



**Controlled Substances & Alcohol Use and Testing
Driver Awareness & Information Packet under the Federal Motor
Carrier Safety Regulations (FMCSA)**

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INTRODUCTION

49 CFR Part 382.601 of the Federal Motor Carrier Safety Regulations require employers to have a company policy on the misuse of alcohol and use of controlled substances.

Employers must provide their drivers with information on their drug and alcohol program and the safety regulations regarding the testing for alcohol and drugs. Included below are the sections of the regulations that require the informational material for CDL drivers. The information meets the regulatory requirements when furnished to a driver or applicant before testing.

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I. ALCOHOL MISUSE PREVENTION AND ANTI-DRUG POLICY STATEMENT

The illegal use of drugs and the use and/or misuse of alcohol are a national problem that affects just about every American. Drug abuse and alcohol misuse not only affects individual users and their families, but it also presents new dangers for the workplace.

The United States Department of Transportation (DOT) has issued new rules as of January 1, 1996 to combat the illegal uses of drugs and the use and/or misuse of alcohol while performing safety sensitive functions, which includes the operating of commercial motor vehicles upon our highways.

Our company has always been committed to providing a safe work environment and fostering the well-being and health of our employees. Illegal drug use and the use and/or misuse of alcohol jeopardize this commitment and undermine the capability of our company to provide quality services to our customers.

To address this problem, we have developed a policy regarding the illegal use of drugs and the use and/or misuse of alcohol. We believe this new policy, which is in full accordance with the U.S. Department of Transportation, Federal Motor Carrier Safety Regulations, will best serve the interests of all employees. Our policy formally states that the use of illegal drugs and the use and/or misuse of alcohol will not be tolerated. This policy was designed with two objectives in mind: 1) employees deserve a work environment that is free from the effects of drugs and alcohol and the problems associated with their use, and 2) this company has a responsibility to maintain a healthy and safe workplace.

It is important that we all work together to make our company a drug and alcohol free workplace and a safe, rewarding place to work.

Sincerely,

Brandon Braddock
CEO,
Entourage Livery, Inc

II. DRIVERS SUBJECT TO ALCOHOL AND DRUG TESTING

The Federal Motor Carrier Safety Administration of the United States Department of Transportation requires certain drivers to undergo drug and alcohol testing. The drivers who must be tested are those required to have a Commercial Driver's License (CDL).

Who must have a CDL and be tested? Any driver who drives a motor vehicle ----

- With a gross *combination* weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight of more than 10,000 pounds;
- With a gross vehicle weight rating of 26,001 or more pounds;
- Designed to transport 16 or more passengers, including the driver; or
- Of any size that is used to transport hazardous material, which require the vehicle to be placarded under the hazardous materials regulations.

There are four exemptions to the testing requirements. These exemptions are listed in 49 CFR 382.103 of the Federal Motor Carrier Safety Regulations.

**Links to these regulations can be found on-line at <https://www.fmcsa.dot.gov/regulations/drug-alcohol-testing/overview-drug-and-alcohol-rules>*

III. SAFETY SENSITIVE FUNCTIONS

A driver shall not use alcohol when performing safety-sensitive functions nor perform safety sensitive functions within four hours of using alcohol. Most testing will be done while the driver is performing a safety-sensitive function, just before the driver is to perform a safety-sensitive function, or just after the driver has ceased performing such functions.

A driver is performing a safety sensitive function when --

- Waiting at a terminal, facility, or other property to be dispatched, unless the driver has been relieved from duty by the motor carrier;
- Performing pre-trip inspections or servicing the motor vehicle;
- Driving the motor vehicle;
- On the vehicle, except when resting in the sleeper berth;
- Loading or unloading the vehicle, supervising the loading or unloading, giving receipts for the load, or remaining in readiness to operate the motor vehicle.
- Performing duties and services at an accident scene; or,
- Repairing, obtaining assistance, or remaining in attendance of a disabled vehicle.

IV. PROHIBITED CONDUCT

No driver shall ---

- Report for or remain on duty performing a safety-sensitive function while having a blood alcohol concentration of 0.04 or greater;
- Use alcohol while performing safety-sensitive functions;
- Be on duty or operate a commercial motor vehicle while possessing alcohol unless the alcohol is manifested and transported as part of the shipment;
- Perform safety-sensitive functions within four hours of using alcohol;
- Use alcohol for 8 hours following an accident unless the driver has been given a post-accident test; or
- Report for or remain on duty performing a safety sensitive function while using any drug or substance that is identified in the other Schedules in 21 CFR part 1308, except when the use is prescribed by a physician who has advised that said use does not adversely affect the safe operation of a commercial motor vehicle.
- Refuse to submit to a required alcohol and/or drug test involving post-accident, random, reasonable suspicion, pre-employment, return-to-duty, or follow-up testing.
- Refuse to submit to any test by adulterating or substituting your specimen.

