



**Washington State
Department of Transportation**

Drug and Alcohol Program Guidebook

M 3141

October 2021

Public Transportation Division

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Contents

Change log	6
Introduction	7
About this guidebook	7
About drug and alcohol testing programs	7
Roles and responsibilities	8
Your organization.....	8
Employer (i.e., drug and alcohol program manager, designated employer representative)	8
Safety-sensitive employee	8
Your contractors	9
Alcohol testing technician and screening test technician	9
Urine collection technician.....	9
Collection site.....	9
Drug testing laboratory.....	10
Medical review officer.....	10
Substance abuse professional	11
Third-party administrator	12
Drug and alcohol policy	12
Required policy elements	12
Other policy requirements and considerations.....	14
Employee acknowledgement.....	14
Drug and alcohol training	14
The effects and consequences of prohibited drug use	14
Recognition of signs and symptoms of drug use and alcohol use	15
Drug and alcohol testing	15
Test timing	15
Notifying employees.....	15
Supervisor as collector	16
Ordering testing.....	16
Direct observation.....	17
Refusal to test	18
Drug testing program	18
Prohibited behaviors	18
Prohibited substances.....	19

Alcohol testing program	20
Prohibited behaviors	21
Prohibited blood-alcohol levels	21
Alcohol testing procedure chart	22
Types of drug and alcohol testing	22
Pre-employment testing	22
Reasonable suspicion testing	24
Post-accident testing	25
Random testing	27
Testing before return to duty after refusal or verified positive	29
Follow-up testing after returning to duty	29
Retesting	29
Issues with drug tests	29
Shy bladder	29
Specimen tampering, adulteration, alteration and substitution	30
Negative dilute specimen	30
Split specimen	30
Flaws	31
Consequences and treatment	32
Immediate actions following a positive result	32
Blood alcohol level result actions	32
Blood alcohol level less than 0.02	32
Blood alcohol level 0.02 to 0.039	33
Blood alcohol level greater than 0.04	33
Referral, evaluation and treatment	33
Recordkeeping	34
Five years	34
Three years	35
Two years	35
One year	35
Other recordkeeping requirements	35
Release of records and confidentiality	36
Reporting	36
General	36
Calculations	37

- Oversight of contractors**37
 - Drug and alcohol contractors37
 - Blood alcohol technicians.....38
 - Urine collection technicians.....38
 - Collection sites.....39
 - Medical review officer.....39
 - Third-party administrator and consortium.....40
 - Contracted transportation services40
 - Maintenance.....41
 - Operations41
- WSDOT compliance site visit**41
- Conclusion**.....41
- Appendix A Acronyms, abbreviations and glossary**.....42
 - Acronyms and abbreviations42
 - Glossary.....43
- Appendix B Qualifications and procedures for service providers**47
 - Specimen collectors47
 - Drug testing labs47
 - Third-party administrators47
- Appendix C Second-chance policy considerations**48
- Appendix D Records retention**49
 - Records retention schedule by category49
- Appendix E Generic, brand and street names for drugs**.....51
- Appendix F Third-party oversight expectations**54
 - XYZ Transit54
 - Circumstance54
 - Oversight expectations.....54
- Appendix G Online resources**55
 - National Rural Transit Assistance Program55
 - FTA Drug and Alcohol Program:55
 - U.S. Department of Transportation Office of Drug and Alcohol Policy and Compliance.....55
 - Washington State Transit Insurance Pool55
 - State law55
 - Federal law55
 - Finding a provider:.....55
 - Additional reading55

Change log

Date	Section	Description
Oct. 1, 2021	-	New guidebook

Introduction

About this guidebook

WSDOT developed this guidebook to provide drug and alcohol program managers and designated employer representatives with a resource for the day-to-day administration of a compliant Federal Transit Administration (FTA) drug and alcohol testing program.

WSDOT is committed to the success of your drug and alcohol testing program. As such, it is important that you and WSDOT work from a common set of principles and resources, outlined in this guidebook.

WSDOT developed this guidebook specifically for rural agencies with safety-sensitive employees that receive FTA Sections 5311 or 5339 funding as a subrecipient or who have vehicles funded by 5311 or 5339 for which WSDOT still holds title.

This guidebook summarizes requirements in 49 CFR Part 40 and Part 655. WSDOT produces this guidebook as a supplement to FTA publications and the technical assistance tools at www.transit.dot.gov/drug-alcohol-program. Many of the forms referenced in this guide may be found in the Sample Forms section of the tools and resources page.

This guidebook provides drug and alcohol program managers and designated employer representatives guidance in the main body. Procedural and certification specifics for contracted service providers are in the appendices. Samples of many of the forms the guidebook references, links to additional resources and a glossary are in the appendices. We recommend that you familiarize yourself with Appendix A: Acronyms, abbreviations and glossary before reading the guide.

WSDOT may make updates to this guidebook. When updates occur, WSDOT will notify affected organizations and post an updated version of the guidebook to the Public Transportation Division website at www.wsdot.wa.gov/transit.

This guidebook does not supersede any state or federal law, rule or regulation. If any section of this guidebook is inconsistent with any state or federal law, rule or regulation, the law, rule or regulation supersedes this guide and must be followed.

For general questions about your drug and alcohol testing program, contact your local WSDOT community liaison or your WSDOT drug and alcohol representative.

About drug and alcohol testing programs

- Direct recipients of FTA Sections 5307 and 5309 funding and subrecipients (WSDOT grantees) of FTA Sections 5311 and 5339 funding must have a drug and alcohol testing program for safety-sensitive employees (49 CFR Part 40).

Agencies may have a testing program even if they do not receive FTA funds. However, the agency must establish the testing program through agency authority or under Federal Motor Carrier Safety Administration (FMCSA) policy. Programs established through agency authority or under FMCSA policy cannot use FTA drug and alcohol testing forms for testing.

If an agency is regulated by FTA and FMCSA, the agency must prioritize oversight rules by specific activities. Examples include municipal systems that employ public bus drivers (FTA) and snow-plow drivers (FMCSA), or agencies with federally funded routes (FTA) and private charter service (FMCSA).

Roles and responsibilities

Your organization

Employer (i.e., drug and alcohol program manager, designated employer representative)

Your role as a public transportation provider in establishing and running a drug and alcohol testing program includes:

- Implementing a policy prohibiting drug use and alcohol misuse.
- Performing previous-employer checks for new hires and transferees.
- Facilitating all required training.
- Conducting (i.e., initiate and facilitate) all required testing.
- Taking action as necessary (i.e., consequences).
- Reporting test summaries to the Drug and Alcohol Testing Management Information System (MIS).
- Maintaining all records according to the appropriate retention schedule.
- Reporting verified positives of commercial driver's license (CDL) holders to the Washington State Department of Licensing upon termination.¹
- Ensuring compliance by contractors.

Source: 49 CFR Part 40 Subpart B

Safety-sensitive employee

A safety-sensitive employee performs or your agency could call on to perform the following functions, regardless of job title:

- Operating a public transportation vehicle (in or out of service).
- Operating an ancillary vehicle that requires a CDL to operate (e.g., snowplow).
- Performing maintenance or installation on public transportation vehicles or equipment.
- Controlling the movement of a public transportation vehicle (i.e., dispatch).
- Carrying a firearm for security purposes.

Third-party transportation providers to whom you are passing through federal funds must also have a drug and alcohol program. Volunteer drivers are not safety-sensitive employees unless they drive a vehicle that requires a CDL or are remunerated for service in excess of the costs they incur.

You may choose what information in this guide to share with your safety-sensitive employees. The U.S. Department of Transportation Office of Drug and Alcohol Policy and Compliance also provides an employee handbook, [What Employees Need to Know about DOT Drug and Alcohol Testing](#).

Source: 49 CFR §655.4

¹ Washington-specific requirement.

Your contractors

Contractors are people or organizations that provide a safety-sensitive service for your agency consistent with a specific understanding or arrangement. The understanding can be a written contract or an informal arrangement that reflects an ongoing relationship between the parties.

To comply with state and federal regulations, you must carry out oversight of your contractors. See [Oversight of contractors](#) for more information

Alcohol testing technician and screening test technician

A breath alcohol technician and screening test technician use a saliva device or a non-evidential breath test device to determine the blood alcohol level of the employee.²

Source: 49 CFR §40.211

Urine collection technician

A urine collection technician:

- Instructs and assists employees at a collection site.
- Receives and makes an initial inspection of the urine specimen provided by employees.
- Initiates and completes the federal drug testing custody and control form.

Source: 49 CFR §40.31

Collection site

A collection site is a fixed or mobile facility for the collection of drug and/or alcohol test specimens. The facility enables you to send your employees for testing at an easily accessible location that maintains the integrity of the testing process. At most rural agencies, testing occurs in this manner: off site or at mobile collection unit.

Initial blood-alcohol samples must be collected with a saliva device, a non-evidential breath test device (i.e., alcohol screening device), or an evidential breath testing device. Your agency may choose to purchase these supplies to perform screening or blood-alcohol content testing on-site.

On-site testing (as opposed to sending employee to collection facility) requires a private space for testing to maintain confidentiality.

If your agency is interested in making a member of your staff an on-site breath alcohol technician or screening test technician, visit the U.S. Department of Transportation's [How to become a breath alcohol technician and screening test technician webpage](#).

Source: 49 CFR §655.53

² The evidential breath testing may occur without the screening step.

Drug testing laboratory

A drug testing laboratory certified³ by the U.S. Department of Health and Human Services receives urine specimens and tests them to determine the presence of drugs. Laboratories also conduct validity testing to determine if a specimen is adulterated or substituted.

Laboratory responsibilities include:

- Complying with U.S. Department of Health and Human Services guidelines concerning accessioning and processing specimens.
- Inspecting specimens for fatal and correctable flaws.
- Documenting flaws and either stopping or continuing testing.
- When flaws are not corrected, reporting specimens as rejected for testing.
- Reporting test results to the medical review officer.
- Maintaining documentation according to record retention schedule

See Appendix B: Qualifications and procedures for service providers for laboratory procedure.

Source: 49 CFR §40.81

Medical review officer

A medical review officer is a licensed physician who receives and reviews laboratory results and evaluates medical explanations for certain drug test results from your drug testing program.

Your medical review officer may be located outside of Washington.

A medical review officer is responsible for the accuracy and integrity of the drug testing process through:

- Custody control form review.
- Feedback to employers and other service agents.
- Reporting to and consulting with the U.S. Department of Transportation Office of Drug and Alcohol Policy and Compliance.
- Quality assurance review of the drug testing process for the specimens under their purview.
- Determining legitimate medical explanation for laboratory confirmed positive, adulterated, substituted and invalid drug test results.
- Protecting the confidentiality of the drug testing information.
- Ensuring timely flow of test result and other information to employers.

³ The Substance Abuse and Mental Health Services Administration maintains a certified lab list on their [website](#).

Specifically, the medical review officer is responsible for timely flow of results and information to employers in the following manner:

- Reporting verbal results on the same day as verification of test result or next business day for verified positives, results requiring immediate collection under direct observation, adulterated or substituted specimen results, and other refusals to test.
- Transmitting verified drug and alcohol test results to the designated employer representative within two days of verification.

