collection is “shy-bladder”
- Directly Observed Tests
- Remote locations

Common Findings

California 2025 D & A Review Findings

Finding Topic	% Percentage of Agencies Reviewed in 2025 with Finding Identified
Flaws on CCFs/ATFs not corrected/documented	91.30%
Predictable Random Testing Patterns: Time of Day	69.57%
DAPM Unfamiliar with FTA Post-Accident Testing Time Limits	60.87%
Post-Accident D&A Testing Form not compliant with Part 655	56.52%
DAPM unfamiliar with permissibility of Law Enforcement test results in Post-Accident scenario	56.52%
SAP credentials on file incomplete	56.52%
Policy outdated / required revisions	56.52%
BAT/Collector didn't show employee instructions on back of ATF/CCF	52.17%
Reasonable Suspicion Incident Form not compliant with Part 655	47.83%
Predictable Random Testing Patterns: Day of Week	43.48%

California 2025 D & A Review Findings



Common Findings: Policy – Out of Date

Policy = Living Document

- It will NEVER be "finished"
- It will ALWAYS need updating

Remove/Generalize Provisions Likely to Change

- Lab cut-off levels (remove)
- Random testing percentages (generalize)

Seek Expert Review

- Get your policy reviewed REGULARLY
- FTA
- State DOT
- Others?

Common Findings: Policy Applicability

- Must Identify the Authority for Each Provision
  - CLEARLY identify & delineate between provisions required by USDOT vs. those required locally by the employer
  - Typically accomplished through a font difference
  - Example: "*Any provision set forth in this policy which are not included under USDOT/USDOT Agency rules, regulations, and/or laws and which are under the sole authority of the [EMPLOYER] are underlined.*"

- Can't contradict the USDOT regulations

- Can't suggest/infer a local violation is DOT violation

Common Findings: Policy General

Removing EE from SS Functions

- 0.04 vs. 0.02
- 0.04 = Violation
  - SAP Referral
  - RTD Process
- 0.02 = No Violation
  - No SAP Referral
  - No RTD

Generic / Undefined Language

- “Fail” vs. “Refusal” vs. “Positive” vs. “Pass”, etc.
- Lab cut-off levels (remove)
- Random test % (generalize)

Governing Authority Approval

- Must approve EVERY TIME* policy is revised
- Current EEs must acknowledge changes

Common Findings: Policy Consequences

- Zero Tolerance vs. 2nd Chance
  - Determination to terminate or not is 100% EMPLOYER decision (not mandated by USDOT-FTA regulations
  - Each employer must make the decision, list in policy, be consistent

- YOU MUST ALWAYS FOLLOW YOUR POLICY!!

Common Findings: Policy Resources

RESOURCES

FTA Policy Review Checklist

FTA D&A Policy Builder

FTA D&A Project Office

State DOT

POST-ACCIDENT

An Occurrence Associated w/ Operation of Vehicle (whether or not in revenue service) and one or more of following occur:

- Human Fatality
- Individual suffers bodily injury and immediately transported away from scene for medical treatment
- One or more vehicles incurs disabling damage

"The 3

POST-ACCIDENT

What is Disabling Damage?

- Vehicle cannot be operated under its own power without further damaging vehicle
- **USUALLY** requires a tow, but not always

What is NOT Disabling Damage?

- Damage to headlights, taillights, turn signals, windshield wipers, horn
- Tire damage/replacement alone is not to be considered disabling damage
- Any other damage which can be easily remedied at the scene of accident with simple tools

POST-ACCIDENT

Decision to Test

- Made by employer at the time of the accident
- Use best information available AT TIME OF ACCIDENT
- Decisions should not be reversed based on facts learned later on

MUST DOCUMENT DECISION

- Best practice is to use a sample form that is standard for each use and is specific to the D/A Decision

POST-ACCIDENT

FATALITY: WHO TO TEST?

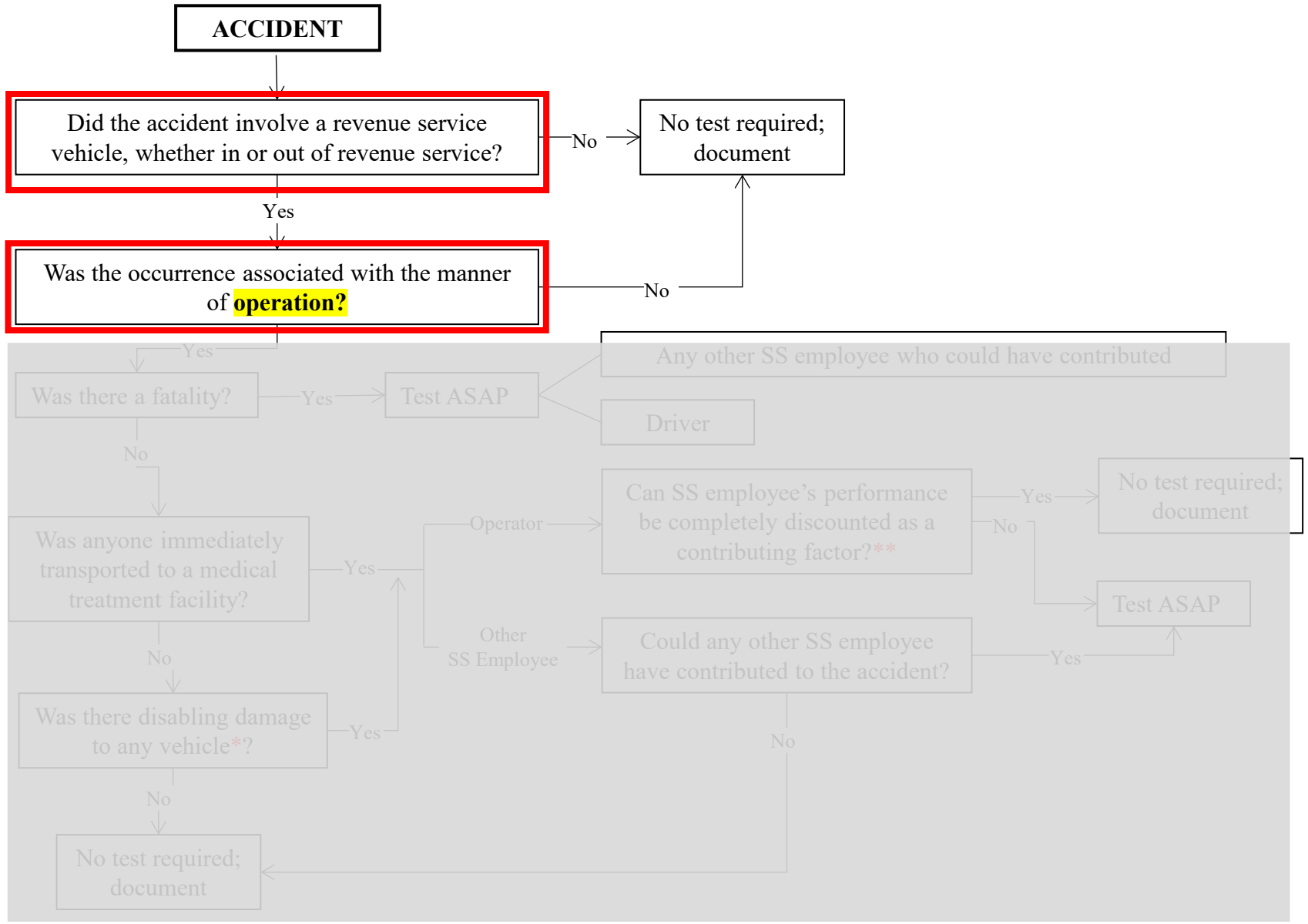
- Surviving covered employee(s) operating vehicle at time of accident; and
- Any other covered employee who may have contributed to accident (mechanic, dispatcher)

NON-FATAL: WHO TO TEST?

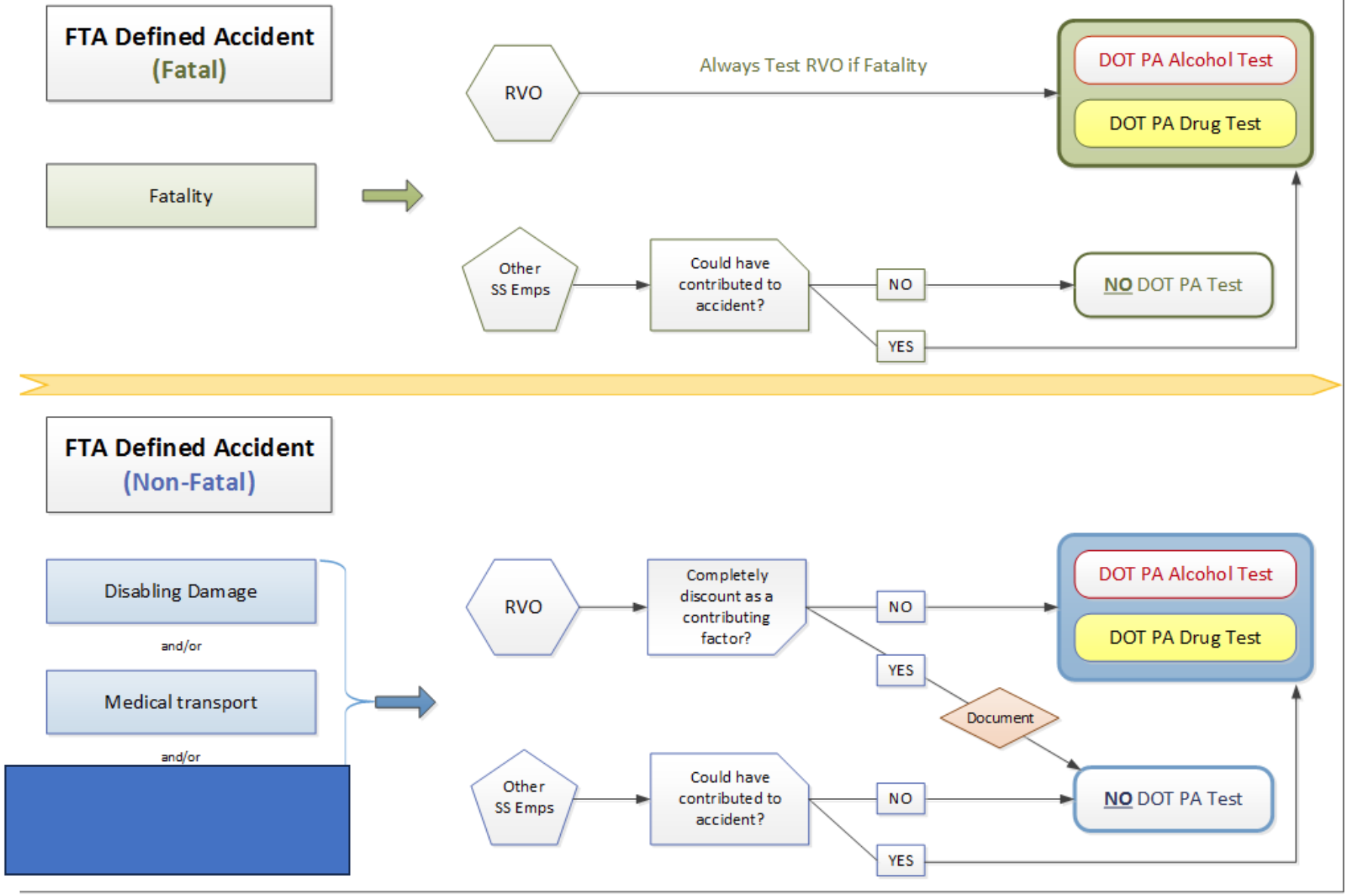
- Surviving covered employee(s) operating vehicle at time of accident, UNLESS their performance can be completely discounted as contributing factor (**different from fault**)
- Any other covered employee who may have contributed to accident (mechanic, dispatcher)

