

**DRUG AND ALCOHOL FREE
WORKPLACE POLICY
(DEPARTMENT OF TRANSPORTATION)**

City of West Allis



**Department of Administration and Finance
Human Resources Division
Employee Safety and Training Section**

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TABLE OF CONTENTS

Page

I. PURPOSE..... 1

II. POLICY..... 1

 A. Prohibited Conduct for all City Employees 1

 B. Report of Criminal Conviction 1

 C. Prohibited Conduct for Commercial Motor Vehicle Operators..... 1

 D. Prevention and Rehabilitation..... 2

 E. Drug and Alcohol Testing..... 2

 F. Test Refusal 7

 G. Testing Procedures..... 8

 H. Stand-Down 8

 I. Employee Notification (382.411) 8

 J. Results of a Positive Alcohol or Drug Test 8

 K. On-Duty Time 9

 L. Discipline10

 M. Education and Training Programs10

 N. Prescription Drugs10

 O. Confidentiality of Records.....11

 P. Record Retention, MIS Reporting and Public Interest Exclusion (PIE).....11

III. DEFINITIONS11

EMPLOYEE ACKNOWLEDGEMENT FORM.....16

LIST OF APPENDICES

<u>APPENDIX</u>	<u>FORM</u>	<u>Page</u>
A	List of Position Titles of the City that Perform Safety-Sensitive Duties.....	17
B	Drug and Alcohol Testing Procedures.....	18
C	Record Retention, Management Information System (MIS) Reporting & Public Interest Exclusion (PIE)	22
D	Drug and Alcohol Fact Sheets	27
E	Forms – Pre-Employment Drug Testing Notification & Acknowledgement.....	34
	Acknowledgement of City’s Drug and Alcohol Testing Policy	35
	Release of Information Form	36
	Post Accident Drug and Alcohol Test Decision Documentation Form	37

**CITY OF WEST ALLIS
DEPARTMENT OF TRANSPORTATION
DRUG AND ALCOHOL FREE WORKPLACE POLICY**

I. PURPOSE

The purpose of this policy is to assist in the prevention of accidents and injuries that result from the misuse of drugs and/or alcohol. This policy is intended to be consistent with and in compliance with the U.S. Department of Transportation and the Federal Motor Carrier Safety Administration (FMCSA) drug and alcohol testing rules, regulations and procedures contained in Title 49 C.F.R. and the Drug Free Workplace Act of 1988.

II. POLICY

The City of West Allis is committed to protecting the safety, health and well being of all employees and recognizes that drug and alcohol abuse poses a significant threat to the goals of the City of West Allis. Employee involvement with alcohol and other drugs can be very disruptive, adversely affect the quality of work and performance of employees, pose serious health risks to users and others, and have a negative impact on productivity and morale. The City has established a drug-free workplace program that balances the respect for individuals with the need to maintain a drug and alcohol free environment.

The contact for any questions regarding this policy is: Safety and Training Coordinator, 1-414-302-8835.

A. Prohibited Conduct for all City Employees

1. As required by the Drug Free Workplace Act, all City employees are strictly prohibited from using, possessing, manufacturing, distributing, or dispensing controlled substances while on City property, or operating City equipment or vehicles.
2. City employees are prohibited from reporting for or remaining on duty or performing assigned job duties while under the influence of alcohol or a controlled substance.
3. City employees are prohibited from deliberately misusing this policy in regard to subordinates, as well as providing false information in connection with a test, or falsifying test results through tampering, contamination, adulteration or substitution.

B. Report of Criminal Conviction

Criminal convictions for manufacturing, distributing, dispensing, possessing or using controlled substances in the workplace must be reported *in writing* to the employee's immediate supervisor no later than **5** calendar days after such conviction. Appropriate action, which may consist of discipline up to and including termination, will be taken within 30 days of notification. Federal contracting agencies will be notified when appropriate.

C. Prohibited Conduct For Commercial Motor Vehicle Operators

Pursuant to Federal Regulations (49 C.F.R. Parts 40 & 382) of the Omnibus Transportation Testing Act of 1991, all employees who operate a commercial motor vehicle on a full time, casual, intermittent or occasional basis are prohibited from the use of illegal drugs at all times, as well as engaging in the following conduct:

1. Reporting for or remaining on duty requiring the performance of safety sensitive functions while having an alcohol concentration of 0.04 or greater;

2. Using alcohol while performing (*defined as “anytime the employee is actually performing, ready to perform or immediately available to perform”*) safety sensitive functions;
3. Using alcohol during the hours the employee is on call;
4. Performing safety sensitive functions within four (4) hours after using alcohol;
5. Using alcohol within eight (8) hours following an accident, if the employee is required to take a post-accident alcohol test;
6. Performing safety sensitive functions after refusal to submit to any of the following: post-accident, random, reasonable suspicion or follow-up alcohol or controlled substances test;
7. Reporting for or remaining on duty requiring the performance of safety sensitive functions when the employee uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner who has advised the driver that the substance will not adversely affect the employee’s ability to safely operate a commercial motor vehicle;
8. Reporting for or remaining on duty or performing a safety sensitive function after testing positive or adulterating or substituting a test specimen for controlled substances.

A “*safety-sensitive*” function means any of the following on-duty functions:

1. All time waiting to be dispatched;
2. All time inspecting, servicing or conditioning any commercial motor vehicle;
3. All driving time, i.e. all time spent at the driving controls of a commercial motor vehicle in operation;
4. All time, other than driving time, in or upon any commercial motor vehicle;
5. All time loading or unloading a vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
6. All time repairing, obtaining assistance or remaining in attendance upon a disabled vehicle.

Appendix A lists all City position titles that are responsible for performing safety sensitive functions.

D. Prevention and Rehabilitation

The goals of this policy are prevention and rehabilitation whenever possible, rather than discipline or termination. The City encourages employees who have an alcohol or other drug problem to seek help to deal with their problem. Help is available through the City’s Employee Assistance Program. For more details on this program, contact the Human Resources Division or the City’s Employee Assistance Program at 1-800-236-3231. Help is available 24 hours per day.

Employees who admit to alcohol misuse or controlled substances use are not subject to the referral, evaluation and treatment requirements of parts 40 and 382, provided that:

- (1) The employee does not self-identify in order to avoid drug or alcohol testing.
- (2) The employee makes the admission of alcohol misuse or controlled substances use prior to performing a safety sensitive function.

E. Drug and Alcohol Testing

Participation in the City’s Drug and Alcohol Testing Program is a requirement of each employee performing safety sensitive functions, and therefore, is a condition of employment.

1. Testing Records

The City, upon the employee’s written consent, will obtain the following information from the D.O.T. regulated employers during the **two (2)** years prior to the date of application or transfer for all employees seeking to begin performing safety-sensitive functions for the first time: (1) alcohol tests with result of 0.04 or higher alcohol concentration; (2) verified positive drug tests; (3) test refusals (*including verified adulterated or substituted drug test*

results); (4) other violations of DOT agency drug and alcohol testing regulations; (5) documentation of the employee's successful completion of DOT return-to-duty requirements for violation of the drug and alcohol regulations. If this cannot be obtained from a previous employer, the documentation will be requested from the employee.

An employee will not be permitted to perform safety sensitive functions if one of the following occurs:

- (1) The above information from previous employers cannot be obtained after 30 days, unless a good faith effort to obtain this information has been made and documented;
- (2) Information is obtained that the employee has violated a drug and alcohol regulation and has not complied with the return-to-duty requirements of the regulations;
- (3) The employee, upon the City's required request, admits to a refusal or positive test on any pre-employment drug and alcohol test administered during the past two years for safety-sensitive transportation work that the employee did not obtain (until and unless the employee documents successful completion of the return to duty process).

The employee will not be allowed to perform safety-sensitive functions until the employee documents successful completion of the return-to-duty process.

Every DOT regulated employer that information is requested from will receive the employee's written consent to provide the information. A confidential record of the information obtained must be maintained for three (3) years from the date of the employee's first safety-sensitive duty performance.

In situations where the City provides this information confidentially and in writing to another employer, a written record of the released information will be maintained, as well as the date, whom the information was released to and a summary of the information provided.

2. Testing Conditions

a) Reasonable Suspicion

An employee is required to submit to an alcohol or controlled substance test upon a trained (*in accordance with this policy and Section 382.603 requirements*) supervisor's reasonable suspicion to believe that the employee is in violation of this policy. The determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. The observations may include indications of the chronic and withdrawal effects of controlled substances. The supervisor who makes the determination that reasonable suspicion exists to conduct an alcohol test shall not conduct the alcohol test of the employee.

