

**D.O.T. Motor Carrier Part 382
Alcohol And Controlled Substances Testing Program**

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Appendix A

WASHOE COUNTY

Verification of Driver's Involvement

I, _____, certify _____ participated in a alcohol and controlled substances testing program that met all the requirements of D.O.T. Regulation 49 CFR, Part 382 and Part 40.

The driver's last date of active employment was on _____.

The driver's was last tested on _____.

Please check the following:

Yes No The driver was tested for controlled substances within six months of his/her termination date. If yes, with the driver's written permission, please attach a copy of the controlled substances test result.

Yes No The driver was actively enrolled in the company's random controlled substances testing program for the last twelve months of his/her employment.

Yes No To my knowledge, the driver has not violated any other regulation outlined in 49 CFR Part 382.

Yes No The driver is qualified under the to the requirements of D.O.T. Regulation 49 CFR, Part 382 and Part 40 and has not refused to be tested for controlled substances.

Testing Program Information:

Organizational Name: _____
Address: _____
Phone Number: _____
Contact Person: _____

I certify that to my knowledge, the foregoing information is correct and true.

Dated:

Signature of Authorized Representative

Appendix B

WASHOE COUNTY

Driver Pre-employment Alcohol/Controlled Substances Statement

I, _____, certify that I have not tested positive or refused to test on any pre-employment alcohol/controlled substances test administered by a past employer in which I applied for but did not obtain safety-sensitive transportation work covered by the Department of Transportation's Alcohol and Controlled Substances Testing Rules during the past three years from the date of my employment application with Washoe County.

Signature of Driver: _____ Date: _____

Witness: _____ Date: _____

This authorization is valid until revoked in writing by the above stated driver.

- DRIVER NOTICE -

IF THE DRIVER APPLICANT HAS HAD A POSITIVE PRE-EMPLOYMENT CONTROLLED SUBSTANCES TEST OR REFUSAL TO TEST DURING THE PAST THREE YEARS FROM THE DATE OF THIS EMPLOYMENT APPLICATION WITH WASHOE COUNTY, DO NOT SIGN THIS FORM.

WASHOE COUNTY WILL NOT EMPLOY A DRIVER TO PERFORM SAFETY-SENSITIVE FUNCTIONS UNTIL AND UNLESS THE DRIVER DOCUMENTS SUCCESSFUL COMPLETION OF THE RETURN TO DUTY PROCESS AS OUTLINED IN THE DOT REGULATIONS. DRIVER VERIFICATION OF THE COMPLETION OF THE RETURN TO DUTY PROCESS MUST BE SUBMITTED TO THE DESIGNATED EMPLOYER REPRESENTATIVE TO BE CONSIDERED ELIGIBLE FOR EMPLOYMENT.

Appendix C

**WASHOE COUNTY
CONSENT FORM
RELEASE OF ALCOHOL AND CONTROLLED SUBSTANCES TEST RESULTS TO
PROSPECTIVE EMPLOYERS**

Upon request, I, _____, authorize Washoe County to release to _____ all alcohol and controlled substances testing records obtained for the last three years of my employment.

The purpose of this release is to assist me in complying with my new employer, _____, DOT Alcohol and Controlled Substances Testing Program.

This consent is valid until revoked in writing by the above driver.

Date

Signature of Driver Applicant

Witness

Appendix D

**WASHOE COUNTY
NOTICE TO DRIVERS**

I acknowledge that I have received a copy of Washoe County's CFR 49 Part 382 Alcohol and Controlled Substances Testing Policy. I have read the Policy in its entirety and understand its requirements.

Date

Driver Name (Please Print)

Driver Signature

Appendix E

WASHOE COUNTY REASONABLE SUSPICION REPORT

When requesting an alcohol and/or controlled substances test, Washoe County's representative must complete this form.