A medical review officer must also report certain drug test results and medical information to you and your third-party administrator regardless of an employee's consent. This includes results that lead to:

- The employee being determined to be medically unqualified under an applicable U.S. Department of Transportation agency regulations.
- An indication that continued performance by the employee of his or her safety-sensitive function is likely to pose a significant safety risk.

Medical review officer reports may not be modified or changed, except by the medical review officer.

Source: 49 CFR §40.121, 49 CFR §40.327

Substance abuse professional

A substance abuse professional is responsible for:

- Making a face-to-face clinical assessment and evaluation to determine what assistance an employee needs to resolve problems associated with alcohol and/or drug use.
- Referring employees to an appropriate education and/or treatment program.
- Conducting a face-to-face follow-up evaluation to determine if an employee has actively participated in the education and/or treatment program and has demonstrated successful compliance with the initial assessment and evaluation recommendations.
- Providing the designated employee representative with an employee's follow-up drug and/or alcohol testing plan.
- Providing the employee and employer with recommendations for continuing education and/or treatment.

The substance abuse professional is not an advocate for the employer or employee. Their function is to protect the public interest in safety by professionally evaluating the employee and recommending appropriate education/treatment, follow-up tests and aftercare.

See substance abuse professional credential requirements in Appendix B: Qualifications and procedures for service providers.

Source: 49 CFR §40.281

Third-party administrator

A third-party administrator is service agents or group that manages all or part your drug and alcohol program. The third-party administrator may perform the following tasks on your behalf:

- Providing employees access to a substance abuse professional.
- Setting up collectors, collection facilities, laboratory and medical resource officer accounts.
- Setting up and managing random testing programs as a consortium or stand-alone program.
- Providing employee education and supervisor training.
- Updating your organization on federal and state regulations.
- Providing custody and control forms and other drug and alcohol testing supplies.
- Assisting with the annual Drug and Alcohol Management Information System (DAMIS) report.
- Providing consultation and technical assistance.
- Conducting compliance reviews of service contractors.

Third-party administrators, as the entity in charge of coordinating your testing services, may employ:

- Alcohol testing technicians and screening test technicians
- Urine collection technicians
- Drug testing laboratories
- Substance abuse professionals
- Medical review officers

However, a third-party administrator cannot act as your designated employer representative.

Source: 49 CFR §40.15

Drug and alcohol policy

You must establish a drug and alcohol policy that includes elements required by state and federal law.

The sections below describe elements of other requirements of your policy.

Source: 49 CFR §655.12 - .15, RCW 46.25.123

Required policy elements

Your drug and alcohol policy must include but is not limited to the following elements:

Element 1: Person, office, branch and/or position your organization has designated to answer employee questions about your organization's anti-drug use and alcohol misuse programs.

Element 2: Categories of employees covered by your organization's anti-drug use and alcohol misuse programs.

Element 3: Specific information about behavior and conduct prohibited by your organization's anti-drug use and alcohol misuse programs.

Element 4: Specific circumstances under which your organization will test a covered employee for prohibited drug use or alcohol misuse.

Element 5: Procedures that your organization will use to:

- Test covered employees for illegal drug use or alcohol misuse.
- Protect the covered employee you are testing and the integrity of the drug and alcohol testing process.
- Safeguard the validity of test results.
- Ensure that you are attributing the test results to the correct covered employee.

Element 6: Requirement that a covered employee submit to drug and alcohol testing your organization administers under its anti-drug use and alcohol misuse programs.

Element 7: Description of the kind of behavior that constitutes a refusal to take a drug or alcohol test, and a statement that such a refusal constitutes a violation of the employer's policy (see [Refusal to test](#) for more information).

Element 8: Consequences for covered employees who receive a verified positive drug or a confirmed alcohol test result with an alcohol concentration of 0.04 or greater, or who refuse to test.

- This element must include the mandatory requirements that:
- You organization immediately remove the covered employee from their safety-sensitive function.
- The employee receives an evaluation from a substance abuse professional.

Within this element of your policy, identify whether your organization has a zero-tolerance policy or a second-chance policy. See Appendix C: Second-chance policy considerations for more information.

Element 9: Consequences for covered employees receive a confirmed alcohol test result an alcohol concentration of 0.02 or greater but less than 0.04.

Element 10: Party that will pay for substance-abuse- professional-directed treatment. Refer to your organization's union contract if applicable.

Element 11: Mandatory reporting of a positive test (including refusals) to the Washington State Department of Licensing upon termination or resignation of the employee or after a pre-employment verified positive.

You should indicate the party responsible for this reporting, which may be the breath-alcohol technician or medical review officer.

Element 12: Description of resources where further information or help can be obtained (such as Employee Assistance Program).

Source: 49 CFR §655.15

Other policy requirements and considerations

Your drug and alcohol policy must delineate between FTA, state and agency policy by using a contrasting font.

You may incorporate provisions of the Drug Free Workplace Act of 1988 (41 U.S.C. 81) in the policy statement.

You may include an agency directive regarding prescriptions or other legal substances that can impair employee function.

For more assistance developing your policy, FTA provides a drug and alcohol policy builder.

Source: [drug-and-alcohol-policy-requirements-checklist](#)

Employee acknowledgement

Each covered employee must acknowledge your policy in the form of a signed document. You must keep this acknowledgement on file. A sample acknowledgement form is on FTA's [tools and resources page](#).

Source: 49 CFR §655.16

Drug and alcohol training

You must establish a drug and alcohol education and training program for all covered employees. The program must include the following trainings:

- The effects and consequences of prohibited drug use
- Recognition of signs and symptoms of drug use and alcohol use

Descriptions of these trainings are in the following sections.

Additionally, you must display and distribute informational material and, if available, a community service hot-line telephone number for employee assistance to every covered employee.

Source: 49 CFR §655.14

The effects and consequences of prohibited drug use

This 60-minute training is for all safety sensitive employees. It covers:

- The effects and consequences of prohibited drug use on personal health, safety and the work environment.
- The signs and symptoms that may indicate prohibited drug use.

The training should contain the following elements:

- Policy provisions
- Testing procedures
- Effects and consequences of alcohol misuse
- Employee rights and responsibilities
- Safety risks of prescription and over the counter medications
- Quiz

FTA and the National Rural Transit Assistance Program provide videos that meets these requirements. Links to these videos are in Appendix G: Online resources.

You must ensure employees receive this training prior to assignment to a safety-sensitive position. WSDOT recommends periodic refreshers on the training materials.

Source: 49 CFR §655.14(b)(1)

Recognition of signs and symptoms of drug use and alcohol use

This 120-minute training is for supervisors or other personnel authorized to make reasonable suspicion referrals. It covers:

- At least 60 minutes of training on recognition of signs and symptoms of drug use.
- 60 minutes on the signs and symptoms of alcohol use.

The training should include the following elements:

- Short- and long-term indicators of substance misuse
- Definition of reasonable suspicion
- Initiating, substantiating and documenting a referral
- Employee intervention
- Recordkeeping
- Logistics of your agency testing program

Source: 49 CFR §655.14(b)(2)

Drug and alcohol testing

The sections below describe requirements for testing for drug and alcohol testing.

Test timing

Drug testing can occur anytime an employee is on duty.

Alcohol testing can occur just before, during, or immediately after performing safety-sensitive functions.

Source: 49 CFR §655.45

Notifying employees

Before performing a drug or alcohol test on a covered employee, you must notify the employee that the test is required by U.S. Department of Transportation rules.

Source: 49 CFR §655.17

Supervisor as collector

You must not permit an employee with direct or immediate supervisory responsibility or authority over another employee to serve as the urine collection person, breath alcohol technician, or saliva-testing technician for a drug or alcohol test of the employee.

Source: 49 CFR §655.53

Ordering testing

A designated employee representative or drug and alcohol program manager initiates drug and alcohol testing with an order for testing form (also known as a testing notification form) developed by the employer or third-party administrator. An example order for testing form is on FTA's [tools and resources page](#). The order for testing form must have the following information:

- Employee name and unique ID (not CDL number)
- Date and time of order for testing
- Collection site information
- Time of arrival and collector name
- Test type and reason for testing
- Whether the collection must be observed
- U.S. Department of Transportation FTA as testing authority
- Employer name
- Designated employer representative phone number

If a designated employee representative or drug and alcohol program manager submits an order for drug testing, a drug test collector begins the custody and control form.⁴ If a designated employer representative or drug and alcohol program manager submits an order for alcohol testing, a breath alcohol technician begins an alcohol testing form. Alcohol test results do not require a medical review officer review or lab analysis. The breath alcohol technician will report results of the alcohol test. An example custody and control form and alcohol testing form are on FTA's [tools and resources page](#).

Source: 49 CFR §40.14

⁴ FTA developed the official custody and control form was in 2020. Drug test collectors may use this original form until September 1, 2021. Your collector will provide this five-part paper form with their collection site information pre-printed on the form.

After September 1, 2021, drug test collectors must use the electronic custody control form. The electronic custody control form collects and transmits the same employer, donor, collector, medical review officer and specimen information as the five-part paper form using an online process.

Direct observation

Direct observation is the process in which an observer will witness the urine pass from a covered employee's body into the collection container.

An individual of the same gender as the employee's identified gender must conduct the direct observation.

During direct observation, the employees must:

- Lift upper clothing above the waist.
- Lower their lower clothing (including underwear) to mid-thigh level.
- Turn around once.

You as the employer or your collector must explain to employee the reason for a directly observed collection. The collector must also complete a new custody and control form for the directly observed collection.

As an employer, you must request an immediate collection under direct observation with no advance notice to the employee if:

- The laboratory reported to the medical review officer that a specimen is invalid, and the medical review officer reported to you that there was not an adequate medical explanation for the result.
- The medical review officer reported to you that the original positive, adulterated, or substituted result had to be cancelled because the test of the split specimen could not be performed.
- The laboratory reported to the medical review officer that the specimen was negative-dilute and the medical review officer reported the specimen to you as negative-dilute.

Additionally, as an employer, you must request direct observation if the test is for return to duty or is a follow-up.

A collector must perform a direct observed collection if:

- They observed the donor attempt to tamper with specimen.
- The specimen temperature is out of range
- The specimen appears to have been tampered with.

If an employee declines to allow direct observation, you must consider this a refusal to test.

Source: 49 CFR §40.67(c)

Refusal to test

A covered employee refuses a drug or alcohol test if they:

- Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by your agency.
- Fail to remain at the testing site until the testing process is complete.
- Fail to attempt to provide a breath or urine specimen.
- Fail to permit an observed or monitored collection when required.
- Fail to provide a sufficient quantity of urine or breath without a valid medical explanation.
- Fail or decline to take a second test as directed by the collector or your agency's designated employer representative for drug testing.
- Fail to undergo a medical evaluation as required by the medical review officer or your agency's designated employer representative.
- Fail to cooperate with any part of the testing process.
- Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly observed test.
- Possess or wear a prosthetic or other device used to tamper with the collection process.
- Admit to the adulteration or substitution of a specimen to the collector or medical review officer.
- Refuse to sign the certification at Step 2 of the alcohol testing form.
- Fail to remain readily available following an accident.
- Provide a medical-review-officer-verified adulterated/substituted sample.

For pre-employment test, it is not a refusal if a covered employee:

- Fails to appear
- Fails to remain at the site prior to start of test.
- Aborts collection before test commences.

In the above pre-employment situations, you must reschedule the test.

Source: 49 CFR §40.191, 49 CFR §655.49

Drug testing program

You must establish a program that provides testing for prohibited drugs and drug metabolites. The sections below provide requirements for this program.