Who NOT to Test?

- Employee must be able to give consent
- Cannot test dead or unconscious employee


ACCIDENT
Did the accident involve a revenue service vehicle, whether in or out of revenue service?
No
No test required; document
Yes
Was the occurrence associated with the manner of operation?
No
Yes
Was there a fatality?
Yes
Test ASAP
Any other SS employee who could have contributed
Driver
No
Was anyone immediately transported to a medical treatment facility?
Yes
Operator
Can SS employee's performance be completely discounted as a contributing factor?**
Yes
No test required; document
No
Test ASAP
Other SS Employee
Could any other SS employee have contributed to the accident?
Yes
No
Was there disabling damage to any vehicle*?
Yes
No
No test required; document

FTA Post Accident Decision Making



POST ACCIDENT TESTING DECISION REPORT

A separate sheet must be filled out for each covered employee that contributed to the accident

System Name: _____ Date of Accident:_____

Time of Accident: _____ Time Employer was notified: _____

Location of Accident: _____

Safety-Sensitive Employee: _____ ID # and Position:_____
i.e. Driver, Dispatcher, etc.

1. Did the accident involve a public transit vehicle? ☐ Yes ☐ No

2. Did the accident involve the operation of the vehicle? ☐ Yes ☐ No

3. Was there loss of life as a result of the accident?* ☐ Yes ☐ No

4. Did an individual suffer a bodily injury and immediately receive medical treatment away from the scene?* ☐ Yes ☐ No

5. Was there disabling damage to any of the involved vehicles? * ☐ Yes ☐ No

6. a) Did you perform a drug and/or alcohol test? **(Use Decision Tree on back of this form)** ☐ Yes FTA Authority ☐ Yes Company Authority ☐ No

   b) If no, why not? _____

   c) For a non-fatal accident, can the covered employee(s) performance be completely discounted as a contributing factor to the accident? ☐ Yes ☐ No

7. a) Was an alcohol test performed within 2 hours? ☐ N/A ☐ Yes ☐ No

   b) If no, why: _____

8. If no alcohol test occurred, and more than 8 hours elapsed from the time of the accident, please explain: _____

_____

9. a) Was a drug test performed within 32 hours? ☐ N/A ☐ Yes ☐ No

   b) If no, why: _____

10. a) Did the employee leave the scene of the accident without a reasonable explanation? ☐ Yes ☐ No

    b) If Yes, please explain: _____

Test Determination:

Name of supervisor making determination: _____

Time employee was informed of determination: _____

_____ _____
Signature & Title Date

POST-ACCIDENT

Testing Time Requirements

- All testing must occur as soon as possible, after treating injuries and cooperating with law enforcement
- The Post-Accident "Clock" starts at time of accident, not at time of your decision to test

Testing Time Limits

- If alcohol test not conducted within **2 hours** – you must document why
- Cease attempts after **8 hours** for alcohol
- Cease attempts after **32 hours** for drugs
- If any of the above time limits are not met, you MUST document the reason why

POST-ACCIDENT

Acceptance of Law Enforcement Test Results

- Test results of Federal, State, or Local law-enforcement officials can be used only if results are released
- Employer may only use these if they are unable to do their own test
- Must document reason

Common Findings: Post-Accident Testing (cont'd)

- Factors that DON'T impact decision to test
  - Testing just to be safe
  - Dollar damage
  - Preventability
  - Reasonable Suspicion Implications
  - Citation vs. No Citation

Common Findings: Random Testing

Unpredictable Testing!

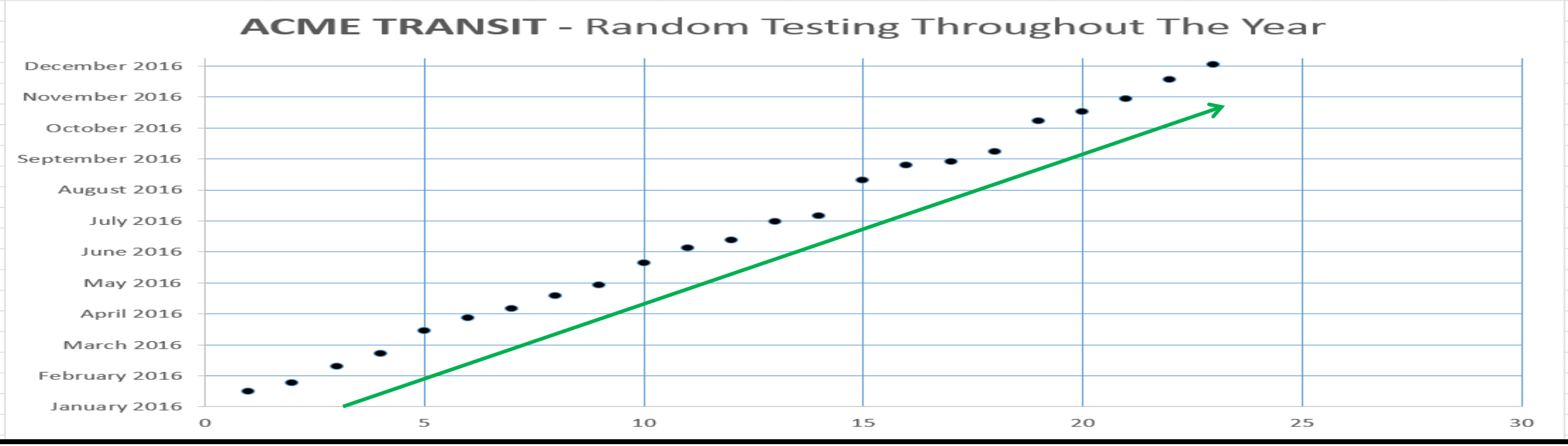
- Deterrence / Detection
- Unannounced / Unpredictable
- Must spread throughout times of day, days of week, testing period, year
- No “Batch” Testing

What Makes Random Testing “Random”?

- Don’t just send EEs “whenever”
- Whenever = Convenient
- Convenient = Predictable
- Predictable = Low Deterrence / Detection

Tools Available

- Best practice is for DAPM to use tracker to visually represent testing patterns
- FTA’s Tool
- Create your own


ACME TRANSIT - Random Testing Throughout The Year
December 2016
November 2016
October 2016
September 2016
August 2016
July 2016
June 2016
May 2016
April 2016
March 2016
February 2016
January 2016
0
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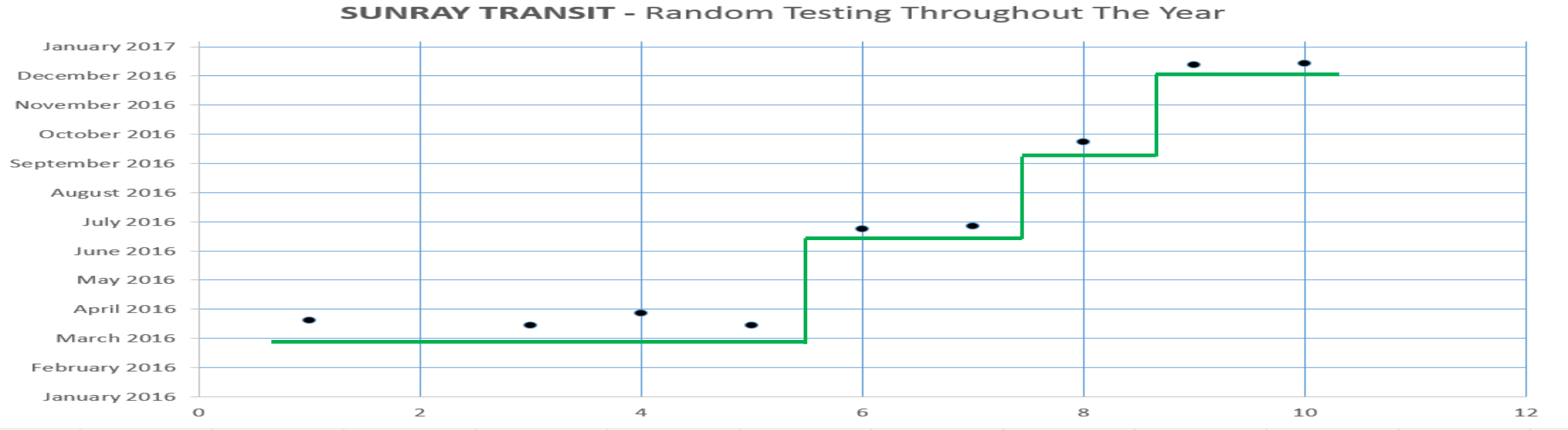
15
20
25
30


