

Geauga County Drug and Alcohol Consortium

Drug and Alcohol Testing Policy

Adopted and Effective Date: June 25, 2021

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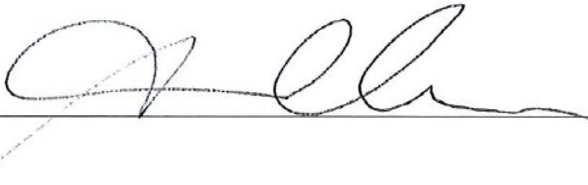


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A. GEAUGA COUNTY CONSORTIUM

<u>ENTITY</u>	<u>TESTING AUTHORITY</u>
Geauga County Engineer's Office	FMCSA
Geauga County Water Resources	FMCSA
Geauga County Sheriff's Office	FMCSA
Geauga County Transit	FTA
Auburn Township	FMCSA
Bainbridge Township	FMCSA
Burton Township	FMCSA
Chardon Township	FMCSA
Chester Township	FMCSA
Claridon Township	FMCSA
Hambden Township	FMCSA
Huntsburg Township	FMCSA
Middlefield Township	FMCSA
Montville Township	FMCSA
Munson Township	FMCSA
Newbury Township	FMCSA
Parkman Township	FMCSA
Russell Township	FMCSA
Thompson Township	FMCSA
City of Chardon	FMCSA
Village of Middlefield	FMCSA
Village of South Russell	FMCSA

DRUG AND ALCOHOL TESTING POLICY
GEAUGA COUNTY CONSORTIUM
Adopted as of June 25, 2021

B. PURPOSE

- 1) It is the policy of the Geauga County Consortium that all Safety Sensitive Employees (“Employees”) are free of substance abuse and alcohol abuse. Consequently, the use of illegal drugs by Employees is prohibited. Further, Employees shall not use alcohol as to engage in “prohibited conduct” as defined herein. The overall goal of this policy is to ensure a drug and alcohol-free environment.
- 2) Geauga County Transit provides public transit and demand services for the residents of Geauga County. Part of our mission is to ensure that this service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of employees and the general public. In keeping with this mission, Geauga County Transit declares that the unlawful manufacture, distribution, dispense, possession, or use of controlled substances or misuse of alcohol is prohibited for all employees.
- 3) Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991. This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions, and prohibits performance of safety-sensitive functions when there is a positive test result, or a refusal to test; 49 CFR Part 382 for Federal Motor Carrier Safety Administration (FMCSA); and The U. S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.
- 4) Any provisions set forth in this policy that are included under the sole authority of Geauga County Consortium and are not provided under the authority of the above-named Federal regulations are underlined. Tests conducted under the sole authority of Geauga County Consortium will be performed on non-USDOT forms and will be separate from USDOT testing in all respects.

C. APPLICABILITY

This Drug and Alcohol Testing Policy applies to all safety-sensitive positions (full- or part-time) when performing safety sensitive duties. See Attachment C for a list of positions and the authority under which they are included.

This policy applies to every person whose position requires the possession of a commercial driver's license (CDL); every employee performing a "safety-sensitive function" as defined below, and any person applying for such positions.

Under FMCSA (Part 382), you are a covered employee if you perform any of the following safety-sensitive functions:

- Driving a commercial motor vehicle which requires the driver to have a CDL
- Waiting to be dispatched to operate a commercial motor vehicle
- Inspecting, servicing, or conditioning any commercial motor vehicle
- Performing all other functions in or upon a commercial motor vehicle (except resting in a sleeper berth)
- Loading or unloading a commercial motor vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloading, remaining in readiness to operate the vehicle, or giving or receiving receipts for shipments being loaded or unloaded
- Repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle

Under FTA (Part 655), you are a covered employee if you perform any of the following: (1) operation of public transit service including the operation of a revenue service vehicle (whether or not the vehicle is in revenue service), (2) maintenance of a revenue service vehicle or equipment used in revenue service, (3) security personnel who carry firearms, (4) dispatchers or persons controlling the movement of non-revenue service vehicles and (4) any transit employee who operates a vehicle that requires a Commercial Driver's License to operate. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment used in revenue service. A list of safety-sensitive positions who perform one or more of the above-mentioned duties is provided in Attachment C. Supervisors are only safety sensitive if they perform one of the above functions. Volunteers are considered safety sensitive and subject to testing if they are required to hold a CDL, or receive remuneration for service in excess of actual expense.

D. DEFINITIONS

Accident (FTA): An occurrence associated with the operation of a vehicle even when not in revenue service, if as a result:

- a. An individual dies;
- b. An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or,
- c. One or more vehicles incur 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 which 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 which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative.

Actual Knowledge: (For FMCSA Agencies) Actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the employee, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or controlled substances or an employee's admission of alcohol or controlled substance use, except as provided in §382.121. Direct observation as used in this definition means observation of alcohol or controlled substances use and does not include observation of employee behavior or physical characteristics sufficient to warrant reasonable suspicion testing.

Adulterated specimen: A specimen that has been altered, as evidence by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

Alcohol Concentration: Expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under 49 CFR Part 40.

Aliquot: A fractional part of a specimen used for testing, It is taken as a sample representing the whole specimen.

Canceled Test: A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which is cancelled. A canceled test is neither positive nor negative.

Clearinghouse: The FMCSA database that 49 CFR Part 382 requires employers and service agents to report information to, and to query, regarding CDL drivers who are subject to the DOT controlled substance and alcohol testing regulations.

Confirmatory Drug Test: A second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or metabolite.

Confirmatory Validity Test: A second test performed on a different aliquot of the original urine specimen to further support a validity test result.

Covered Employee Under FTA/FMCSA Authority: An employee who performs a safety-sensitive function including an applicant or transferee who is being considered for hire into a safety-sensitive function (See Attachment C for a list of covered positions).

Designated Employer Representative (DER): An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

DOT, The Department, DOT Agency: These terms encompass all DOT agencies, including, but not limited to, the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Pipeline and Hazardous Materials Safety Administration (PHMSA), and the Office of the Secretary (OST). For purposes of 49 CFR Part 40, the United States Coast Guard (USCG), in the Department of Homeland Security, is considered to be a DOT agency for drug testing purposes. These terms include any designee of a DOT agency.

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

Disabling damage: Damage which 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 which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no

spare tire is available, or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative.

Evidentiary Breath Testing Device (EBT): A device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations, and appears on ODAPC's Web page for "Approved Evidential Breath Measurement Devices" because it conforms with the model specifications available from NHTSA.

Initial Drug Test: (Screening Drug Test) The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

Initial Specimen Validity Test: The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid

Invalid Result: The result reported by an HHS-certified laboratory in accordance with the criteria established by the HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

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

Limit of Detection (LOD): The lowest concentration at which a measurand can be identified, but (for quantitative assays) the concentration cannot be accurately calculated.

Limit of Quantitation: For quantitative assays, the lowest concentration at which the identity and concentration of the measurand can be accurately established.

Medical Review Officer (MRO): A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

Negative Dilute: A drug test result which is negative for the five drug/drug metabolites but has creatinine and specific gravity values that are lower than expected for human urine.

Negative result: The result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen. An alcohol concentration of less than 0.02 BAC is a negative test result.

Non-negative test result: A urine specimen that is reported as adulterated, substituted, invalid, or positive for drug/drug metabolites.

Oxidizing Adulterant: A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or metabolites, or affects the reagents in either the initial or confirmatory drug test.

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.

Positive result: The result reported by an HHS- Certified laboratory when a specimen contains a drug or drug metabolite equal or greater to the cutoff concentrations.

Prohibited drug: Identified as marijuana, cocaine, opioids, amphetamines, or phencyclidine as specified in 49 CFR Part 40, as amended.

Reconfirmed: The result reported for a split specimen when the second laboratory is able to corroborate the original result reported for the primary specimen.