Source: 49 CFR §655.15 - .21

Prohibited behaviors

Your program must prohibit the consumption of illegal drugs by covered employees at all times.

Your program may test covered employees for the use illegal drugs any time they are on duty. Covered employees should understand that off-duty use of illegal drugs may result in an on-duty positive test.

Prohibited substances

Your program must provide testing for the following prohibited drugs and drug metabolites:⁵

- Marijuana
- Cocaine
- PCP
- Amphetamines:
 - Amphetamines
 - Methamphetamines
 - MDMA
- Opioids (including natural and synthetic opiates):
 - Morphine
 - Codeine
 - Heroin
 - Oxycodone
 - Oxymorphone
 - Hydromorphone

Despite the legality of recreational marijuana products in Washington, it is still a controlled substance at the federal level and use is prohibited for safety sensitive positions in your program. A sample may test positive for marijuana up to 30 days after consumption by the employee; the amount of time that has passed between use and testing is not a factor. All tests for THC analyte at 15 or above nanograms per milliliter are considered a positive result. Just walking through a room filled with second-hand smoke should not trigger a result at or above 15ng/mL.

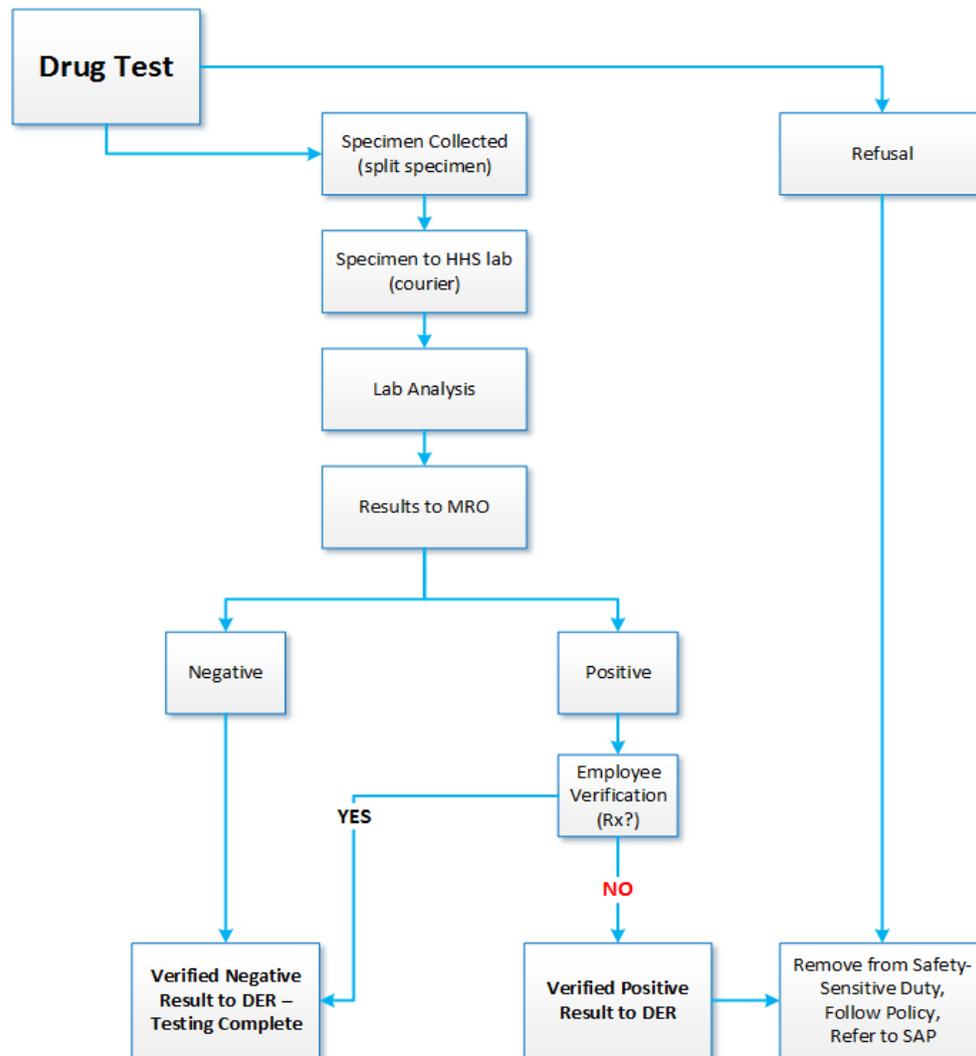
Drug cutoff concentrations are displayed in the following table for initial and confirmatory drug tests. All cutoff concentrations are expressed in nanograms per milliliter (ng/mL).

Initial test analyte	Initial test cutoff	Confirmatory analyte	Confirmatory test cutoff
Marijuana metabolites	50 ng/mL	THCA	15 ng/mL
Cocaine metabolite	150 ng/mL	Benzoylcegonine	100 ng/mL
Codeine/Morphine	2000 ng/mL	Codeine and Morphine	2000 ng/mL
Hydrocodone/Hydromorphone	300 ng/mL	Hydrocodone/Hydromorphone	100 ng/mL
Oxycodone/Oxymorphone	100 ng/mL	Oxycodone/Oxymorphone	100 ng/mL
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamine/Methamphetamine	500 ng/mL	Amphetamine/Methamphetamine	250 ng/mL
MDMA/MDA	500 ng/mL	MDMA and MDA	250 ng/mL

Generic, brand and street names of prohibited drugs and the cutoff concentrations for drug tests are in Appendix E: Generic, brand and street names for drugs.

⁵ Under the ADA, you may ask a current employee about prescription medicine only when it is job related and consistent with business necessity. For more information on how medications impact safety-sensitive duties, see FTA's Prescription and Over-

Drug testing procedure chart



Alcohol testing program

You must establish a program that provides testing for alcohol in the following circumstances:

- Post-accident
- Reasonable suspicion
- Random
- Return to duty/follow-up. An employer

Your program may also conduct pre-employment alcohol testing.

The sections below provide requirements for this program.

Source: 49 CFR §655.31 - .35 and .53

Prohibited behaviors

Your program must prohibit covered employees from:

- Using alcohol while performing safety sensitive functions.
- Performing or continuing to perform a safety-sensitive function while having an alcohol concentration of 0.04 or greater.
- Performing or continuing to perform a safety-sensitive function while having an alcohol concentration of 0.02 or greater but less than 0.04 until:
 - The employee's alcohol concentration measures less than 0.02.
- OR-
- The start of the employee's next regularly scheduled duty period, but not less than eight hours following administration of the test.
- Using alcohol within four hours prior to performing safety-sensitive functions.
- Using alcohol for specified on-call hours.⁶
- Using alcohol for eight hours following an accident or until they undergo a post-accident alcohol test, whichever occurs first.

Prohibited blood-alcohol levels

Covered employees with verified alcohol test results of 0.04 or greater, or those who refuse to provide a sample, are violating U.S. Department of Transportation law. Consequences for this violation may vary by agency, but all agencies must remove the employee from safety-sensitive duty as soon as the non-negative alcohol test result is reported and refer the employee to an accredited substance abuse professional.

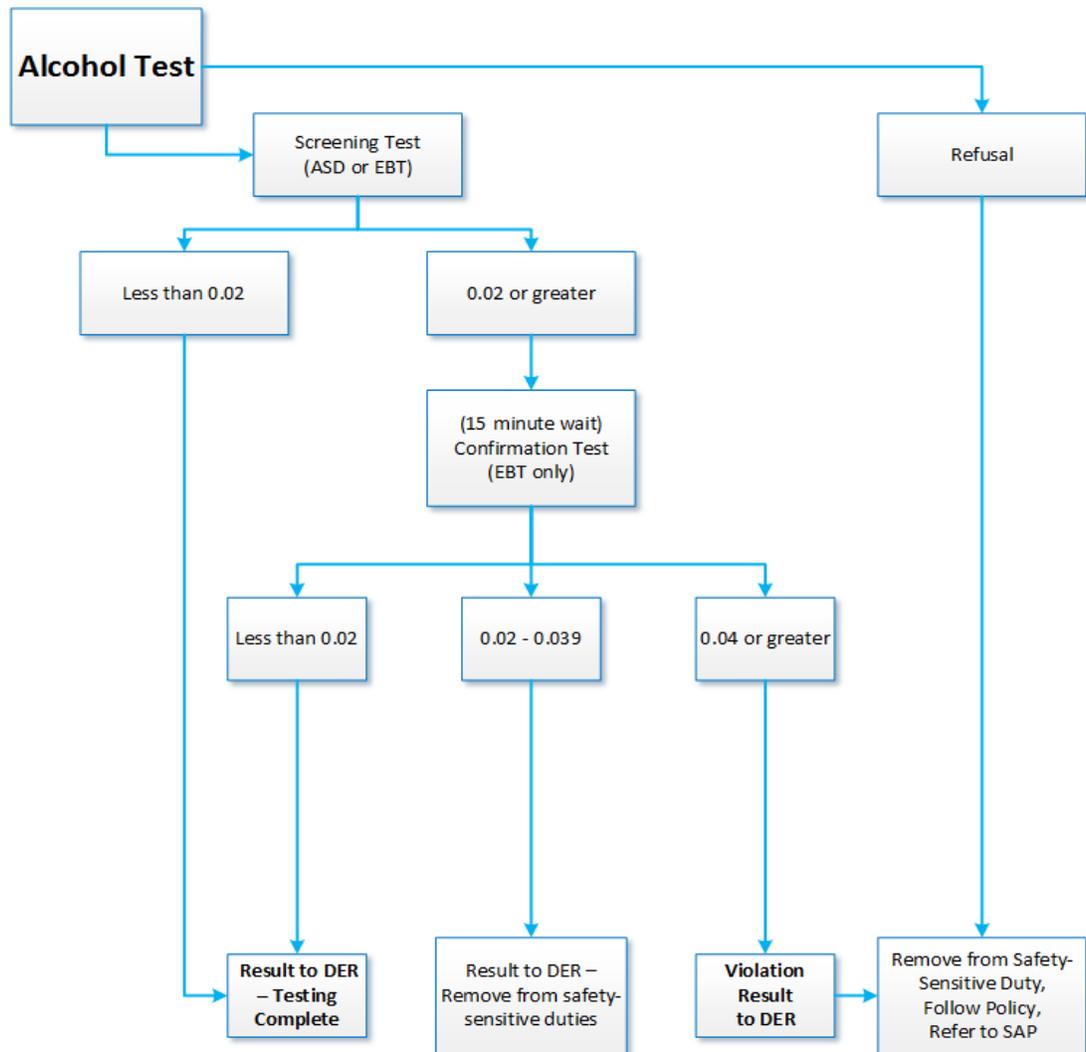
Covered employees with alcohol test results between 0.02 and 0.04 cannot immediately perform safety-sensitive functions, but further consequences are up to the agency's policy. As such, these further consequences fall outside U.S. Department of Transportation law process you may not refer the employee to a substance abuse professional under this circumstance. However, you may refer the employee to other.

⁶ The procedure for this prohibition must include the opportunity for the covered employee to acknowledge:

- The use of alcohol at the time they are called to report to duty.
- The inability to perform his or her safety-sensitive function.

If the employee has acknowledged use but claims ability to perform their safety-sensitive functions, the covered employee must take an alcohol test to ensure BAC below 0.02.