SUNRAY TRANSIT - Random Testing Throughout The Year
January 2017
December 2016
November 2016
October 2016
September 2016
August 2016
July 2016
June 2016
May 2016
April 2016
March 2016
February 2016
January 2016
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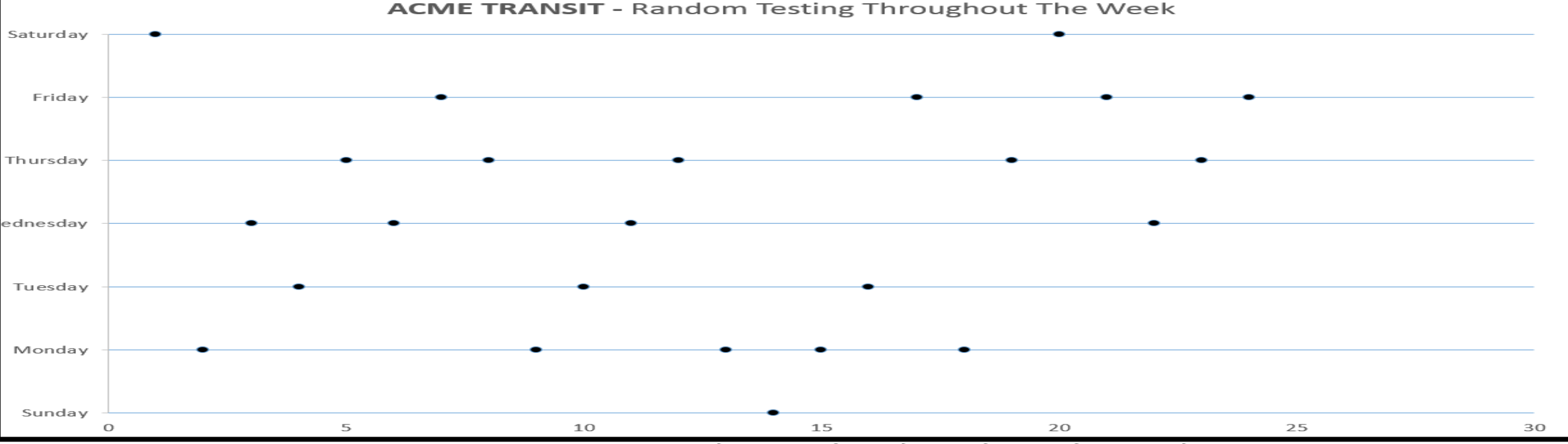
ACME TRANSIT - Random Testing Throughout The Week
Saturday
Friday
Thursday
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Tuesday
Monday
Sunday
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5
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15
20
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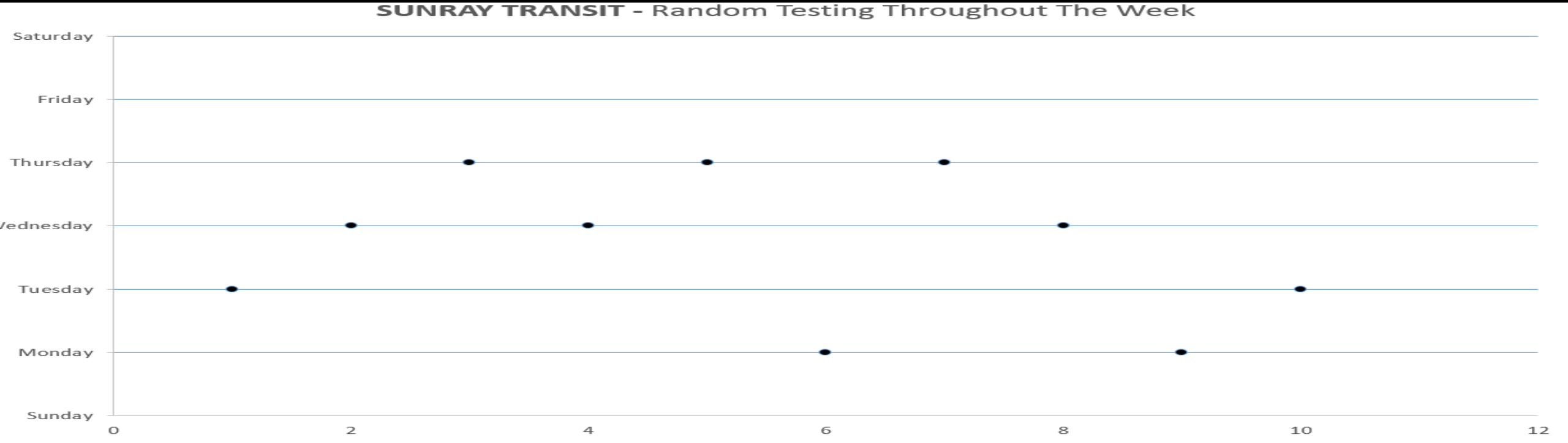
30


SUNRAY TRANSIT - Random Testing Throughout The Week
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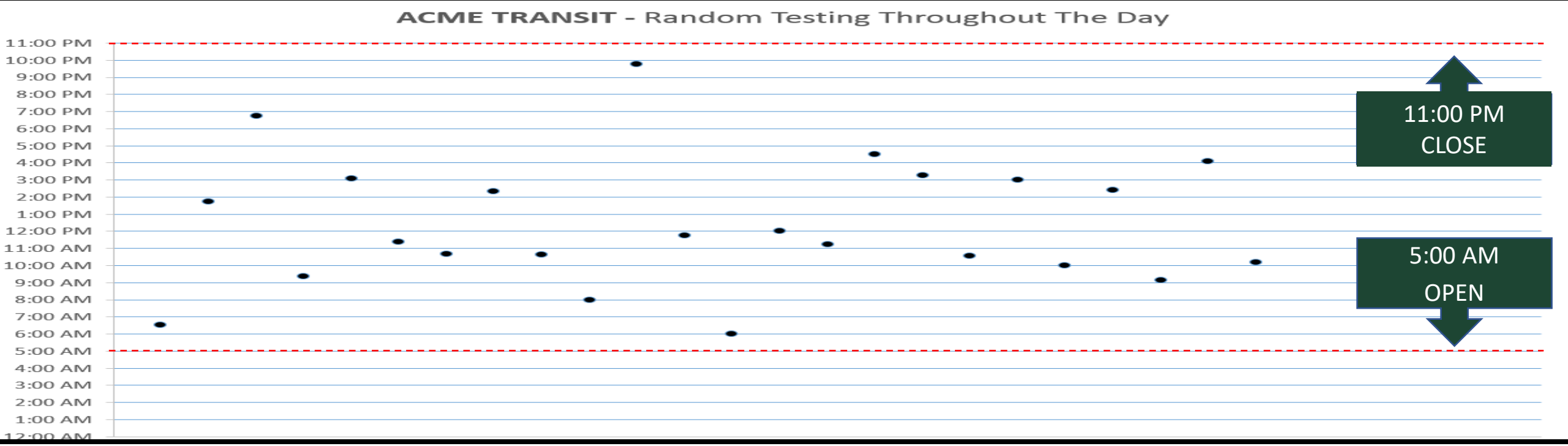
ACME TRANSIT - Random Testing Throughout The Day
11:00 PM
10:00 PM
9:00 PM
8:00 PM
7:00 PM
6:00 PM
5:00 PM
4:00 PM
3:00 PM
2:00 PM
1:00 PM
12:00 PM
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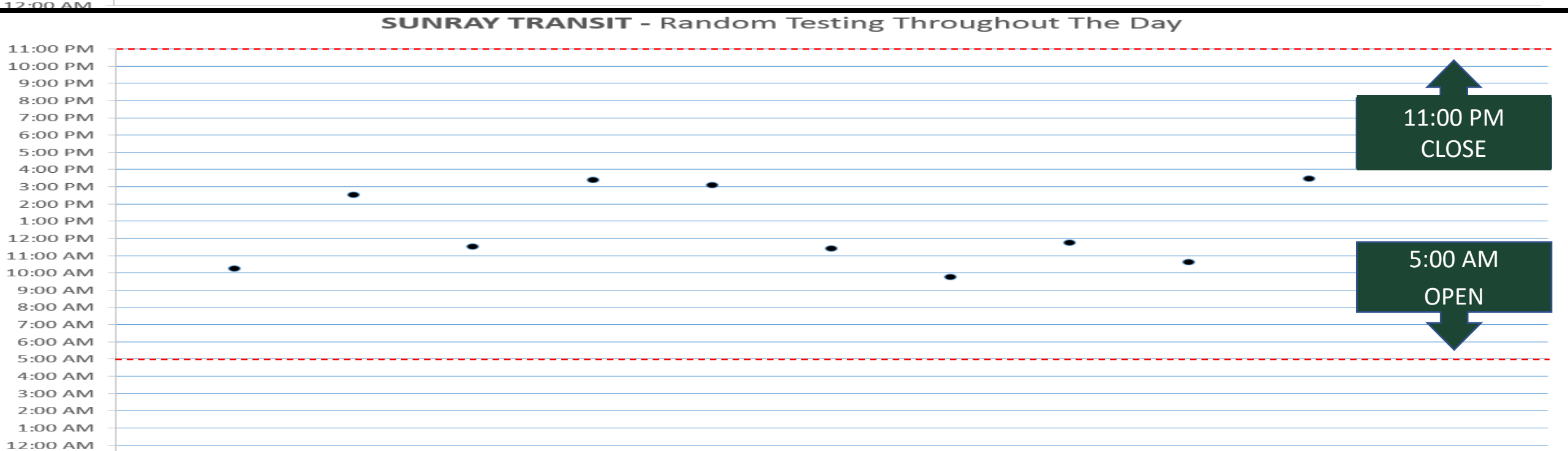
2:00 AM
1:00 AM
12:00 AM
11:00 PM CLOSE
5:00 AM OPEN


SUNRAY TRANSIT - Random Testing Throughout The Day
11:00 PM
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12:00 AM
11:00 PM CLOSE
5:00 AM OPEN

REASONABLE SUSPICION INCIDENT CHECKLIST

Employee's Full Name _____ Date / Time of Observation _____

Supervisor's Full Name & Telephone _____

Date of Supervisor's Reasonable Suspicion Decision Training _____

This checklist is to be completed when a supervisor – trained in accordance with USDOT Agency regulations for reasonable suspicion/cause determination requirements – determines that an incident has occurred which provides reasonable suspicion that an employee is exhibiting behaviors consistent with the symptoms of drug use and / or alcohol misuse. Mark each applicable item on this form and add any additional facts or circumstances which you have observed.