V. WHEN A DRIVER MUST BE TESTED

The Federal Motor Carrier Safety Regulations are very specific regarding when a driver must submit for a drug and an alcohol test. The drug test will use urine and the alcohol test will use breath or saliva.

Type of Test	Alcohol	Drugs
Pre-employment	No	Yes
Random	Yes	Yes
Reasonable Suspicion	Yes	Yes
Post-Accident	Yes	Yes
Return to Duty	Yes*	Yes
Follow Up#	Yes	Yes

Employee will be required to submit to a minimum of six follow-up tests under direct observation in the first 12 months of safety-sensitive duty following the employee's return to safety-sensitive functions.

* Required if the test results of the original tests were ≥ 0.04 BAC

VI. TESTING PROGRAMS

PRE-EMPLOYMENT TESTING

Those persons that a motor carrier intends to hire as drivers must be tested for drug use prior to employment. For drug testing, a negative test result must be received before the driver begins performing safety sensitive functions. This also applies if you are a current employee transferring from a non-safety-sensitive function into a safety-sensitive position within the same employer.

Exception: A motor carrier may use a driver who is regularly employed by another motor carrier without having the driver submit to a drug test. (This includes trip lease and drivers used under an interchange arrangement.) *Please refer to 49 CFR Part 382.301(b)(1).*

REASONABLE SUSPICION TESTING

Reasonable suspicion means that the motor carrier believes that the driver's appearance or conduct is indicative of the use of alcohol and/or drugs. The actions or observations of the driver must occur while the driver is on duty or just preceding the work period. The conduct, appearance, or actions of the driver must be observed by a supervisor or company official. The supervisor or company official must have received training in detection of probable alcohol misuse and/or drug use.

In the case of suspected drug use, the driver must be immediately removed from a safety sensitive function and transported to a collection site where a urine sample must be obtained. The driver's action that causes the motor carrier's supervisor or official to require the test must be documented and signed by the witness within 24 hours after the behavior is noticed.

In the case of suspected alcohol use, the test must be done as soon possible. The supervisor who makes the determination that reasonable suspicion exists shall not conduct the breath alcohol test on the driver.

Employers cannot require testing based on hearsay, a hunch, or a guess alone.

RANDOM TESTING

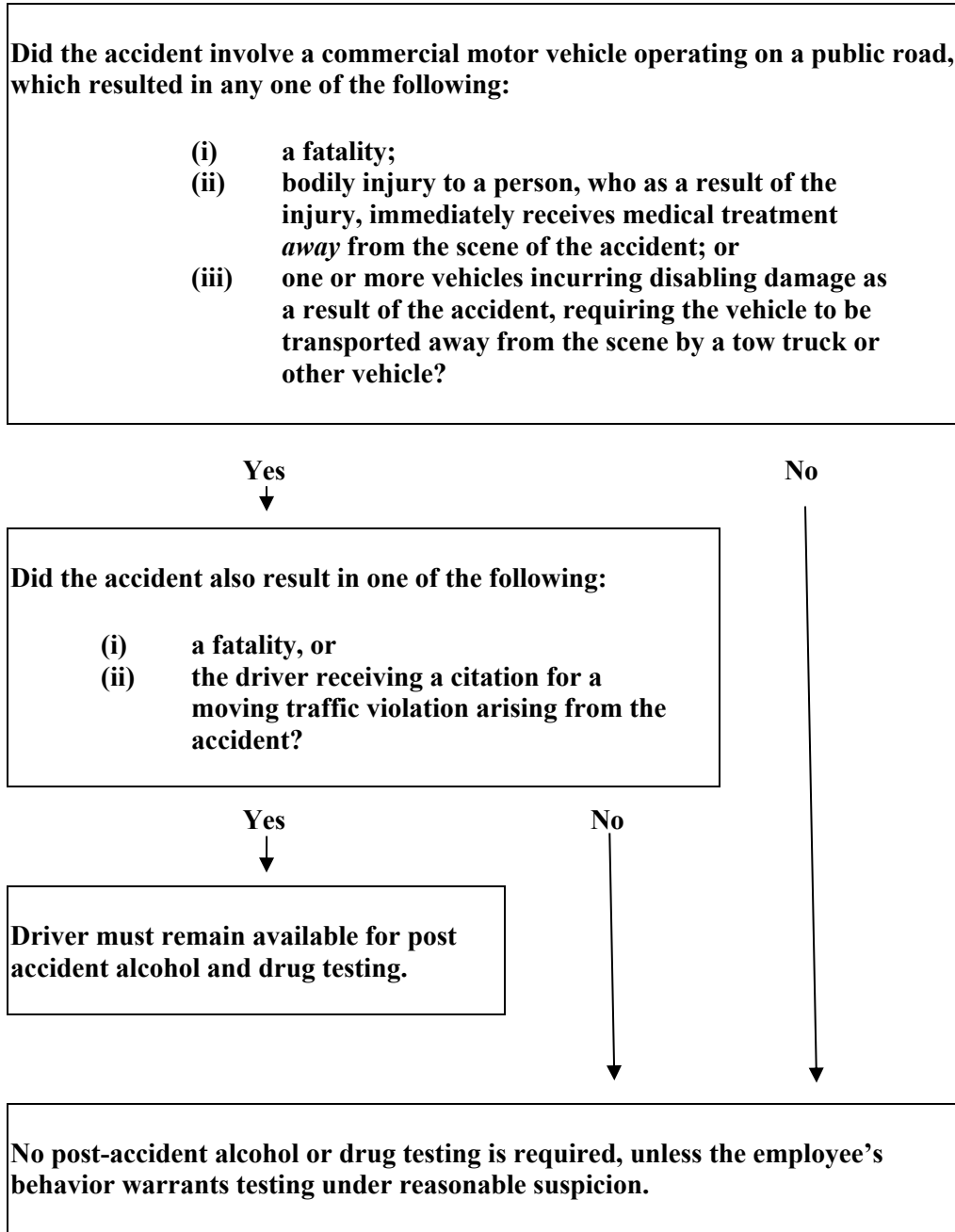
Random testing ensures that every driver has as equal chance of being tested. Random tests are unannounced.