Rejected for Testing: The result reported by an HHS- Certified laboratory when no tests are performed for specimen because of a fatal flaw or a correctable flaw that has not been corrected.

Revenue Service Vehicles: All transit vehicles that are used for passenger transportation service.

Safety-sensitive functions (FTA): Employee duties identified as:

- (1) The operation of a transit revenue service vehicle even when the vehicle is not in revenue service.
- (2) The operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a Commercial Drivers License (CDL).
- (3) Maintaining a revenue service vehicle or equipment used in revenue service.

- (4) Controlling the movement of a revenue service vehicle and
- (5) Carrying a firearm for security purposes.

Safety-sensitive functions (FMCSA): All time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include:

- (1) All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- (2) All time inspecting equipment as required by §§392.7 and 392.8 of this sub-chapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (3) 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 except time spent resting in a sleeper berth (a berth conforming to the requirements of §393.76 of this subchapter);
- (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; and
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Split Specimen Collection: A collection in which the urine collected is divided into two separate bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

Substance Abuse Professional (SAP): A licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, state-licensed or certified marriage and family therapist, or drug and alcohol counselor (certified by an organization listed at <https://www.transportation.gov/odapc/sap>) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

Substituted specimen: A urine specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.

Test Refusal: The following are considered a refusal to test if the employee:

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer.
- (2) Fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
- (3) Fail to attempt to provide a breath or urine specimen. An employee who does not provide a urine or breath specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
- (4) In the case of a directly-observed or monitored urine drug collection, fail to permit monitoring or observation of your provision of a specimen.
- (5) Fail to provide a sufficient quantity of urine or breath without a valid medical explanation.
- (6) Fail or decline to take a second test as directed by the collector or the employer for drug testing.
- (7) Fail to undergo a medical evaluation as required by the MRO or the employer's Designated Employer Representative (DER).
- (8) Fail to cooperate with any part of the testing process.
- (9) Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly-observed test.
- (10) Possess or wear a prosthetic or other device used to tamper with the collection process.
- (11) Admit to the adulteration or substitution of a specimen to the collector or MRO.
- (12) Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF).
- (13) Fail to remain readily available following an accident.
- (14) As a covered employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

Vehicle: A bus, electric bus, van, automobile, rail car, trolley car, trolley bus, or vessel. A public transit vehicle is a vehicle used for public transportation or for ancillary services.

Verified negative test: A drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use at or above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

Verified positive test: A drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use at or above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

Validity testing: The evaluation of the specimen to determine if it is consistent with normal human urine. Specimen validity testing will be conducted on all urine specimens provided for testing under DOT authority. The purpose of 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.

E. GEUGA COUNTY CONSORTIUM RESPONSIBILITIES

- 1) The Computer containing the software for the random number generator will be located at the administration office of the Board of County Commissioners.
- 2) The Random Testing Administrator will maintain the Random Control List.
- 3) The DER or alternate is responsible for supporting the random selection process for the Employees by ensuring that changes of DER information. The DER will notify the Random Test Administrator when safety sensitive employees are hired, terminated or on leave and removed from the pool.
- 4) The DER and/or trained supervisor shall report to the scene of an accident to investigate and determine if post-accident drug and alcohol testing is required per FTA/FMCSA guidelines as defined in this policy.

F. EDUCATION AND TRAINING

- 1) For FMCSA Agencies: Each Geauga County Consortium Member Entity will provide educational materials that explain the requirements of Part 382 as well as this policy. Geauga County Consortium Member Entity will ensure that a copy of these materials is distributed to each driver prior to the start of alcohol and controlled substances testing and to each driver subsequently hired or transferred into a position requiring driving a commercial motor vehicle.

The materials to be made available to drivers shall include what is provided in this policy document in addition to a detailed discussion the following:

- a. Information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or a controlled substances problem (the driver's or a co-worker's); and available methods of intervening when an alcohol or a controlled substances problem is suspected, including confrontation, referral to any employee assistance program and/or referral to management; and

- b. The requirement that the following personal information collected and maintained under this Part 382 and this policy shall be reported to the FMCSA Clearinghouse:
 1. A verified positive, adulterated, or substituted drug test result;
 2. An alcohol confirmation test with a concentration of 0.04 or higher;
 3. A refusal to submit to any test required by subpart C of this part;
 4. An employer's report of actual knowledge, as defined at §382.107;
 5. On duty alcohol use pursuant to §382.205;
 6. Pre-duty alcohol use pursuant to §382.207;
 7. Alcohol use following an accident pursuant to §382.209; and
 8. Controlled substance use pursuant to §382.213;
 9. A substance abuse professional (SAP as defined in §40.3 of this title) report of the successful completion of the return-to-duty process;
 10. A negative return-to-duty test; and
 11. An employer's report of completion of follow-up testing.
- 2) For FTA Agencies: Geauga County Transit will ensure every covered employee will receive a copy of this policy and will have ready access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.
- 3) For FTA Agencies: All supervisory personnel or company officials who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

G. PROHIBITED SUBSTANCES

- 1) Prohibited substances addressed by this policy include the following.
 - a. Illegally Used Controlled Substance or Drugs Under the Drug-Free Workplace Act of 1988 any drug or any substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1308.11 through 1308.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opioids, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. It is important to note that the use of marijuana in any circumstance remains completely prohibited for any safety-sensitive employee subject to drug testing under USDOT regulations. The use of marijuana in any circumstance (including under state recreational and/or medical marijuana laws) by a safety-sensitive employee is a violation of this policy and a violation of the USDOT regulation 49 CFT part 40, as amended. Also, the medical use of marijuana, or the use of hemp related products, which cause drug or drug metabolites to be present in the body above the minimum thresholds is a violation of this policy.

Federal Transit Administration drug testing regulations (49 CFR Part 655) require that all employees covered under FTA/FMCSA authority be tested for marijuana, cocaine, amphetamines, opioids, and phencyclidine as described in this policy. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.
 - b. Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to a department supervisor and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her safety-sensitive functions.
 - c. Alcohol: The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances containing alcohol in a manner which violates the conduct listed in this policy is prohibited.

H. PROHIBITED CONDUCT

- 1) Illegal use of the drugs listed in this policy and as defined in 49 CFR Part 40, as amended is prohibited at all time. All covered employees are prohibited from reporting for duty or remaining on duty if they have used of a prohibited drug as defined in 49 CFR Part 40, as amended.
- 2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline for not fulfilling his/her on-call responsibilities.
- 3) The Geauga County Consortium Member Entity shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol
- 4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater regardless of when the alcohol was consumed.
 - a. A covered employee with a breath alcohol concentration which measures 0.02-0.039 is not considered to have violated the USDOT drug and alcohol regulations, provided the employee hasn't consumed the alcohol within four (4) hours of performing a safety-sensitive duty. However, if a safety-sensitive employee has a breath alcohol concentration of 0.02-0.039, USDOT regulations require the employee to be removed from the performance of safety-sensitive duties until:
 - i. The employee's alcohol concentration measures less than 0.02; or
 - ii. FOR FTA COVERED EMPLOYEES: The start of the employee's next regularly scheduled duty period, but not less than eight hours following administration of the test.
 - iii. FOR FMCSA COVERED EMPLOYEES: The start of the employee's next regularly scheduled duty period, but not less than twenty-four hours following administration of the test.
- 5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.

- 6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.
- 7) Geauga County Consortium Members, under its own authority, also prohibits the consumption of alcohol at all times the employee is on duty, or anytime the employee is in uniform.
- 8) Consistent with the Drug-free Workplace Act of 1988, all Geauga County Consortium Member employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the work place including transit system premises and transit vehicles.

I. DRUG STATUTE CONVICTION

Consistent with the Drug Free Workplace Act of 1998, all employees are required to notify the Geauga County Consortium Member Entity's management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in this policy.