Under DOT regulations, alcohol testing is only authorized if observations are made during, just preceding or just after the period of the work day that the employee is required to be in compliance (during, just before or after the employee has performed safety-sensitive functions). However, City policy requires that reasonable suspicion alcohol testing shall be performed at any time during an employee's work day.

Under DOT regulations, the employee will not be permitted to perform safety sensitive functions until: (1) an alcohol test is administered and the alcohol concentration measures less than 0.02; or (2) 24 hours have elapsed following the determination that there was

reasonable suspicion to test the employee. However, City policy requires that an employee will not be returned to work until confirmed test results are obtained.

If an alcohol test is not administered within two (2) hours following the reasonable suspicion determination, the supervisor must prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight (8) hours following the reasonable suspicion determination, the supervisor must cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test. In addition, the driver will be out of service for 24 hours.

The supervisor who made the observations shall provide a report that contains the observations leading to an alcohol or controlled substances reasonable suspicion test within 24 hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier.

1. Upon the employee's removal from the job site, the supervisor should contact the Director of Public Works/City Engineer and/or Assistant Director of Public Works. If contact cannot be made at that time, the supervisor should proceed to the next step of this procedure and make contact with the Attorney's Office and Human Resources Division as soon thereafter as possible.
2. The supervisor is to then take the employee to the collection site for drug and/or alcohol testing, and must remain at the site until the test is completed.
3. If the alcohol test is conducted more than two (2) hours, but less than eight (8) hours, after the supervisor makes the reasonable suspicion determination, the supervisor will complete a report explaining the reason for the delay in conducting the test. If the alcohol test is not conducted within eight (8) hours after the supervisor makes such reasonable suspicion determination, or if the drug test is not conducted within twenty-four (24) hours after such determination, the supervisor will complete a report explaining the reasons why the test was not conducted.
4. Once the drug and/or alcohol test has been completed the supervisor is to make arrangements for the employee to be taken home. The employee will not be permitted to drive their own car home at that time. The employee may have a family member or a friend pick them up or the supervisor may take the employee home.
5. The employee is to be advised not to report to work. The City will contact the employee once the test results are known (this normally takes 24-48 hours) and a decision has been made as to the employee's status.
6. The results of the drug and/or alcohol test will be sent directly to the Director of Public Works/City Engineer. When the results are obtained, the employee's supervisor and department head will meet with the Human Resources Division and Attorney's Office to determine the appropriate course of action to be taken.
7. This is a confidential process. Test results will be held strictly confidential and are not to be discussed or shared with anyone who does not need to know. Likewise, a supervisor must not discuss the suspected reason for a referral or termination with anyone who does not need to know.
8. Once the test has been completed and the employee has been taken home, the supervisor must submit a written report to Director of Public Works/City Engineer outlining in detail what happened and what behavior was observed that led the supervisor to believe the employee was under the influence of alcohol and/or drugs. This report is to be done within 24 hours of testing.

b) Pre-Employment

Controlled Substances: Any individual not currently employed by the City who is applying for a safety sensitive position or any City employee who is currently not performing safety sensitive functions but will be moving to a safety sensitive position shall undergo testing for controlled substances prior to performing safety sensitive functions. The City must be in receipt of the employee's negative test result from the Medical Review Officer (MRO) or Consortium/Third Party Administrator (C/TPA).

Administration of a controlled substance test is not required if the employee has participated in a controlled substances testing program within the previous 30 days:

- ***AND*** was tested for controlled substances within the past 6 months (*from the date of application with the City*);
- ***OR*** participated in the random controlled substances testing program for the previous 12 months (*from the date of application with the City*);
- ***AND*** the City ensures that no prior employer of the individual has records of a controlled substances violation within the previous 6 months.

To utilize this exception, the supervisor must obtain and retain the following information from the controlled substances testing program(s) in which the employee participated: (1) Name(s) and address(es) of the program(s); (2) Verification of the employee's participation in the program(s); (3) Verification that the program(s) conform(s) to part 40 of this title; (4) Verification that the employee is qualified under these rules, including that the employee has not refused to be tested for controlled substances; (5) The date the employee was last tested for controlled substances; (6) The results of any tests taken within the previous 6 months and any other violations of controlled substance testing; (7) The above information must be obtained and maintained in accordance with D.O.T. standards at least once every 6 months for employees that are utilized, but not employed more than once a year. If the City cannot verify that an employee is participating in a controlled substances testing program, the City shall conduct a pre-employment controlled substances test.

Alcohol Testing

- The test must be conducted in accordance with D.O.T. standards prior to the first performance of a safety sensitive function (*applicable to new or transferring employees*) for all employees, after making a contingent offer of employment or transfer.
- Employees may not begin performing safety-sensitive functions unless the result of the test indicates an alcohol concentration of less than 0.04.

c) Post Accident Testing

As soon as practicable following an accident involving a commercial motor vehicle, the City of West Allis shall test each of its surviving driver(s) for alcohol and controlled substances if: (1) the surviving driver(s) were performing safety sensitive functions with respect to the vehicle, if the accident involved the loss of human life; (2) the employee received a citation within 8 hours (for alcohol) or 32 hours (for controlled substances) of the occurrence under State or local law for a moving traffic violation arising from the accident, IF the accident involved: (a) bodily injury to anyone who immediately receives medical treatment away from the accident scene OR (b) one or more vehicles incur disabling damage and require towing.

The alcohol test must be administered as soon as possible, but no later than eight (8) hours following the accident, and the drug test must be administered within thirty-two (32) hours of the accident.

If the alcohol test is not administered within two (2) hours of the accident, the supervisor must still attempt to administer the test and prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight (8) hours or if the drug test is not administered within thirty-two (32) hours of the accident, the supervisor must cease attempts to administer the test(s) and shall state in the record the reasons for not performing the test(s).

An employee who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the City of West Allis to have refused to submit to testing. However, an employee is not prohibited from obtaining necessary medical attention for injured people following an accident or leaving the scene to obtain assistance or necessary emergency medical care.

The results of a urine or breath alcohol test conducted by a federal, state or local official having independent authority for the test, will be considered to meet the requirements for a post-accident test. The test must conform to the applicable federal, state or local testing requirements and must be obtained by the City.

This section does not apply to: (1) an occurrence involving only boarding or alighting from a stationary motor vehicle; or (2) an occurrence involving only the loading or unloading of cargo; or (3) an occurrence in the course of the operation of a passenger car or multi-purpose passenger vehicle unless the vehicle is transporting passengers for hire or hazardous materials of a type and quantity requiring the vehicle to be marked or placarded.

d) Random Testing

Random drug and alcohol testing may be performed anytime an employee is on duty. The employee selection for testing shall be made by a scientifically valid method and will occur unannounced throughout the calendar year. An employee notified of selection for random alcohol and/or controlled substances testing shall cease to perform safety sensitive functions and proceed to the test site immediately. An employee shall only be tested for alcohol during, just before or just after the performance of safety sensitive functions.

The minimum annual percentage rate, as established by the Federal Motor Carrier Safety Administration (FMCSA), for random testing of employees in safety sensitive positions shall be: (1) 10% for alcohol testing; (2) 50% for controlled substance testing. The testing rates may be adjusted based on analysis of positive drug and alcohol violations rates for the entire industry, as reported annually.

If an employee tests positive for alcohol or controlled substances, the employee will be subject to disciplinary action, up to and including discharge.

e) Return-to-Duty/Follow-Up Testing

An employee is required to undergo an alcohol and/or drug test prior to returning to duty that requires the performance of a safety sensitive function, following a violation of this policy and evaluation by a substance abuse professional (SAP). A second SAP

evaluation cannot be sought by the City or the employee (40.295), and no one has the authority, with the exception of the SAP who made the initial evaluation, to change the evaluation (40.297). The results of the test must indicate an alcohol concentration of less than 0.02 and/or a negative result for drug use. The City is responsible for deciding whether the employee is returned to duty (not the SAP or MRO) (40.305).

Following successful compliance with a recommendation for education and/or treatment, the employee must submit to the follow-up testing plan established by the SAP, which shall be provided to the DER (40.307(b)). The testing plan will include at a minimum that the employee be subject to six (6) unannounced follow-up tests in the first 12 months of returning to duty requiring performance of a safety sensitive function. Follow-up tests may also be performed during the 48 months of safety-sensitive duty following this first 12-month period, as determined by the SAP. The City may not impose additional testing requirements that go beyond the SAP's follow-up testing plan, and other tests may not be substituted for this testing requirement (i.e. random). A cancelled test does not count as a completed test and must be recollected. The requirements of the follow-up testing plan must remain with the employee through any break in service or subsequent employment.

The City must carry out the SAP's follow up testing requirements, and must ensure that the tests are unannounced with no pattern to their timing, and that the employee is given no advance notice (40.309).

