

**DRUG AND ALCOHOL POLICY  
AND TESTING PROGRAM**

**For Providers  
Providing Transit Service To Pace**

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November 2011

Lawrence M. Walsh  
Will County Executive  
302 N. Chicago Street  
Chicago, IL 60432

Dear Executive Walsh:

Washington Township is ready to partner with Will County and the townships in Eastern Will County in moving forward with coordinated paratransit and dial-a-ride services for residents in our communities. This system will utilize a centralized dispatch center, coordinated transportation services, and cooperative efforts to provide enhanced transit services.

As a partner in these efforts, Washington Township pledges \$ \_\_\_\_\_ for use as a local match for the potential Job Access Reverse Commute (JARC) and New Freedom Initiative (NF) funding. If awarded the JARC and NF grants, Will County and the coalition of townships in eastern Will County will establish a formal relationship with Washington Township and Will County to administer the implementation and management of this transit program. We anticipate this new program will provide our residents with 4000 rides annually, which is unmet by existing transportation resources and services.

Again Washington Township affirms its program participation and local match to support Will County's grant application for FFY 2011 JARC and NF funding. Thank you for your support of this important effort.

Sincerely,

Robert Howard  
Washington Township Supervisor

## I. Overview

Under the Drug-Free Workplace Act of 1988, the U.S. Congress required recipients of federal funds to take certain steps to provide for drug-free workplaces for their employees. Additionally, under the Omnibus Transportation Employee Testing Act of 1991, the U.S. Congress directed the Federal Transit Administration ("FTA") to issue regulations on drug and alcohol testing for mass transit workers in safety-sensitive positions. In response, the FTA has published regulations prohibiting drug use and alcohol misuse by transit employees and requiring transit agencies to test for prohibited drug use and alcohol misuse. These regulations are 49 CFR Part 655, "Prevention of Prohibited Drug Use and Alcohol Misuse in Transit Operations." In addition, the Department of Transportation ("DOT") has issued 49 CFR Part 40, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs," and amendments which prescribes the testing methods to be followed.

This document sets forth the drug and alcohol policy and testing program of (Name of Provider) ("Provider") and has been adopted by the Provider Board of Directors pursuant to resolution. It was developed to comply with the requirements identified in the foregoing laws and FTA and DOT regulations. Where applicable, the document will identify those policies and procedures that are Provider-mandated drug and alcohol policies and testing programs not required by the DOT or the FTA. Additionally, in adopting this policy and program, Provider does not otherwise waive its right to enforce already established rules, policies, or programs, or the terms and provisions of any applicable collective bargaining agreement governing drug and alcohol use, possession and testing.

## II. Introduction

### A. Policy and Program Purposes

Provider performs a vital service for the public. To ensure that this service is delivered safely, and effectively, each Provider employee has the responsibility to perform his/her duties in a safe, conscientious, and courteous manner.

The purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace and to reduce the probability of accidents or incidents related to the use and/or misuse of alcohol and other drugs by employees so that transit services are delivered safely, efficiently, and effectively.

This policy outlines four principles as a means to achieve Provider's goal of providing a workplace free from the effects of drug and alcohol use and/or misuse for its employees. The first principle emphasizes deterrence from the use of drugs and alcohol in or affecting the workplace. Provider will make education and training available for all employees regarding the effects of substance abuse on individuals and on the workplace. Supervisors and managers will receive specialized training in detection, early intervention, and enforcement.

The second principle is treatment and rehabilitation. Provider maintains an Employee Assistance Program ("EAP") to assist employees with personal problems, including those surrounding the misuse of drugs and alcohol. Provider supports rehabilitation before an employee's job is in jeopardy. Although employees are encouraged to receive help for drug and alcohol problems, participation in Provider's EAP will not excuse an employee's failure to comply with Provider rules and regulations; nor will it preclude discipline for rule or policy violations.

The third principle is detection. Toward this end, Provider employs six (6) FTA mandated drug and/or alcohol tests in the following circumstances: pre-employment, reasonable suspicion, post-accident, random, return to duty, and follow-up. The foregoing drug and /or alcohol tests will apply to all full-time, part-time, seasonal and temporary employees of Provider engaged in the performance of safety-sensitive functions. It also applies to: applicants for positions of employment involving the performance of safety-sensitive functions for Provider; and operators who are third party contractors.