J. TESTING REQUIREMENTS

- 1) Analytical urine drug testing and breath testing for alcohol will be conducted as required by 49 CFR Part 40 as amended. All employees covered under FTA/FMCSA authority shall be subject to testing prior to performing safety-sensitive duty, for reasonable suspicion, following an accident, and random as defined in this policy, and return to duty/follow-up.
- 2) A drug test can be performed any time a covered employee is on duty. A reasonable suspicion, random, or follow-up alcohol test can only be performed just before, during, or after the performance of a safety-sensitive job function. Under Geauga County Consortium authority, a non-DOT alcohol test can be performed any time a covered employee is on duty.
- 3) All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of ongoing employment with Geauga County Consortium Member Entity. Any safety-sensitive employee who refuses to

comply with a request for testing shall be removed from duty and subject to discipline as defined in this policy.

K. DRUG TESTING PROCEDURES

- 1) Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.
- 2) The drugs that will be tested for include marijuana, cocaine, opioids, amphetamines, and phencyclidine. After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a DOT Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a HHS certified laboratory. An initial drug screen and validity test will be conducted on the primary urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test or Liquid Chromatography/Mass Spectrometry (LC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS or LC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.
- 3) The test results from the HHS certified laboratory will be reported to a Medical Review Officer. A Medical Review Officer (MRO) is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result, and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employee's medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to the Geauga County Transit. If a legitimate explanation is found, the MRO will report the test result as negative.

- 4) If the test is invalid without a medical explanation, a retest will be conducted under direct observation. Employees do not have access to a test of their split specimen following an invalid result.
- 5) Any covered employee who questions the results of a required drug test may request that the split sample be tested. The split sample test must be conducted at a second HHS-certified laboratory. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made to the Medical Review Officer within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to documentable facts that were beyond the control of the employee. Geauga County Transit will ensure that the cost for the split specimen analysis is covered in order for a timely analysis of the sample, however Geauga County Consortium Member Entity will seek reimbursement for the split sample test from the employee.
- 6) If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled.
- 7) The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary specimen is positive, it will be retained in frozen storage for one year and the split specimen will also be retained for one year. If the primary is positive, the primary and the split will be retained for longer than one year for testing if so requested by the employee through the Medical Review Officer, or by the employer, by the MRO, or by the relevant DOT agency.
- 8) Observed collections
 - a. Consistent with 49 CFR Part 40, as amended, collection under direct observation (by a person of the same gender) with no advance notice will occur if:
 - i. The laboratory reports to the MRO that a specimen is invalid, and the MRO reports to Geauga County Consortium Member Entity that there was not an adequate medical explanation for the result;

- ii. The MRO reports to Geauga County Consortium Member Entity that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed;
- iii. The laboratory reported to the MRO that the specimen was negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, and the MRO reported the specimen as negative-dilute and that a second collection must take place under direct observation (see §40.197(b)(1)).
- iv. The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen;
- v. The temperature on the original specimen was out of range;
- vi. Anytime the employee is directed to provide another specimen because the original specimen appeared to have been tampered with.
- vii. All follow-up-tests; or
- viii. All return-to-duty tests

L. ALCOHOL TESTING PROCEDURES

- 1) Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing device (EBT) operated by a trained Breath Alcohol Technician (BAT). A list of approved EBTs can be found on ODAPC's Web page for "Approved Evidential Breath Measurement Devices". Alcohol screening tests may be performed using a non-evidential testing device (alcohol screening device (ASD)) which is also approved by NHTSA. A list of approved ASDs can be found on ODAPC's Web page for "Approved Screening Devices to Measure Alcohol in Bodily Fluids". If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test will be conducted no sooner than fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NHTSA-approved EBT operated by a trained BAT. The EBT will identify each test

by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.

- 2) A confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The consequences of a positive alcohol test are described in this policy. Even though an employee who has a confirmed alcohol concentration of 0.02 to 0.039 is not considered positive, the employee shall still be removed from duty for at least eight hours for FTA covered employees, and twenty-four hours for FMCSA covered employees, or for the duration of the work day whichever is longer and will be subject to the consequences described in this policy. An alcohol concentration of less than 0.02 will be considered a negative test.
- 3) Geauga County Consortium affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be canceled. Minor inconsistencies or procedural flaws that do not impact the test result will not result in a cancelled test.
- 4) The alcohol testing form (ATF) required by 49 CFR Part 40 as amended, shall be used for all FTA/FMCSA required testing. Failure of an employee to sign step 2 of the ATF will be considered a refusal to submit to testing.

M. PRE-EMPLOYMENT TESTING

- 1) All applicants for covered transit positions shall undergo urine drug testing prior to performance of a safety-sensitive function. FTA covered positions shall also undergo alcohol testing prior to the performance of a safety-sensitive function.
 - a. All offers of employment for covered positions shall be extended conditional upon the applicant passing their pre-employment test. An applicant will not be allowed to perform safety-sensitive functions unless the applicant takes a drug test with verified negative results. Additionally, an FTA covered position will not be

allowed to perform safety-sensitive functions unless they also take a pre-employment alcohol test with a result of less than 0.02 BAC.

- i. Pre-employment alcohol tests are conducted after making a contingent offer of employment or transfer. All pre-employment alcohol tests will be conducted using the procedures set forth in 49 CFR Par 40.
- b. An employee shall not be placed, transferred or promoted into a position covered under FMCSA authority or company authority until the employee takes a drug test with verified negative results. Additionally, an employee shall not be placed, transferred or promoted into a position covered under FTA authority until the employee takes a drug test with a verified negative result and an alcohol test with results below 0.02 BAC.
- c. If an applicant fails a pre-employment test, the conditional offer of employment shall be rescinded and the applicant will be provided with a list of at least two (2) USDOT qualified Substance Abuse Professionals. Failure of a pre-employment test will disqualify an applicant for employment for a period of at least one year. Before being considered for future employment the applicant must provide the employer proof of having successfully completed a referral, evaluation and treatment plan as described in section 655.62 of subpart G. The cost for the assessment and any subsequent treatment will be the sole responsibility of the applicant.
- d. When an employee being placed, transferred, or promoted from a non-covered position to a position covered under FTA/FMCSA authority or company authority submits a drug test with a verified positive result, the employee shall be subject to disciplinary action in accordance with this policy.
- e. If a pre-employment test is canceled, Geauga County Consortium Member Entity will require the applicant to take and pass another pre-employment test.
- f. In instances where a FTA covered employee does not perform a safety-sensitive function for a period of 90 consecutive days or more regardless of reason, and during that period is not in the random testing pool the employee will be required to take a pre-employment drug test under 49 CFR Part 655 and have negative test results prior to the conduct of safety-sensitive job functions.

- g. Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.
- h. Applicants are required (even if ultimately not hired) to provide Geauga County Transit with signed written releases requesting USDOT drug and alcohol records from all previous, USDOT-covered, employers that the applicant has worked for within the last two years. Failure to do so will result in the employment offer being rescinded. Geauga County Transit is required to ask all applicants (even if ultimately not hired) if they have tested positive or refused to test on a pre-employment test for a USDOT covered employer within the last two years. If the applicant has tested positive or refused to test on a pre-employment test for a USDOT covered employer, the applicant must provide Geauga County Transit proof of having successfully completed a referral, evaluation and treatment plan as described in section 655.62 of subpart G.