Follow-up testing is separate from and in addition to the regular random testing program. Employees who are subject to the follow-up testing must also remain in the standard random pool and must be tested whenever they are selected, even if this means being tested twice in the same day, week or month.

All Return to Work/Follow-up Testing expenses will be incurred by the employee.

F. Test Refusal

The following behavior constitutes a test refusal for drugs and alcohol (382.107):

1. Failure to appear for the test in the time frame specified by the City, with the exception of pre-employment.
2. Failure to remain at the testing site until the testing process is completed. However, if an employee leaves a pre-employment testing site before the process starts, it is not deemed to be a test refusal.
3. Failure to provide a urine specimen, saliva or breath specimen, as applicable. However, an employee who does not provide a specimen because they have left the testing site before the process starts for a pre-employment test is not deemed to be a test refusal.
4. Failure to provide a sufficient volume of urine or breath without a valid medical explanation for the failure.
5. Failure to undergo a medical examination as part of the verification process. In the case of a pre-employment drug test, the test is deemed to be a refusal only if the pre-employment test is conducted following a contingent offer of employment.
6. Failure to cooperate with any part of the testing process.
7. Failure to permit the observation or monitoring of specimen donation when so required.
8. Failure to take a second test required by the City or collector.
9. A drug test result that is verified by the MRO as adulterated or substituted (applicable to drug test only).

G. Testing Procedures

The alcohol and controlled substance testing procedures will comply with 49 CFR Part 40 as amended and protect City employees and the integrity of the testing process, safeguard the validity of the test results and ensure the test results are attributed to the correct employee. For a more detailed discussion on the testing procedures, refer to Appendix B.

H. Stand-Down

Note: The practice of stand-down is not applicable for a reasonable suspicion or post-accident test.

Stand-down is the practice of temporarily removing an employee from safety-sensitive duties after a confirmed positive, adulterated or substituted laboratory test, prior to the MRO's verification of the test result. This practice is prohibited unless the City obtains a waiver from the appropriate D.O.T. agency.

If a stand-down occurs the reason for its occurrence, as well as the confirmed positive, adulterated or substituted test result will remain confidential. The City will begin the verification process of the confirmed test as soon as the employee is stood down and shall not exceed five (5) days, unless deemed necessary by the MRO. Any employee subject to stand-down will be treated fairly and will continue to be paid during the stand-down period, which shall only affect the employee's performance of safety-sensitive duties. If the test is verified by the MRO to be negative or is cancelled, the employee will be immediately returned to safety-sensitive duties and will not suffer any adverse personnel or financial consequence. The City will only maintain a record regarding the negative or cancelled test, the results of the confirmed laboratory positive will be destroyed.

A waiver must include the following information: (1) why the stand-down is necessary for safety in the City and the basis for the request, including safety problems or incidents that could have been prevented if a stand-down procedure had been in place; (2) the number of confirmed and verified laboratory positive, adulterated and substituted test results for all applicable employees over the previous two years; (3) information about the work situation of the employees subject to stand-down, including: the size or organization of the unit(s) in which the employees work, process by which employees will be informed of the stand-down, whether there is an in-house MRO and whether the City has a stand-down policy for situations other than drug and alcohol testing; (4) which D.O.T. agencies regulate the City; (5) the stand-down policy for the City.

I. Employee Notification (382.411)

1. An employee shall be notified of a pre-employment controlled substances test if the employee requests such results within 60 calendar days of being notified of the disposition of the employment application. An employee shall be notified of the results of random, reasonable suspicion and post accident tests for controlled substances conducted if the test results are verified positive, and which controlled substance(s) were verified as positive.
2. The DER shall make reasonable efforts to contact and request each employee who submitted a specimen under the testing program, regardless of the individual's employment status, to contact and discuss the results of the controlled substances test with a MRO who has been unable to contact the driver.
3. The DER shall immediately notify the MRO that the individual has been notified to contact the MRO within 72 hours.

J. Results of a Positive Alcohol or Drug Test

Any employee who tests positive for drugs or for alcohol concentration of 0.02 or higher is subject to discipline, up to and including discharge.

If a confirmation drug test is positive or alcohol test measures 0.04 or greater, the City is required to:

1. Remove the employee from the safety-sensitive position. If the removal is the result of a positive drug test, the removal will only take place after the employee has been allowed to meet or speak with the MRO in order to determine that the positive drug test did not result from the authorized use of a controlled substance.
2. Prior to the employee's return to the safety-sensitive function:
 - (a) The employee will be referred to the City's EAP for assessment of an alcohol problem and a determination of whether participation in a treatment program is necessary OR for assessment and subsequent compliance with a recommended rehabilitation program after determination that a drug problem exists;
 - (b) Obtain verification from a substance abuse professional that the employee has complied with any required rehabilitation or treatment program;
 - (c) Evaluation by a substance abuse professional or MRO and determination to be fit to return to work prior to their release of the employee;
 - (d) Retest to verify a negative result on a drug test or that the employee's alcohol concentration is below 0.02.
3. Follow up drug testing to monitor the employee's continued abstinence from drug use will be required if evaluation of the employee determined a need for rehabilitation.
4. The employee will subsequently be given at least six random alcohol tests during the next year with the possibility of follow-up testing for up to 48 months.

If the confirmation test level is between 0.02 and 0.039 percent, the employee will be removed from the safety-sensitive position for a minimum of 24 hours following administration of the test.

In the event that an employee is required to comply with breath or saliva testing as a result of a law enforcement investigation, the employee must submit to the examination. The test will be considered enforceable for purposes of this policy, if the testing officer is a qualified BAT and the EBT that was used for the test has been certified by the State of Wisconsin or a local law enforcement agency.

K. On-Duty Time

All time spent providing a breath sample or urine specimen, including travel time to and from a collection site, in order to submit to any testing required under this policy will be considered "on-duty" time. In addition, responsibility for the expense of any drug or alcohol test required under this policy will be as follows:

Testing Circumstance	Expense	
	Employer	Driver
1. Pre-employment	X	
2. Pre-duty	X	
3. Post-accident	X	
4. Random	X	
5. Reasonable suspicion	X	
6. Return-to-duty		X
7. Follow-up		X
8. If retest proves positive		X
9. If retest proves negative	X	

L. Discipline

In addition to the removal from safety-sensitive functions required by the Federal Motor Carrier Safety Regulations the following will be imposed:

1. Positive Drug or Alcohol Test

- a. Any employee who tests positive for a controlled substance or for alcohol with a concentration level of 0.04 or greater will be subject to discipline up to and including discharge.
- b. Any employee who tests positive for a controlled substance or for alcohol with a concentration level of 0.04 or greater will no longer be considered for promotion.
- c. Any applicant who tests positive for a controlled substance or for alcohol with a concentration level of 0.04 or greater will no longer be considered for employment.

2. Refusal to Submit

- a. Any employee who engages in any conduct that constitutes a refusal to submit to a controlled substance or alcohol test required under this Policy will be subject to discipline up to and including discharge and, if applying for promotion, will no longer be considered for promotion.
- b. Any applicant who engages in any conduct that constitutes a refusal to submit to a controlled substance or alcohol test required under this Policy will no longer be considered for employment.

3. Invalid Test Results

In the event of an invalid test result, no action will be taken against an employee or applicant as a result of a positive test result subsequently deemed invalid. In the event adverse action has been taken against an employee based upon a test result later determined to be invalid, the employer will remove related discipline from the file and, to the extent possible, make the employee whole.

4. Penalties

Any driver who violates the requirements of this Policy will also be subject to the penalty provisions of 49 U.S.C. §521(b).

M. Education and Training Programs

All covered employees shall receive drug and alcohol informational materials and a community service hot-line telephone number for the City's Employee Assistance Program.

Covered employees must receive at least 60 minutes of training (*required only once during the employee's tenure with the City*) on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use.

Supervisors and/or other authorized City officials who make reasonable suspicion determinations shall receive at least 60 minutes of training on the physical, behavioral and performance indicators of probable drug use and at least 60 minutes of training on the physical, behavioral, speech and performance indicators of probable alcohol misuse (*required only once during the employee's tenure with the City*).

N. Prescription Drugs

Prior to performing work-related duties, employees must notify their supervisor if they are taking any legally prescribed medication, therapeutic drug, or any non-prescription drug which contains any measurable amount of alcohol or which carries a warning label that indicates the employee's mental functioning, motor skills or judgment may be adversely affected by the use of the medication. A written report of this notification is to be filed by the supervisor with the Department of Public Works. It is the responsibility of the employee to inform their physician of

the type of safety-sensitive function that the employee performs in order for the physician to determine if the prescribed substance could interfere with the safe and effective performance of the employee's duties or operation of City's equipment. However, as required by the Federal regulations, any employee who uses or possesses medication containing alcohol while on duty or who tests positive for alcohol will be removed from their position and subject to the alcohol provision of this policy, even though the reason for the positive alcohol test is the fact that the employee's prescription or non-prescription medication contains alcohol.