1. Name of Driver: _____
2. Position: _____
3. Date of Incident: _____
4. Time of Incident: _____
5. State objective evidence of reasonable suspicion to believe the driver is in possession of, using, or under the influence of alcohol and/or controlled substances (physical evidence should be retained and stored):

6. Protocol for requesting alcohol and/or controlled substances testing:
 - a. Attempt to have another Supervisor corroborate your observation.
 - b. Contact the DER (or designee) for a second review of the evidence and approve testing if appropriate.
7. Call driver into office and present driver with evidence.
8. Driver's response (investigate, where appropriate):

9. Inform driver of Washoe County's alcohol and controlled substances testing requirements.
10. Request driver to submit to alcohol and/or controlled substances testing:
 - a. If driver agrees, have driver sign testing release and follow procedure for collecting sample.
 - b. If driver refuses to submit to testing:
 - 1) Ask driver for reason(s) why he/she refuses to submit to alcohol and/or controlled substances testing.

Appendix F

**WASHOE COUNTY
DRIVER RESPONSE FORM**

8. Driver's response to alcohol and/or controlled substances testing request: (must be handwritten by driver)

10. Driver's reason for refusing to submit to alcohol and/or controlled substances testing: (must be handwritten by driver)

Reasonable Suspicion Report - Page Two

10. (Continued)

- 2) Inform driver that Washoe County's policy requires drivers to consent to testing and that refusal is grounds for disciplinary action up to and including termination.
- 3) Again request driver to consent to testing.
 - a) If driver agrees, have he/she sign testing release and follow procedure for collecting sample.
 - b) A Washoe County representative will arrange transportation and accompany the driver to the collection site, stay in the waiting room until notified that the collection has been completed and then arrange transportation home for the driver.
 - c) If driver still refuses, inform driver that he/she is suspended pending Washoe County's decision. Request driver to sign refusal to test form.
11. After testing sample is collected, inform driver that he/she is on investigative suspension pending the results of the test and Washoe County's decision on the matter.
12. In cases where the driver is suspected of being under the influence of alcohol and/or controlled substances, arrange transportation (i.e., taxi) home for the driver. If the driver refuses transportation, attempt to persuade the driver to change his/her mind. Do not restrain the driver. In cases where the driver refuses transportation and his/her condition suggests that the driver presents a potential or actual safety risk to themselves or other drivers, notify the police. Inform the driver that you intend to call the police unless he/she accepts transportation. Have a witness verify the driver's refusal of transportation.
13. To the best of my knowledge, this report represents the physical, behavioral, speech or performance indicators of the above-named driver observed by me and upon which I based the decision to request the driver to submit to reasonable suspicion testing.

Supervisor Signature: _____

Date:

Appendix G

WASHOE COUNTY

**NOTICE TO DRIVER APPLICANTS
CONTROLLED SUBSTANCES TESTING REQUIREMENT**

Washoe County has a vital interest in maintaining safe, healthful and efficient working conditions for our customers, the public, and our drivers. Using or being under the influence of alcohol and/or controlled substances on the job may pose serious safety and health risks not only for the user, but to all those who work with the user. The possession, use or sale of alcohol or an illegal controlled substances poses unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, and in compliance with the Department of Transportation's Alcohol and Controlled Substances Testing Requirements (49 CFR Part 382) drivers who wish to be considered for employment must agree to **SUBMIT TO PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING**. All pre-employment drug tests will be conducted only after a contingent offer of employment is made.

By completing and signing this Notice and the attached Application of Employment, the driver applicant understands and agrees to submit to a pre-employment controlled substances testing as provided for in Washoe County's Alcohol and Controlled Substances Policy.

ANY DRIVER APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH WASHOE COUNTY. Refusal of a driver applicant to agree to controlled substances testing at this time does not preclude applying for employment with Washoe County at some future date.

Date:

SIGNATURE OF DRIVER APPLICANT

Appendix H

WASHOE COUNTY

ALCOHOL AND CONTROLLED SUBSTANCES AWARENESS PROGRAM OUTLINE

In the alcohol and controlled substances awareness program I received information on:

- The dangers of substance abuse in the workplace.
- The effects and consequences of alcohol and controlled substances use on personal health, safety and the work environment.
- Physiological and psychological aspects of chemical dependency.
- Recognition of the warning signs that indicate alcohol or controlled substances use or abuse.
- Education on how not to support, cover up or make excuses for a fellow driver abusing alcohol or controlled substances.
- Available treatment resources and recovery options.