The regulations provide that a minimum testing rate of 50% is to be used for drug testing. This rate should provide a sufficient deterrent to drug use. For alcohol testing the random testing rate is 10%.

The rate for random testing is based on a 1-year period. The unannounced tests are spread reasonably throughout the year.

POST ACCIDENT TESTING

A driver must supply a urine specimen for drug testing or a breath test for alcohol testing following certain types of accidents. The following table should be utilized as to whether or not testing is required.



RETURN-TO-DUTY AND FOLLOW-UP TESTING

These tests are required when a driver who has violated the prohibited alcohol conduct standards or tested positive for drugs before returning to performing safety-sensitive duties. Follow-up tests are unannounced and at least six tests must be conducted in the first 12 months after a driver returns to duty. Follow-up testing may be extended for up to 60 months following return to duty.

A Substance Abuse Professional (SAP) determines the amount of follow-up testing required. It is the responsibility of the employer to ensure that follow-up testing is conducted and completed. Additional company policies may be in place concerning this type of testing.

VII. REFUSAL TO SUBMIT TO A TEST

The Federal Motor Carrier Regulations provide that a driver shall not refuse to submit to a post accident alcohol or controlled substances test, a reasonable suspicion alcohol or controlled substances test, a random selection alcohol or controlled substances test, a pre-employment controlled substances test, or a follow-up alcohol or controlled substances test.

The following are some examples of conduct that the regulations define as refusing to test:

- *Failure to appear for any test after being directed to do so by your employer.*
- *Failure to remain at the testing site until the testing process is complete.*
- *Failure to provide a urine or breath sample for any test required under DOT authority.*
- *Failure to provide a sufficient urine or breath sample when directed, and it has been determined, through a required medical evaluation, that there was not adequate medical explanation for the failure.*
- *Failure to take a second test when directed to do so.*
- *Failure to cooperate with any part of the testing process.*
- *Failure to undergo a medical evaluation as part of “shy bladder” or “shy lung” procedures.*
- *Failure to sign Step #2 on the Alcohol Testing Form.*
- *Providing a specimen that is verified as adulterated or substituted.*

No motor carrier shall permit a driver who refuses to submit to a required test to perform or continue to perform safety-sensitive functions.

***Driver Rule of Thumb:** If you are instructed to submit to a DOT drug or alcohol test and you don't agree with the reason or rationale for the test, TAKE THE TEST ANYWAY. Don't interfere with the testing process or refuse the test. COMPLY THEN MAKE A TIMELY COMPLAINT!

VIII. TESTING PROCEDURES

DRUG TESTING PROCEDURES

All drug testing must be done from urine specimens collected under highly controlled conditions. Specimen collection procedures require a designated collection site; security for the collection site; chain of custody documentation; use of authorized personnel; privacy during collection; integrity and identity of the specimen; and transportation to the laboratory.

Driver protection is built into the testing procedures. In order to meet the federal requirements the only laboratories that can be used are those that have been certified by the Federal Government. The Substance Abuse and Mental Health Services Administration certifies laboratories that have met all of the guidelines established by the Department of Health and Human Services (HHS).

During the collection process, a DOT certified urine specimen collector will:

Verify your identity using a current valid photo ID, such as a driver's license, passport, employer issued picture ID, etc.

- Create a secure collection site by:
 - Restricting access to the site to only those being tested.
 - Securing all water sources and placing blue dye in any standing water.
 - Removing or securing all cleaning products/fluids at the collection site.
- Afford you privacy to provide a urine specimen.
 - Exceptions to the rule generally surround issues of attempted adulteration or substitution of a specimen or any situation where general questions of validity arise, like an unusual temperature.
- Ask you to remove any unnecessary garments and empty your pockets (you may retain your wallet).
- Instruct you to wash and dry your hands.
- Select or have you select a sealed collection kit and open it in your presence.
- Request you to provide a specimen (a minimum of 45 mL) of your urine into a collection container.
- Check the temperature and color of the urine.
- In your presence, pour the urine into two separate bottles (A or primary and B or split), seal them with tamper-evident tape, and then ask you to sign the seals after they have been placed on the bottles.