A legally prescribed drug is one where the employee has a prescription or other written approval from a physician for the use of the drug in the course of medical treatment. The prescription must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. This misuse or abuse of legal drugs while performing City business is prohibited by City policy.

O. Confidentiality of Records

The City respects the confidentiality and privacy rights of all employees. Accordingly, the results of any test administered under this policy and the identity of any employee participating in the City's EAP or other assessment or treatment program will not be revealed by the City to anyone except as required by law. The City will release any employee's records as directed by the express written consent of the employee authorizing release to an identified person. In addition, the City will ensure that any lab, agency or Medical Review Officer (MRO) used to conduct testing under this policy will maintain the confidentiality of employee test records.

The Medical Review Officer (MRO) will not reveal individual test results to anyone except the individual tested, unless the MRO has been presented with a written authorization from the tested employee. The City may be requested by the MRO to have a tested employee contact the MRO if the employee was unable to be reached after a minimum of three (3) attempts over a 24 hour period. The MRO will disclose information related to a verified positive drug or alcohol test of an individual to the City. The City may disclose information to the employee or to the decision maker in a lawsuit, grievance or other proceeding by or on behalf of the individual which arises from any action taken in response to a positive drug or alcohol test; or as required by law, including court orders and subpoenas; or upon the tested employee's written authorization and consent.

All records related to drug and alcohol tests of individual employees will be maintained in individual files separate from the employee's personnel file. These records will be stored in a locked cabinet and access will only be allowed to those City employees who have a legitimate need to review the records of a particular employee.

P. Record Retention, MIS Reporting and Public Interest Exclusion (PIE)

Records will be maintained on test results, the testing process, return-to-duty process, and employee training. For a more detailed discussion on record retention, MIS reporting and Public Interest Exclusion (PIE), refer to Appendix C.

III. Definitions

- 1. Accident:** An occurrence associated with the operation of a vehicle if, as a result: (1) an individual dies; (2) an individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; (3) with respect to an occurrence in which the mass transit vehicle involved is a railcar, trolley car, trolley bus, or vessel, the mass transit vehicle is removed from revenue service; (4) with respect to an occurrence in which the mass transit vehicle involved is a bus, electric bus, van, automobile, or any non-revenue service vehicle, one

or more vehicles incurs disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, “disabling damage” means damage that precludes departure of any vehicle from the scene of the occurrence, in its usual manner, in daylight, after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage that can be remedied temporarily at the scene of the occurrence without special tools or parts; tire disablement without other damage even if no spare is available; or damage to headlights, taillights, turn signals, horn or windshield wipers that makes them inoperative.

2. **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 human urine.
3. **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.
4. **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.
5. **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.
6. **Alcohol Screening Test:** An analytical procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.
7. **Breath Alcohol Technician (BAT):** An individual who instructs and assists individuals in the alcohol testing process and operates an EBT.
8. **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.
9. **Chain of Custody (CCF):** 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).
10. **Confirmation (or Confirmatory) Test:** In drug testing, a second analytical procedure to identify the presence of a specific drug or metabolite that is independent of the screening test and that uses a different technique and chemical principle from that of the screening test to ensure reliability and accuracy. In alcohol testing, a second test, following a screening test with a result of 0.02 or greater, which provides quantitative data of alcohol concentration.
11. **Confirmation Validity Test:** A second test performed on a urine specimen to further support a validity test result.
12. **Confirmed Drug Test:** A confirmation test result received by an MRO from a laboratory.
13. **Consortium/Third Party Administrator (C/TPA):** A service agent who 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.
14. **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 49 CFR Part 40. The DER designee shall be the Director of Public Works/City Engineer.
15. **Dilute Specimen:** A specimen with creatinine and specific gravity values that are lower than expected for human urine. A dilute test will be reported as positive or negative. For a positive

dilute test the employer treats the result as a positive test and removes the employee from safety-sensitive duty. For a negative dilute test, the employer may require, as a matter of policy, employees to retest without direct observation. The second test is the test of record, even if the second test is also negative dilute.

- 16. Drug Metabolite:** The specific substance produced when the human body metabolizes a given prohibited drug as it passes through the body and is excreted in urine.
- 17. Drug Test:** The laboratory analysis of a urine specimen collected in accordance with 49 CFR Part 40 and analyzed in a Department of Health and Human Services (DHHS) approved laboratory.
- 18. Evidential Breath Testing Device (EBT):** An EBT approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's Conforming Products List of Evidential Breath Measurement Devices (CPL).
- 19. Invalid Drug Test:** The result of a drug test for a 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.
- 20. Initial Validity Test:** The first test used to determine if a specimen is adulterated, diluted, or substituted.
- 21. Medical Review Officer (MRO):** A person who is a licensed physician and 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.
- 22. Negative Test Result:** Drug test with a verified presence of the identified drug or its metabolite below the minimum levels specified in 49 CFR Part 40, as amended. An alcohol concentration of less than 0.02 BAC is a negative test result.
- 23. Non-negative Test:** Test result found to be adulterated, substitute, invalid or positive for drug/drug metabolites. Non-negative results are considered a positive test or refusal to test if MRO cannot determine legitimate medical explanation.
- 24. Performing (a safety sensitive function):** A covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.
- 25. Positive Test:** Drug test with a verified presence of the identified drug or its metabolite at or above the minimum levels specified in 49 CFR Part 40, as amended. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC, or greater.
- 26. Post-Accident Test:** A drug test administered to an employee when an accident (as previously defined) has occurred and the employee performed a safety-sensitive function that either contributed to the accident, or cannot be completely discounted as a contributing factor in the accident.
- 27. Primary Specimen:** In drug testing, the urine specimen bottle that is opened and tested by a primary laboratory to determine whether the employee has a drug or drug metabolite in their system; and for the purpose of validity testing. The primary specimen is distinguished from the split specimen, defined in this section.
- 28. Pre-Employment Test:** A drug test given to an applicant or employee who is being considered for a safety-sensitive position. The test is also administered when transferring an employee from a non-safety-sensitive position to a safety-sensitive position. Employers are also required to conduct a pre-employment test 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 the employer's random selection pool during that time. The applicant or employee must be informed of the purpose for the urine collection prior to actual collection.
- 29. Random Test:** A drug test administered annually to a predetermined percentage of employees who perform safety-sensitive functions and who are selected on a scientifically defensible random and unannounced basis.

- 30. Reasonable Cause Test:** A drug test given to a current employee who performs in a safety-sensitive position, and who is reasonably suspected by one or more trained supervisors or City officials of using a prohibited drug or misusing alcohol.
- 31. Refusal to Test:** A covered employee fails to provide a urine sample as required by 49 CFR Part 40, without a valid medical explanation, after they have received notice of the requirement to be tested in accordance with the provisions of this subpart, or engages in conduct that clearly obstructs the testing process. An employee is considered to have refused to test if they fail to do the following: (1) Appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer; (2) Remain at the testing site until the testing process is complete; (3) Provide a urine or breath specimen for any drug test required by this part or DOT agency regulations; (4) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of your provision of a specimen; (5) Provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was not adequate medical explanation for the failure; (6) Declines to take a second test the employer or collector has directed them to take; (7) Undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the “shy bladder” or “shy lung” procedures; (8) Cooperate with any part of the testing process (i.e. refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process), if the MRO reports that there is verified adulterated, or substituted test result; or (9) Sign “step 2” of the alcohol testing form.
- 32. Return-to-duty Test:** An initial drug test prior to return to duty given to employees performing in safety-sensitive functions who previously tested positive to a drug test and are returning to safety-sensitive positions. A return-to-duty test is also required of an individual who has refused another type of test required by the FTA rule.
- 33. Safety-sensitive Function:** Any of the following duties are considered safety-sensitive: (1) Operating a revenue service vehicle, including when not in revenue service; (2) Operating a non-revenue service vehicle, when required to be operated by a holder of a Commercial Driver’s License; (3) Controlling dispatch or movement of a revenue service vehicle; (4) Maintaining a revenue service vehicle or equipment used in revenue service, unless the recipient receives section 18 funding and contracts out such services; and (5) Carrying a firearm for security purposes.
- 34. Screening Test (or initial test):** In drug testing, an immunoassay screen to eliminate “negative” urine specimens from further analysis. In alcohol testing, an analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath specimen.
- 35. Screening Test Technician (STT):** A person who instructs and assists employees in the alcohol testing process and operates an ASD.
- 36. Split-Specimen:** In drug testing, a part of the urine specimen that is sent to a primary laboratory and retained unopened, and 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.
- 37. 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.
- 38. Substance Abuse Professional (SAP):** A person who evaluates employee who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing and aftercare.
- 39. Substituted Specimen:** A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

- 40. Validity Testing:** The evaluation of the specimen to determine if it is consistent with normal human urine. The purpose of the validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.
- 41. Verified Negative (drug test result):** A drug test reviewed by an MRO and determined to have no evidence of prohibited drug use.
- 42. Verified Positive (drug test result):** A drug test result reviewed by an MRO and determined to have evidence of prohibited drug use.
- 43. Verified Test:** A drug test result or validity testing result from a Department of Health and Human Services certified laboratory that has undergone review and final determination by the MRO.