2) FMCSA Drug Testing Exceptions

A driver is not required to undergo a pre-employment test if:

- I. The driver has participated in a DOT testing program within the previous 30 days; and
- II. While participating in that program, either:
 - a. Was drug tested within the past six months (from the date of application with the employer), or
 - b. Participated in the random drug testing program for the previous 12 months (from the date of application with the employer); and
- III. The Geauga County Consortium Member Entity can ensure that no prior employer of the driver of whom Geauga County Consortium Member Entity has knowledge has records of a violation of this part or the controlled substances use rule of another DOT agency within the previous six months

N. REASONABLE SUSPICION TESTING

- 1) All Geauga County FTA/FMCSA covered employees will be subject to a reasonable suspicion drug and/or alcohol test when the employer has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse. Reasonable suspicion shall mean that there is objective evidence, based upon specific,

contemporaneous, articulable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse. Reasonable suspicion referrals must be made by one or more supervisors who are trained to detect the signs and symptoms of drug and alcohol use, and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or alcohol misuse. A reasonable suspicion alcohol test can only be conducted just before, during, or just after the performance of a safety-sensitive job function. However, under Geauga County Consortium authority, a non-DOT reasonable suspicion alcohol test may be performed any time the covered employee is on duty. A reasonable suspicion drug test can be performed any time the covered employee is on duty.

- 2) Geauga County Consortium Member Entity shall be responsible for transporting the employee to the testing site. Supervisors should avoid placing themselves and/or others into a situation which might endanger the physical safety of those present. The employee shall be placed on administrative leave pending disciplinary action described in this policy. An employee who refuses an instruction to submit to a drug/alcohol test shall not be permitted to finish his or her shift and shall immediately be placed on administrative leave pending disciplinary action as specified in this policy.
- 3) A written record of the observations which led to a drug/alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor making the observation. This written record shall be submitted to the Geauga County Consortium Member Entity.
- 4) When there are no specific, contemporaneous, articulable objective facts that indicate current drug or alcohol use, but the employee (who is not already a participant in a treatment program) admits the abuse of alcohol or other substances to a supervisor in his/her chain of command, the employee shall be referred for assessment and treatment consistent with this policy. Geauga County Consortium Member Entity shall place the employee on administrative leave in accordance with the provisions set forth under this policy. Testing in this circumstance would be performed under the direct authority of the Geauga County Consortium. **Since the employee self-referred to management, testing under this circumstance would not be considered a violation of this policy or a positive test result under Federal authority.** However, self-referral does not exempt the covered employee from testing under Federal authority as specified in this policy or the associated consequences as specified.

O. POST-ACCIDENT TESTING

FTA Procedures:

- 1) **FATAL ACCIDENTS** – A covered employee will be required to undergo urine and breath testing if they are involved in an accident with a transit vehicle, whether or not the vehicle is in revenue service at the time of the accident, that results in a fatality. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision.

- 2) **NON-FATAL ACCIDENTS** - A post-accident test of the employee operating the public transportation vehicle will be conducted if an accident occurs and at least one of the following conditions is met:
 - a. The accident results in injuries requiring immediate medical treatment away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident.
 - b. One or more vehicles incurs disabling damage as a result of the occurrence and must be transported away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident

In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, will be tested.

As soon as practicable following an accident, as defined in this policy, the transit supervisor investigating the accident will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the accident of the need for the test. The supervisor will make the determination using the best information available at the time of the decision.

FMCSA Procedures:

Covered employees shall be subject to FMCSA post-accident drug and alcohol testing under the following circumstances:

FATAL ACCIDENTS - As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and involving the loss of a human life, drug and alcohol tests will be

conducted on each surviving covered employee who was performing safety-sensitive functions with respect to the vehicle.

NON-FATAL ACCIDENTS - As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and not involving the loss of a human life, an alcohol test will be conducted on each driver who receives a citation within eight (8) hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if:

1. The accident results in injuries requiring immediate medical treatment away from the scene; or
2. One or more motor vehicles incur disabling damage and must be transported away from the scene by a tow truck or other motor vehicle.

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and not involving the loss of a human life, a drug test will be conducted on each driver who receives a citation within thirty-two (32) hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if:

1. The accident results in injuries requiring immediate medical treatment away from the scene; or
2. One or more motor vehicles incur disabling damage and must be transported away from the scene by a tow truck or other motor vehicle.

General Accident Procedures:

The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours of the accident for alcohol, and no longer than 32 hours for drugs. If an alcohol test is not performed within two hours of the accident, the Supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within (8) eight hours, or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test documented.

Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test.

An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.

Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

In the rare event that Geauga County Transit is unable to perform an FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), Geauga County Transit may use drug and alcohol post-accident test results administered by local law enforcement officials in lieu of the FTA/FMCSA test. The local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with local law.

P. RANDOM TESTING

- 1) All covered employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees. Employees who may be covered under company authority will be selected from a pool of non-DOT-covered employees.
- 2) The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year, day of the week and hours of the day.
- 3) The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates set each year by the FTA/FMCSA administrator. The current year testing rates can be viewed online at <https://www.transportation.gov/odapc/random-testing-rates>.
- 4) Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal chance of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of management in the selection.
- 5) Covered transit employees that fall under the Federal Transit Administration regulations will be included in one random pool maintained separately from the testing pool of non-safety-sensitive employees that are included solely under Geauga County Transit authority.

- 6) Random tests can be conducted at any time during an employee's shift for drug testing. Alcohol random tests can only be performed just before, during, or just after the performance of a safety sensitive duty. However, under Geauga County Consortium Member Entity authority, a non-DOT random alcohol test may be performed any time the covered employee is on duty. Testing can occur during the beginning, middle, or end of an employee's shift.
- 7) Employees are required to proceed immediately to the collection site upon notification of their random selection.

Q. RETURN-TO-DUTY TESTING

All covered employees who previously tested positive on a drug or alcohol test or refused a test, must test negative for drugs, alcohol (below 0.02 for alcohol), or both and be evaluated and released by the Substance Abuse Professional before returning to work. Following the initial assessment, the SAP will recommend a course of rehabilitation unique to the individual. The SAP will recommend the return-to-duty test only when the employee has successfully completed the treatment requirement and is known to be drug and alcohol-free and there are no undue concerns for public safety. The SAP will determine whether the employee will require a return-to-duty drug test, alcohol test, or both

R. FOLLOW-UP TESTING

Covered employees that have returned to duty following a positive or refused test will be required to undergo frequent, unannounced drug and/or alcohol testing following their return-to-duty test. The follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP reflecting the SAP's assessment of the employee's unique situation and recovery progress. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate and in addition to the random, post-accident, reasonable suspicion and return-to-duty testing.

In the instance of a self-referral or a management referral, the employee will be subject to non-USDOT follow-up tests and follow-up testing plans modeled using the process described in 49 CFR Part 40. However, all non-USDOT follow-up tests and all paperwork associated with an employee's return-to-work agreement that was not precipitated by a positive test result (or refusal to test) does not

constitute a violation of the Federal regulations will be conducted under company authority and will be performed using non-DOT testing forms.

S. RESULT OF DRUG/ALCOHOL TEST

- 1) Any covered employee that has a verified positive drug or alcohol test, or test refusal, will be removed from his/her safety-sensitive position, informed of educational and rehabilitation programs available, referred to a Substance Abuse Professional (SAP) for assessment.
 - a. The employee will be placed on administrative leave (paid or unpaid) and will be subject to discipline in accordance with Geauga County Consortium Member Entities policies. The decision to place the employee on paid or unpaid administrative leave is the responsibility of the Appointing Authority/Political Subdivision. Legal Counsel should be consulted to determine what is appropriate within its authority.
 - b. This policy does not provide the specific policies or make recommendations regarding the issuance of discipline when applicable. All Geauga County Consortium Member Entities should have in place the disciplinary policies and procedures required to facilitate the issuance of discipline for violations of the policies and procedures stated in this manual.
 - c. The decision to discipline/terminate an employee is the sole responsibility of the Member Entities.
 - d. No employee will be allowed to return to the safety-sensitive job functions without completion of the return-to-duty process of Subpart O of 49 CFR Part 40, as amended, and the execution of a "Follow-Up Testing Agreement (Attachment A)".
 - e. Any Geauga County Consortium Member Entity that has a zero tolerance policy, there will be no return-to-duty or follow-up testing.
- 2) Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.
- 3) Refusal to submit to a drug/alcohol test shall be considered equivalent to a positive test result and may result in disciplinary action taken against the employee up to and including dismissal and referral to a list of USDOT qualified SAPs. A test refusal is defined as any of the following circumstances:
 - a. Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer.