Remember: Neither you nor the collector should let the specimen out of your sight until it has been poured into two separate bottles and sealed.

- Ask you to provide your name, date of birth, and daytime and evening phone

numbers on the Medical Review Officer Copy (Copy #2) of the Federal Drug Testing Custody and Control Form (CCF).

- This is so the Medical Review Officer (MRO) can contact you directly if there are any questions about your test.
- Complete necessary documentation on the Laboratory Copy (Copy #1) of the CCF to demonstrate the chain of custody (i.e. handling) of the specimen.
- Give you the Employee Copy (Copy # 5) of the CCF and may suggest you list any prescription and over-the-counter medications you may be taking on the back of your copy of the CCF (this may serve as a reminder for you in the event the MRO calls you to discuss your test results).
- Package and ship both sealed bottles and completed CCF to a U.S. Health and Human Services (HHS) certified testing laboratory as quickly as possible.

If you are unable to provide 45 mL of urine on the first attempt, the time will be noted, and you will be:

- Required to remain in the testing area under the supervision of the collection site personnel, their supervisor, or a representative from your company,
 - Leaving the testing area without authorization may be considered a refusal to test.
- Urged to drink up to 40 oz. of fluid, distributed reasonably over a period of up to three hours,
- Asked to provide a new specimen (into a new collection container).
- If you do not provide a sufficient specimen within three hours, you must obtain a medical evaluation within five days to determine if there is an acceptable medical reason for not being able to provide a specimen. If it is determined that there is no legitimate physiological or pre-existing psychological reason for not providing a urine specimen, it will be considered a refusal to test.

NOTE: A direct observation collection will be performed for all return-to-duty and follow-up drug testing (Effective Aug. 31 2009) and in the following situations:

1. ***An employer receives a drug test result indicating that the donor's urine specimen test was cancelled because it was invalid and that a second collection must take place under direct observation as directed by the MRO.***
2. ***Employee specimen is diluted with a creatinine level in the 2-5 range.***
3. ***Employee specimen is invalid without a valid medical explanation.***
4. ***Employee split specimen not available for testing after initial test results were positive, adulterated, or substituted. (ex. Split not collected; missing or destroyed in transit)***

5. *Employee who submits a specimen out-of-temperature range or tampers with specimen at collection site.*

In this case, all employees will be required to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show collector, by turning around, that a prosthetic device is concealed. Once determined that employee does not have such a device, employee will be directed to return clothing to its proper position for observed urination.

After the urine specimen has been collected and forwarded to the laboratory, two tests may be performed. The initial test is the immunoassay test. This is a screening test to determine drug usage for the five classes of drugs. The second test is a confirmation test.

The positive levels for the six classes of drug tests are in the table below (*Effective January 1, 2018*):

Initial Test Analyte	Initial Test ¹ Cutoff Levels (ng/ml)*	Confirmatory Test Analyte	Confirmation Test Cutoff Levels (ng/ml)*
Marijuana ²	50 ³	THCA	15
Cocaine	150 ³	Benzoyllecgonine	100
Opioids			
Codeine/Morphine	2000	Codeine	2000
		Morphine	2000
Hydrocodone	300	Hydrocodone	100
Hydromorphone	300	Hydromorphone	100
Oxycodone	100	Oxycodone	100
Oxymorphone	100	Oxymorphone	100
6-Acetylmorphine	10	6-Acetylmorphine	10
Phencyclidine (PCP)	25	Phencyclidine	25
Amphetamine	500	Amphetamine	250
Methamphetamine	500	Methamphetamine	250
MDMA ⁴ /MDA ⁵	500	MDMA	250
		MDA ²	250

* ng/ml means nanograms per milliliter. A nanogram is one billionth of a gram. A milliliter is one thousandth of a liter.

1 For grouped analytes (i.e., two or more analytes that are in the same drug class and have the same initial test cutoff):

Immunoassay: The test must be calibrated with one analyte from the group identified as the target analyte. The cross-reactivity of the immunoassay to the other analyte(s) within the group must be 80 percent or greater; if not, separate immunoassays must be used for the analytes within the group.

Alternate technology: Either one analyte or all analytes from the group must be used for calibration, depending on the technology. At least one analyte within the group must have a concentration equal to or greater than the initial test cutoff or, alternatively, the sum of the analytes present (i.e., equal to or greater than the laboratory's validated limit of quantification) must be equal to or greater than the initial test cutoff.

2 An immunoassay must be calibrated with the target analyte, D-9-tetrahydrocannabinol-9-carboxylic acid (THCA).

3 Alternate technology (THCA and Benzoyllecgonine): When using an alternate technology initial test for the specific target analytes of THCA and Benzoyllecgonine, the laboratory must use the same cutoff for the initial and confirmatory tests (i.e., 15 ng/mL for THCA and 100ng/mL for Benzoyllecgonine).