EMPLOYEE ACKNOWLEDGMENT FORM

Detach and return this page to the Department of Public Works after you have read and understood this policy.

I acknowledge that I have received and read the City of West Allis Drug and Alcohol Free Workplace Policy and the City of West Allis Drug and Alcohol Testing Procedure and the provisions contained therein on the date indicated below. I understand that the terms described in the Drug and Alcohol Testing Procedure may be altered, amended or changed by the City to comply with the federal Omnibus Transportation Employee Testing Act of 1991 and its implementing regulations, with or without prior notice.

Signed _____

Date _____

APPENDIX A

List of Position Titles of the City that perform safety-sensitive duties:

Arborist
Assistant Pumping Station Operator
Carpenter
Certified Equipment Mechanic I
Certified Equipment Mechanic Trainee
Certified Electrical Mechanic II
City Truck Driver
Electrical Mechanic I
Equipment Mechanic I (Weld)
Equipment Operator I
Equipment Operator II
Forestry Division Superintendent
Lead Arborist
Lead Electrical Mechanic/Certified
Lead Equipment Mechanic
Maintenance Repairer
Meter Reader
Painter I
Senior Carpenter
Sewer Maintainer
Senior Water Meter Technician
Street Maintainer
Water Division Lead Person
Water Division Superintendent
Water Maintainer
Water Meter Technician
Yard Person

APPENDIX B DRUG AND ALCOHOL TESTING PROCEDURES

The City will use a drug and alcohol collection site that meets the standards established in 49 C.F.R Part 40 and a laboratory that is certified by the U.S. Department of Health and Human Services. All drug and alcohol testing will be conducted in conformance with the procedures and rules established by the federal Omnibus Transportation Employee Testing Act of 1991 and its implementing regulations.

Alcohol Testing

Employees will be required to submit to breath testing using a National Highway Traffic Safety Administration (NHTSA) approved evidential breath testing (EBT) or a non-evidential alcohol screen device (ASD) using breath or saliva. A state-certified Breath Alcohol Technician (BAT) will administer an initial screening test. If the employee tests positive for alcohol, then the BAT will conduct a confirmation test. The City will take action based only upon the positive results of the confirmation test, 0.04 percent or greater. All procedures and steps used in conducting both the initial and confirmation tests will be performed in conformance with federal law and regulations.

Preparation For Breath Alcohol Testing

The following procedures summarize the procedures established by the Federal Motor Carrier Safety Administration (FMCSA) regulations implementing drug and alcohol testing under the federal law. These procedures are binding and are subject to change in the event the FMCSA or other government agency changes the regulations on drug and alcohol testing of employees in safety-sensitive positions.

1. When the employee enters the collection site, the BAT will require him or her to provide positive identification (i.e. photo I.D. or employer identification).
2. The BAT will explain the test procedure to the employee, and show them the instructions on the back of the Alcohol Testing Form (ATF) (required to be used for all *and only* DOT covered alcohol tests performed).
3. Employees will be required to complete Step 2 of the ATF and sign the certification. Refusal to sign the certification will be regarded as refusal to take the test, and the City will be notified immediately.
4. The screening test will be conducted. The BAT will open an individually sealed, disposable mouthpiece in the view of the employee and attach it to the EBT. The BAT will instruct the employee to blow forcefully into the mouthpiece for at least six (6) seconds or until an adequate amount of breath has been obtained. Following the test, the BAT will show the employee the test results.
5. If the screening test is a breath alcohol concentration of less than 0.02, no further testing is required and the BAT will report the test to the employer as a negative.
6. If the screening test is a breath alcohol concentration greater than 0.02, a confirmation test must be performed. The confirmation test will be conducted 20 minutes after completion of the screening test, employing the same procedure as using an EBT. During this period the employee must not eat, drink, belch or put any object or substance into their mouth.

7. If the initial and confirmatory test results are different, the confirmation test result is deemed to be the final result. The employee will be instructed to sign the certification statement on step 4 of the ATF. It is *not* a test refusal if the employee refuses to sign. The test results will be confidentially transmitted to the City immediately so the employee can be removed from the safety-sensitive function. If the alcohol test is positive, arrangements will be made to transport the employee from the collection site.
8. In situations where the City has been informed that an employee has not provided a sufficient amount of breath to permit a valid breath test, they will be directed to obtain, within 5 days, an evaluation from a licensed physician acceptable to the City, who has expertise in the medical issues raised by failing to provide enough breath.
9. If the employee's behavior constitutes a test refusal, the test will be terminated and the City will be notified of the refusal immediately. Test refusal will subject the employee to discipline, up to and including discharge. The following behaviors constitute an alcohol test refusal: failure to appear for the test within the designated time frame, failure to remain at the testing site until the process is complete, failure to attempt to provide a specimen, failure to provide sufficient breath with no valid medical explanation, failure to undergo a medical examination associated with insufficient volume procedures, failure to sign the certification on step 2 of the ATF, and failure to cooperate with the collection process.
10. Cancelled tests (as defined in Part 40.267) must be reported to the City within 48 hours, and the employee will be treated as if the test never occurred. A retest following a cancelled test is only allowed for a return-to-duty or follow-up test, otherwise a retest is strictly prohibited.

Drug Testing

The City will utilize a five (5) panel drug screen that consists of the following drugs: marijuana, cocaine, opiates (heroin, morphine, codeine), phencyclidine (PCP) and amphetamines. In instances where there is reason to believe an employee is abusing a substance other than the five drugs listed above, the City reserves the right to test for additional drugs under the City's own authority using standard laboratory testing protocols.

Drug testing is conducted by analyzing an employee's urine specimen, through a testing lab certified and monitored by the Department of Health and Human Services (DHHS). This procedure will include use of a split specimen testing procedure. Each urine specimen is subdivided into two bottles labeled as a "primary" and a "split" specimen. Both bottles will be sent to a certified lab. Only the primary specimen bottle is opened and used for the urinalysis. The split specimen bottle will remain sealed and stored at the lab. If the analysis of the primary specimen confirms the presence of illegal, controlled substances, the employee has 72 hours to request the split specimen be retested at the same lab or be sent to another certified laboratory for analysis, at the employee's expense. An employee who fails to notify the Medical Review Officer (MRO) within 72 hours of receiving the results of the positive test of their desire to have the split specimen tested shall be deemed to have waived their right to seek testing of the split specimen.

Preparation for Drug Testing

The following procedures summarize those established by the Federal Motor Carrier Safety Administration (FMCSA) regulations implementing drug testing under the federal law. These procedures are subject to change in the event the FMCSA or other government agency changes the regulations on drug and alcohol testing of employees in safety sensitive positions.