Alcohol testing procedure chart



Types of drug and alcohol testing

The sections below describe the different types of and considerations for drug and alcohol testing.

Pre-employment testing

The sections below describe pre-employment drug and alcohol testing requirements. WSDOT recommends that you include a statement about drug and alcohol testing in the job description/announcement to serve as an early filter for applicants.

Pre-employment drug testing

Before you allow a covered employee or applicant to perform a safety-sensitive function for the first time, including behind-the-wheel training, the employee must test negative on a pre-employment drug test.

Additionally, when a covered employee or applicant has previously failed or refused a pre-employment drug test, they must provide you with proof of having successfully completed a referral, evaluation and treatment plan.

You may not transfer an employee from a non-safety-sensitive function to a safety-sensitive function until the employee tests negative on a pre-employment drug test.

If you or a covered employee or applicant cancel a pre-employment drug test, you must still require the covered employee or applicant to test negative to a pre-employment drug test prior to performing safety-sensitive duties.

When a covered employee or applicant has not performed a safety-sensitive function for 90 consecutive calendar days regardless of the reason, and the employee has not been in your random selection pool during that time, you must ensure that the employee tests negative to a pre-employment drug test prior to performing a safety-sensitive function.

Source: 49 CFR §655.41

Pre-employment alcohol testing

As an employer, you may choose to conduct pre-employment alcohol testing, but you are not required to do so.

If you choose to conduct pre-employment alcohol testing, you must:

- Conduct the test before the first performance of safety-sensitive functions for every covered employee (i.e., new employees and employees who transferred to a position involving the performance of safety-sensitive functions).
- Treat all covered employees performing safety-sensitive functions the same for the purpose of testing (i.e., test all covered employees, not a selection).
- Conduct the tests after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test.
- Conduct the test using the alcohol testing procedures in 49 CFR Part 40.
- Not allow a covered employee to begin performing safety-sensitive functions unless the result of the employee's test shows an alcohol concentration of less than 0.02.

Source: 49 CFR §655.42

Other pre-employment testing requirements

The sections below describe other pre-employment testing requirements.

Applicants with disabilities

You may report a pre-employment drug test as negative for individuals with a disability who is unable to provide sufficient volume if a physician determines no clinical evidence of illegal drug use.

Information from previous employers

You must obtain written consent from applicants to request drug and alcohol testing information from previous U.S. Department of Transportation-regulated employers. If the applicant does not provide consent, they may not perform safety-sensitive functions.

You must ask an applicant if they have tested positive or refused to test on any pre-employment drug and alcohol test. If the applicant's answer is yes, the applicant must show proof of successful completion or substance abuse professional referral, evaluation and treatment plan.

You must request information from an applicant's previous employers to determine if the applicant's history includes any of the following:

- Alcohol test results with an alcohol concentration greater than or equal to 0.04.
- Verified positive drug tests.
- Test refusals, including adulteration or substitution.
- Other violations of the U.S. Department of Transportation regulations (e.g., selling drugs on transit property).
- Documentation of successful return-to-duty process.

If you do not receive a response from an applicant's previous employer, you must make a second attempt to obtain the information. If you do not make a "good faith effort" within 30 days from hire of the applicant, you must remove the employee from safety-sensitive duty until you make the effort.

Source: 49 CFR §40.25

Reasonable suspicion testing

You must conduct a drug and/or alcohol test when you have reasonable suspicion that a covered employee has used a prohibited drug and/or engaged in alcohol misuse.

You or a member of your organization must be trained in detecting the signs and symptoms of drug use and alcohol misuse and must base your determination of reasonable suspicion on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of an employee.

You may perform reasonable suspicion testing for alcohol if you make observations during, just preceding, or just after the covered employee's period of the workday. You may direct a covered employee to undergo reasonable suspicion testing for alcohol only while:

- The employee is performing safety-sensitive functions
- Just before the employee is to perform safety-sensitive function.
- Just after the employee has ceased performing such functions.

If an employee does not receive reasonable suspicion testing for alcohol within two hours of a determination, you must document the reasons for the delay. If the employee does not receive reasonable suspicion testing for alcohol within eight hours following a determination, you must cease attempts to administer the test and document this action. You must retain all documentation for at least two years.

Source: 49 CFR §655.43

Post-accident testing

USDOT defines an “accident” as an occurrence associated with the operation of a vehicle if, as a result:

- An individual dies; or
- An individual suffers bodily injury and immediately receives medical treatment away from the scene; or
- One or more vehicles sustains disabling damage requiring it to be towed away.

In general, as soon as possible following any accident, you must conduct drug and alcohol tests on all covered employees that were operating the public transportation vehicle involved in the accident at the time of the accident.

If an employee does not receive an alcohol test within two hours of the accident, you must document the reasons for the delay. If the employee does not receive an alcohol test within eight hours following the accident, you must cease attempts to administer the test and document this action. You must retain all documentation for at least two years.

You must ensure employees receive a drug test within 32 hours of the accident.

If an employee fails to remain available for testing following an accident, including notifying your organization of their location if they leave the scene of the accident before testing, you may consider the employee to have refused to test.

You may use the results of a blood, urine, or breath test for prohibited drugs or alcohol misuse conducted by law enforcement that conform with federal, state or local testing requirements. However, you should only use these results when you are unable to perform a post-accident test within the timeframes above.

You should not construe these requirements to delay or prevent necessary medical attention for an injured employee following an accident. You should also not construe the requirements to prohibit an employee from leaving the scene of an accident to obtain assistance in responding to the accident or necessary emergency medical care.

You should obtain FTA’s post-accident wallet card from your covered employees. The card provides guidance on FTA post-accident testing thresholds, who should be tested, and time limitations for testing. The site currently notes, “During the current COVID-19 outbreak, shipment of cards is currently on hold. Cards cannot be ordered during this time.” The text on the cards is as follows:

<p style="text-align: center;">www.fta.dot.gov (Click on TRANSIT SAFETY AND OVERSIGHT)</p> <p style="text-align: center;">Who to Test</p> <ol style="list-style-type: none"> Covered employee operating the public transportation vehicle, unless the transit employee's performance can be <i>completely discounted</i> as a contributing factor to the accident. Other covered employee who could have contributed to the accident. <p>Time Limitations for Post-Accident Testing Employee must remain readily available for testing.</p> <p>Alcohol & Drug testing must begin as soon as practicable following the accident.</p> <p>Do Alcohol Test First ...If possible.</p> <ul style="list-style-type: none"> If not done within 2 hours of accident, document why. If not done within 8 hours of accident cease attempts and document why <p>Complete Alcohol test before starting the Drug test</p> <p>Do Drug test as soon as possible after the Alcohol test</p> <ul style="list-style-type: none"> If not done within 32 hours, cease attempts <p style="text-align: center;">For additional information please refer to 49 CFR Parts 655.4 and 655.44</p>	<p style="text-align: center;">FTA Post-Accident Thresholds</p> <p>Must perform a DOT post-accident test when there is an occurrence associated with the operation of a public transportation vehicle, if as a result:</p> <p>FATAL ACCIDENT</p> <ol style="list-style-type: none"> An individual <i>dies</i> (<i>Must Test</i>); or <p>NON-FATAL ACCIDENT</p> <p>Unless the transit employee's performance can be <i>completely discounted</i> as a contributing factor to the accident</p> <ol style="list-style-type: none"> An individual suffers bodily injury and immediately <i>receives medical treatment away from the scene of the accident</i>; or (Individual refers to a transit employee, pedestrian, passenger on the public transportation vehicle or person in the other vehicle(s)) A vehicle (including a non-transit vehicle(s) incurs disabling damage as the result of the occurrence and a vehicle is transported away from the scene by a tow truck or other vehicle; or (In which the public transportation vehicle involved is a bus, electric bus, van, or automobile) The public transportation vehicle is removed from operation (In which the public transportation vehicle involved is a rail car, trolley car, trolley bus, or vessel) <p><<#4 does not apply to rural transits>></p>
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Source: 49 CFR §655.44

Nonfatal accidents

As soon as possible following a nonfatal accident, you must conduct drug and alcohol tests on all covered employees operating the public transportation vehicle involved in the accident at the time of the accident.

An exception to this requirement exists if you determine that an employee's performance can be completely discounted as a contributing factor to the accident. To determine if an employee meets this exception and to properly document an exception, use the post-accident decision making form on FTA's tools and resources page. You must retain this form for at least two years.

You must also conduct a drug and alcohol test on any other covered employee whose performance you determined could have contributed to the accident.

Fatal accidents

As soon as possible following a fatal accident, you must conduct drug and alcohol tests on all surviving covered employees that were operating the public transportation vehicle involved in the accident at the time of the accident.

You must also conduct a drug and alcohol test on any other covered employee whose performance you determined could have contributed to the accident.

A fatal accident does not allow for an exception of an employee's performance can be completely discounted as a contributing factor to the accident.

Random testing

The sections below contain guidance for performing random drug and alcohol tests on covered employees. For more information on random testing, see [Best Practices for DOT Random Testing](#).

Minimum rates

You must perform random drug tests on 50 percent of covered employees annually. You must perform random alcohol tests on 10 percent of covered employees annually. The U.S. Department of Transportation administrator may change these rates according to annual DAMIS results.

The annual rates are minimum requirements. For example, if you have 49 safety-sensitive employees you must conduct at least 25 random drug tests and at least 5 random alcohol tests during the calendar year.

If you belong to a consortium⁷ you do not need to meet the minimum annual rates as long as your consortium meets minimum annual rates. WSDOT will review the consortium's annual numbers to ensure their compliance.

Source: 49 CFR §655.45

Selection

You or your designated third-party administrator must use a scientifically valid method to select covered employees for random drug and alcohol tests at least quarterly (i.e., a random number table or a computer-based random number generator matched with employees' unique ID number). Your process must also ensure that each covered employee has an equal chance of being tested during each quarterly selection.

Before performing a quarterly selection, you should refresh the selection pool to include all safety sensitive employees subject to U.S. Department of Transportation random testing and exclude those not subject to random testing.

You must generate lists of the employees you select for quarterly random drug and alcohol tests. You must retain these lists for at least two years.

Source: 49 CFR §655.45

⁷ A consortium is a pool of drivers (or other safety-sensitive positions) from unrelated companies that form a single entity to meet mandated drug and alcohol testing of the entity's members.

Unavailable employees and alternates

If you randomly select a covered employee for drug and alcohol testing and the employee is not working, test the employee during their next shift within the same selection cycle.

If an employee you randomly selected is unavailable during the selection cycle, document the reason (i.e., legitimate extended absence or long-term illness for the entire quarter or month) and make-up the testing rate shortfall by either:

- Testing an alternate.
- Making an extra selection during the next selection cycle.

You may only use alternates if the employee you originally selected cannot be tested during entire selection period.

You should select alternates to randomly selected employees when you generate your selection list. You list must identify employees as alternates on the selection list. If you generate multiple alternates, select them in the order listed.

Source: 49 CFR §655.45

Scheduling

You must:

- Ensure that random drug and alcohol tests are unannounced and unpredictable.
- Spread the dates for administering random tests reasonably throughout the calendar year.
- Conduct random testing at all times of day when covered employees perform safety-sensitive functions.