The fourth principle is enforcement, which is essential if deterrence, rehabilitation, and detection are to be successful. All employees must be fit for duty as defined within this policy. Accordingly, the failure to properly report the use of dispensing, possession, or use of a controlled substance or narcotic contrary to the terms of this policy, and the use or possession of intoxicants contrary to the terms of this policy is prohibited and will result in disciplinary action up to and including discharge.

**B. Employee and Management Responsibilities**

All Provider employees covered by this policy are required to refrain from using drugs and alcohol contrary to the specific prohibitions identified herein. (Provider Drug Program Manager) (or a designated representative) will monitor Provider practices to ensure compliance. Anyone with questions regarding this policy, its practices or procedures should contact the Program Manager at (address and phone number).

Employees are responsible for ensuring adherence to this policy. Managers and supervisors will be held accountable for both the application of the policy and the consistency of its enforcement. To that end, Provider prohibits the discriminatory application, implementation, or enforcement of any provision of this policy on the basis of race, color, age, sex, religion, national origin and ancestry, sexual orientation, veteran status, or disability.

**C. Confidentiality**

Confidentiality will be maintained throughout the drug and alcohol screening process. Provider will maintain records in a manner so that disclosure of information to unauthorized persons does not occur. Additionally, the specimen collection site, testing laboratory, medical review officer ("MRO"), breath alcohol technician ("BAT"), and substance abuse professional ("SAP") will be held to strict confidentiality requirements consistent with the following:

- The testing laboratory: shall maintain employee test records in confidence as provided by DOT requirements: shall ensure the security of data transmission and limit access to any data transmission, storage, and retrieval system; will report individual drug test results only to the employee tested, the designated MRO, or the decision makers in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee and arising from a certified positive drug test; and shall retain all records pertaining to a given urine specimen for a minimum of two (2) years.

- The MRO, BAT, and SAP will report individual test results only to: the employee tested, Provider's EAP, if applicable, and the Provider management official empowered to recommend or take administrative action (or the official's designated agent).

Provider will release individual test results to the employee tested upon written request. Provider will not release individual test results to any other party absent a specific written consent of the employee tested authorizing such release to a specifically identified person(s) except as follows:

- To the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee tested and arising from a test administered under this policy.
- To the National Transportation Safety Board ("NTSB") about any post-accident test performed for an accident under NTSB investigation.
- When requested by the DOT or any state or federal agency with regulatory authority over Provider or any of its employees.

EAP personnel will be expected to carry out all actions relative to this policy in a manner which respects the dignity and confidentiality of those involved. EAP records are regarded as confidential medical records and are not available for inspection by anyone except EAP staff absent a written release of information by the employee. EAP personnel will release information to Provider personnel only on a need-to-know basis subject to advance notice to the employee whenever feasible. In any case where the employee raises a claim against Provider involving his/her participation in the EAP, the employee shall be deemed to have waived his/her right to confidentiality and Provider shall have the right to explore thoroughly and evaluate the employee's participation in the EAP.

Any employee covered by this policy is entitled, upon written request, to obtain copies of any records pertaining to the employee's use of prohibited drugs or alcohol; including any records pertaining to his or her drug or alcohol tests. Provider shall provide promptly the records requested by the employee. Access by the employee to his or her records shall not be contingent upon payment for records other than those specifically requested.

### III. Implementation Guidelines for Promoting a Drug and Alcohol-Free Workplace

#### A. Deterrence

##### 1. Fitness for Duty

Provider has determined that an employee is fit for duty when he/she is unequivocally able to perform his/her duties, including when he/she is ready for work or working without the presence of any alcohol or the presence of any specified drugs or their metabolites as prescribed by this policy. Employees must understand that they are responsible for assuring that their job conduct is safe and appropriate.

2. Reporting the Use of Prescription Medication

Separate from any FTA requirements, safety-sensitive employees are required to report their use of prescription medication to Provider. Safety-sensitive employees who fail to report their use of prescription medication in accordance with this section, and subsequently have a positive drug or alcohol screen, are subject to progressive discipline up to and including discharge. Accordingly, all such employees are advised to inform their physicians and/or pharmacists of their employment requirements regarding fitness for duty prior to obtaining medication.