1. Employees are to report to the collection site within the designated time frame after receiving notification. Refusal to report for collection within the time frame or non-cooperation with the collection process will be considered a test refusal.
2. Upon entry to the collection site, employees will be required to provide positive identification (i.e. photo I.D. or employer identification). The collector will explain the basic collection procedures to the employee and show them the written instructions on the back of the Custody and Control Form (CCF).
3. In the event both drug and alcohol tests are required, the alcohol test should be conducted first, if possible.
4. Outer garments must be checked and pocket contents displayed to the collection site personnel. Any unacceptable items will be secured with the employee's other belongings. Employees have the right to retain their wallet and obtain a receipt for their belongings.
5. The employee will be instructed to rinse and dry their hands and obtain (or observe the collector obtaining) a wrapped specimen container and break (or watch the collector break) the seal on the collection container.
6. The employee will then be instructed to proceed to the privacy enclosure and provide at least 45 mL. of urine in the collection container. The toilet is not to be flushed. The specimen should be returned to the collector as soon as possible. If an insufficient amount of urine is provided, the original specimen will be discarded and the employee will be given up to 3 hours and allowed to consume not more than 40 ounces of fluids to provide another specimen. The specimen may not be tampered with or substituted, and will be visually inspected for unusual color and sediment. The temperature of the specimen will be measured and must fall within an acceptable range.
7. The employee will be required to provide another specimen under ***direct observation*** if the temperature falls outside the acceptable range, if the drug test result indicates that the employee's specimen was invalid, the collector notices any signs of adulteration, substitution or tampering with the specimen, the original positive, adulterated or substituted result was cancelled because the test of the split specimen could not be performed, or the MRO reported the specimen as negative and dilute and directs the City to conduct a recollection. The City may also direct a collection under direct observation if the test is return-to-duty or follow-up test. Any reason requiring a direct observation test will be fully explained to the employee. Refusal to cooperate with the request for a new collection under direct observation will be deemed a test refusal.
8. After the specimen is given to the collection personnel, the collector will break the seal on the specimen bottles, pour the specimen into the primary and split specimen bottles, seal and label them in front of the employee. The employee will then be instructed to initial the labels to verify the specimen.
9. Step 5 of the Custody and Control Form (CCF) must be completed by the employee. At this time the employee may also wish to indicate on the back of *their copy* of the CCF any medications that are currently being used, in the event the Medical Review Officer (MRO)

contacts the employee to discuss the results of the test. Refusal to sign the form does not constitute a refusal to test, but will be noted by the collector in the remarks section of the CCF.

10. The collector will complete their portion of the CCF and place the specimen bottles and copy one of the CCF inside a leak-resistant plastic pouch in front of the employee.
11. The test results will be confidentially transmitted from the laboratory to the MRO in a timely manner. The MRO will then contact the employee and/or City representative (if necessary) per Part 40.131.
12. If the test result of the primary specimen is positive, the employee may request within 72 hours of receiving the positive test results, that the MRO direct that the split specimen be tested in the same or different Department of Health and Human Services (DHHS) certified laboratory for presence of the drug(s) for which a positive result was obtained in the test of the primary specimen.
13. Once the City is notified by the MRO of a verified positive, positive dilute, adulterated, or substituted test result, the City must immediately remove the employee from safety-sensitive job duties and cannot return the employee to safety-sensitive duty until they have successfully completed the return-to-duty process. The employee will also be removed from the safety sensitive position pending the result of the test of a split specimen.
14. If the result of the test of the split specimen fails to reconfirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, the MRO shall cancel the test.
15. The employee will be directed to provide another specimen immediately if the City is notified of a cancelled test result for a pre-employment, return-to-duty or follow-up test.
16. In situations where an employee does not provide enough specimen they will be directed to obtain, within 5 days, an evaluation from a licensed physician acceptable to the MRO, who has expertise in the medical issues raised by failing to provide enough specimen.
17. Refusal by an employee to provide an adequate amount of urine or otherwise fail to cooperate with the testing process in a way that prevents the completion of the test will be considered grounds for disciplinary action, up to and including termination.
18. In the event of conflicting results between the initial test and the confirmation test, the confirmation test results will determine the outcome of the test.

APPENDIX C

RECORD RETENTION, MANAGEMENT INFORMATION SYSTEM (MIS) REPORTING & PUBLIC INTEREST EXCLUSION (PIE)

Records will be maintained on test results, the testing process, return-to-duty process, and employee training. All drug and alcohol test records must be kept in a secure location with controlled access, and maintained separate from personnel and medical records.

1. Retention Period.

The following records must be maintained for the indicated time periods:

- a. Indefinite Period: Records related to the training and education of supervisors and employees, for the period the individual performs the function requiring training and for two years after ceasing to perform those functions.
- b. Five (5) Years: (1) Records of driver alcohol test results indicating an alcohol concentration of 0.02 or greater; (2) Records of driver verified positive controlled substances test results; (3) Documentation of refusals to take required alcohol and/or controlled substances tests; (4) Driver evaluation and referrals; (5) Calibration documentation; (6) Records related to that administration of the alcohol and controlled substances testing programs; (7) A copy of each annual calendar year summary required by 49 CFR Part 382.403.
- c. Two (2) Years: (1) Records related to the collection process (excluding EBT calibration).
- d. One (1) Year: (1) Alcohol test results of less than 0.02; (2) Records of negative and canceled drug test results.

2. Types of Records to be maintained.

- a. Records related to the collection process: (1) collection logbooks (if used); (2) documents related to the random selection process; (3) calibration documentation for evidential breath testing devices; (4) documentation of breath alcohol technician training; (5) documents generated in connection with decisions to administer reasonable suspicion alcohol or controlled substances tests; (6) documents generated in connection with decision on post accident tests; (7) documents verifying existence of a medical explanation of the inability of an employee to provide adequate breath or urine specimen for testing; (8) consolidated annual calendar year summaries.
- b. Records related to the employee's test results: (1) the City's copy of the alcohol test form, including the results; (2) the City's copy of the controlled substances test chain of custody and control form; (3) documents sent by the MRO to the City; (4) documents related to the refusal of any employee to submit to an alcohol or controlled substances test; (5) documents presented by an employee to dispute the result of an alcohol or controlled substances test administered; (6) documents generated in connection with verifications of prior employers' alcohol or controlled substances test results that the City must obtain.
- c. Records related to evaluations: (1) records pertaining to a determination by a substance abuse professional concerning an employee's need for assistance and the employee's compliance with the recommendation.
- d. Records related to education and training: (1) materials on alcohol misuse and controlled substance abuse use awareness, including a copy of the City's policy; (2) documentation of the policy, including the employee's signed receipt of education materials; (3) documentation of training provided to supervisors for the purpose of qualifying them to make a determination concerning the need for alcohol and/or controlled substances testing based on reasonable suspicion; (4) documentation of the training for breath alcohol technicians and certification that any training conducted complies with the requirements for such training.

- e. Administrative records related to testing: (1) agreement with collection site facilities, laboratories, breath alcohol technicians, screening test technicians, medical review officers, consortia, and third party service providers; (2) names and positions of officials and their role in the City's alcohol and controlled substances testing programs(s); (3) semi-annual laboratory statistical summaries of urinalysis; (4) the City's alcohol and controlled substances testing policy and procedures.
- f. Location of records: All required records shall be maintained and made available for inspection at the City within two business days after a request has been made by an authorized representative of The Federal Motor Carrier Safety Administration.

3. Reporting of results in a management information system (MIS).

- a. Detailed summary: Each calendar year summary that contains information on a verified positive controlled substances test result, an alcohol screening test result of 0.02 or greater, or any other violation of the alcohol misuse provisions shall include the following informational elements: (1) number of employees subject to the regulations; (2) number of employees subject to testing under the alcohol misuse or controlled substances use rules of more than one DOT agency, identified by each agency; (3) number of urine specimens collected by type of test (i.e. pre-employment, random, reasonable suspicion, post-accident); (4) number of positives and negatives verified by an MRO by type of test, and type of controlled substance; (5) number of persons denied a position following a pre-employment verified positive controlled substances test and/or a pre-employment alcohol test that indicates an alcohol concentration of 0.04 or greater; (6) number of employees with tests verified positive by a MRO for multiple controlled substances; (7) number of employees who refused to submit to a required alcohol or controlled substances test, including those who submitted substituted or adulterated specimens; (8) number of supervisors who have received required alcohol and controlled substances training during the reporting period; (9) number of screening alcohol tests, confirmation alcohol tests, confirmation alcohol tests indicating an alcohol concentration of 0.02 or greater but less than 0.04, and confirmation alcohol tests indicating an alcohol concentration of 0.04 or greater, all by type of test; (10) number of employees who were returned to duty (having complied with the recommendations of a substance abuse professional) during this reporting period, who previously had a verified positive controlled substance test result or engaged in prohibited alcohol misuse; (11) number of employees who were administered alcohol and drug tests at the same time, with both a verified positive drug test result and a 0.04 or greater alcohol test result and number of employees who were found to have violated any non-testing prohibitions and any action taken in response to the violation.
- b. Short Summary: The City's annual calendar year summary that contains only negative controlled substance test results, alcohol screening test results of less than 0.02, and does not contain any other violations may prepare a detailed summary containing all of the information specified above, or an "EZ" report that includes the following elements: (1) number of employees subject to this part; (2) number of employees subject to testing under the alcohol misuse or controlled substance use rules of more than one DOT agency, identified by each agency; (3) number of urine specimens collected by type of test (i.e. pre-employment, random, reasonable suspicion, post-accident); (4) number of negatives verified by a MRO by type of test; (5) number of employees who refused to submit to a required alcohol or controlled substances test, including those who submitted substituted or adulterated specimens; (6) number of supervisors who have received required alcohol and controlled substances training during the reporting period; (7) number of screen alcohol tests by type of test; (8) number of employee who were returned to duty (having complied with the recommendations of a substance abuse professional who previously had a verified positive controlled substance test result or engaged in prohibited alcohol misuse.