Driver Name (Please Print)

Date

Driver Signature

Appendix H

Page 2

**WASHOE COUNTY
SUPERVISORY TRAINING OUTLINE**

I, _____, acknowledge that I have attended a supervisory training program as required by Washoe County.

The supervisory training program provided information on:

- Recognition of the physical, behavioral, speech and performance indicators of probable employee alcohol misuse (one hour training) and controlled substances abuse (one hour training).
- How to document performance problems associated with alcohol and controlled substances abuse.
- How to conduct the corrective interview--practical and legal concerns.
- Making effective supervisory referrals for the troubled driver.
- Reintegration issues--working with the driver after treatment.

Signed

Date

I certify that the training conducted complies with the training requirements as outlined in 382.603.

Trainer name: Bob Sinnett, M.A.

Organization: Sinnett Consulting Services

Address: 10580 North McCarran # 115-212, Reno, Nevada 89503

Phone: (775) 746-1616

Signature:

Appendix I

RANDOM TESTING DOCUMENTATION FORM

PREPARE THIS FORM EACH TIME TEST SELECTION IS PERFORMED

Employer: _____

Location: _____

Testing Periods Per Year: _____

This Test Period Number: _____

Numbers of Drivers To Be Tested This Period: _____

Selection Date: _____

Eligible Driver's Names (list alphabetically)	Random Selection #	Collection Date	Alcohol Test Results	Drug Test Results

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Appendix J

**WASHOE COUNTY
DRIVER POST-ACCIDENT REPORT**

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____

Driver: _____

Driver's Social Security #: _____

Description of Accident:

Involved Parties:

Name: _____

Address: _____

Phone: _____

Witnesses:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Driver Post-Accident Report

Page Two

Investigating Officer:

Name: _____

Address: _____

Phone: _____

Were any tests administered by the law enforcement officer? _____

Were you issued a moving vehicle citation? _____

Did any vehicle sustain disabling damage to the extent the vehicle was undrivable and required towing?

Did you sustain an injury that required immediate treatment away from the scene?
(please describe)

Treatment Facility:

Name: _____

Address: _____

Phone: _____

Contact Person: _____

Were there any fatalities? _____

Contact Washoe County's DER to review the report form and receive instructions on providing a sample for alcohol and controlled substances testing (if required).

Appendix K

**WASHOE COUNTY
POST - ACCIDENT REVIEW**

1. Review Driver's Post-Accident Report Form.

2. Attempt to contact investigating officer to discuss circumstances of the accident and determine if there is reason to believe the driver was under the influence of alcohol or controlled substances.

3. Notify driver of the closest collection site to proceed to provide a sample for alcohol and controlled substances testing (if required).

Collection Site: _____

Address: _____

Phone: _____

Contact Person: _____

Appointment Time: _____

4. Inform the driver that they will be placed on leave of absence with pay pending receipt of the post-accident test result.

Appendix L

WASHOE COUNTY RECORD KEEPING REQUIREMENTS

General requirements - Washoe County shall maintain records of its alcohol misuse and controlled substances use prevention program as provided in the regulation. The records shall be maintained in a secure location with controlled access.

Period of Retention- Washoe County shall maintain the records in accordance with the following schedule:

- 1) **Five years.** The following records shall be maintained for a minimum of five years:
 - a. Records of driver alcohol test results with results indicating an alcohol concentration 0.02 or greater.
 - b. Records of driver verified positive controlled substances test results.
 - c. Documentation of refusals to take required alcohol and/or controlled substances tests.
 - d. Calibration documentation.
 - e. Driver evaluation and referrals.
 - f. Records related to the administration of the alcohol and controlled substances testing program.
 - g. A copy of each annual calendar year summary required by § 382.403.

Two years - Records related to the alcohol and controlled substances collection process (except calibration of evidential breath testing devices).