3. Education and Training

Provider recognizes that education and training of its workforce and supervisors are major components of a successful drug and alcohol program. To that extent:

- All employees subject to testing under this policy will be provided a copy.
- Provider will display and distribute informational material about the effect of drugs along with a community service hotline telephone number to assist employees who may be experiencing problems with prohibited drugs.
- Provider will provide educational materials that explain the requirements of the FTA's alcohol rule and the policies and procedures identified in this document.
- Provider will distribute informational material about the signs and symptoms of an alcohol problem and the effects of alcohol misuse on an individual's health, work and personal life.
- A minimum of sixty minutes of training will be provided to all employees subject to testing under this policy on the manifestations and behavioral cues indicating drug use on a personal health, safety, and the work environment.
- A minimum of an additional sixty minutes of training for the alcohol program and sixty minutes of training for the drug program will be provided to supervisors who will be determining when it is appropriate to administer "reasonable suspicion" drug or alcohol tests under this policy.

In addition to the foregoing, Provider will consider and implement such other education and training programs as will help promote safety goals, maintain the integrity of Provider's drug and alcohol testing program, and enhance the benefits of that program.

B. Treatment and Rehabilitation

1. Employee Assistance Program (EAP) Responsibilities

In order to promote a drug and alcohol-free environment, Provider will work to assist eligible employees with problems due to the use of drugs or misuse of alcohol.



Accordingly, separate from any programs regarding drug and alcohol testing mandated by the FTA and DOT, Provider has established and encourages the use of its Employee Assistance Program ("the EAP"). The EAP was established in part so that an employee who recognizes that he/she has a drug use or alcohol misuse problem may have the opportunity to receive treatment and rehabilitation.

Provider's EAP will assist eligible employees with drug use and alcohol misuse problems, and related concerns, through one or more of the following depending upon the circumstances of each particular case:

- Consultation with supervisors and/or other Provider officials
- Evaluation and referral
- Individual and group counseling
- Individual case management
- Crisis intervention
- Specialized education and training programs

## 2. EAP Referral

There are two ways to begin rehabilitation through Provider's EAP-voluntary self-referral and management referral.

Voluntary self-referral is preferred by Provider as a means to resolve drug and/or alcohol problems. Such an option is not available to an employee after he/she has been notified to submit to a drug or alcohol test under this policy. Nor can an employee become a volunteer when subject to disciplinary action in order to avoid discipline.

Voluntary participation in the EAP will not adversely impact an employee's employment or promotional opportunities at Provider. However, employees who do not make a commitment to overcome their drug and/or alcohol problems may experience work performance problems as a result. Accordingly, an employee who exhibits poor or improper job performance as a result or tests positive for drugs and/or alcohol pursuant to a test administered under this policy will be subject to disciplinary action.

The second avenue for referral to the EAP is through management. Supervisors and managers of Provider may refer to the EAP for an evaluation for any employee who demonstrates performance problems such as excessive absenteeism, tardiness, or overall poor work performance. Based upon the reason for the referral and the assessment of the EAP counselor, employee referred to the EAP and determined to have a drug use or alcohol misuse problem may be removed from their position and suspended or assigned to alternative duty subject to the availability of such work, the need to accommodate other employees, and any federal and state statutory and regulatory requirements.

The managerial option to refer any employee to Provider's EAP shall not, however, restrict Provider's right to terminate or otherwise discipline an employee. In the event an employee requests admission into the EAP after commission of an act (including a violation of this policy) which subjects him/her to discharge, Provider in its discretion may convert the discharge to a suspension and allow the employee admission into the EAP. Such a determination will be based upon the following criteria; the type of rule violation and all circumstances attendant to the incident in question; the employee's length of service; and the employee's overall work record.

Employees are directed to any pertinent collective bargaining agreement for the terms and provisions of, and restrictions and benefits attendant to, EAP participation. Any questions regarding Provider's EAP should be referred to the Regional Manager (or a designated representative).

C. Effects of Alcohol

Alcohol is the most commonly abused chemical substance in this country and in the workplace. Out of the two-thirds of all Americans who drink, there are an estimated thirteen million people with serious drinking problems. A problem drinker is anyone who frequently drinks to the state of intoxication. While intoxicated, he/she may exhibit behavior that would never occur while sober. Alcohol problems have a devastating impact on family life, health, and the workplace. The family may be subjected to frequent episodes of violence, physical and emotional neglect, diabetes, ulcers, hypertension, and kidney problems. Emotional health is affected as well due to alcohol misuse, presenting symptoms such as depression anxiety, hallucinations, and insomnia. Alcohol abuse in the workplace costs corporate America millions of dollars each year through excessive absenteeism, lack of motivation, and a rise in the use of medical benefits associated with illness caused by alcoholism.