- c. A City that is subject to more than one DOT agency alcohol or controlled substances rules shall identify each employee covered by the regulations of more than one DOT agency. The identification will be by the total number of covered functions. Prior to conducting any alcohol or controlled substances test on an employee subject to these rules, the City shall determine which DOT agency rule(s) authorizes or requires the test, and direct the results to the appropriate agency.
- d. A C/TPA may prepare annual calendar year summaries and reports on behalf of the City to comply with this requirement. However, each City shall sign and submit such a report and shall remain responsible for the accuracy and timeliness of each report prepared on their behalf.

4. Facilities and Records Access

- a. Except as required by law or in this section, the City shall not release employee information contained in records required to be maintained by this policy.
- b. An employee is entitled, upon written request, to obtain copies of any records pertaining to the employee's use of alcohol or controlled substances, including any records pertaining to their tests. The City shall promptly provide the records requested by the employee. Access to an employee's records shall not be contingent upon payment for records other than those specifically requested.
- c. The City shall permit access to all facilities utilized in complying with the drug and alcohol testing requirements to the Secretary of Transportation, any DOT agency, or any State or local officials with regulatory authority over the City or any employees.
- d. The City will make available copies of all results for alcohol and/or controlled substances testing conducted and any other information pertaining to the City's alcohol misuse and/or controlled substances use prevention program, when requested by the Secretary of Transportation, any DOT agency, or any State or local officials with regulatory authority over the City or any employees.
- e. When requested by the National Transportation Safety Board as part of an accident investigation, The City shall disclose information related to the administration of the post-accident alcohol and/or controlled substance test administered following the accident under investigation.
- f. Records shall be made available to a subsequent employer upon receipt of a written request from an employee. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the employee's request.
- g. The City may disclose information required to be maintained pertaining to an employee to the decision make in a lawsuit, grievance or administrative proceeding initiated by or on behalf of the individual, and arising from a positive DOT drug or alcohol test or a refusal to test (including, but not limited to, adulterated or substituted test results) to (including, but not limited to) a worker's compensation, unemployment compensation, or other proceeding relating to a benefit sought by the employee. Additionally, the City may disclose information in criminal or civil actions in accordance with 49 CFR Part 40.323(a)(2).
- h. The City shall release information regarding an employee's records as directed by the specific written consent of the employee authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's specific written consent.

5. Public Interest Exclusion (PIE)

- a. In order to ensure that the City conducts business with only responsible service agents (i.e. laboratory, MRO, SAP), the DOT allows the drug and alcohol program manager or his/her designee ("initiating official") to request a PIE proceeding. The decision to start a proceeding is reliant on credible information from any source that the service agent is not in compliance

with DOT regulations regarding drug and alcohol testing. Prior to the proceeding, the service agent must be given the opportunity to correct the problem. It is the responsibility of the individual initiating the PIE to contact the service agent to ascertain if there is any information that may affect the decision to send a correction notice. Once initial contact is completed and no influential information is obtained, the service agent must be sent a correction notice. The correction notice must identify the specific areas the service agent must come into compliance with in order to avoid being subject to a PIE proceeding. A PIE proceeding does not have to take place if the service agent corrects any deficiencies within 60 days of receiving the correction notice.

If the matter is not corrected, the initiating official starts a PIE proceeding by sending the service agent a “notice of proposed exclusion (NOPE)”, which includes the following information: (1) a statement recommending that the DOT issue the service agent a PIE; (2) the factual basis as to why the service agent is not providing drug and/or alcohol testing services in compliance with DOT regulations; (3) the factual basis as to why the service agent’s non compliance has not or cannot be corrected; (4) the initiating official’s recommendation for the scope and duration of the PIE; (5) a statement that the service agent may contest the issuance of the PIE. A copy of the NOPE must be sent to the ODAPC Director, at the same time it is sent to the service agent.

The decision on issuance of a PIE resides with the ODAPC Director or his/her designee. Therefore, the director will not be involved in the initiating official’s determination about whether to start a PIE proceeding, and is prohibited from having any discussion, contact or exchange of information with the initiating official, with the exception of anything that is part of a record of the proceeding.

As initiating a PIE, the initiating official is responsible for the burden of proof, and must demonstrate that the service agent was in serious noncompliance with the DOT drug and alcohol testing requirements.

b. Notification of a PIE

The DOT maintains a document called the “List of Excluded Drug and Alcohol Service Agents”, which may be requested from the ODAPC or obtained at <http://www.dot.gov/ost/dapc>. The organization’s name and address, as well as other persons or organizations to whom the PIE applies and information about the scope and duration of the PIE is listed. The information is removed when the service agent ceases to be subject to a PIE. The DOT also published a Federal Register notice to inform the public on any occasion on which a service agent is added to or taken off the List.

The City is deemed to have notice of the issuance of a PIE when it appears on the DOT’s List or the Federal Register Notice. These sources should be checked to ensure that all service agents utilized by the City are not subject to a PIE.

The service agent who is subject to a PIE is obligated to notify each DOT regulated employer clients, in writing, about the issuance, scope, duration and effect of the PIE. The notice must also offer to immediately transfer all records pertaining to the City and its employees to the City or another service agent designated by the City.

The City must stop using the services of the service agent to whom a PIE has been issued (or any contractor or affiliate of the service agent to whom the PIE applies) no later than 90 days after the DOT published the decision in the Federal Register or posted it on its web site. A 30

day extension may be applied for if a substitute service agent cannot be found within 90 days. Continuing to use the services of a service agent who is covered by a PIE is in violation of the DOT's regulations and subject to applicable sanctions (i.e. civil penalties, withholding of Federal financial assistance).

APPENDIX D DRUG AND ALCOHOL FACT SHEETS

Alcohol Fact Sheet	
Detection Period: 12-24 hours.	
Alcohol is a socially accepted drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.	
SIGNS AND SYMPTOMS	
Dulled mental processes Odor of alcohol on breath Sleepy or stuporous condition Slurred speech	Lack of coordination Possible constricted pupils Slowed reaction rate
HEALTH EFFECTS	
The chronic consumption of alcohol (average 3 servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:	
<ul style="list-style-type: none"> • Decreased sexual functioning • Dependency (up to 10% of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed “alcoholic”) • Fatal liver diseases • Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast and malignant melanoma • Kidney disease • Pancreatitis • Spontaneous abortion and neonatal mortality • Ulcers • Birth defects (up to 54% of all birth defects are alcohol related) 	
SOCIAL ISSUES	
<ul style="list-style-type: none"> • 2/3 of all homicides are committed by people who drink prior to the crime • 2 – 3% of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends. • 2/3 of all Americans will be involved in an alcohol related vehicle accident during their lifetime. • The rate of separation and divorce in families with alcohol dependency problems is 7 times the average • 40% of family court cases are alcohol problem related • Alcoholics are 15 times more likely to commit suicide than are other segments of the population • More than 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are alcohol related 	
THE ANNUAL TOLL	
<ul style="list-style-type: none"> • 24,000 more people will die on the nation’s highways due to the legally impaired driver • 12,000 more will die on the nation’s highways due to the alcohol-affected driver • 15,800 will die in non-highway accidents • 30,000 will die due to alcohol caused liver disease • 10,000 will die due to alcohol-induced brain disease or suicide • Up to another 125,000 will die due to alcohol-related conditions or accidents 	
WORKPLACE ISSUES	
<ul style="list-style-type: none"> • It takes one hour for the average person (150 lbs.) to process one serving of an alcoholic beverage from the body • Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body • A person who is legally intoxicated is 6 times more likely to have an accident than a sober person. 	

Amphetamine Fact Sheet

Detection Period: 2 – 4 days.

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

DESCRIPTION

- Amphetamine is sold in counterfeit capsules or as white, flat, double-scored “mini-bennies”. It is usually taken by mouth.
- Methamphetamine is often sold as a creamy white and granular powder or in lumps, and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected, or snorted into the nose.

SIGNS AND SYMPTOMS OF USE

- Hyper-excitability, restlessness
- Dilated pupils
- Increase heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior

HEALTH EFFECTS

- Regular use produces strong psychological dependence and increasing tolerance to the drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk taking behaviors, including bizarre and violent acts.
- Withdrawal from the drug may result in severe physical and mental depression.

WORKPLACE ISSUES

- Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.
- Low dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

Cocaine Fact Sheet

Detection Period: 12 – 72 hours.

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences any exhilaration caused by a large release of neurohormones associated with mood elevation.