4 Methylenedioxymethamphetamine (MDMA).

5 Methylenedioxymphetamine (MDA).

If the results of the initial test are negative, the testing laboratory will advise the motor carrier's Medical Review Officer (MRO) that the drug test for the driver was negative. No additional tests on the specimen will be done.

If the results of the initial test are positive, that is, if the results exceed the test levels for any of the five drug classes, a second (confirmation) test is performed. This test is done in an entirely different manner from the initial one. All specimens identified as positive on the initial test must be confirmed using gas chromatography/mass spectrometry techniques.

Only specimens that are confirmed positive on the second or confirmatory test are reported positive to the Medical Review Officer (MRO) for review and analysis. Prior to the MRO making a final decision to verify a positive result, he will give the driver an opportunity to discuss the result with him. He will contact you directly, on a confidential basis, to determine if you want to discuss the result. If the MRO is unable to reach you, he will then contact a company official who will in turn direct you to contact the MRO. If the company official, after making all reasonable efforts, cannot make contact with you, the company can place you on temporary medically unqualified status or medical leave.

The MRO may verify a test as positive or refusal to test without communicating with the driver in three circumstances:

1. The driver expressly declines the opportunity to discuss the test;
2. The DER has successfully made and documented contact with the driver and instructed the driver to contact the MRO and more than 72 hours have passed since the contact; or
3. Other circumstances provided for in DOT agency drug-testing regulations.

A split specimen collection will be done. That is, the urine is divided into two specimen bottles. If the test result of the primary specimen is positive, you may request the Medical Review Officer to send the second (or split) specimen to a different certified lab for testing. The testing of the split specimen will be for the presence of drugs with no cut-off levels. If the result of the test of the split specimen is “negative”, the MRO shall cancel the test. If you want the split specimen tested, you must advise the MRO within 72 hours of being notified of the positive test result of the primary specimen. In most cases, the driver is usually responsible for the cost of analysis of the split specimen. (Refer to your company policy)

All primary specimens that are reported positive, adulterated, substituted, or invalid will be kept in a secure, long-term, frozen storage area for a minimum of one year in accordance with 49 CFR Part 40.99. Within the one-year period, the MRO, the employee, the employer, or a DOT agency may request in writing that the HHS certified lab retain a specimen for an additional period of time.

NOTE: All split specimens that have not been sent to another laboratory for testing will be retained for the same period of time as the primary specimen.

If an employee requests the MRO to send the second (or split) specimen to a different certified lab the proper steps as listed in 49 CFR Part 40.175 will be followed.

The company needs to keep a record in the driver’s file showing the type of test (pre-employment, random, etc.); date of collection; location of collection; entity performing the collection; name of the lab; name of the MRO; and the test results.

ALCOHOL TESTING PROCEDURES

The DOT performs alcohol testing in a manner to ensure the validity of the testing as well as provide confidentiality of the employee's testing information.

At the start of the test, a Screening Test Technician (STT) or a Breath Alcohol Technician (BAT), *using only a DOT approved device*, will:

- Establish a private testing area to prevent unauthorized people from hearing or seeing your test result. This site could be a room, van, or a partitioned-off area. Only one breath test will be done at one time. The person giving the test will not leave the testing sight during your test.
- Require you to sign Step #2 of the Alcohol Testing Form (ATF).
- Perform a screening test and show you the test result. If the screening test result is an alcohol concentration of less than 0.02, no further testing is authorized, and there is no DOT action to be taken. The technician will document the result on the ATF, provide you a copy and provide your employer a copy.

If the screening test result is 0.02 or greater, you will be required to take a confirmation test, which can only be administered by BAT using an Evidential Breath Testing (EBT) device. The BAT will:

- Wait at least 15-minutes, but not more than 30 minutes, before conducting the confirmation test. During that time, you are not be allowed to eat, drink, smoke, belch, put anything in you mouth or leave the testing area.

The EBT is a scientific instrument, which determines the concentration of alcohol expressed as "percent by weight". It does this by analyzing a specific volume of expired breath. The weight of alcohol in the breath sample is determined and the quantity of the alcohol converted to its equivalent value in blood. A BAC (blood alcohol concentration) of 0.10 means one tenth of a gram of alcohol per 210 liters of breath. The EBT will print three copies of each test result and the test results are numbered.

The first part of the testing process is to make sure that the EBT is operating properly. In the drivers presence the technician runs an "air blank" test to make sure the EBT is working correctly and the reading is zero. Next a sealed mouthpiece is opened and placed into the EBT. In order to get a sufficient quantity of deep lung air, the driver is requested to blow into the mouthpiece for at least 6 seconds, or until the EBT indicates that an adequate amount of breath has been obtained. The EBT will immediately read the results of the test and a copy of the printed results will be given to the driver. Printed results are not required for the initial test.