The most effective way to combat alcohol misuse is treatment. Alcohol detoxification rehabilitation is the only method of intervention used to interrupt alcoholism.

IV. Provisions for Drug and Alcohol Testing

A. General Conditions

1. Persons Subject to Testing

The following persons will be subject to alcohol testing just before, during or just after performing a safety sensitive function and will be subject to drug testing any time while on duty pursuant to the terms of this policy:

- All full-time, part-time, seasonal, and temporary employees of Provider engaged in the performance of safety-sensitive functions;
- Applicants for positions of employment with Provider involving the performance of safety-sensitive functions;
- Employees of contractors engaged in the performance of safety-sensitive functions for Provider; and
- Employees of operators who are third party contractors engaged in the performance of safety-sensitive functions.

"Safety-Sensitive functions" are performed by those persons who:

- Operate revenue service vehicles (including when not in revenue service).
- Operate non-revenue service vehicles required to be operated by a holder of a commercial driver's license.
- Dispatch or control revenue service vehicles.
- Maintain a revenue service vehicle or equipment used in revenue service.
- Carry a firearm for security purposes.

Included in the foregoing are supervisors who in fact perform safety-sensitive functions. Supervisors of covered employees who themselves do not perform safety-sensitive functions are excluded. Attached to this policy is a list of the position titles identifying the persons subject to drug and alcohol testing.

## 2. Drug Rule

All persons covered by this policy are prohibited from using any of the following five substances: Marijuana; Cocaine; Opiates; Amphetamines; and Phencyclidine. Pursuant to FTA requirements, drug testing administered in accordance with any of the following circumstances as described in detail in each case in Section IV.B.1 a. through f. of this policy: pre-employment; post-accident; reasonable suspicion; random; and return to duty/follow-up.

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance on Provider property by any person at any time also is prohibited.

**Additionally, separate from any DOT or FTA requirements.**

- The use of illegal drugs by Provider employees at any time is prohibited.
- The use or possession of a controlled substance or narcotic from the time an employee reports for work until the conclusion of the employee's workday or reporting for work in an impaired condition due to the use of the same is prohibited.
- An employee may not have a controlled substance or narcotic in his/her system from the time of reporting for work until the conclusion of the workday.
- An employee shall not knowingly accept relief from or permit an employee to work who is under the influence of a controlled substance or narcotic.

## 3. Alcohol Rule – Required Hours of Compliance

All persons covered by this policy are prohibited from consuming alcohol: while performing a safety-sensitive function; within four hours prior to performing a safety-sensitive function (including on-call safety sensitive employees); and up to eight hours following an accident or until the employee undergoes a post-accident test. Under FTA requirements, each person covered by this policy is subject to alcohol testing: while performing any safety-sensitive function; immediately before performing any safety-sensitive function; and immediately after performing any safety-sensitive function.

**Additionally, separate from any DOT or FTA requirements:**

- Provider prohibits the use or possession of intoxicants on its property at any time.
- Employees, while in a Provider uniform, shall not either enter an establishment of which the main business is the selling of intoxicants or partake of an intoxicant in a public place.
- An employee shall not knowingly accept relief from or permit an employee to work who is under the influence of an intoxicant.

B. Detection

1. Circumstances for Testing

a. Pre-Employment

No applicant for employment will be placed in a safety-sensitive position by Provider unless the applicant submits to a pre-employment drug test and a verified negative drug test is received. The test will be administered as part of the pre-placement physical examination. Additionally, no Provider employee will be transferred into a safety-sensitive position unless the employee submits to a drug test and a verified negative drug test is received. The test will be administered as part of the qualifying physical examination.

If an applicant or employee drug test is cancelled, the applicant or employee must submit to another drug test.

In addition, when a covered employee or applicant has not performed a safety-sensitive function for 90 consecutive calendar days regardless of the reason, and the employee has not been in the Provider random selection pool during that time, Provider will ensure that the employee takes a pre-employment drug test with a verified negative result.

b. Reasonable Suspicion

All employees covered by this policy will be required to submit to a drug and alcohol test with Provider, through observations made by a supervisor, has reasonable suspicion that the employee has used a prohibited drug or misused alcohol contrary to the terms of this policy. The request to undergo a reasonable suspicion test will be based on specific contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the person to whom the request is directed.