You may only randomly test employees for alcohol misuse:

- While the employee is performing safety-sensitive functions.
- Just before the employee is to perform safety-sensitive functions
- Just after the employee has ceased performing such functions.

You may test employees prohibited drug use anytime while on duty.

Covered employees you select for random drug or random alcohol testing must proceed to the test site immediately after you notify them. If an employee is performing a safety-sensitive function when you notify them, you should arrange a replacement for the safety-sensitive function so the employee can proceed to the testing site immediately.

Source: 49 CFR §655.45

Testing before return to duty after refusal or verified positive

When a covered employee refuses to submit to a test, has a verified positive drug test result, or has a confirmed alcohol test result of 0.04 or greater, you must follow the return-to-duty process in 49 CFR Part 40 Subpart O before returning the employee to duty to perform a safety-sensitive function.

Return-to-duty tests are always direct observation.

Source: 49 CFR §655.46

Follow-up testing after returning to duty

You must conduct follow-up testing of employees returning to duty according to the substance abuse professional order.

Follow-up tests are always direct observation

Source: 49 CFR §655.47

Retesting

If an employee alcohol test result is .02 to .039, they can retest in the first eight hours or can return to safety-sensitive duty the next day. You must not permit the employee to perform safety-sensitive duty until the breath test result is lower than .02.

You must not permit an employee who refuses to submit to a retest to perform or continue to perform safety-sensitive functions.

In general, when an employee refuses to submit to a drug or alcohol test, you must treat this as confirmed positive result.

Source: 49 CFR §655.48

Issues with drug tests

The sections below contain guidance for resolving common issues that arise during drug testing.

Shy bladder

When an employee is unable to produce the minimum urine specimen (i.e., shy bladder), the collector will urge the employee to stay at the site and drink up to 40 ounces of fluid over three hours. The collector must measure the amount of fluid they provide to the employee.

If an employee is still unable to produce the minimum urine specimen within three hours, the collector must send custody and control form copies to the medical review officer and employer.

The collector must also direct the employee to obtain a medical examination within five days from a physician that is acceptable to the medical review officer. The medical review officer and the physician will decide if the employee's inability to produce urine was a refusal (i.e., no medical reason for shy bladder) or not.

FTA provides an uneventful urine checklist.

Source: 49 CFR §40.193-195

Specimen tampering, adulteration, alteration and substitution

When an employee admits to adulteration or substitution of the specimen or the observer has reason to believe the employee possesses or is wearing a prosthetic or other device to tamper with the process, you must consider the result a refusal.

If the employee's specimen is out of normal temperature range, the collector must require a second, observed collection.

Source: 49 CFR §40.199

Negative dilute specimen

If the lab reports an employee's specimen as dilute based on levels of creatinine and specific gravity, you can assume that the employee consumed a lot of water before providing the specimen. This may be legitimate for many employees but may also indicate the employee was trying to cheat on the drug test.

You must consider an employee's positive dilute result (i.e., positive for prohibited substances) from the medical review officer a positive result.

For employees with a negative dilute result (i.e., negative for prohibited substances), the medical review officer may direct the employee to undergo a second collection under direct observation. If an employee fails to submit for recollection, you must consider this a refusal to test.

If the creatinine and specific gravity levels of an employee's result do not require an automatic retest, you may accept the negative dilute results as is, or require a retest, according to company policy.

Source: 49 CFR §40.197

Split specimen

After collecting a specimen, the collector splits the specimen into two parts. The collector sends both parts to the lab.

The lab tests one part and holds the other part in case the lab receives a request for split specimen testing.

An employee has 72 hours from the time a medical review officer reports a verified positive drug test to request a test of the split specimen test.

You must forward the request to the medical review officer, who will notify an alternative lab or direct the initial lab to use another kit.

Source: 49 CFR Part 40 Subpart H

Flaws

Fatal flaws are events that require a medical review officer to cancel a test. Fatal flaws result in required error correction training for the collection personnel within 30 days. Fatal flaws include:

- No custody and control form.
- No specimen submitted with the custody and control form.
- No printed collector's name and/or signature.
- Two separate collections using one custody and control form.
- Specimen ID numbers on bottle and the custody and control forms do not match.
- Specimen bottle seal is broken or shows evidence of tampering.
- Insufficient amount of urine in the primary specimen bottle.

Correctable flaws are events a lab may correct by a memorandum for the record or affidavit of correction. Correctable flaws include the following:

- Collector used a non-U.S. Department of Transportation form for a U.S. Department of Transportation collection or an expired custody and control form.
- The collector's signature is omitted on the certification statement on the custody and control form.
- Employee's signature is omitted from certification statement, unless refusal is noted.
- The certifying scientist's signature is omitted on copy 1 of the custody and control form for a positive, adulterated, substituted, or invalid test result.

Correctable flaws result in a cancelled test if the lab does not make the correction.

Part of your responsibility as an employer is to check the federal drug testing custody and control form for errors and omissions once the employer copy comes in to ensure all mandatory fields are completed properly, including evidence that the specimen seals were initialed by the donor while still affixed to the custody and control form.

Likewise, you must review the U.S. Department of Transportation alcohol testing form for accuracy and completeness. Be sure to check for evidentiary breath device printout affixed to the alcohol testing form, printed directly on the form, or hand-printed on the form.

Source: 49 CFR §40.205

Consequences and treatment

The sections below describe consequences and treatments for safety-sensitive employees with positive drug or alcohol test results.

Immediate actions following a positive result

You must remove a covered employee from performing a safety-sensitive function:

- Immediately after receiving notice from a medical review officer or a consortium/third-party administrator that the employee has a verified positive drug test result.
- Immediately after receiving notice from a breath alcohol technician that the employee has a confirmed alcohol test result of 0.04 or greater.
- If the employee refuses to submit to a drug or alcohol test.

You must direct an employee with a confirmed positive for drugs or a confirmed blood alcohol content of 0.04 or above to available resources, including at least two U.S. Department of Transportation-qualified substance abuse professionals for assessment.

If you remove employee from duty based on a positive test result that is unconfirmed by a medical review officer, you must obtain a waiver from the U.S. Department of Transportation

Before allowing the employee to resume performing a safety-sensitive function, you must ensure the employee meets the requirements of 49 CFR Part 40 for returning to duty, including taking a return to duty drug and/or alcohol test.

You should not construe any of the above requirements to mean that you must fire the employee, only that you must remove them from their safety-sensitive duties.

Source: 49 CFR §655.61-.62

Blood alcohol level result actions

The sections below describe steps you, your employees and your contractors must take when an employee has a blood alcohol level.

Blood alcohol level less than 0.02

For blood alcohol level less than 0.02, the breath alcohol technician and drug and alcohol program manager or designated employer representative must review the alcohol testing form for accuracy. After review, no further contact from the breath alcohol technician and no action from the drug and alcohol program manager or designated employer representative is required.

Source: 49 CFR §40.247

Blood alcohol level 0.02 to 0.039

You may not classify a blood alcohol level greater than 0.02 in the screening test and less than 0.04 on as a positive test result. You must classify these as a non-negative test result and the employee should remain at the collection facility to await pick up.

You must instruct a manager or supervisor to pick up the employee at the collection facility for transport. You must also remove the employee from safety-sensitive duty for the minimum time outlined in your agency's substance abuse policy, at a minimum eight hours.

You should consult your agency's substance abuse policy to determine if disciplinary action is required. You should also inform the employee that he or she is removed from duty based on their blood alcohol level test results. Finally, you should give the employee a date to return to the performance of safety-sensitive duties, as outlined in your agency's substance abuse policy.

Source: 49 CFR §40.23

Blood alcohol level greater than 0.04

You must classify a blood alcohol level greater than 0.04 as a positive test result.

For blood alcohol levels greater than 0.04, you may not allow an employee cannot return to safety-sensitive duties until they:

- Receive an evaluation by a substance abuse professional.
- Successfully undergo any recommended assistance or treatment.
- Pass a return-to-duty test.

You should follow your agencies policy for additional consequences.

If the employee resigns or is terminated, the medical review officer, breath alcohol technician or you the must report the positive test result to the state Department of Licensing.

Source: 49 CFR §655.61, RCW 46.25

Referral, evaluation and treatment

You must advise a covered employee of the resources available for evaluating and resolving problems associated with prohibited drug use and alcohol misuse, including the names, addresses and telephone numbers of two substance abuse professionals and counseling and treatment programs if the employee:

- Has a verified positive drug test result.
- Has a confirmed alcohol test of 0.04 or greater.
- Refuses to submit to a drug or alcohol test.

In remote, rural areas it may be difficult to find more than one substance abuse professionals close by. Regardless, you must provide a second name, even if their practice is more than an hour away.

Source: 49 CFR §655.52

Recordkeeping

You must maintain certain records about your testing programs for specific periods of time. This includes program administration records and the test results of people for whom you have testing responsibility.

You must maintain your records in a safe and secure location. You must have controlled access of the records, but they must also be readily available. At least two people in your organization should have access to the records:

1. Your organization's drug and alcohol program manager
2. A back-up

Keeping your files up-to-date and organized files will make your site visit go much more smoothly.

The sections below discuss retention schedules and confidentiality considerations for testing program records. See Appendix D: Records retention for more information.

Source: 49 CFR §40.333, 49 CFR §655.71

Five years

You must keep the following for five years:

- The employer's copy of the custody and control forms.
- Records of covered employee verified positive drug tests and alcohol test results of 0.04 or greater.
- Documentation of a covered employee's refusal to take required drug or alcohol tests.
- Documents presented by a covered employee to dispute a test result.
- Referrals of covered employees to substance abuse professionals.
- Records of a covered employee's compliance with the recommendation of the substance abuse professional (i.e., evidence of completed treatment).
- Reports of positive drug and alcohol test results made to the Washington State Department of Licensing.
- Copies of annual MIS reports submitted to FTA.
- If you are not a zero-tolerance employer, last chance/second chance agreements between the employer and a covered employee that lists requirements that must be met before they may return to work.

If you terminate an employee after a violation, you may discard all information about the event after five calendar years after the employee's termination.

If you have a second-chance policy, you must retain for five years after the final follow-up test.

Source: 49 CFR §40.333, 49 CFR §655.71

Three years

You must keep the following for three years:

- Requests to previous employers for an employee's drug and alcohol testing records.
- Proof of your good faith efforts to collect an employee's drug and alcohol testing records from previous employers.

Source: 49 CFR §40.333

Two years

You must keep the following for two years:

- Attendance roster for trainings (i.e., safety sensitive employees training, supervisors reasonable suspicion training).
- Training materials on drug abuse awareness.
- Written notice of available drug and alcohol materials sent to covered employees and their unions.
- Signed document attesting to receipt of drug and alcohol policy after dissemination to all safety sensitive employees.
- Records related to the drug and alcohol test collection process, including logbooks and random selection lists.
- Evidential breath testing calibration records, including manufacturer's calibration schedule for evidential breath testing and certification record for calibrating tech.
- Medical review officer documents verifying existence of a medical explanation of the inability of a covered employee to provide an adequate urine (i.e., shy bladder) or breath sample.
- Completed post-accident drug and alcohol testing decision maker form.

Documentation of the decision to conduct reasonable suspicion.

Source: 49 CFR §40.333, 49 CFR §655.71

One year

You must keep records of negative drug or alcohol test results for one year.