When the confirmation result is different from the initial test, the confirmation test results will always be used to determine the consequences for the driver. A breath alcohol testing form will be prepared with a copy for the tested driver.

If after several attempts you are unable to provide an adequate amount of breath, the testing will be stopped. You will be instructed to take a medical evaluation to determine if there is an acceptable medical reason for not providing a sample. If it is determined that

there is no legitimate physiological or psychological reason, the test will be treated as a refusal to test.

IX. CONSEQUENCES OF A POSITIVE TEST

CONSEQUENCES FOR DRIVERS WHO TEST 0.04 BAC AND ABOVE

A driver who tests 0.04 or above

- Cannot perform a safety-sensitive function,
- Will be made aware of resources for solving alcohol and drug problems,
- Must be evaluated by a substance abuse professional (SAP),
- Comply with treatment recommendations, and
- Must undergo a return to duty drug test with a negative test result.

The positive tested driver will also be subject to unannounced follow-up drug test for up to 5 years depending on the evaluation of the substance abuse professional.

*Refer to section XV for further disciplinary action.

CONSEQUENCES OF A TEST OVER 0.02 BAC BUT LESS THAN 0.04 BAC.

No driver who is found to have a BAC of 0.02 or greater but less than 0.04 shall perform safety sensitive functions until the start of the driver's next scheduled duty period, but not less than 24 hours following the test.

*Refer to section XV for further disciplinary action.

CONSEQUENCES OF A POSITIVE DRUG TEST

A driver who tests positive for drugs

- Cannot perform a safety-sensitive function,
- Must be evaluated by a substance abuse professional,
- Will be made aware of resources for solving alcohol and drug problems,
- Comply with treatment recommendations, and
- Must undergo a return to duty drug test with a negative test result.

The positive tested driver will also be subject to unannounced follow-up drug tests for up to 5 years depending on the evaluation of the substance abuse professional.

*Refer to section XV for further disciplinary action.

X. DRIVER ADMISSION OF ALCOHOL & DRUG USE

Drivers who admit to alcohol misuse or controlled substances use are not subject to the referral, evaluation, and treatment requirements of 49 CFR Parts 382 and 40 of this title, provided that:

- The admission is in accordance with a written employer- established voluntary self-identification program;
- The driver does not self-identify in order to avoid testing under the requirements of this part;
- The driver makes the admission of alcohol misuse or controlled substances use prior to performing a safety sensitive function (i.e., prior to reporting for duty); and
- The driver does not perform a safety sensitive function until the employer is satisfied that the employee has been evaluated and has successfully completed education or treatment requirements in accordance with the self-identification program guidelines.

Most every community in the country has resources available to confidentially assist you through the evaluation and treatment of your problem. If you would like to find a treatment facility close to you, check with your local yellow pages, local health department or visit the U.S. Department of Health and Human Services treatment facility locator at <http://findtreatment.samhsa.gov>. This site provides contact information for substance abuse treatment programs by state, city and U.S. Territory.

Often sponsored by employers or unions, referral programs provide an opportunity to self-report to your employer a substance abuse problem *before* you violate testing rules. This gives you an opportunity for evaluation and treatment, while at times guaranteeing your job. Be sure to check with your company to see if there is a voluntary referral program.

REMEMBER: *Self-reporting just after being notified of a test does not release you from your responsibility of taking the test, and it also does not qualify as a voluntary referral.*

Generally sponsored by employers or unions, you are encouraged or required to identify co-workers with substance abuse problems. The safety of everyone depends on it. Using peers to convince troubled friends and co-workers with a problem is one of the strengths of the program, often guaranteeing the co-worker struggling with substance abuse issues the same benefits as if he had self-reported.

XI. MEDICAL & RECREATIONAL MARIJUANA USE

Recently, some states passed initiatives to permit use of marijuana for “medical” and “recreational” purposes.

Several inquiries about whether these state initiatives will have an impact upon the Department of Transportation’s longstanding regulation about the use of marijuana by safety-sensitive transportation employees.

We want to make it perfectly clear that the state initiatives will have no bearing on the Department of Transportation’s regulated drug testing program. The Department of Transportation’s Drug and Alcohol Testing Regulation – 49 CFR Part 40 – does not authorize the use of Schedule I drugs, including marijuana, for any reason.

Therefore, Medical Review Officers (MROs) will not verify a drug test as negative based upon learning that the employee used “recreational marijuana” when states have passed “recreational marijuana” initiatives.

We also firmly reiterate that an MRO will not verify a drug test negative based upon information that a physician recommended that the employee use “medical marijuana” when states have passed “medical marijuana” initiatives.

It is important to note that marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It remains unacceptable for any safety-sensitive employee subject to drug testing under the Department of Transportation’s drug testing regulations to use marijuana.

We want to assure the traveling public that our transportation system is the safest it can possibly be.