A. Nature of Incident / Cause for Suspicion

___1. Observed/reported possession or use of a prohibited substance (including passenger complaint).
___2. Apparent drug or alcohol intoxication.
___3. Observed drug or alcohol intoxication.
___4. Arrest for drug-related offense
___5. Other, Please specify:

B. Behavioral Indicators

___1. Verbal abusiveness
___2. Physical abusiveness
___3. Extreme aggressiveness or agitation
___4. Withdrawal, depression, tearfulness, or responsiveness
___5. Inappropriate verbal responses to questioning or instruction
___6. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, confused) Please specify:

C. Physical Signs and Symptoms

___1. Possession, dispensing, or using prohibited substance
___2. Slurred or incoherent speech
___3. Unsteady gait or other loss of physical control, poor conditioning
___4. Dilated or constricted pupils or unusual eye movement
___5. Bloodshot or watery eyes
___6. Extreme aggressiveness or agitation
___7. Excessive sweating or clamminess of skin
___8. Flushed or very pale face
___9. Highly excited or nervous
___10. Nausea or vomiting
___11. Disheveled appearance or out of uniform
___12. Odor of alcohol
___13. Odor of Marijuana
___14. Dry mouth (frequent swallowing/lip wetting)
___15. Shaking hands or body tremors/twitching
___16. Dizziness or fainting
___17. Breathing irregularity or difficulty breathing
___18. Runny nose or sores around nostrils
___19. Inappropriate wearing of sunglasses
___20. Puncture marks or "tracks"
___21. Other (Specify)_____

_____

_____

D. Written Summary

Please summarize the facts and circumstances surrounding the incident. The observations must be specific, contemporaneous, and articulable regarding the appearance, behavior, speech, or body odors of the safety-sensitive employee. Attach additional sheets as needed.

_____

_____

_____

_____

_____

_____

The above document of physical, behavioral, and performance indicators of the named employee were observed by:

_____	_____	_____
Supervisor's Full Name	Signature	Date

VENDOR OVERSIGHT

EMPLOYER RESPONSIBILITY

- **YOU** are responsible for actions of officials, representatives, and service agents
- **The DAPM at each transit agency is responsible for ensuring service agents are compliant**
- Good faith effort is not a defense for non-compliance

VENDOR OVERSIGHT

ODAPC's List Serve

- All Service Agents (MRO, SAP, UCT, BAT, STT) are now required to be signed up for ODAPC's List Serve
- Sign-up via https://www.transportation.gov/odapc/get-odapc-email-updates
- This is an **INDIVIDUAL** requirement, not a "facility" requirement

VENDOR OVERSIGHT

Oversight Activities

- Specifics are not prescribed by USDOT or FTA on how to provide sufficient oversight of your vendors
- Best practices include:
- **DAPM** detailed review of CCF and ATF upon receipt and before filing away
- **DAPM** Periodic checks of training credentials
- **DAPM** Periodic (annual) on-site reviews (mock collections)

VENDOR OVERSIGHT

CCF/ATF Review!

- You must be reviewing ALL CCFs/ATFs
  - As you receive them, not “periodically”
  - If errors found, they must be addressed
- CCF/ATF Review Tools (attached)
  - Everything required on the form must be completed
  - Review what is completed for accuracy
- Sample Affidavits of Correction (attached)

Drug Testing Custody and Control Form (CCF) Review Checklist

- Does the form read "*Federal Drug Testing Custody and Control Form*" at the top?
- **In Step 1:**
  - ❑ Is the correct employer name, DER Name, DER phone number and employer address listed? (The employer's name must be listed here, not the C/TPA. Additionally, the DER's Name and Contact information must be listed)
  - ❑ Is the correct MRO's name, address, phone, and fax number listed?
  - ❑ Is the correct employee ID number or SSN listed?
  - ❑ Is the FTA box marked?
  - ❑ Is the reason for the test marked correctly?
  - ❑ Is the box indicating this is a five-panel test marked?
  - ❑ Is the collection site address indicating the location where the test was actually performed and the site's telephone numbers completed accurately?
- **In Step 2:**
  - ❑ Is the "URINE" box checked
  - ❑ Is the Temperature between 90° and 100°F marked ('Yes' or 'No, Enter Remark')?
  - ❑ Is the "Split" collection box marked?
  - ❑ If it was an observed collection, is the "Observed" box marked? (This box should not be marked if an observed collection was not performed.)
  - ❑ Is there an appropriate comment included in the Remarks Section? The most common need for remarks include: Temperature Out of Range; Insufficient Volume; Adulteration and Employee Refuses to Sign.
- **In Step 3:**
  - ❑ Even though there is no information provided in Step 3 of the form, look at the bottom of the CCF in the Step 7 portion of the Employer's copy for a faint shadow, imprint, or traces of carbon ink of a date or the employee's initials.
    - During the collection process, the collector dates, and the employee initials, the bottles seals **after** they have been affixed to the bottles. Carbon shadows in Ste 7 indicate the date and/or initials were written on the bottle seals **before** they were affixed to the bottles. **This practice is unacceptable.**
- **In Step 4:**
  - ❑ Has the collector printed their name and signed?
  - ❑ Is the time and date correct? Make sure the appropriate AM or PM time is indicated. (If an alcohol test was also performed, compare the time on the ATF with the time on the CCF to make sure the alcohol test was completed first.)
  - ❑ Is the delivery service name clearly identified in the "Specimen Bottles Released To" box?
- **In Step 5:**
  - ❑ Are the employee's name, telephone number(s), and date of birth provided?
  - ❑ Is the date of collection provided?
  - ❑ Did the employee sign the form? If not, is this documented in the Remarks Section of Step 2?

RLS & Associates, Inc.

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 0000001 ACCESSION NO.

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

John Johnson
ACME County Transit
123 Evergreen Street
Springfield, OH 45482
P.937-252-0000 F.937-252-0001

<-- Must have transit employer name, DER Name, DER phone, employer address & fax.

Unless TPA name and address is listed, then only the transit employer name, phone, & fax required.

B. MRO Name, Address, Phone No. and Fax No.

Dr. Pamela Smith
MRO Review Co.
555 Brown Ave
Grennware, WY 96581

<-- Must have MRO name, address, phone, & fax

C. Donor SSN, Employee I.D., or CDL State and No. 111-23-4567

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☑ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☑ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☑ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:
ICUP Services
174 Spruce Blvd
Springfield, OH 45482

Collector Contact Info: Phone 937-552-8954
Fax 937-552-8955
Other _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). ☒ **URINE** ☐ **ORAL FLUID**

COLLECTION: ☒ Split ☐ Single ☐ None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark ☐ Observed, Enter Remark

ORAL FLUID: Split Type: ☐ Serial ☐ Concurrent ☐ Subdivided | Each Device Within Expiration Date? ☐ Yes ☐ No | ☐ Volume Indicator(s) Observed

REMARKS: *<-- (If anything is written in "remarks" make sure you read it, understand it, and act if necessary)*

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable federal requirements.

X Frank Rose
Signature of Collector

FRANK ROSE
(PRINT) Collector's Name (First, MI, Last)

04,13,23
Date (Mo/Day/Yr)

07:57 (AM) PM
Time of Collection

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

USPS
Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle/tube is correct.

X
Signature of Donor

SEAN L. SMITH
(PRINT) Donor's Name (First, MI, Last)

04,13,23
Date (Mo/Day/Yr)

Email address: _____ Daytime Phone No. (937) 2991000 Evening Phone No. ( ) SAME Date of Birth 12,11,80 (Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN ☐ **URINE** ☐ **ORAL FLUID**

In accordance with applicable federal requirements, my verification is:

☐ NEGATIVE ☐ POSITIVE for: _____
☐ DILUTE

☐ REFUSAL TO TEST because – check reason(s) below: ☐ TEST CANCELLED

☐ ADULTERATED (adulterant/reason): _____
☐ SUBSTITUTED
☐ OTHER: _____

REMARKS: _____

X
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

☐ RECONFIRMED for: _____ ☐ TEST CANCELLED

☐ FAILED TO RECONFIRM for: _____

REMARKS: _____

X
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr)

COPY 4 - EMPLOYER COPY

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 0000001 ACCESSION NO.

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
Acme County Transit Authority
742 Evergreen Ter.,
Springfield, CA 12345

B. MRO Name, Address, Phone No. and Fax No.
Dr. Julius M. Hibbert, M.D.
1709 Broderick St.
San Francisco, CA 94115
Office.520.867.5350 | Fax.520.606.0842

C. Donor SSN, Employee I.D., or CDL State and No. 1250856324 CA

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☐ FMCSA ☒ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:
ICUP Services
125 Troy St., Springfield, CA 12345

Collector Contact Info: Phone 455-788-1222
Fax 455-788-1223
Other ICUP@ICUP.COM

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). ☒ **URINE** ☐ **ORAL FLUID**

COLLECTION: ☐ Split ☐ Single ☐ None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90º and 100º F? ☒ Yes ☐ No, Enter Remark ☐ Observed, Enter Remark

ORAL FLUID: Split Type: ☐ Serial ☐ Concurrent ☐ Subdivided | Each Device Within Expiration Date? ☐ Yes ☐ No | ☐ Volume Indicator(s) Observed

REMARKS:

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable federal requirements.