- b. Fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
- c. Fail to attempt to provide a breath or urine specimen. An employee who does not provide a urine or breath specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
- d. In the case of a directly-observed or monitored urine drug collection, fail to permit monitoring or observation of your provision of a specimen.
- e. Fail to provide a sufficient quantity of urine or breath without a valid medical explanation.
- f. Fail or decline to take a second test as directed by the collector or the employer for drug testing.
- g. Fail to undergo a medical evaluation as required by the MRO or the employer's Designated Employer Representative (DER).
- h. Fail to cooperate with any part of the testing process.
- i. Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly-observed test.
- j. Possess or wear a prosthetic or other device used to tamper with the collection process.
- k. Admit to the adulteration or substitution of a specimen to the collector or MRO.
- l. Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF).
- m. Fail to remain readily available following an accident.
- n. As a covered employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

T. GRIEVANCE AND APPEAL

The consequences specified by 49 CFR Part 40.149 (c) for a positive test or test refusal is not subject to arbitration.

U. PROPER APPLICATION OF THE POLICY

Geauga County Consortium is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of

this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including termination.

V. INFORMATION DISCLOSURE

- 1) Drug/alcohol testing records shall be maintained by the Geauga County Consortium Member Entities Drug and Alcohol Program Manager and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without express written consent of the tested employee.
- 2) The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. Employees may not have access to SAP follow-up testing plans.
- 3) Records of a verified positive drug/alcohol test result shall be released to the Drug and Alcohol Program Manager, and other transit system management personnel on a need to know basis.
- 4) Records will be released to a subsequent employer only upon receipt of a written request from the employee.
- 5) Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test. The records will be released to the decision maker in the proceeding.
- 6) Records will be released to the National Transportation Safety Board during an accident investigation.
- 7) Information will be released in a criminal or civil action resulting from an employee's performance of safety-sensitive duties, in which a court of competent jurisdiction determines that the drug or alcohol test information is relevant to the case and issues an order to the employer to release the information. The employer will release the information to the decision maker in the proceeding with a binding stipulation that it will only be released to parties of the proceeding.
- 8) Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.

- 9) Records will be released if requested by a Federal, state or local safety agency with regulatory authority over Geauga County Consortium Member Entities or the employee.
- 10) If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 as amended, necessary legal steps to contest the issuance of the order will be taken
- 11) In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

Attachment A

Follow-Up Testing Agreement

I hereby agree that my continued employment is contingent upon successfully meeting the terms and conditions outlined in this agreement.

TESTING REQUIREMENTS

I _____ hereby agree that I shall be
(employee name)
subjected to return to duty and follow-up testing in accordance with Subpart O of 49 CFR Part 40, as amended. This will include unannounced follow-up tests for a period of 1-5 years, with a minimum of 6 follow-up tests in the first 12-months back to work, in accordance with the SAP's follow-up testing plan.

During this time, I understand that I must have negative results on all tests. Failure to report for testing, a refusal to test, or a positive test of any category will be a violation of this agreement and may result in disciplinary action up to and including dismissal.

Dated this _____ day of _____, 20_____.

Employee Signature

Authorized Agency Representative (DER)

Printed Employee Name

** This form only applies for entities that have a second chance policy **

Attachment B

FTA System Contacts

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s).

Geauga County Transit Drug and Alcohol Program Manager

Name: JoAnna Santilli
Title: Director
Address: 12555 Merritt Rd.
Chardon OH 44024
Telephone Number: 440-279-2154

Medical Review Officer

Name: Joseph Sentef, MD
Address: 5490 Dayton Blvd.
Chattanooga TN 37415
Telephone Number: 800-501-0129

Substance Abuse Professional

Name: Debra Fuentes
Address: 36 Public Square, Ste 202
Willoughby, OH 44094
Telephone Number: 440-488-4081

Name: Calandra Williams
Address: 6100 Oak Tree Blvd. #200
Independence OH 44131
Telephone Number: 440-600-4240

HHS Certified Laboratory Primary Specimen

Name: MedTox Laboratories
Address: 402 West County Road D
St. Paul, Minnesota 55112
Telephone Number: 888-310-2264

Attachment C

FMCSA System Contacts

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s).

Geauga County Consortium Substance Abuse Program Director

Name: Frank Antenucci
Title: Geauga County Consortium Board Chairman
Address: 470 Center Street, Bldg. 5
Chardon OH 44024
Telephone Number: 440-279-1800

Medical Review Officer – UH Corporate

Name: Steven Dobosiewicz
Address: 870 West Main Street
Geneva, OH 44041
Telephone Number: 440-415-0280

Medical Review Officer – LakeHealth

Name: Mark W. Peterson, MD
Address: Corporate medical Services
5490 Dayton Blvd.
Chattanooga, TN 37415
Telephone Number: 800-501-0129
Fax. Number: 423-870-6490

Treatment Centers - Substance Abuse Professionals

Name: Ravenwood Mental Health Center
Address: 12557 Ravenwood Drive
Chardon, OH 44024
Telephone Number: 440-285-3568

Name: Lake Geauga Recovery Centers, Inc.
Address: 209 Center Street, Unit E
Chardon OH 44024
Telephone Number: 440-285-9119
Name: Catholic Charities
Address: 10771 Mayfield Rd.
Chardon, OH 44024
Telephone Number: 440-285-3537

HHS Certified Laboratory

Name: MedTox Laboratories
Address: 402 West County Road D
St. Paul, Minnesota 55112
Telephone Number: 888-310-2264

Name: Alere Toxicology
Address: 1111 Newton Street
Gretna, LA 70053

Attachment D

List of Safety Sensitive Positions

<u>Job Title</u>	<u>Testing Authority</u>
Director	FTA
Dispatcher, Full Time	FTA
Dispatcher, Part Time	FTA
Driver, Full Time	FTA
Driver, Part Time	FTA
Fiscal Budget Officer	FTA
Operations Manager	FTA
Road Supervisor	FTA
Senior Dispatcher	FTA
Service Worker	FTA
Vehicle Technician	FTA
CDL Highway Worker	FMCSA
CDL Highway Maintenance Staff	FMCSA
Operations Manager (Water Resources)	FMCSA
Maintenance Specialist 1	FMCSA
Maintenance Specialist 2	FMCSA
Maintenance Specialist 3	FMCSA
Maintenance Specialist	FMCSA
Maintenance & Operations Supervisor	FMCSA
Water Systems Supervisor	FMCSA
Mechanic (Water Resources)	FMCSA
Fleet Manager	FMCSA
Mechanic (Sheriff)	FMCSA

PRE-EMPLOYMENT DRUG TESTING 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 my 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.

Signature of Applicant

Date

Print Name

Date

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

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

I, _____, the undersigned, hereby
Print Full Name

acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the U.S. Department of Transportation, Federal Transit Administration for all covered employees who perform a safety-sensitive function. I understand this policy is required by 49 CFR Part 655, as amended, and has been duly adopted by the governing board of the employer. Any provisions contained herein which are not required by 49 CFR Part 655, as amended, that have been imposed solely on the authority of the employer 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 therein. I will seek and get clarification for any questions concerning the provisions contained in the policy. I also understand that compliance with all provisions contained in the policy is a condition of 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 disseminated in a manner consistent with the provision of 49 CFR Part 655, as amended.

Signature of Employee

Date

CONFIDENTIAL
SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant First Name, Middle Initial, Last Name

Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes _____ (if yes, complete #1 and #2)

No _____ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes _____ No _____

b) Had a verified positive drug test result?