XII. CDL DRUG & ALCOHOL CLEARINGHOUSE

The FMCSA Commercial License Drug & Alcohol Clearinghouse is a secure, online database that will give employers and other authorized users real-time information about commercial driver’s license (CDL) and commercial learner’s permit (CLP) holders’ drug and alcohol program violations, thus improving safety on our Nation’s roadways.

Any driver who holds a CDL (CDL driver) and meets the requirements of the CDL standards (49 CFR Part 383), and the FMCSA Drug and Alcohol Testing Program (Part 382) is subject these requirements.

A registered CDL driver can use the Clearinghouse to:

- 1) Provide electronic consent to release detailed drug and/or alcohol violation information in your Clearinghouse record to a current or prospective employer (when an employer conducts a full query).
- 2) Review your own Clearinghouse record and initiate the process to revise or remove incorrectly entered information.
- 3) Identify a substance abuse professional (SAP) to report on RTD activities, if you have an unresolved drug and alcohol program violation in your Clearinghouse record.

XIII. THE EFFECTS OF ALCOHOL AND DRUGS ON HEALTH, WORK, AND PERSONAL LIFE

The hazard of misuse of alcohol and illegal drugs extend far beyond the individual user. Impaired employees endanger themselves, fellow workers, and other users of our highways. Employees with drugs or alcohol in their systems are less productive and more likely to injure themselves or other persons in an accident. Alcohol and drug abusing employees increase the costs related to lost productivity, absenteeism, accidents, lost of trained personnel, theft, and treatment and deterrence programs. Also, medical costs are higher and are passed on to the employer in the form of higher health insurance rates. Alcohol and drug abuse costs both the employer and the employee. Alcohol remains the number one abused drug in this country. Alcohol consumption causes a number of changes in behavior. Even low doses can impair the judgment and coordination required for driving. Low to moderate doses increases the incidence of a variety of aggressive acts. Moderate to high doses cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressant drugs, much lower doses of alcohol will produce the effects just described. Long-term consumption of large quantities of alcohol can lead to permanent damage to vital organs such as the brain and the liver.

Did you know that 6 out of 10 people suffering from substance abuse problems also suffer from mental conditions like depression? Research has long documented that people suffering from depression try to self-medicate themselves through alcohol and other drugs. Typically, many of these individuals fail to remain clean and sober after rehabilitation because their underlying medical problem is not addressed and the cycle of self-medication begins again.

SIGNS AND SYMPTOMS OF AN ALCOHOL OR DRUG PROBLEM

Drugs can show their effect in many different ways. Some of the most noticeable signs of drug abuse are drowsiness, respiratory depression, constricted pupils, nausea, slurred speech, excitement, loss of appetite, poor perception of time and distance, disoriented behavior, watery eyes, runny nose, chills and sweats, convulsions, depression and the use of drug paraphernalia. Some of the signs and symptoms of alcohol misuse are the odor of alcohol, slurred speech, staggering tremors, vomiting, cramps, delirium, loss of appetite, using arms for balance, leaning against walls and doorways, swaying while maintaining balance, and confusion.

Multiple substance abuses is abuse of more than one drug, either at the same time or over a period of time and it involves any combination of:

- Alcohol
- Prescription drugs
- Over-the-counter drugs
- Illegal drugs

Multiple substance abuses are especially dangerous because different substances interact with each other to produce unexpected effects and dangers.

Multiple substance abuse often begins with abuse of a single substance. This may happen because once a person begins to rely on a drug, abuse of additional substances becomes more likely. People who abuse one substance are at a high risk for developing dependence and tolerance for the other substances.

METHODS OF INTERVENTION FOR SUSPECTED ALCOHOL OR DRUG PROBLEMS

Alcohol and substance abuse is a complex problem calling for specialized supervision and care. Don't help or aid a person who you think has an alcohol or drug abuse problem. Don't make excuses for them, don't do their work for them, and don't look the other way. The problem is not going to go away. Don't enable the person to continue the alcohol or drug abuse.

Leave the treatment and counseling of persons with an abuse problem to the professionals. The DOT regulations require that the person with a problem be evaluated by a professional -- such as, a physician, psychologist, and other persons with knowledge of abuse and clinical experience in the diagnosis and treatment of alcohol and drug related disorders.

XIV. WHERE CAN I GO FOR HELP?

Listed below are sources of help and information:

U.S. Department of Health & Human Services treatment locator

Website: <http://findtreatment.samhsa.gov/>

1-800-662-HELP

The Substance Abuse and Mental Health Services Administration (SAMHSA) website and toll-free phone line helps individuals locate drug and alcohol abuse treatment programs in their communities.

Alcohol & Drug Abuse Treatment

(800) 559-9503

Email: webmaster@drugrehabcenter.com

Alcohol Screening.org

Website: www.alcoholscreening.org

This free confidential website lets individuals privately assess their drinking habits and receive personalized feedback to help them determine if they need help to change those habits.