X _____
Signature of Collector

Edith V. Shain
(PRINT) Collector's Name (First, MI, Last)

08 / 16 / 21
Date (Mo/Day/Yr)

2:17 AM PM
Time of Collection

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

Courier
Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle/tube is correct.

X *Dale A. Gribble*
Signature of Donor

Dale A. Gribble
(PRINT) Donor's Name (First, MI, Last)

12 / 25 / 53
Date (Mo/Day/Yr)

Email address: dale@ymail.com Daytime Phone No. (937) 299 1000 Evening Phone No. ( ) SAME Date of Birth 08 / 16 / 21
(Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 0000001 ACCESSION NO.

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

Medical Review Services, Inc.
1709 Broderick St., San Francisco, CA 94115
Employer: _____ Employer Ph:
Employer Fax:

B. MRO Name, Address, Phone No. and Fax No.

Dr. Julius M. Hibbert, M.D.
1709 Broderick St.
San Francisco, CA 94115
Office.520.867.5350 | Fax.520.606.0842

C. Donor SSN, Employee I.D., or CDL State and No. 123-45-6789

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

ICUP Services
125 Tacoma St., Springfield, CA 12345

Collector Contact Info: Phone _____
Fax 455-788-1222
Other 455-788-1223
ICUP@ICUP.COM

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). ☐ **URINE** ☐ **ORAL FLUID**

COLLECTION: ☐ Split ☐ Single ☐ None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90º and 100º F? ☐ Yes ☐ No, Enter Remark ☐ Observed, Enter Remark

ORAL FLUID: Split Type: ☐ Serial ☐ Concurrent ☐ Subdivided | Each Device Within Expiration Date? ☐ Yes ☐ No | ☐ Volume Indicator(s) Observed

REMARKS:

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable federal requirements.

X _____
Signature of Collector

_____ / / _____ AM PM
(PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

_____
Name of Delivery Service

UPS

STEP 5: COMPLETED BY DONOR

08 16 21 2:17

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle/tube is correct.

X _____ _____ / / _____
Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Email address: _____ Daytime Phone No. ( ) _____ Evening Phone No. ( ) _____ Date of Birth / / (Mo/Day/Yr)

Dale A. Gribble Dale A Gribble 08 16 21

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

hd@gmail.com 237-222-1000 SAME 12 25 68

CCF REVIEW

What To Do When You Find Errors?

- Seek affidavit of correction or memorandum for the record (MFR) from the collector who made the error
- Some types of errors can just be fixed by the employer (incorrect testing authority, for example)

AFFIDAVIT OF CORRECTION

According to 49 CFR Part 40, as amended, **the collector of the drug test referenced below** must take all practicable action to correct errors on the Federal Drug Testing Custody and Control Form so that the test is not cancelled.

Transit System Name: _____ Date of Test: _____

Test Category: _____ Specimen ID#: _____

Donor Name: _____ Collector Name: _____

Date Collector Was Notified of Error: _____

This affidavit addresses the following errors that were not performed in accordance with 49 CFR Part 40, as amended:

Step 1 Requirements (§40.63) (check all that apply)
___ A. Missing/Incorrect Employer Name, Address, Phone, and Fax
___ B. Missing/Incorrect MRO Name, Address, Phone and Fax No.
___ C. Missing Donor SSN or Employee I.D. No.
___ D. Missing/Incorrect Testing Authority
___ E. Missing/Incorrect Reason for Test
___ F. Missing/Incorrect Drug Tests to be Performed
___ G. Missing/Incorrect Collection Site Name, Address, Phone and Fax No.

Step 2 Requirements (§40.65-70) (check all that apply)
___ Collector failed to mark the "urine" box
___ Collector failed to indicate if the specimen was within the acceptable temperature range
___ Collector failed to mark 'Split'
___ Collector arbitrarily marked 'Observed'
___ Collector failed to mark 'Observed'
___ Missing explanation within 'Remarks' section. (i.e. any unusual circumstances that occur during collection)

Step 3 Requirements (§40.71) (check all that apply)
___ Bottle seals were filled out while still affixed to the CCF

Step 4 Requirements (§40.73) (check all that apply)
___ Missing collector's signature
___ Missing collector's printed name (First, MI, Last)
___ Missing/Incorrect Date of Collection
___ Missing/Incorrect Time of Collection
___ Missing Courier Name

Step 5 Requirements (§40.73) (check all that apply)
___ Missing donor's signature
___ Missing donor's printed name (First, MI, Last)
___ Missing/Incorrect Date of Collection
___ Missing donor's Daytime and/or Evening Phone No.
___ Missing/Incorrect donor's Date of Birth

Collector Remarks:
1. Description of error: _____

2. Description of corrective action: _____

3. Measures taken to ensure the same error(s) do not reoccur: _____

_____

By signing below, in accordance with 49 CFR Part 40.209, I certify that the aforementioned errors occurred on the referenced drug test and that appropriate measures have been taken to ensure the same errors will not reoccur.

_____ _____
Collector Signature / Title Date

Alcohol Testing Form (ATF) Review Checklist

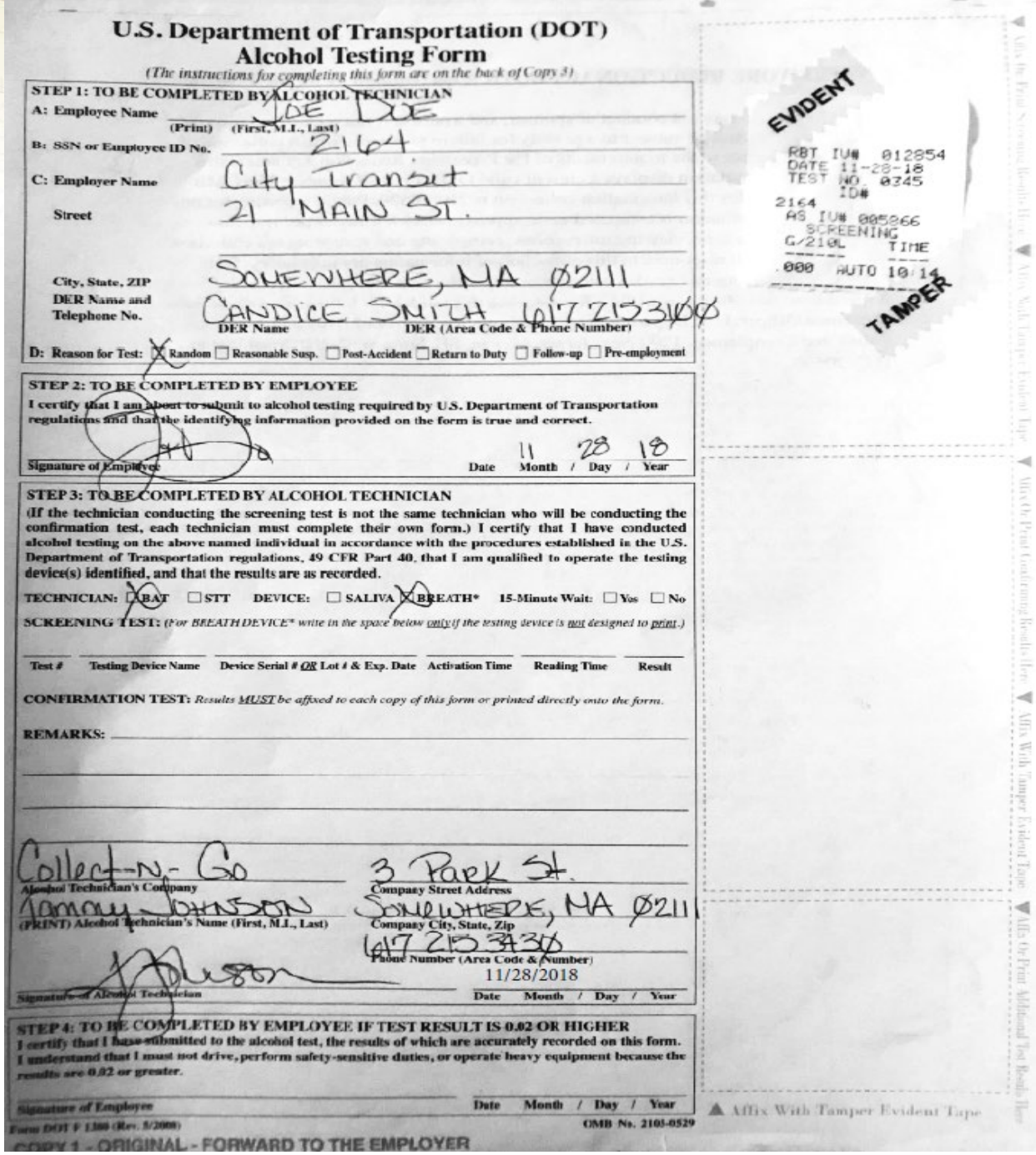
- Does the form read "*U.S. Department of Transportation (DOT) Alcohol Testing Form*" at the top?

- **In Step 1:**
  - ❑ Is the correct employee's name and ID number or SSN listed?
  - ❑ Is the correct employer name and address listed?
  - ❑ Is the DER name and phone number accurate?
  - ❑ Is the reason for the test marked correctly?

- **In Step 2:**
  - ❑ Did the employee sign and date the form?

- **In Step 3:**
  - ❑ Did the alcohol technician designate his/her title (BAT or STT), and indicate the type of device used?
  - ❑ Is the testing facility information listed accurately?
  - ❑ Did the alcohol technician sign and date the ATF?
  - ❑ If a confirmation test was performed, was the 15-minute waiting period observed (i.e. is the "Yes" box checked)?
    - If a confirmation test was not performed, neither the "Yes" nor "No" box should be checked.
  - ❑ If a confirmation test result is 0.02 or greater, did the employee sign Step 4? If not, did the BAT make an appropriate comment in the remarks section?