Source: 49 CFR §40.333, 49 CFR §655.71

Other recordkeeping requirements

You must keep up-to-date certification records for the following service contractors:

- Medical review officer
- Substance abuse professional
- Breath alcohol technician
- Screening test technician
- Urine collector

You must also keep up-to-date records of contractor review of your third-party administrator.

Source: 49 CFR §655.71

Release of records and confidentiality

Except indicated below, you may not release the records from the previous sections about a covered employee.

A covered employee is entitled, upon written request, to obtain copies of any records about their use of prohibited drugs or misuse of alcohol. This includes records about their drug or alcohol tests. You must provide these records promptly when requested by the employee.

You must permit access to all facilities used and records compiled for your drug and alcohol testing program to the U.S. Department of Transportation, National Transportation Safety Board and WSDOT as part of an accident investigation

You must make records available to a covered employee's subsequent employer upon receipt of a written request from the covered employee.

You may disclose information pertaining to a covered employee to the employee or the decision-maker in a lawsuit, grievance or other proceeding initiated by or on behalf of the employee and arising from the results of a drug or alcohol test.

You must release information regarding a covered employee's record as directed by the specific, written consent of the employee authorizing release of the information to an identified person.

Source: 49 CFR §655.73, 49 CFR §40.321

Reporting

At the beginning of each calendar year, WSDOT will provide your agency's drug and alcohol program manager with information to comply with annual DAMIS or MIS reporting requirements.

The following sections contain instructions for DAMIS and MIS reporting requirements.

General

By March 15 annually, you must prepare a summary of the results of your drug and alcohol testing programs performed during the previous calendar year (i.e., January 1-December 31).

You must use the MIS form to complete the summary. While paper forms are acceptable, WSDOT encourages internet reporting. Access to DAMIS and instructions are at <https://transit-safety.fta.dot.gov/DrugAndAlcohol/DAMIS/default.aspx>

A service agent may prepare your MIS report on your behalf. However, a company official (i.e., designated employer representative) must certify the accuracy and completeness of your MIS report.

WSDOT is responsible for ensuring the accuracy and timeliness of your report, as submitted by you or your contractor, consortium, joint enterprise or third-party service provider.

Source: 49 CFR §655.72, 49 CFR part 40, 49 CFR §40.25

Calculations

To calculate the total number of covered employees eligible for random testing throughout the year, you must determine the total number of covered employees eligible for testing during each random testing period for the year and divide this total by the number of random testing periods.

If you conduct random testing more than once per month (e.g., daily, weekly, bi-weekly), you do not need to determine perform the calculation above more than on a once per month.

You must only include covered employees in the random testing pool. You must include all covered employees must in the random pool.

You may use a service agent to perform random selections for you. In this case, your covered employees may be part of a larger random testing pool of covered employees. However, you must ensure that the service agent you use is testing at the appropriate percentage established for your industry and that only covered employees are in the random testing pool. Confirm the number of employees on the MIS report for USDOT FTA. Employers may have to explain the testing data for these employees in the event of a DOT agency inspection or audit.

Source: 49 CFR §655.45

Oversight of contractors

You have certain drug and alcohol oversight obligations for different types of contractors. The following sections give explanations and examples of the expected oversight.

Drug and alcohol contractors

In general, you must check that certifications and training records of drug and alcohol contractors are current and sufficient:

- Certifications expire every five years for medical review offices, urine collection technicians and breath alcohol technicians.
- Certifications for substance abuse professionals expire every three years.
- Visit www.transportation.gov/odapc/labs to determine a laboratory's certification status.

You should use information in Appendix B: Qualifications and procedures for service providers, as you carry out oversight of drug and alcohol contractors.

Additionally, for the U.S. Department of Transportation and FTA's best practices for monitoring collection sites and other contractor oversight see:

- Employer collection site audit
- Mock collection video
- FTA auditor questions
- Substance abuse professional interview questions

The following sections provide oversight information for specific types of drug and alcohol contractors.

Source: 49 CFR Part 40 Subpart Q

Blood alcohol technicians

Breath alcohol technicians must not require an employee to sign a consent, release, waiver of liability, or indemnification agreement with respect to any part of the alcohol testing process.

When performing oversight, the drug and alcohol program manager should check the quality assurance plan to make sure that the alcohol testing technicians are performing regular recalibrations of the alcohol testing device.

Questions the drug and alcohol program manager should ask when performing oversight of alcohol technicians include:

- How does the breath alcohol technician verify the identity of the employee?
- Does the breath alcohol technician explain the testing procedure and show the employee the instructions on the back of the Breath Alcohol Testing Form?
- Did the breath alcohol testing location afford visual and aural privacy to prevent unauthorized persons from seeing or hearing test results?
- Did the breath alcohol technician remain with the employee for the entire duration of the alcohol testing procedure?
- How are confirmation tests completed and at what threshold?
- How does the breath alcohol technician deal with employees that are unable to provide enough breath to conduct a test?
- How does the breath alcohol technician handle a situation when an employee refuses to submit to a test?
- When was the breath alcohol technician recalibrated the breath test device? Can the breath alcohol technician provide documentation to support their answer?
- Who is the designated employer representative at the transit system that the breath alcohol technician notifies regarding a positive test result?
- How does the breath alcohol technician ensure that the designated employer representative is immediately informed of a positive test result?
- If an employee scheduled for a breath alcohol test does not arrive for the scheduled appointment, what action does the breath alcohol technician take?

Source: 49 CFR Part 40 Subpart J

Urine collection technicians

The U.S. Department of Transportation does not provide collector certification but requires specific, documented training.

Questions the drug and alcohol program manager should ask when performing oversight of urine collectors include:

- How do you verify the donor identity?
- Who has access to the collection area or specimens?
- How do you ensure collection without delay once the donor arrives?
- How do you prepare the restroom to deter the dilution or substitution of a specimen?

- Do you perform more than one specimen collections at the same time?
- Does the donor initial the specimen-bottle seal labels before they were placed on the bottles?
- How do you ensure that the agency's designated employer representative is immediately informed of a positive result or a refusal to test?

Source: 49 CFR Part 40 Subpart C

Collection sites

Considerations the drug and alcohol program manager should make about your agency's collection sites include:

- Whether you can set appointments for each collection.
- The name of your primary point of contact at the collection site for questions or concerns.
- Whether the collection site or your agency will keep the supply of testing forms (pre-printed custody and control forms and/or alcohol testing forms) to be used. Often it is more convenient for the collection site to keep the forms in stock.
- A definite set of phone numbers, emails, fax numbers, etc. for the collection site to contact you or your designee at all times (i.e., Step 1 of the custody and control forms).
- The method and frequency by which the collection site will send paperwork and other information to you.
- Use of employer-specific custody and control forms for your employees.
- Establish a secure way of communicating between you and the collection site. For example, set up a password for confirming identities between you and the collection site.

Source: 49 CFR Part 40 Subpart D

Medical review officer

Questions the drug and alcohol program manager should ask when performing oversight your agency's medical review officer include:

- Is medical review officer knowledgeable about and have clinical experience in controlled substance abuse disorders (including alternative medical explanations for lab confirmed drug test results)?
- Is medical review officer knowledgeable about issues related to adulterated and substituted specimens in addition to medical causes of specimens having an invalid result?
- Has the medical review officer received the required training and the required continued education requirements (12 professional development hours)?
- Does medical review officer have the appropriate certification? Is it up to date?
- How does medical review officer maintain confidentiality of records?
- Describe the medical review officer's storage of records.
- Describe the medical review officer's communication of results to employer.

- Does the medical review officer send information in a timely manner?
- Does the medical review officer have any relationship with your laboratories that could be considered a conflict of interest?
- Does your medical review officer know that they are required to transmit verified positive results to the Washington State Department of Licensing?

Source: 49 CFR Part 40 Subpart G

Third-party administrator and consortium

You should conduct oversight of your third-party administrator regularly throughout the year.

Questions the drug and alcohol program manager should ask when performing oversight of your third-party administrator include:

- How do you ensure that you meet the confidentiality requirements?
- What is the scientifically valid method third-party administrator or consortium uses to make its random selections?
- How do you maintain up-to-date lists of covered employees subject to random testing?
- Are the random lists recorded and saved, and if so, for how long?
- Has a statistician or auditor ever reviewed your methodology for making random test selections?
- How do you assure that members of your consortium achieve the 50 percent and 10 percent random testing requirements over the course of a year?
- Does your consortium have contracts with more than one U.S. Department of Health and Human Service-certified drug testing laboratory, so that an employee may readily have a split-specimen tested?
- When was the last time you have attended drug and alcohol refresher training?
- Have you conducted a review of your service contractors? If yes, ask for records.

You should seek answers to the above questions and determine whether the answers are compliant. If the answers are not compliant, you should require the third-party administrator to make corrective actions.

Source: 49 CFR Part 40 Subpart Q

Contracted transportation services

You have certain drug and alcohol oversight obligations for contracted transportation services. In general, best practices include:

- Include 49 CFR Part 40 and 655 in bid documents and contract.
- Obtain copy of contractor's drug and alcohol testing policy and determine if WSDOT has accepted it as compliant.
- If your contractor does not have a drug and alcohol testing policy, provide the contractor a copy of your organization's policy and the U.S. Department of Transportation's regulations or direct them to the [FTA policy builder website](#).
- For maintenance and operations contractors, make drug and alcohol testing program compliance a condition of their contract.

- Annually or based on prior assessments conduct periodic assessments of service agents including mock collections.
- Audit contractor's recordkeeping and review custody and control forms and alcohol testing form for accuracy.
- Invite contractor to participate in employer drug and alcohol training.
- Require subscription to [Office of Drug and Alcohol Policy and Compliance list serve notices](#) for service agents so that they stay informed of news about drug and alcohol testing program rules.

The following sections provide oversight information for specific types of contracted transportation services.

Source: 49 CFR Part 40 Subpart B

Maintenance

You are not required to conduct oversight for maintenance contractors in rural areas.

If your agency contracts with an urban maintenance provider, contact your WSDOT drug and alcohol representative for additional information.

Operations

You must conduct oversight of contractors that are private third-party providers of transportation services (e.g., a contract with a taxi company for night service).

This requirement does not apply to private third-party providers chosen by your riders with a passenger voucher that your organization administers. However, for this exception to apply, your riders must have more than one choice of provider (e.g., taxi company, Uber and Lyft).

See Appendix F: Third-party oversight expectations, for more information.

Source: 49 CFR Part 40 Subpart B

WSDOT compliance site visit

WSDOT drug and alcohol staff use checklists that include questions about the contents of your drug and alcohol policy, your service provider oversight, testing procedures and record keeping. For examples of checklists, ask your WSDOT drug and alcohol representative.

For information on WSDOT compliance site visits, see Consolidated Grant Guidebook Chapter 1, Site visits.

Conclusion

There is a lot of information online from FTA and their partners and it can be overwhelming. This guide covers the basic requirements for a USDOT-compliant drug and alcohol testing program for transit employees. We encourage you to follow the web links in the guide and the appendix for more in-depth information. The public transportation division drug and alcohol testing program staff are always available to answer your questions.

Appendix A *Acronyms, abbreviations and glossary*

Acronyms and abbreviations

For readability and accessibility, the authors of this guidebook have made efforts to not use acronyms or abbreviations. However, many other sources of state and federal guidance use numerous acronyms or abbreviations.

The following are common acronyms and abbreviations in drug and alcohol program administration.