National Council on Alcoholism

7 days a week, 24 hours a day

1-800-622-2255

Adcare

1-800-ALCOHOL

www.adcare.com

Cocaine Helpline

Monday through Friday

Saturday and Sunday, 12:00 PM - 3:00 AM

1-800-COCAINE

Cocaine Anonymous provides support for people dependent on cocaine and other mind-altering substances.

Focus on Recovery Helpline

Website: www.focushealthcare.com

1-800-234-0420

This helpline provides support and information for recovering drug addicts through referral to local help lines staffed by other recovering addicts.

U.S. Department of Transportation

Office of Drug & Alcohol Policy & Compliance

(866) 377-8642

Website: <http://www.dot.gov/ost/dapc/index.html>

***We will also provide Substance Abuse Professional referrals to seek the required treatment under our company policy.**

XV. PERSONS IDENTIFIED TO ANSWER QUESTIONS

As part of our continuing policy to ensure fair and equal treatment of our drivers, we understand that there may be questions and concerns involving our controlled substance and alcohol testing policies and programs. To assist you in understanding the requirements placed on both you, the driver, and us, the employer, we have designated the following person/s to answer your questions regarding the alcohol and drug testing regulations.

STEVE FRAZER
SAFETY COMPLIANCE MANAGER
508.298.4160

XVI. DOT CERTIFIED LABS & MEDICAL REVIEW OFFICER

A. Name of HHS Certified Laboratories

Quest Diagnostics – Lenexa Lab
10101 Renner Blvd
Lenexa, KS 66219
Tel: 800-877-7484

Clinical Reference Laboratory
8433 Quivira Road
Lenexa, KS 66215
Tel: 800-445-6917

B. Name of Collection Site(s)

Nationwide Collection Site can be located at www.questdiagnostics.com

C. Name of Medical Review Officer

Neil J. Dash, MD-Chief MRO
DRS
546 Franklin Ave
Massapequa, NY 11758
Tel: 800-526-9341

D. Substance Abuse Professionals

The National SAP Network – 800-879-6428
<https://www.saplist.com/find-a-sap/>
<https://www.eap-sap.com/>

See DER for additional Substance Abuse Professionals and Employee Assistance Program Information.

XVII. POST ACCIDENT AND RANDOM TEST PENALTIES

IF TEST RESULT IS	AND IF	THEN THE EMPLOYEE WILL BE
below 0.02 for alcohol and negative for drugs	(not applicable)	allowed to continue regular duties
0.02 or greater but less than 0.04 for alcohol	this is the 1st time the employee tested positive for alcohol	immediately removed from safety sensitive position, suspended w/o pay for 24 hours, and subject to disciplinary action up to and including termination of employment.
0.02 or greater, but less than 0.04 for alcohol	this is the 2nd time the employee tested positive for alcohol	immediately removed from safety sensitive position, suspended w/o pay for 24 hours and subject to further disciplinary action up to and including termination of employment.
0.04 or greater for alcohol or positive for drugs	this is the 1st time the employee tested positive for alcohol or drugs	immediately removed from safety sensitive position, suspended w/o pay while awaiting results of split specimen if so elected. Upon negative results, employee will be returned to safety sensitive duties. Upon positive results, employee will be referred to SAP and subject to disciplinary action up to and including termination of employment.
0.04 or greater for alcohol or positive for drugs	this is the 2nd time the employee tested positive for alcohol or drugs	immediately removed from safety sensitive position, suspended w/o pay while awaiting results of split specimen if so elected. Upon negative results, employee will be returned to safety sensitive duties. Upon positive results, employee will be referred to SAP and terminated from employment.

XVII. REASONABLE SUSPICION TEST PENALTIES

IF TEST RESULT IS	AND IF	THEN THE EMPLOYEE WILL BE
below 0.02 for alcohol and negative for drugs	(not applicable)	restored to regular duties and made whole for any loss in pay, unless the behavior itself which prompted the test warrants discipline
0.02 or greater but less than 0.04 for alcohol	this is the 1st time the employee tested positive for alcohol	immediately removed from safety sensitive position, suspended w/o pay for 24 hours, and subject to disciplinary action up to and including termination of employment.
0.02 or greater, but less than 0.04 for alcohol	this is the 2nd time the employee tested positive for alcohol within a 36-month period	immediately removed from safety sensitive position, suspended w/o pay for 24 hours and subject to further disciplinary action up to and including termination of employment.
0.04 or greater for alcohol or positive for drugs	this is the 1st time the employee tested positive for alcohol or drugs	immediately removed from safety sensitive position, suspended w/o pay while awaiting results of split specimen if so elected. Upon negative results, employee will be returned to safety sensitive duties. Upon positive results, employee will be referred to SAP and subject to disciplinary action up to and including termination of employment.
0.04 or greater for alcohol or positive for drugs	this is the 2nd time the employee tested positive for alcohol or drugs	immediately removed from safety sensitive position, suspended w/o pay while awaiting results of split specimen if so elected. Upon negative results, employee will be returned to safety sensitive duties. Upon positive results, employee will be referred to SAP and terminated from employment.