One year - Records of negative and canceled controlled substances test results (as defined in part 40 of this title) and alcohol test results with a concentration of less than 0.02.

Indefinite Period – Records related to the education and training of breath alcohol technicians, screening test technicians, SAP's, MRO's, supervisors, and drivers shall be maintained by Washoe County while the individual performs the functions which require the training and for two years after ceasing to perform those functions.

Types of Records - The following specific records shall be maintained.

1. Records related to the collection process:
 - a. Documents relating to the random selection process.
 - b. Calibration documentation for evidential breath testing devices.
 - c. Documents of breath alcohol technician training.
 - d. Documents generated in connection with decisions to administer reasonable suspicion alcohol or controlled substances tests.
 - e. Documents generated in connection with decisions on post-accident tests.
 - f. Documents verifying existence of a medical explanation of the inability of a driver to provide adequate breath or to provide a urine specimen for testing.
 - g. Consolidated annual calendar year summaries as required by §382.403.
2. Records related to a driver's test results:
 - a. Copy of the alcohol test form, including the results of the test.
 - b. Copy of the chain of custody and control form.
 - c. Documents sent by the medical review officer to the employer.
 - d. Documents related to the refusal of any driver to submit to an alcohol or controlled substances test required by this part.
 - e. Documents presented by a driver to dispute the result of an alcohol or controlled substances test administered under this part.
 - f. Documents generated in connection with verifications of prior employer's alcohol or controlled substances test results that must be obtained in connection with the exception contained in §382.301 and §382.413.
3. Records related to other violations of this part.
4. Records related to evaluation:
 - a. Records pertaining to a determination by a substance abuse professional concerning a driver's need for assistance.
 - b. Records concerning a driver's compliance with recommendations of the substance abuse professional.

5. Records related to education and training:
 - a. Materials on alcohol misuse and controlled substances use awareness, including a copy of the employer's policy on alcohol misuse and controlled substances use.
 - b. Documentation of compliance with the requirements of § 382.601, including the driver's signed receipt of education materials.
 - c. Documentation of training provided to supervisors to make a determination concerning the need for alcohol and/or controlled substances testing based on reasonable suspicion.
 - d. Certification that any training conducted under this part complies with the requirements for such training.
6. Administrative records related to alcohol and controlled substances testing:
 - a. Agreements with collection site facilities, laboratories, breath alcohol technicians, screening test technicians, medical review officers, consortia and third party service providers.
 - b. Names and positions of officials and their role in the employer's alcohol and controlled substances testing program(s).
 - c. Semi-annual laboratory statistical summaries of urinalysis required by § 40.111(a);
 - d. Washoe County's alcohol and controlled substances testing policy and procedures.
 - e. Location of records - All records required by this part shall be maintained as required by §390.31 of this subchapter and shall be made available for inspection at the employer's principal place of business within two business days after a request has been made by an authorized representative of the Federal Motor Carrier Safety Administration (FMCSA).

Appendix M

**WASHOE COUNTY
DRIVER AUTHORIZATION FOR RELEASE OF TEST RESULTS
PERFORMED BY LAW ENFORCEMENT AGENCY**

I, _____, hereby authorize _____,
driver's name **name of law enforcement agency**

having independent authority to perform either breath or blood tests for the use of alcohol or
a urine test for the use of controlled substances following an accident,

to release to _____ at _____ any such
representative **organization**
test results.

I affirm that the test or tests were conducted in connection with a DOT-recordable accident

on _____ conducted by _____
month, day, year **name of law enforcement agency**

in or near _____.
city, state

Driver' social security number or CDL license number:

Signature of driver

Date

Witness

Date

This authorization is valid until withdrawn in writing by driver.