- **EBT Printout:**
  - ❑ Are the printed results for a screening or confirmation test affixed to the ATF with tamper-evident tape, if not printed directly on the form?
    - The results of a <u>screening test</u> below 0.02 may be hand-printed on the ATF in Step 3 if the screening device is not designed to print.



U.S. Department of Transportation (DOT)
Alcohol Testing Form
(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN
A: Employee Name (Print) JOE DOE (First, M.I., Last)
B: SSN or Employee ID No. 2164
C: Employer Name City Transit
Street 21 MAIN ST.
City, State, ZIP SOMEWHERE, MA 02111
DER Name and Telephone No. CANDICE SMITH 617 2153100
DER Name DER (Area Code & Phone Number)
D: Reason for Test: X Random ☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

EVIDENT
RBT IU# 012854
DATE 11-28-18
TEST NO. 0345
ID#
2164
AS IU# 005866
SCREENING
G/210L TIME
000 AUTO 10:14
TAMPER

STEP 2: TO BE COMPLETED BY EMPLOYEE
I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.
Signature of Employee
Date 11 / 28 / 18 Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN
(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulations, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.
TECHNICIAN: X BAT ☐ STT DEVICE: ☐ SALIVA X BREATH* 15-Minute Wait: ☐ Yes ☐ No
SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.
REMARKS:

Collect-N-Go
Alcohol Technician's Company
3 Park St.
Company Street Address
TAMMY JOHNSON
(PRINT) Alcohol Technician's Name (First, M.I., Last)
SOMEWHERE, MA 0211
Company City, State, Zip
617 215 3430
Phone Number (Area Code & Number)
Signature of Alcohol Technician
11/28/2018
Date Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER
I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.
Signature of Employee
Date Month / Day / Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529
COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Affix With Tamper Evident Tape

REMEMBER!

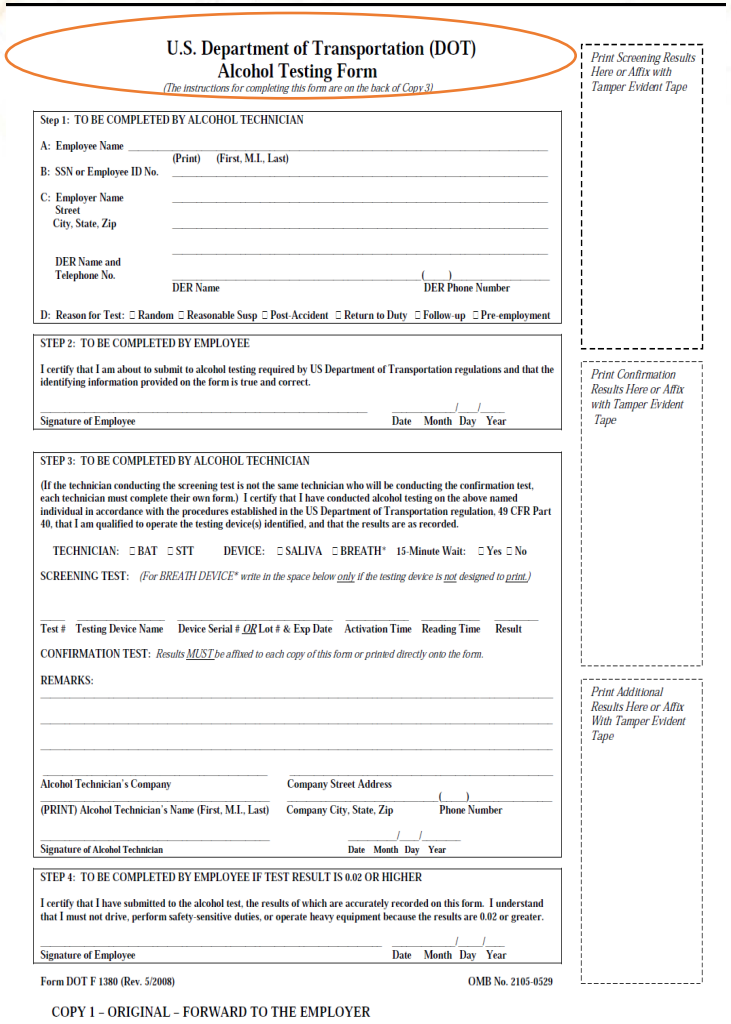
- ALL information is required.
- While some things on the form can be "Not Applicable" …

Nothing is "Optional"

ATF REVIEW

IS IT A DOT ATF?

- Check the type on the very top of the ATF



U.S. Department of Transportation (DOT)
Alcohol Testing Form
(The instructions for completing this form are on the back of Copy 3)

Print Screening Results Here or Affix with Tamper Evident Tape

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____ (Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, Zip _____

DER Name and Telephone No. _____ (____) _____
DER Name DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

_____ ____/____/____
Signature of Employee Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT DEVICE: ☐ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test # Testing Device Name Device Serial # *OR* Lot # & Exp Date Activation Time Reading Time Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Print Additional Results Here or Affix With Tamper Evident Tape

_____ _____
Alcohol Technician's Company Company Street Address

_____ _____ (____) _____
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

_____ ____/____/____
Signature of Alcohol Technician Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

_____ ____/____/____
Signature of Employee Date Month Day Year

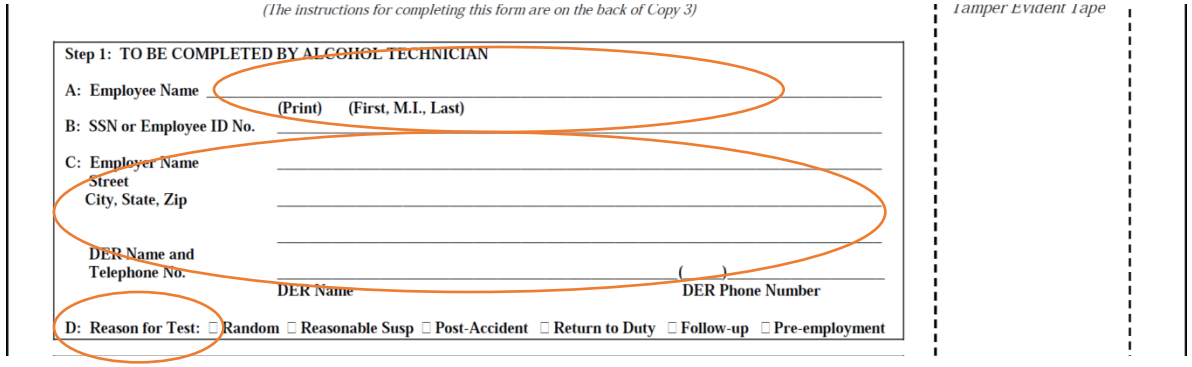
Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 – ORIGINAL – FORWARD TO THE EMPLOYER

ATF REVIEW

Step 1

- Employee Name
- Employer Name, Address
- DER information
- Reason for test



(The instructions for completing this form are on the back of Copy 3)

Tamper Evident Tape

Step 1: TO BE COMPLETED BY ~~ALCOHOL~~ TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, Zip _____

_____

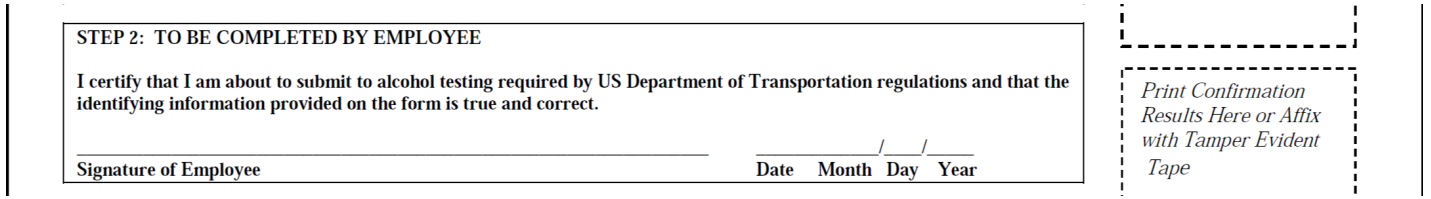
DER Name and Telephone No. _____ ( )
DER Name DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

ATF REVIEW

Step 2

- Employee Signs and Dates the Form
- Refusal to Sign = Refusal to Test



STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

_____ _____/___/_____

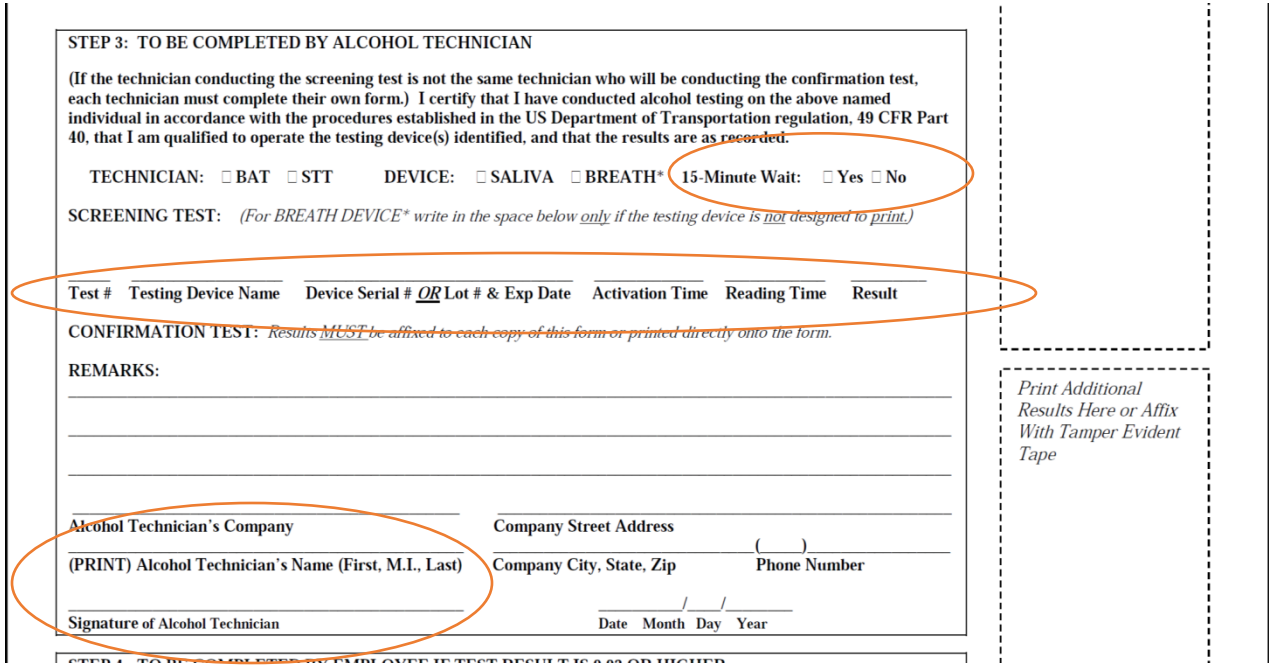
Signature of Employee Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