ACOEM	American College of Occupational and Environmental Medicine
AOCOPM	American Osteopathic College of Occupational and Preventive Medicine
AAMRO	American Association of Medical Review Officers
ASD	Alcohol screening device
ATF	Alcohol testing form
BAT	Breath alcohol technician
C/TPA	Consortium or third-party administrator
CCF	Custody and control form
CFR	Code of Federal Regulations
CDL	Commercial driver's license
CPL	Conforming products list
DAPM	Drug and alcohol program manager
DER	Designated employer representative
EBT	Evidential breath testing
eCCF	Electronic custody and control form
FMCSA	Federal Motor Carrier Safety Administration
FTA	Federal Transit Administration
HHS	U.S. Department of Health and Human Services
MIS	Management Information System
MRO	Medical review officer
NHTSA	National Highway Traffic Safety Administration
NLCP	National Laboratory Certification Program
ODAPC	Office of Drug and Alcohol Policy and Compliance
PCP	Phencyclidine
PIE	Public interest exclusion
RCW	Revised Code of Washington
SAP	Substance abuse professional
STT	Screening test technician
THC	Tetrahydrocannabinol
TPA	Third-party administrator

Glossary

As with acronyms and abbreviations, for readability and accessibility, the authors of this guidebook have made efforts to not use industry terminology or jargon. However, many other sources of state and federal guidance use such language.

The following are common terms in drug and alcohol program administration.

Accident – An occurrence associated with the operation of a vehicle if, as a result:

- An individual dies; or
- An individual suffers bodily injury and immediately receives medical treatment away from the scene; or
- One or more vehicles sustains disabling damage requiring it to be towed away.

Adulterated specimen – A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with normal urine.

Air blank – In evidential breath testing devices (EBTs) using gas chromatography technology, a reading of the device's internal standard. In all other EBTs, a reading of ambient air containing no alcohol.

Alcohol – The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.

Alcohol concentration – The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under this part.

Alcohol confirmation test – A subsequent test using an EBT, following a screening test with a result of 0.02 or greater, that provides quantitative data about the alcohol concentration.

Alcohol screening device (ASD) – A breath or saliva device, other than an EBT, that is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a conforming products list (CPL) for such devices.

Alcohol screening test – An analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

Alcohol testing site – A place selected by the employer where employees present themselves for the purpose of providing breath or saliva for an alcohol test.

Alcohol use – The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

Blind specimen or blind performance test specimen – A specimen submitted to a laboratory for quality control testing purposes, with a fictitious identifier, so that the laboratory cannot distinguish it from an employee specimen.

Breath Alcohol Technician (BAT) – A person who instructs and assists employees in the alcohol testing process and operates an evidential breath testing device.

Cancelled test – A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which this part otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

Chain of custody – The procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed. This procedure uses the federal drug testing custody and control form (CCF).

Collection container – A container into which the employee urinates to provide the specimen for a drug test.

Collection site – A place selected by the employer where employees present themselves for the purpose of providing a urine specimen for a drug test.

Collector – A person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the specimen provided by those employees, and who initiates and completes the CCF.

Confirmation (or confirmatory) drug test – A second analytical procedure performed on a urine to identify and quantify the presence of a specific drug or drug metabolite.

Confirmation (or confirmatory) validity test – A second test performed on a urine specimen to further support a validity test result.

Confirmed drug test – A confirmation test result received by an MRO from a laboratory.

Consortium third-party administrator (C/TPA) – A service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to employers. C/TPAs typically perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members. C/TPAs are not "employers" for purposes of this part.

Designated employer representative (DER) – An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this part. Service agents cannot act as DERs.

Dilute specimen – A specimen with creatinine and specific gravity values that are lower than expected for urine.

Drugs – The drugs for which tests are required under this part and DOT agency regulations are marijuana, cocaine, amphetamines, phencyclidine (PCP), and opiates.

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

Employer – A person or entity employing one or more employees (including an individual who is self-employed) subject to DOT agency regulations requiring compliance with this part. The term includes an employer’s officers, representatives, and management personnel. Service agents are not employers for the purposes of this part.

Error correction training – Training provided to BATs, collectors, and screening test technicians (STTs) following an error that resulted in the cancellation of a drug or alcohol test. Error correction training must be provided in person or by a means that provides real-time observation and interaction between the instructor and trainee.

Evidential breath testing device (EBT) – A device approved by NHTSA for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA’s Conforming Products List (CPL) for “Evidential Breath Measurement Devices” and identified on the CPL as conforming with the model specifications available from NHTSA’s Traffic Safety Program.

Initial drug test – The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

Initial validity test – The first test used to determine if a specimen is adulterated, diluted, or substituted.

Invalid drug test – The result of a drug test for a clean urine specimen that contains an unidentified adulterant or an unidentified interfering substance, has abnormal physical characteristics, or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing or obtaining a valid drug test result.

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

Medical review officer (MRO) – A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer’s drug testing program and evaluating medical explanations for certain drug test results.

Office of Drug and Alcohol Policy and Compliance (ODAPC) – The office in the Office of the Secretary, DOT, that is responsible for coordinating drug and alcohol testing program matters within the Department and providing information concerning the implementation of this part.

Primary specimen – In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing. The primary specimen is distinguished from the split specimen, defined in this section.

Screening test technician (STT) – A person who instructs and assists employees in the alcohol testing process and operates an ASD.

Service agent – Any person or entity, other than an employee of the employer, who provides services specified under this part to employers and/or employees in connection with DOT drug and alcohol testing requirements. This includes, but is not limited to, collectors, BATs and STTs, laboratories, MROs, substance abuse professionals, and C/TPAs. To act as service agents, persons and organizations must meet the qualifications set forth in applicable sections of this part. Service agents are not employers for purposes of this part.

Shipping container – A container that is used for transporting and protecting urine specimen bottles and associated documents from the collection site to the laboratory.

Specimen bottle – The bottle that, after being sealed and labeled according to the procedures in this part, is used to hold the urine specimen during transportation to the laboratory.

Split specimen – In drug testing, a part of the urine that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

Stand-down – The practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test result.

Substance abuse professional (SAP) – A person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

Substituted specimen – A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with clean human urine.

Verified test – A drug test result or validity testing result from an HHS-certified laboratory that has undergone review and final determination by the MRO.

Appendix B **Qualifications and procedures for service providers**

All drug and alcohol service providers (except third-part administrators) must maintain documentation showing that they currently meet all requirements of 49 CFR Part 40 and Part 655.

Service providers must provide this documentation on request to U.S. Department of Transportation and WSDOT agency representatives, and to employers and consortium or third-party administrators who are using or negotiating to use your services.

Specimen collectors

- [Breath alcohol and screening test technician qualifications](#)
- [Breath alcohol and screening test technician procedures](#)
- [Urine collector qualifications](#)
- [Urine collection handbook](#)

Drug testing labs

A laboratory is only permitted to participate in U.S. Department of Transportation drug testing if it is certified by the U.S. Department of Health and Human Services under the National Laboratory Certification Program. To become certified, an applicant laboratory must successfully complete three rounds of performance testing and an inspection occurring concurrent with the third set of performance testing. In addition, a laboratory must undergo another inspection three months after becoming certified.

- [Medical review officers](#)
- [Substance Abuse professionals](#)

Third-party administrators

The U.S. Department of Transportation has not set qualification requirements for third-party administrators or consortiums. However, a third-party administrator is expected to know all the requirements and responsibilities of an employer as stipulated in 49 CFR Part 40 and Part 382.

Appendix C ***Second-chance policy considerations***

FTA does not direct whether an agency has a zero-tolerance stance or second-chance policy. These considerations are up to the agency.

A zero-tolerance policy may still contain return to duty testing and follow-up testing sections because even an employer that requires termination for all first violations and gives no grace for self-confessors should include these provisions in case it is required to reinstate an employee by a higher authority, such as the Fair Labor Relations Board.

Consequence or discipline policies that are very specific and allow little discretion tend to receive the fewest legal challenges, particularly in agencies with a strong union presence. Most employers terminate employees for a first offense of prohibited behavior or for refusing to be tested.

Agencies can customize the consequences of a positive test or refusal according to specified parameters. The following are examples from transit agencies across the U.S:

- Zero tolerance for any positive drug test and any alcohol test over .019 and any refusal.
- Zero tolerance for any positive drug test and any alcohol test .04 and greater any refusal.
- Zero tolerance for positive on all tests except random; second chance for a random positive drug test.
- Second chance for a positive test, though employees testing positive are prohibited from bidding on or driving designated contracted school routes after completion of treatment.
- Second chance for self-confessors before test has been ordered.
- Second chance for all positive drug test results or alcohol result of .04 or greater or refusal if the following conditions are met before returning to duty to perform a safety-sensitive function:
 1. Employee has been evaluated by a Substance Abuse Professional who is qualified in accordance with 49 CFR Part 40 Subpart O.
 2. Employee has adhered to the course of treatment as prescribed by the Substance Abuse Professional.
 3. Employee has submitted to a return to duty urine drug test and/or breath alcohol test and [Agency] is in receipt of a negative result(s).
 4. All Return to Duty urine collections will be conducted under direct observation, in accordance with 49 CFR Part 40.67, as amended.

Source: [*Best Practices FTA Drug and Alcohol Testing Program*](#)

Appendix D *Records retention*

Records retention schedule by category

Hiring and training	
Three years	Previous employers' drug and alcohol test record
	Proof of good faith efforts to collect records
	Other background check materials
Two years	Signed document attesting to receipt of policy after dissemination to all safety sensitive employees.
	Documentation of education and training (recommendation: keep training records indefinitely): <ul style="list-style-type: none"> • Attendance roster, dates, agendas for trainings: drug awareness - safety sensitive employees; supervisors - reasonable suspicion). • Training materials on drug abuse awareness and supervisory training. • Written notice of available D&A materials to covered employees and their unions.

Drug and alcohol testing	
Five years	Records of covered employee verified positive drug or alcohol test results ≥ 0.02 : <ul style="list-style-type: none"> • Test result forms • Employer copy of CCF/ATF
	Documentation of refusals to take required drug or alcohol tests
	Documents presented by a covered employee to dispute the test result.
	Reports of positive results made to the Washington Department of Licensing.
Two years	Records related to the collection process: <ul style="list-style-type: none"> • Testing log, if applicable • Random selection lists • Inspection, maintenance and calibration records of EBT (may be kept by service agent) • MRO documents verifying existence of a medical explanation of the inability of a covered employee to provide an adequate urine or breath sample. • Completed post-accident drug and alcohol testing decision maker forms. • Documentation of the decision to conduct reasonable suspicion.
One year	Cancelled drug test results
	Records of negative drug or alcohol test results: <ul style="list-style-type: none"> • Test result forms • Employer copy of CCF/ATF
Per agency policy	Documentation of statistical validity of random selection method

SAP and return to duty	
Five years	Referrals to the substance abuse professional.
	SAP reports, including evidence of completed treatment.
	Return-to-duty and follow-up testing documentation (if not a zero-tolerance employer).