Appendix N

**WASHOE COUNTY
POST-ACCIDENT ALCOHOL AND CONTROLLED SUBSTANCES TEST
DOCUMENTATION FORM**

_____ was involved in a commercial motor vehicle accident
name of driver

on _____ requiring the administration of a post-accident alcohol
month, day, year

and controlled substance test pursuant to Part 382. Washoe County was

notified of the accident at _____ on _____ by
time month, day, year

_____. The accident occurred at or near
driver/other

_____. The following efforts were undertaken to have the driver tested as required by the regulations:

A. An alcohol test was administered within two hours which demonstrated a blood alcohol concentration of _____.

B. An alcohol test could not be administered to the driver within two hours of the accident because:

C. An alcohol test was administered after _____ hours (but not more than eight), which demonstrated a blood alcohol concentration of _____.

D. An alcohol test was not administered within eight hours of the accident because:

E. A controlled substances test (circle one) **was/was not** administered within 32 hours.

F. A controlled substances test was not administered within 32 hours because:

Washoe County Representative

Date

Appendix O

**WASHOE COUNTY
MISSED ALCOHOL TEST DOCUMENTATION REPORT**

Type of Test Requested:

_____ Post-Accident

_____ Reasonable Suspicion

Date:

Location:

Time:

Type of safety sensitive function the driver was performing at the time of the test request:

An alcohol test was not administered within eight hours because:

A blood alcohol test would have been available within eight hours at the following facility:

Name of facility:

Address of facility:

Phone number of facility:

Washoe County Representative

Date

Submit to: Attn: Alcohol Testing Program
 Office of Motor Carrier Standards (HCS-1)
 FMCSA
 400 Seventh Street S.W.
 Washington, D.C. 20590

Appendix P

WASHOE COUNTY

RELEASE OF TESTING INFORMATION BY PREVIOUS EMPLOYER

I, _____, hereby authorize _____
driver/applicant's name previous employer/company name

to release to _____
company contact new employer/company name

address city/state/zip

() _____ () _____
phone fax

results of any positive controlled substance tests, alcohol tests with a result of .04 or greater, evidence of refusal to be tested (including adulterated or substituted test results); other violations of the FMCSA alcohol and controlled substance testing rules and information on any required substance abuse professional (SAP) evaluation and compliance with SAP recommendations for the preceding three years.

This authorization is valid until withdrawn by me in writing.

Dated this _____ day of _____

Name of driver _____

Signature of driver _____

SS Number _____ Witness _____
signature

Appendix Q

DOCUMENTATION OF CONFIRMATION FROM PREVIOUS EMPLOYER

This document certifies that _____ reports that
prior employer

_____ had:
driver

- 1. Positive controlled substances test(s) Yes No
- 2. Alcohol test Result(s) of .04 or greater Yes No
- 3. Refusals to be tested for the preceding three years
(including adulterated or substituted test results) Yes No
- 4. Other violations of FMCSA alcohol & controlled substance
testing regulations Yes No

If **YES** to any of the above, below is the name and address of the substance abuse professional (SAP) that evaluated this individual. Please attach documentation of the employee's successful completion of the DOT return to duty requirements including follow-up tests. **For a driver who has successfully completed a SAP referral and remained in your employment, please provide documentation on whether the driver had any of the above testing violations any time after completion of the SAP referral.**

SAP _____

SAP address _____

SAP city/state/ZIP _____

Date: _____
month, day, year

Prior Employer
Representative: _____
signature

Appendix R

DRIVER DUE PROCESS RIGHTS AND RESPONSIBILITIES- INVESTIGATION OF PERSONAL HISTORY FILE

- 49CFR Part 391 requires all employers to inform drivers, in writing, of the following due process rights regarding the alcohol and controlled substances testing information that will be provided to the prospective employer: the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer and the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.
- The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
- Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver. Drivers wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's record. Within five business days of receiving a rebuttal from a driver, the previous employer must forward a copy of the rebuttal to the prospective motor carrier employer and append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement. The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

Appendix R

Page 2

- The driver may also report failures of previous employers to correct information or include the driver's rebuttal as part of information, to the FMCSA. The prospective motor carrier employer must use the information only as part of deciding whether to hire the driver. The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

I have read the driver due process rights and responsibilities- investigation of personal history file statement in its entirety and understand its requirements.

Date

Driver Name (Please Print)

Driver Signature