ATF REVIEW

Step 3

- BAT signs and dates the ATF
- 15 minute wait box checked ONLY if a confirmation test is done
- Test result may be handwritten if device is NOT designed to print



STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT DEVICE: ☐ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # *OR* Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Alcohol Technician's Company

Company Street Address

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip Phone Number

Signature of Alcohol Technician

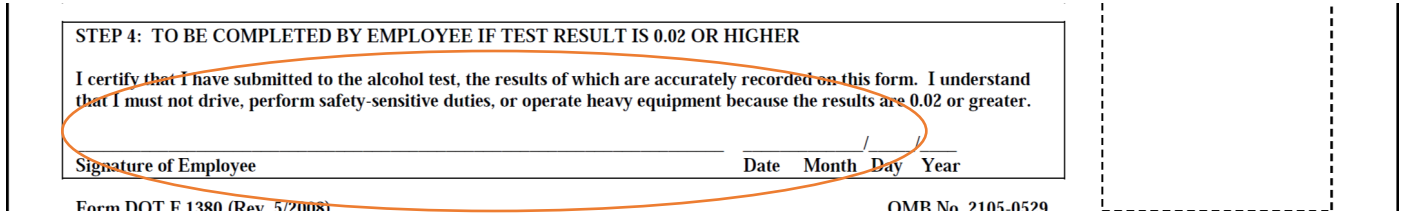
Date Month Day Year

Print Additional Results Here or Affix With Tamper Evident Tape

ATF REVIEW

Step 4

- Employee signs and dates if result is 0.02 or higher
- If no signature – the BAT must enter remarks, but this would not be a refusal to test



STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee Date Month Day Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

ATF REVIEW

What To Do When You Find Errors?

- Seek affidavit of correction or memorandum for the record (MFR) from the technician who made the error
- They must supply missing information in writing:
- What the error was; what the correct information should have been; and step the technician has taken to ensure same errors won't reoccur
- If the BAT used a NON-DOT form, they must provide signed affidavit stating:
- NON-DOT form contains all necessary and required information
- That the form was used inadvertently or as the only method to complete the test
- And steps taken to ensure same error won't reoccur

DOT Alcohol Testing Form - Affidavit of Correction

According to 49 CFR Part 40, the alcohol technician of the alcohol test referenced below must take all practicable action to correct errors on the DOT Alcohol Testing Form.

Date of Test: _____ Alcohol Test #: _____

Donor Name: _____ Technician Name: _____

This affidavit addresses the following errors:

Use of DOT Alcohol Testing Form (§40.227):
_____ Incorrect form used (i.e. Non-DOT testing form used)

Step 1 Requirements (§40.241) *Check all that apply:*
_____ A. Missing/Incorrect Employee Name
_____ B. Missing/Incorrect Donor SSN or Employee ID No.
_____ C. Missing/Incorrect Employer Name, Address
_____ C. Missing/Incorrect DER Name, Phone No.
_____ D. Missing/Incorrect Reason for Test

Step 2 Requirements (§40.241)
_____ Missing Date of Employee's Signature

Step 3 Requirements (§40.243-§40.251):
_____ Missing Technician's title (BAT or STT)
_____ Technician failed to indicate the type of device used
_____ Technician failed to mark the 15-minute waiting period was observed (If confirmation test was performed)
_____ Technician arbitrarily marked the 15-minute waiting period (no confirmation test was performed)
_____ Missing Screening Test information (if device is not designed to print)
_____ Missing appropriate comment in the Remarks (i.e. any unusual circumstances during the collection)
_____ Missing/Incorrect Alcohol Technician's Company Name, Address
_____ Missing/Incorrect Alcohol Technician's Printed Name (First, MI, Last)
_____ Missing Alcohol Technician's Signature
_____ Missing/Incorrect Date of Alcohol Technician's Signature

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Technician Remarks (Description of error/corrective action): _____

_____

In accordance with 49 CFR Part 40.271, I certify that the information above is true and accurate.

_____ _____
Alcohol Technician Signature Date

SAP Credentials

DAPMs need to have 2 documents on file for each SAP:

- Copy of the SAP's professional/clinical license/certificate:
  - Physician license
  - Social Worker certificate/license
  - Psychologist certificate/license
  - Employee Assistance Professional certificate/license
  - Marriage/Family Therapist certificate/license
  - D&A counselor (must be certified through NAADAC, NBCC, or ICRC)

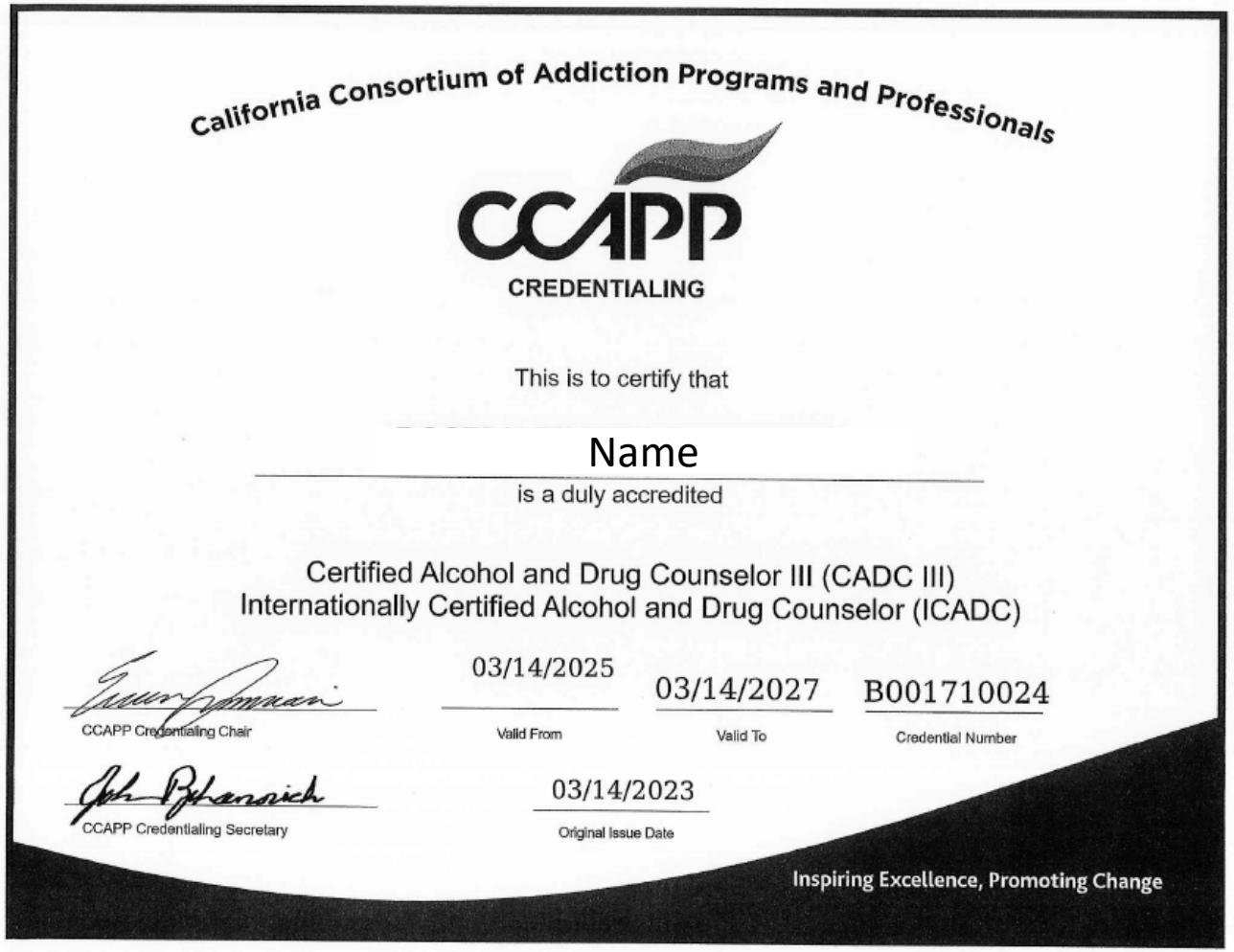
- Copy of the training certificate showing they passed exam on USDOT-SAP requirements

SAP Credentials

SAP Retraining Options:

- After initial SAP training/exam, SAPs have options for retraining:
  - Option 1: Retake training/exam every 3 years; or
  - Option 2: Show 12 hours of CEUs for each 3-year period