Administrative	
<i>Five years</i>	Copies of annual MIS reports submitted to FTA.
<i>Per agency policy</i>	Up-to-date certification records and oversight questionnaires for the following service providers (since these are collected for WSDOT compliance activities, best practice is at least 5 years): <ul style="list-style-type: none"> • Medical review officer (MRO) • Substance abuse professional (SAP) • Breath alcohol technician (BAT) and certificate of calibration • Screening test technician (STT) • Urine collector • Third-party administrator (questionnaire only)
	Semi-annual laboratory statistical summaries
	Drug and alcohol testing program policy and subsequent revisions

Appendix E Generic, brand and street names for drugs

USDOT PROHIBITED SUBSTANCES FOR SAFETY SENSITIVE POSITIONS		
Drug	brand names	street names
Marijuana -THC		420, Blunt, Bud, Chronic, Dope, Gasper, Grass, Hash, Herb, MJ, Mary Jane, Pot, Roach, Reefer, Smoke, Weed
Cocaine		Aunt Nora, Bernice, Blow, Bump, C, Coke, Crack, Dust, Flake, Nose Candy, Powder, Rock, Rock Candy, Snow, Speedball
PCP (phencyclidine)		Angel, Angel Dust, Butt Naked, Dust, Purple Rain, Rocket Fuel, Stardust, Water, Wet, Yellow Fever, Zombie
AMPHETAMINES		
MDMA (3,4-methylenedioxymethamphetamine)		Molly, Ecstasy, XTC, E, X, Adam, Beans, Love Drug
amphetamines	Adderall, Dexedrine	Addies, Bennies, Black Beauties, Crosses, Hearts, LA Turnaround, Speed, Truck Drivers, Uppers
methamphetamine	Desoxyn	Chalk, Crank, Crystal, Crystal Meth, Glass, Ice, Meth, Tweek, Redneck Cocaine, Zoom
OPIOIDS		
Codeine	Tylenol #3 and #4, Robitussin-AC (if directed dose is exceeded)	Captain Cody, Cody, Little C, Schoolboy
Hydrocodone	Lortab, Norco, Vicodin,	Bananas, Dro, Fluff, Hydros, Tabs, Vikes, V-itamin, Watson-387, 357s
Hydromorphone	Dilaudid, Exalgo	D, Dillies, Footballs, Juice, Smack
Oxycodone	OxyContin, Percocet, Percodan	30s, As, Berries, Blues, Blueberries, Hillbilly Heroin, Ms, O.C., Oxy, Oxycet, Oxycotton, Ozone, Roxy, Ercs, Greenies, Kickers, M-30s, Percs, Rims, Tires, Wheels, 512s
Oxymorphone	Opana	Biscuits, Blue Heaven, Mrs. O, O Bomb, Octagons, Stop Signs
Morphine	Duramorph, MS Contin, Morphabond, Oramorph	God's Drug, M, Miss Emma, Monkey, Morpho, White Stuff
Heroin (6-acetylmorphine/6-AM)		Black Tar, Black Pearl, Brown Crystal, Brown Sugar, China, Chiva, White, Dope, Dragon, Horse, Smack, Snow, Snowball, Tar, White Nurse, White Stuff
NOT TESTED AS PART OF THE DOT PANEL		
OVER-THE-COUNTER DRUGS		
Dimenhydrinate	Dramamine	Dime, Dime Tabs, Substance D
DXM (dextromethorphan)		Dex, Dextro, Drix, Poor Man's Ecstasy, Red Devils, Robo, Robotripping, Triple C, Tussin, X
Pseudoephedrine	Sudafed	Chalk, Crank, Meth, Speed

USDOT PROHIBITED SUBSTANCES FOR SAFETY SENSITIVE POSITIONS

Drug	brand names	street names
NOT TESTED AS PART OF THE DOT PANEL		
PRESCRIPTION SLEEPING PILLS		
	Ambien, Lunesta, Sonata	Date Rape Drug, Forget-Me Pill, Mexican Valium, R2, Roche, Roofies, Roofinol, Rope, Rophies
	Amytal	Barbs, Red Birds, Reds, Yellows, Yellow Jackets
PRESCRIPTION STIMULANTS		
Paroxetine, fluoxetine, sertraline (antidepressants)	Paxil, Prozac, Zoloft	Bottled Smiles, Happy Pill, Miracle Drug, Wonder Drug
Phentermine (diet pills)	Lomaira, Adipex	Crank, Fastin, Fen-Phen, Speed
Methylphenidate	Concerta	JIF, MPH, Pineapple, Skippy
	Ritalin	Kibbles and Bits, R-Ball, The Smart Drug, Vitamin R
Testosterone, nortestosterone (steroids)	Nandrolone, Aved	Arnolds, Gym Candy, Juice, Muscle Builders, Pumpers, Roids, Stackers, Weight Gainers
Buprenorphine	Suboxone, Subutex, Butrans	Big Whites, Buse, Oranges, Small Whites, Sobos, Stops, Strips, Sub, Subs
Codeine with Promethazine	Phenergan-Codeine Syrup (The codeine will be reported but not the promethazine)	Act, Lean, Purple Drank, Sizzurp, Texas Tea
Fentanyl	Actiq, Sublimaze	Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, Tango and Cash, TNT
Meperidine	Demerol	Demmies, Pain Killer
Methadone	Dolophine, Methadose	Amidone, Dollies, Dolls, Fizzies, Mud, Red Rock, Tootsie Roll
Propoxyphene	Darvocet, Darvon	Footballs, N's, Pink Footballs, Pinks, Yellow Footballs, 65s
Tramadol	Ultram	Chill Pills, Trammies, Ultras
Benzodiazepines	Also known as Bars, Benzos, Blues, Chill Pills, Downers, Nerve Pills, Planks, Tranks, and Zannies.	
lorazepam	Ativan	Candy, Downers, Sleeping Pills, Tranks
triazolam	Halcion	Candy, Downers, Sleeping Pills, Tranks
clonazepam	Klonopin	K, K-Pin, Pin, Super Valium
chlordiazepoxide	Librium	Candy, Downers, Sleeping Pills, Tranks
flunitrazepam	Rohypnol	Circles, Date Rape Drug, Forget-Me Pill, La Rocha, Lunch Money, Mexican Valium, Mind Eraser, Roofies, Wolfies
diazepam	Valium	Eggs, Jellies, Moggies, Vallies
alprazolam	Xanax	Bars, Bicycle Handlebars, Footballs, French Fries, Hulk, Ladders, School Bus, Xan, Xanies, Zan, Zannies, Zanbars, Z-Bars

USDOT PROHIBITED SUBSTANCES FOR SAFETY SENSITIVE POSITIONS

Drug	brand names	street names
NOT TESTED AS PART OF THE DOT PANEL		
ILLCIT DRUGS		
Ayahuasca		Aya, Hoasca, Yagé
DMT (N, N-dimethyltryptamine)		Dimitri, The Spirit Molecule
GHB (gamma-Hydroxybutyric)		Date Rape Drug, G, Geeb, Georgia Home Boy, Gina, Goop, Grievous Bodily Harm, Liquid E, Liquid X, Scoop
Ketamine		Blind Squid, Cat Valium, Green, Jet, K, K-Hold, Kay, Special K, Super Acid, Vitamin K
Khat		Abyssinian Tea, African Salad, Catha, Chat, Kat, Oat, Qat
Kratom		Biak-biak, Herbal Speedball, Ithang, Kahyam, Ketum, Thom
LSD (D-lysergic acid diethylamide)		Acid, Blotter, Dots, Electric Kool Aid, Lucy in the Sky with Diamonds, Purple Haze, Sugar Cubes, Yellow Sunshine
Mescaline		Big Chief, Blue Caps, Buttons, Cactus, Mescal, Moon, San Pedro, Topi
Mushrooms		Alice, Boomers, Caps, Cow Patties, Fungus, Hongos, Magic, Magic Mushrooms, Mushies, Pizza Toppings, Shrooms, Tweezes
Peyote		Black Button, Cactus, Green Button, Half Moon, Nubs, Shaman, Tops
Psilocybin		Little Smoke, Magic Mushrooms, Purple Passion, Shrooms
Salvia divinorum		Diviner's Sage, Magic Mint, Maria Pastora, Sally-D
Synthetic Cathinones		Bath Salts, Bliss, Cloud Nine, Flakka, Lunar Wave, Scarface, Vanilla Sky, White Lightning
Synthetic Marijuana		
Amyl Nitrate (inhalant)		Ames, Amies, Amys, Pearls, Poppers
Isobutyl Nitrate (inhalant)		Aroma of Men, Bolt, Bullet, Climax, Hardware, Locker Room, Poppers, Quicksilver, Rush, Snappers, Thrust
Nitrous Oxide (inhalant)		Buzz Bomb, Hippie Crack, Laughing Gas, Whippets

Appendix F *Third-party oversight expectations*

Note: Italicized text is an example

XYZ Transit

Circumstance

Has oversight responsibility for their service contractor, ABC Transportation

- *ABC Transportation has an approved D&A policy from recent compliance review.*
- *ABC Transportation also receives 5311 and has their own D&A program*
- *XYZ Transit does not have any drivers of their own*
- *ABC Transportation never received federal funds before this biennium*

Oversight expectations

Employer will:

- Ensure that CFR part 40 and 655 is in bid documents and contract for service
- Ensure that compliance is a condition of the contract? Y/N
- Is ABC Transportation's D&A policy compliant? Y/N
- Conduct periodic assessments:
- Confirm that ABC Transportation or their TPA checks qualifications of collectors, lab, MRO and SAP
- Review results of ABC Transportation/TPA mock collections
- Audit testing and training records at ABC Transportation
- Review annual MIS report from ABC Transportation
- Require immediate corrective action to remedy any problems identified
- Subscribe to [ODAPC listServ](#) in order to stay current on regulatory updates and changes. (Proof includes a screen shot that says "already subscribed" with their email address.)
- Participate in ABC Transportation D&A compliance review

WSDOT will:

- Provide written oversight expectations listed above
- Provide FTA checklists and tools for provider oversight
 - [Breath collection](#)
 - [Urine collection](#)
 - [MRO](#)
 - [SAP](#)
 - [TPA](#)
- Provide D&A testing program training to either provider's DAPM as requested
- Recap ABC Transportation site visit process/results for XYZ Transit manager if they didn't attend

Appendix G Online resources

National Rural Transit Assistance Program

- [Drug and Alcohol Programs tools](#)
- [Reasonable suspicion training](#) (free eLearning account required for access)

FTA Drug and Alcohol Program:

- [Home page](#)
- [Assess your compliance checklist](#)
- [Best practices manual](#)
- [Catching the cheaters presentation](#)
- [Implementation guidelines](#)
- [Policy builder](#)
- [Prescription and over-the-counter medications toolkit](#)
- [Sixty-minute drug awareness training video](#)
- [Tools and resources](#)
- [Transit policy examples](#)

U.S. Department of Transportation Office of Drug and Alcohol Policy and Compliance

- [Home page](#)
- [What Employees Need to Know about DOT Drug and Alcohol Testing manual](#)

Washington State Transit Insurance Pool

- [Trainings and events](#)

State law

- [RCW 46.25.123](#): Mandatory reporting of positive test

Federal law

- [Title 49 Part 655](#): Prevention of alcohol misuse and prohibited drug use in transit operations
- [Title 49 Part 40](#): Procedures for transportation workplace drug and alcohol testing programs

Finding a provider:

- [Find a lab](#)
- [Find an MRO](#)
- [Find a substance abuse professional](#)

Additional reading

- Medical News Today article: [How long can you detect marijuana in the body?](#)