Yes _____ No _____

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes _____ No _____

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes _____ No _____

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: _____

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date

5/2019

'GOOD FAITH EFFORT' DOCUMENTATION

Release of Information from Previous Employer on DOT Drug and Alcohol Testing

1. _____ 's first attempt at acquiring information from previous
Agency Name
employer on DOT drug and alcohol testing, for _____,
Employee's Full Name
was performed on _____, _____ sent an
Date *Agency Name*

'authorization for release' form, through certified mail, to the following DOT Employer:

Previous Employer's Address (add additional sheets for additional employers)

2. _____ 's second attempt at acquiring information from previous employer
Agency Name
on DOT drug and alcohol testing, for the aforementioned employee, was performed on _____.
Date
_____ attempted to call the previous employer at the following
Agency Name
telephone numbers:

Employer's Name and Telephone Number (add additional sheets for additional employers)

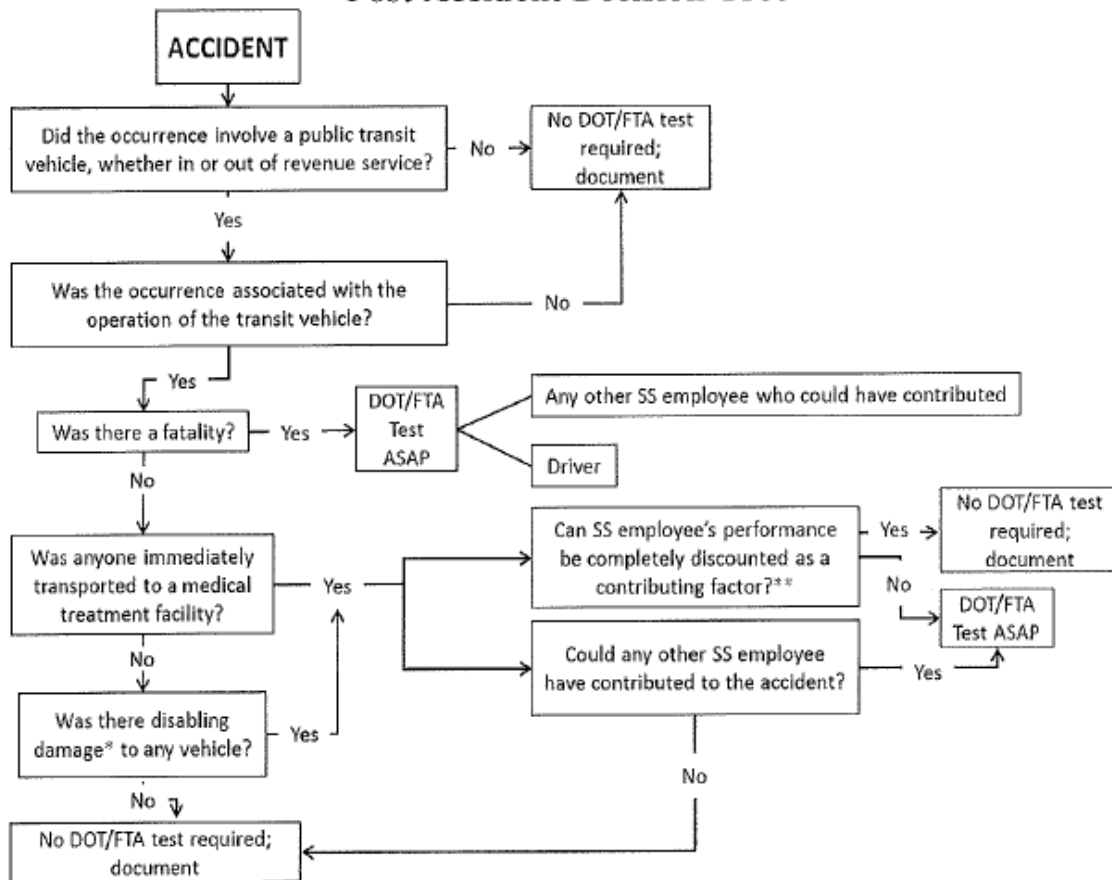
Left Voice-Mail Message Successfully Reached Company Representative
(Check appropriate box)

3. _____ 's third attempt at acquiring information from previous employer
Agency Name
on DOT drug and alcohol testing, for the aforementioned employee, was performed on _____.
Date
_____ attempted to call the previous employer at the following
Agency Name
telephone numbers:

Employer's Name and Telephone Number (add additional sheets for additional employers)

Left Voice-Mail Message Successfully reached Company Representative
(Check appropriate box)

Post Accident Decision Tree



* **Disabling Damage:** Damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

(1) **Inclusion:** Damage to a motor vehicle, where the vehicle could have been driven, but would have been further damaged if so driven.

(2) **Exclusions:**

- A. Damage that can be remedied temporarily at the scene of the accident without special tools or parts.
- B. Tire replacement without other damage even if no spare tire is available.
- C. Headlamp or tail light damage.
- D. Damage to turn signals, horn, or windshield wiper, which makes the vehicle inoperable.

** **Contributing Factor:** The determination of whether or not a safety-sensitive employee's performance was a contributing factor should be the decision of the company official investigating the accident; not based on the police officer's accident fault determination. This decision should not be made hastily. The company official's determination must be based on the best available information at the time of the accident.

POST ACCIDENT TESTING DECISION REPORT

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

System Name: _____ Date of Accident: _____

Time of Accident: _____ Time Employer was notified: _____

Location of Accident: _____

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

1. Did the accident involve a public transit vehicle? Yes No
2. Did the accident involve the operation of the vehicle? Yes No
3. Was there loss of life as a result of the accident? * Yes No
4. Did an individual suffer a bodily injury and immediately receive medical treatment away from the scene? * Yes No
5. Was there disabling damage to any of the involved vehicles? * Yes No
6. a) Did you perform a drug and/or alcohol test?
(Use Decision Tree on back of this form) Yes DOT-FTA Authority Yes (NON-DOT) Company Authority No
- b) If no, why not? _____
- c) For a non-fatal accident, can the covered employee(s) performance be completely discounted as a contributing factor to the accident? Yes No
7. a) Was an alcohol test performed within 2 hours? N/A Yes No
- b) If no, why: _____
8. If no alcohol test occurred, and more than 8 hours elapsed from the time of the accident, please explain: _____
9. a) Was a drug test performed within 32 hours? N/A Yes No
- b) If no, why: _____
10. a) Did the employee leave the scene of the accident without a reasonable explanation? Yes No
- b) If Yes, please explain: _____

Test Determination:

Name of supervisor making determination: _____

Time employee was informed of determination: _____

Signature & Title _____

Date _____

REASONABLE SUSPICION INCIDENT CHECKLIST

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

Supervisor's Full Name & Telephone _____

Date of Supervisor's Reasonable Suspicion Decision Training _____

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

A. Nature of Incident / Cause for Suspicion

- 1. Observed/reported possession or use of a prohibited substance (including passenger complaint).
- 2. Apparent drug or alcohol intoxication.
- 3. Observed drug or alcohol intoxication.
- 4. Arrest for drug-related offense
- 5. Other, Please specify:

B. Behavioral Indicators

- 1. Verbal abusiveness
- 2. Physical abusiveness
- 3. Extreme aggressiveness or agitation
- 4. Withdrawal, depression, tearfulness, or responsiveness
- 5. Inappropriate verbal responses to questioning or instruction
- 6. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, confused) Please specify:

CONFIDENTIAL

C. Physical Signs and Symptoms

- 1. Possession, dispensing, or using prohibited substance
 - 2. Slurred or incoherent speech
 - 3. Unsteady gait or other loss of physical control, poor conditioning
 - 4. Dilated or constricted pupils or unusual eye movement
 - 5. Bloodshot or watery eyes
 - 6. Extreme aggressiveness or agitation
 - 7. Excessive sweating or clamminess of skin
 - 8. Flushed or very pale face
 - 9. Highly excited or nervous
 - 10. Nausea or vomiting
 - 11. Disheveled appearance or out of uniform
 - 12. Odor of alcohol
 - 13. Odor of Marijuana
 - 14. Dry mouth (frequent swallowing/lip wetting)
 - 15. Shaking hands or body tremors/twitching
 - 16. Dizziness or fainting
 - 17. Breathing irregularity or difficulty breathing
 - 18. Runny nose or sores around nostrils
 - 19. Inappropriate wearing of sunglasses
 - 20. Puncture marks or "tracks"
 - 21. Other (Specify) _____
-
-
-

D. Written Summary

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

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

Supervisor's Full Name Signature Date

Forward this document to the drug and alcohol program manager

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SUBSTANCE ABUSE PROFESSIONAL REFERRAL

I acknowledge that I have received a referral to a Substance Abuse Professional in accordance with 49 CFR Part 655.62.