DESCRIPTION

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.
- Cocaine Hydrochloride – “snorting coke” is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in veins. The effect is felt within minutes and lasts 40 to 50 minutes per “line” (about 60 to 90 milligrams). Common paraphernalia include a single edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw cap vial or folder paper packet containing the cocaine.
- Cocaine Base – a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within 7 seconds. Common paraphernalia includes a “crack pipe” (a small smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp, or small butane torch for heating.
- Trade/street names include Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

SIGNS AND SYMPTOMS OF USE

- | | |
|---|--|
| <ul style="list-style-type: none"> • Financial problems • Frequent and extended absences from work • Increase physical activity and fatigue • Isolation and withdrawal from friends and activities • Secretive behaviors, frequent non-business visitors, delivered packages, phone calls • Unusual defensiveness, anxiety, agitation • Wide mood swings • Runny or irritated nose • Difficulty in concentration | <ul style="list-style-type: none"> • Dilated pupils and visual impairment • Restlessness • Sensation of bugs crawling on skin • High blood pressure, heart palpitations • Hallucinations • Hyperexcitability & overreaction to stimulus • Insomnia • Paranoia • Profuse sweating and dry mouth • Talkativeness |
|---|--|

HEALTH EFFECTS

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson’s disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one “hit” of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than for other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last 4 years.
- Cocaine overdose was the second most common drug emergency in 1986 – up from 11th place in 1980.

WORKPLACE ISSUES

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
 - Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
 - The high cost of cocaine frequently leads to workplace theft and/or dealing.
 - A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

Marijuana Fact Sheet

Detection Period: 2 – 7 days (casual use); Up to 30 days (chronic use).

Marijuana is the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception altering effects in produces.

DESCRIPTION

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil. It may also be sold in any oily liquid.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly used. Smoking “bongs” (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- Trade/street names include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemila, Thai Sticks, Hash, and Hash Oil.

SIGNS AND SYMPTOMS OF USE

- Reddened eyes (often masked by eyedrops)
- Slowed speech
- Distinctive odor on clothing
- “I don’t care” attitude
- Chronic fatigue and lack of motivation
- Irritating cough, chronic sore throat

HEALTH EFFECTS

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body’s immune system response, making users more susceptible to infection. The US Government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

PREGNANCY PROBLEMS AND BIRTH DEFECTS

- The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnancy women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver and water on the brain and spine.
- Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant’s feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies. Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

MENTAL FUNCTION

Regular use can cause the following effects:

- Delayed decision making and diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long term negative effects on mental function known as “acute brain syndrome”, which is characterized by disorders in memory, cognitive function, sleep patterns, and physical conditions

Acute Effects:

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic
- Paranoid reaction
- Unpleasant distortions in body image

WORKPLACE ISSUES

- The active chemical, THC stores in body fat and slowly releases over time. Marijuana smoking has a long term effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking 3 to 5 joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

Narcotics Fact Sheet

Detection Period: 2 – 4 days.

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences any exhilaration caused by a large release of neurohormones associated with mood elevation.

DESCRIPTION

- Natural and natural derivatives – opium, morphine, codeine and heroin
- Synthetics – meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan)
- May be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- Trade/street names include Smack, Horse, Emma, Big D, Dollies, Juice, Syrup, and China White

SIGNS AND SYMPTOMS OF USE

- | | |
|--|---|
| <ul style="list-style-type: none"> • Mood changes • Impaired mental functioning and alertness • Constricted pupils • Depression and apathy | <ul style="list-style-type: none"> • Impaired coordination • Physical fatigue and drowsiness • Nausea, vomiting and constipation • Impaired respiration |
|--|---|

HEALTH EFFECTS

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics’ effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

SOCIAL ISSUES

- There are over 500,000 heroin addicts in the US most of whom are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotics to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

WORKPLACE ISSUES

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

Phencyclidine (PCP) Fact Sheet

Detection Period: 2 – 7 days (casual use); Up to 30 days (chronic use).

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

DESCRIPTION

- PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folder paper “packets”.
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Trade/street names include Angel Dust, Dust and Hog

SIGNS AND SYMPTOMS OF USE

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Jerky eye movements
- Dilated pupils
- Profuse sweating
- Rapid heartbeat
- Dizziness

HEALTH EFFECTS

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucination as LSD induced, and then retreating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.
- There are 4 phases of PCP abuse. The first phase is acute toxicity. It can last up to 3 days and can include combativeness, catatonia, convulsions and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

WORKPLACE ISSUES

- PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.

APPENDIX E - FORMS
PRE-EMPLOYMENT DRUG TESTING NOTIFICATION &
ACKNOWLEDGEMENT

I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

Signature of Applicant *Date*

Print Name

Signature of Witness *Date*

Print Name

Your application will not be considered for employment for a covered safety-sensitive position unless this acknowledgement is completed and signed.

**ACKNOWLEDGEMENT OF CITY'S DRUG AND ALCOHOL TESTING
POLICY**

I, _____, the undersigned, hereby acknowledge that I have received a copy of the Drug and Alcohol Free Workplace Policy mandated by the U.S. Department of Transportation for all covered employees who perform a safety-sensitive function. I understand this policy is required by 49 CFR Parts 40 and 382, as amended, and has been duly adopted by the Common Council of the City. Any provisions contained herein which are not required by 49 CFR Part 382 or 49 CFR Part 40, as amended, that have been imposed solely on the authority of the City are designated as such in the policy document.

I further understand that receipt of this policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained herein. I will seek and get clarifications for any questions from the City's contact person listed in the policy. I also understand that compliance with all provisions contained in the policy is a condition of my employment.

I further understand that the information contained in the approved policy dated_____, is subject to change, and that any such changes, or addendum, shall be given to me in a manner consistent with the provision of 49 CFR Parts 40 and 382, as amended.

Signature of Employee *Date*

Signature of Witness *Date*

RELEASE OF INFORMATION FORM

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:		
Employee Printed or Typed Name:		
Employee SS or ID Number:		
I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT regulated testing items:		
<ul style="list-style-type: none"> • Alcohol tests with a result of 0.04 or higher; • Verified positive drug tests; • Refusals to be tested; • Other violations of DOT agency drug and alcohol testing regulations; • Information obtained from previous employers of a drug and alcohol rule violation; • Documentation, if any, of completion of the return-to-duty process following a rule violation. 		
Employee Signature:		Date:
I-A		
New Employer Name:		
Address:		
Telephone Number:		Fax:
Designated Employer Representative:		
I-B		
Previous Employer Name:		
Address:		
Telephone Number:		
Designated Employer Representative (if known):		
Section II: To be completed by the previous employer and transmitted by mail or fax to the new employer:		
II-A		
In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:		
1. Did the employee have alcohol tests with a result of 0.04 or higher?	Yes	No
2. Did the employee have verified positive drug tests?	Yes	No
3. Did the employee refuse to be tested?	Yes	No
4. Did the employee have other violations of DOT agency drug & alcohol testing regulations?	Yes	No
5. Did a previous employer report a drug and alcohol rule violation to you?	Yes	No
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	Yes	No
<i>Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (i.e. SAP reports, follow-up testing record).</i>		
II-B		
Name of person providing information in Section II-A:		
Title:		
Telephone Number:		
Date:		

POST ACCIDENT DRUG AND ALCOHOL TEST DECISION DOCUMENTATION FORM

1. Accident Report Number:		
2. Location of Accident:		
3. Accident Date:	Time:	
4. Report Date:	Time:	
5. Name of Employee:		
6. Identification Number:		
7. Position:		
8. Result of Accident (Check all that apply):		
Fatality	Injury requiring transport to hospital	
Disabling damage to one or more vehicles	Remove from revenue service	
Passenger	Employee	
Other vehicle	Other, specify:	
9. Was the employee sent for a post-accident test?	Yes	No
10. If no, explain:		
11. Decision to test: FTA Authority	Yes	No
City Authority	Yes	No
12. Type of Test:	Drug	Alcohol
13. Supervisor making determination:		
14. Notification of test: Date:	Time:	
15. Test Conducted: Drug	Date:	Time:
Alcohol	Date:	Time:
16. Did the alcohol test occur more than 2 hours from the time of the accident? Yes No Explain:		
17. If no alcohol test occurred because more than 8 hours elapsed from the time of the accident, please explain:		
18. Did the employee leave the scene of the accident without just cause? Yes No If yes, explain:		
19. If no drug test was performed because more than 32 hours had passed since the time of the accident, please explain:		
20. If the employee indicated recent use of prescription or over-the-counter medications, please complete a confidential medical report		
21. Other Comments:		
22. Supervisor Signature	Date	
Attachment: Order to Test Chain of Custody Test Result Summary Alcohol Testing Form		