- Example Clinical License/Certificate



California Consortium of Addiction Programs and Professionals

CCAPP
CREDENTIALING

This is to certify that

Name

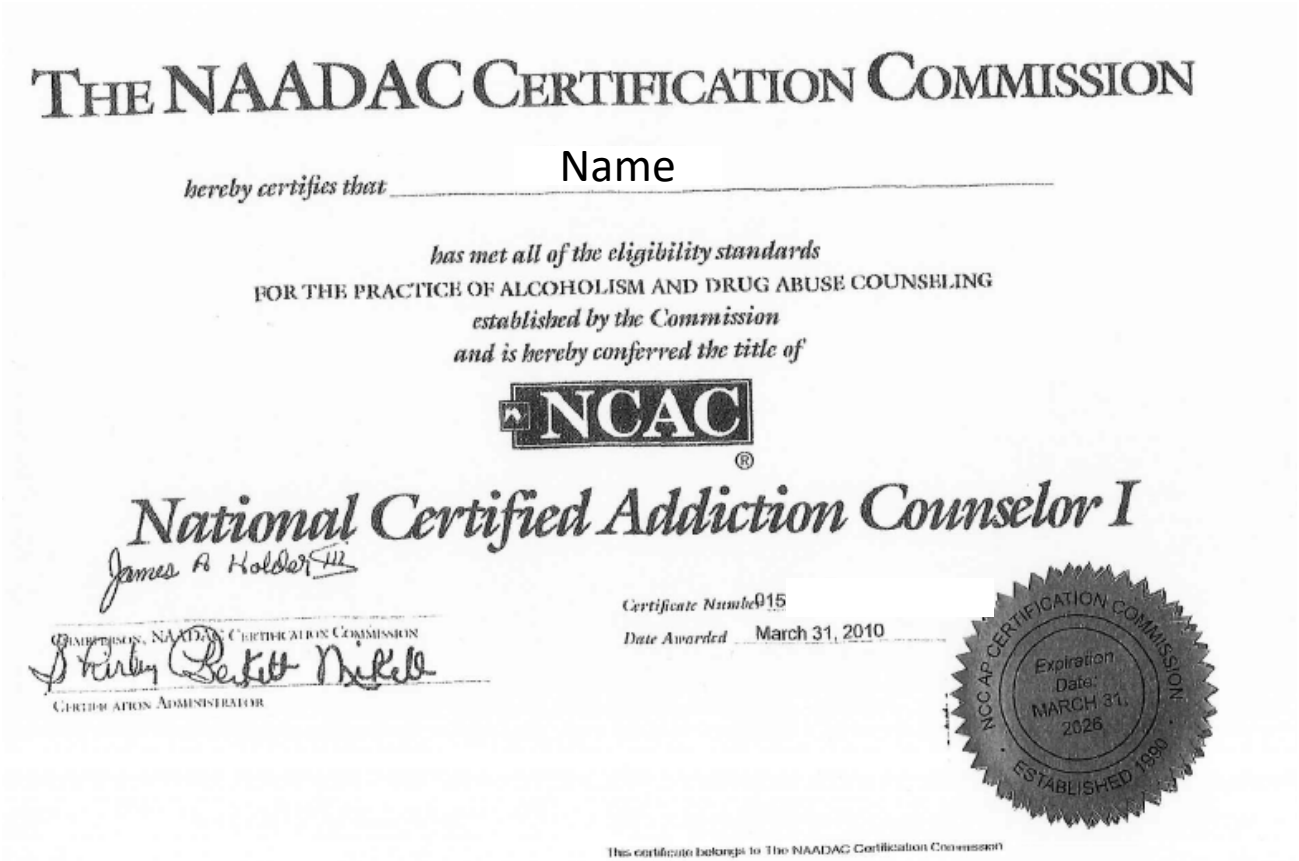
is a duly accredited

Certified Alcohol and Drug Counselor III (CADC III)
Internationally Certified Alcohol and Drug Counselor (ICADC)

CCAPP Credentialing Chair	03/14/2025 Valid From	03/14/2027 Valid To	B001710024 Credential Number
CCAPP Credentialing Secretary	03/14/2023 Original Issue Date		

Inspiring Excellence, Promoting Change

- Example Clinical License/Certificate



THE NAADAC CERTIFICATION COMMISSION

hereby certifies that Name

has met all of the eligibility standards
FOR THE PRACTICE OF ALCOHOLISM AND DRUG ABUSE COUNSELING
established by the Commission
and is hereby conferred the title of

NCAC®

National Certified Addiction Counselor I

James A Holder III

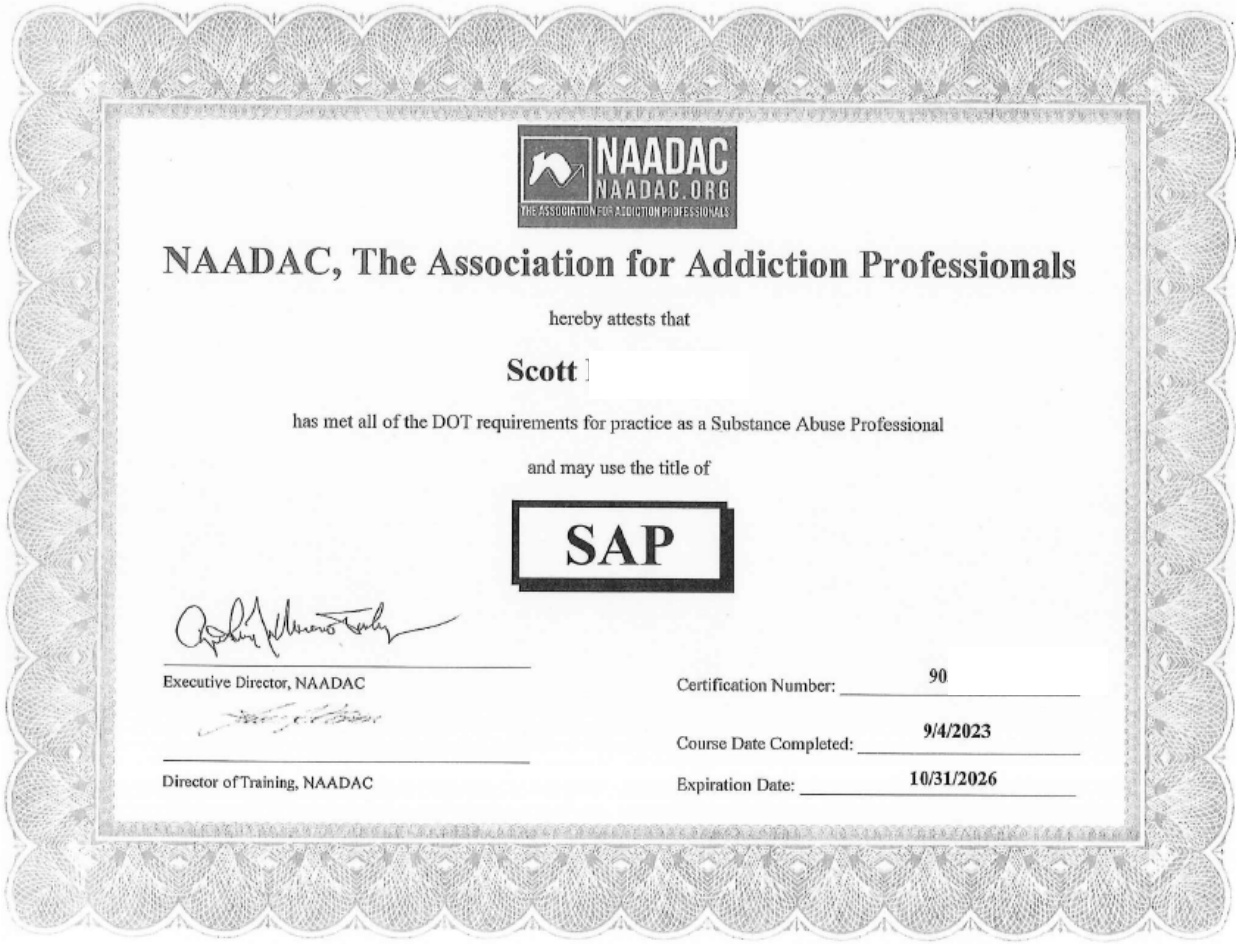
Certificate Number 915

Date Awarded March 31, 2010

NCC AP CERTIFICATION COMMISSION
Expiration Date: MARCH 31, 2026
ESTABLISHED 1990

This certificate belongs to The NAADAC Certification Commission

- Example SAP Training/Exam Certificate



NAADAC
NAADAC.ORG
THE ASSOCIATION FOR ADDICTION PROFESSIONALS

NAADAC, The Association for Addiction Professionals

hereby attests that

Scott

has met all of the DOT requirements for practice as a Substance Abuse Professional

and may use the title of

SAP

Executive Director, NAADAC

Director of Training, NAADAC

Certification Number: 90

Course Date Completed: 9/4/2023

Expiration Date: 10/31/2026

VENDOR OVERSIGHT

Resources

- "Collection Site Checklist" included in your D&A Management Forms packet
- ODAPC's "What Employers Need to Know About Monitoring Collection Sites"
  - https://www.transportation.gov/odapc/employer_brochure
- ODAPC's "Mock Collection Video"
  - https://www.transportation.gov/odapc/dot-mock-collection-instructional-video

Workplace Training

- Make sure your training is covering:
  - State marijuana laws and associated impacts
  - THC vs CBD; Hemp Derived THC infused products
    - ➢Federal, State, Employer, Personal Health
  - Drug testing: Impairment vs. Presence
  - Passive Exposures
  - Passenger Trips/Possession on Transit Vehicles

- **ENHANCE YOUR REASONABLE SUSPICION TRAINING!!!!!!**
  - Don’t just do it for the “Check in the box”
  - Seek new training for refresher classes
  - Focus on “fitness for duty” & safety issues

Federal Resources

- DOT “Medical Marijuana” Notice
- DOT “Recreational Marijuana” Notice
- DOT “CBD” Notice
- FTA Drug & Alcohol Newsletters (By Topic)
  - Issue #77 – DOT does not authorize the use of marijuana
  - Issue #75 – State/Local legislation; CBD is not regulated & may generate THC positive
  - Issue #55 – Rise of use of marijuana by safety-sensitive employees
  - Issue #52 – Keynote speaker stresses DOT’s position on marijuana
  - Issue #51 – Marijuana Class I appeal
  - Issue #49 – USDOT stance on medical marijuana

Thank you!

Robbie L. Sarles, RLS & Associates, Inc.
President

937-299-5007
rls@rlsandassoc.com

RLS & Associates, Inc.