The cost of this service will be paid by: _____.

Substance Abuse Professional Referral:

Name: _____

Address: _____

City/State: _____

Phone: _____

Alternate Substance Abuse Professional Referral:

Name: _____

Address: _____

City/State: _____

Phone: _____

I, _____, have received a copy of this referral.
Employee/Applicant Full Name

Employee/Applicant Signature

Date

Agency Representative Full Name, Title

Telephone Number

Agency Name

Agency Representative Signature

Date

If the employee refuses to sign this form, please document why

5/2019

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**SUBSTANCE ABUSE PROFESSIONAL REFERRAL
EMPLOYEE NOT PRESENT**

If the employee is not present to sign the Substance Abuse Professional Referral letter, send this form to the employee utilizing certified mail.

Employee/Applicant Full Name: _____

Employee/Applicant Identification Number: _____

This letter serves to notify that the aforementioned individual was in violation of DOT drug and alcohol regulations (49 CFR Part 655 and/or 40) on _____, In accordance
Date
with 49 CFR Part 655.62, this agency is required to advise the individual of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse.

The following Substance Abuse Professional(s) is available for the individual:

Name: _____

Address: _____

City/State: _____

Phone: _____

Alternate Substance Abuse Professional Referral:

Name: _____

Address: _____

City/State: _____

Phone: _____

Agency Representative Full Name, Title

Telephone Number

Agency Name

Agency Representative Signature

Date

5/2019

AFFIDAVIT OF CORRECTION

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

Transit System Name: _____ Date of Test: _____

Test Category: _____ Specimen ID#: _____

Donor Name: _____ Collector Name: _____

Date Collector Was Notified of Error: _____

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

Step 1 Requirements (§40.63) (check all that apply)

- A. Missing/Incorrect Employer Name, Address, Phone, and Fax
 B. Missing/Incorrect MRO Name, Address, Phone and Fax No.
 C. Missing Donor SSN or Employee I.D. No.
 D. Missing/Incorrect Testing Authority
 E. Missing/Incorrect Reason for Test
 F. Missing/Incorrect Drug Tests to be Performed
 G. Missing/Incorrect Collection Site Name, Address, Phone and Fax No.

Step 2 Requirements (§40.65-70) (check all that apply)

- Collector failed to indicate if the specimen was within the acceptable temperature range
 Collector failed to mark 'Split'
 Collector arbitrarily marked 'Observed'
 Collector failed to mark 'Observed'
 Missing explanation within 'Remarks' section. (i.e. any unusual circumstances that occur during collection)

Step 3 Requirements (§40.71) (check all that apply)

- Bottle seals were filled out while still affixed to the CCF

Step 4 Requirements (§40.73) (check all that apply)

- Missing collector's signature
 Missing collector's printed name (First, MI, Last)
 Missing/Incorrect Date of Collection
 Missing/Incorrect Time of Collection
 Missing Courier Name

Step 5 Requirements (§40.73) (check all that apply)

- Missing donor's signature
 Missing donor's printed name (First, MI, Last)
 Missing/Incorrect Date of Collection
 Missing donor's Daytime and/or Evening Phone No.
 Missing/Incorrect donor's Date of Birth

Collector Remarks:

1. Description of error: _____

2. Description of corrective action: _____

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

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

Collector Signature / Title _____

Date _____

DOT Alcohol Testing Form - Affidavit of Correction

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

Date of Test: _____ Alcohol Test #: _____
Donor Name: _____ Technician Name: _____

This affidavit addresses the following errors:

Use of DOT Alcohol Testing Form (§40.227):

_____ Incorrect form used (i.e. Non-DOT testing form used)

Step 1 Requirements (§40.241) Check all that apply:

- _____ A. Missing/Incorrect Employee Name
- _____ B. Missing/Incorrect Donor SSN or Employee ID No.
- _____ C. Missing/Incorrect Employer Name, Address
- _____ C. Missing/Incorrect DER Name, Phone No.
- _____ D. Missing/Incorrect Reason for Test

Step 2 Requirements (§40.241)

_____ Missing Date of Employee's Signature

Step 3 Requirements (§40.243-§40.251):

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

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

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

Alcohol Technician Signature

Date

COLLECTION SITE CHECKLIST

5/2019

Name of Collection Site: _____ Date of Review: _____

Name of Collector: _____ Name of Reviewer: _____

UNEVENTFUL BREATH ALCOHOL TEST (result less than 0.02) - Did the Breath Alcohol Technician (BAT)...

- Require employee to provide positive photo identification (Part 40.241(c)).
- Perform the Alcohol test before the drug test, if applicable
- Explain testing procedures on back of Alcohol Testing Form (ATF) (40.241(e))
- Complete Step 1 of ATF (40.241(f))
 - Employee Name, ID Number
 - Employer Name and Contact information
 - DER Name and Telephone Number
 - Reason for Test
- Have the employee complete Step 2 of the ATF (40.241(g))
- Open individually sealed mouthpiece and attach to EBT (40.243(b))
- Instruct employee to blow forcefully until EBT indicates that an adequate amount of breath has been obtained (40.243(c))
- Show employee the result displayed on EBT (40.243(d))
- If EBT prints result on paper strip: Did the BAT affix the strip to the ATF using tamper evident tape (40.243(f))
- If EBT does not print results on paper strip: Did the BAT complete the following information on Step 3 of the ATF (40.243(g)):
 - Identification of the machine
 - Time
 - Sequential Test Number
 - Test Outcome
- Complete Step 3 of the ATF by dating and signing the certification (40.247(a))
- Distribute the ATF copies to appropriate individuals (40.247(a)):
 - Copy 1 to Employer
 - Copy 2 to Employee
 - Retain Copy 3

After the Breath Alcohol Test is completed, review the following items:

- Was consent - giving the collection site or its personnel indemnification - required for testing? (40.355(a))
 - Collection sites cannot require an employee to sign a consent, release, waiver of liability, or indemnification agreement with respect to any part of the alcohol or drug testing process covered by 49 CFR Part 40. No one may do so on behalf of a service agent.

- Is the EBT listed on the USDOT-ODAPC Website for "Approved Evidential Breath Measurement Devices"? (<https://www.transportation.gov/odapc/Approved-Evidential-Breath-Measurement-Devices>)
- Was the correct ATF used? (40.225(a))
 - The DOT ATF must be used for every DOT alcohol test. The ATF must be a three-part carbonless manifold form. The ATF is found in Appendix G of 49 CFR Part 40. You may view this form on the ODAPC website (www.transportation.gov/odapc)
- Were all necessary equipment, personnel, and materials for breath testing provided at the location where testing occurred? (40.221(d))
- Did the breath alcohol testing location afford visual and aural privacy to prevent unauthorized persons from seeing or hearing test results? (40.221(c))
- Did the BAT remain with the employee for the entire duration of the alcohol testing procedure? (40.223(e)(3))
- Does the BAT have a copy of the quality assurance plan (QAP) for the EBT? (40.233(c))
- Ask to see the external calibration checks for the EBT (40.233(c))
- Have the BATs completed the required training and acquired the proper credentials? (40.213(g))
- Ask to see the credentials of the BAT
- Does the BAT have a current copy of 49 CFR Part 40? (40.213)
- Is the BAT signed-up for the USDOT-ODAPC List-Serv?

UNEVENTFUL URINE COLLECTION - Did the Collector...

- Require employee to provide positive identification (Part 40.61(c)).
- Direct the employee to remove outer clothing (jacket, hat) and to leave these garments and other personal items (briefcase, purse, etc.) in a mutually agreeable location (Part 40.61(f)).
 - Advises employee that failure to comply constitutes a refusal to test.
 - Allows employee to keep wallet, if requested (40.61(f)(2)).
- Direct employee to empty pockets and display items in them (Part 40.61(f)(4)).
 - If no potential adulterants are found, allow employee to return items to pockets.
- Complete Step 1 of CCF (Part 40.63(a)).
 - Ensures that the name and address of the drug testing laboratory appears at the top of the CCF.
 - Ensures that the Specimen ID at the top of the CCF matches the Specimen ID on labels/seals.
 - Checks the Reason for Test box (Pre-Employment, Random, Post-Accident, etc.).

- Checks the FTA box (Testing Authority)
 - Checks the Drug Tests to Be Performed box (THC, COC, PCP, OPI, AMP for DOT).
 - Instruct employee to wash/dry hands and not to wash hands again until delivering specimen to collector (Part 40.63(b)).
 - Ensure collection container is selected and unwrapped in presence of employee (Part 40.63(c)).
 - Secure urination facility before the collection (If single-toilet room with a full-length privacy door) (Parts 40.41 & 43).
 - Secures any water sources or make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets).
 - Ensures that the water in the toilet bowl contains bluing agent.
 - Ensures that soap, disinfectants, cleaning agents, or other possible adulterants are not present.
 - Inspects the site to ensure that no foreign or unauthorized substances are present.
 - Tapes or otherwise securely shuts any movable toilet tank or puts bluing agent in the tank.
 - Ensures that undetected access (e.g., through a door not in your view) is not possible.
 - Secures areas and items (e.g., ledges, trash receptacles, paper-towel holders, under-sink areas, drop-down ceiling panels) that appear suitable for concealing contaminants.
 - Direct employee to go into room used for urination and instruct employee to:
 - Provide at least 45 ml of urine.
 - Not flush the toilet.
 - Return specimen to the collector as soon as the void is complete.
 - Set a reasonable time limit for voiding (Part 40.63(d)(2)).
 - Allow only the employee into the room used for urination (40.41(d)(1)).
 - Check that the specimen:
 - Contains at least 45 ml of urine. If not, follow shy bladder procedure (Part 40.65(a)).
 - Reads temperature strip within 4 minutes (Part 40.65(b)).
 - Mark appropriate box in Step 2 of CCF (Yes = from 90 to 100 degrees).
 - Check specimen for signs of tampering (Part 40.65).
 - Check specimen for unusual color, foreign objects/material, or other signs of tampering (odor).
 - Mark box in Step 2 of the CCF indicating a split specimen collection (Part 40.71(b)(1)).
 - Pour at least 30 ml of urine into the primary specimen bottle (Part 40.71(b)(2)).
 - Pour at least 15 ml of urine into the secondary specimen bottle (Part 40.71(b)(2)).
 - Secure the lids or caps on the specimen bottles (Part 40.71(b)(4)).
 - Place the tamper-evident seals on the specimen bottles (Part 40.71(b)(5)).
 - Dates the specimen bottle seals (Part 40.71(b)(6)).
 - Ensures that the employee initials specimen bottle seals (Part 40.71(b)(7)).
 - Direct employee to read and sign certification statement on Copy 2, Step 5 of CCF and to provide date of birth, printed name, day and evening contact telephone numbers (Part 40.71(a)(1)).
 - Print collector name in Copy 1, Step 4 of CCF; record the date and time of collection; sign statement; enter actual name of delivery service transferring the specimen to laboratory (Part 40.73(a)(2)).
 - Ensure that all copies of the CCF are legible and complete (Part 40.73(a)(3)).
 - Remove Copy 5 of the CCF and give it to the employee (Part 40.73(a)(4)).
 - Place specimen bottles and Copy 1 of CCF in plastic bag and secure both pouches of plastic bag (Part 40.73(a)(5)-(a)(6)).
 - Advise employee that he/she may leave the site (Part 40.73(a)(7)).
 - Recheck the urination facility, performing all steps as was done prior to the collection to ensure the site's continued integrity.
- After the Urine Collection is completed, review the following items:**
- Was the correct CCF used?
 - The Federal CCF must be used for all USDOT collections (40.45(a) www.transportation.gov/odaapc)
 - Ask to see the location where the urine specimens are maintained until they are picked-up by the courier. Is this location secure?
 - Does the collector have ready access to the most recent version of the Urine Specimen Collection Guidelines published by USDOT-ODAPC?
 - Does the collector have ready access to the most recent version of 49 CFR Part 40?
 - Ask to see the training credentials for the collector to show they meet the requirements of 49 CFR Part 40.33
 - Is the collector signed-up for the USDOT-ODAPC List-Serv?

POSITIVE DRUG AND ALCOHOL TESTING LOG

Employee	Date/Time of Positive Result	Type of Violation	SAP Referral	Outcome	Transferred all documentation to this folder?
		<input type="checkbox"/> Positive <input type="checkbox"/> Refusal <input type="checkbox"/> Other:		<input type="checkbox"/> Termination <input type="checkbox"/> Counseling <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Initial
		<input type="checkbox"/> Positive <input type="checkbox"/> Refusal <input type="checkbox"/> Other:		<input type="checkbox"/> Termination <input type="checkbox"/> Counseling <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Initial
		<input type="checkbox"/> Positive <input type="checkbox"/> Refusal <input type="checkbox"/> Other:		<input type="checkbox"/> Termination <input type="checkbox"/> Counseling <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Initial
		<input type="checkbox"/> Positive <input type="checkbox"/> Refusal <input type="checkbox"/> Other:		<input type="checkbox"/> Termination <input type="checkbox"/> Counseling <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Initial

1/2016

POST-ACCIDENT TESTING LOG

Employee	Date/Time of Accident	Accident Result	Date/Time of Test	Date/Time of Test Result	Transferred all documentation to folder?
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Initial
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Initial
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Initial
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Initial
		<input type="checkbox"/> Fatality <input type="checkbox"/> Immediate Transport to Medical Facility <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Initial

1/2016

RETURN-TO-DUTY / FOLLOW-UP TESTING LOG

Employee Name	Order For Test	Return to Duty Release <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Test Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time of Test	Consistent with SAP's Follow Up Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Result & Date	Notes
Return to Duty Test							
Follow-up Test*		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Follow-up Test*		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Follow-up Test*		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Follow-up Test*		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Follow-up Test*		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Follow-up Test*		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		

* The SAP determines the number of Follow-up tests (minimum of 6 tests in the first 12 months). This information will be included in the Follow-up testing plan.

1/2016

VENDOR OVERSIGHT INSPECTION MASTER LOG

Site Name	Date of Interview	Compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow up for non-compliant area(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date of error(s) correction	Comments	Initials
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

1/2016

This Policy was adopted by the Geauga County Board of Commissioner as the Geauga County Transit Drug and Alcohol Testing Policy on July 13, 2021.

James W. Dvorak

Timothy C. Lennon

Ralph Spidalieri

Geauga County Drug and Alcohol Consortium

Certificate of Receipt

Drug and Alcohol Testing Policy

I acknowledge receipt and the Drug and Alcohol Testing Policy, effective June 25, 2021.

I understand that in accordance with my job classification, I am subject to drug and alcohol testing per Federal guidelines.

Additionally, I understand my obligation to report to work free from effects of drugs and alcohol.

Therefore, upon entering the workplace during hours of work until leaving the workplace and while operating or on public authority property, I assume said responsibility as stated above.

Print Name

Signature

Date

Note: Sign and Return to DER
DER needs to place in employee's Drug and Alcohol file