Supervisors who will be expected to make such a determination will be trained in the facts, circumstances, physical evidence, physical signs and symptoms, and patterns of performance and/or behavior associated with drug use and alcohol misuse.

Any supervisory person who orders an employee to undergo a reasonable suspicion test will complete a "Condition of Employee Report", a sample of which is attached as Appendix C.

c. Post-Accident

All employees covered by this policy who are involved in an accident will be required to submit to a drug and alcohol test. An "accident" is defined as an occurrence associated with the operation of a Provider vehicle in which:

- An individual dies:
- An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or
- Any vehicle involved incurs disabling damage and is transported away from the scene by a tow truck or other vehicle.

In the case of any accident involving a fatality, each surviving safety sensitive employee on duty in the Provider vehicle at the time of the accident will be tested.

Additionally, safety-sensitive employees not on the vehicle whose performance could have contributed to the accident, as determined by Provider using the best information available at the time of the accident, will be tested.

In the case of all other accidents covered by this policy (i.e., those not involving a fatality), each safety-sensitive employee operating the Provider vehicle at the time of the accident will be tested unless Provider determines, using the best information available at the time of the decision, that the safety-sensitive employee's performance can be completely discounted as a contributing factor to the accident. Additionally, any other safety-sensitive employees whose performance could have contributed to the accident, as determined by Provider using the best information available at the time of the accident, will be tested.

Post-accident drug tests will be performed as soon as possible but no later than thirty-two (32) hours following the accident. Post-accident alcohol tests will be performed within two (2) hours but no later than eight (8) hours following the accident. If an alcohol test is not administered within two (2) hours following the accident, Provider will prepare and maintain a record stating the reason(s) the test was not so administered. If an alcohol test still is not administered within eight (8) hours following the accident, all attempts to administer the test will cease.

An employee subject to post-accident testing who fails to remain available for such testing, including notifying Provider of his/her location after leaving the scene of the accident, 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 a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary medical care.

d. Random Testing

All employees covered by this policy will be subject to random drug and alcohol testing. The random selection method will be a scientifically valid method, such as a random number table or a computer-based random number generator. Subject to adjustment by the FTA, each year at least twenty-five percent (25%) of the total number of safety-sensitive employees will be subject to drug testing and ten percent (10%) to alcohol testing. In conducting such tests, the process will be unannounced as well as random. The dates for administering unannounced testing of randomly-selected covered employees shall be spread reasonably throughout the calendar year including all days and hours during which safety-sensitive functions are performed, so as to ensure that all covered employees have a reasonable expectation that they might be randomly tested for prohibited drug use anytime while on duty. Each covered employee shall have an equal chance of being tested each time selections are conducted. Once the employee has been notified of selection for testing, the employee will be required to report immediately to the designated collection site.

e. Return to Duty

Before any employee covered by this policy is allowed to return to duty to perform a safety-sensitive function following a verified positive drug test result, an alcohol test result of 0.04 or greater, or a refusal to submit to a test, the employee will be required to:

- Be evaluated by a substance abuse professional ("SAP") designated by Provider to determine whether the employee has followed the recommendations for action by the SAP, including participation in any rehabilitation program; and
- Pass a return to duty drug and alcohol test.

If a drug test is cancelled, the employee will be subject to and required to pass another drug test.

**In addition to the foregoing and separate from any FTA requirements, Provider requires that all employees covered by this policy submit to a return to duty drug and alcohol test using non-DOT forms when:**

- The employee is returning from a drug and/or alcohol rehabilitation program known to, or arranged by, Provider, or made known to Provider.
- The employee has signed a treatment plan, work resumption, or return to work agreement that requires the test.
- The employee is returning to work from an absence longer than thirty (30) consecutive calendar days.
- The employee is returning to duty to perform a safety-sensitive function following an alcohol test result of 0.02 or greater but less than 0.04.

f. Follow-Up

An employee who is allowed to return to duty to perform a safety-sensitive function following a verified positive drug test result, an alcohol test of 0.04 or greater, or a refusal to submit to a test will be subject to unannounced follow-up testing for at least twelve (12) but not more than sixty (60) months. The frequency and duration of the follow-up testing will be determined by the SAP, but subject to the conducting of a minimum of six (6) tests during the first twelve (12) months after the employee has returned to duty.

The foregoing is separate from and in addition to Provider's random testing program. Employees subject to follow-up testing also will remain in the standard random pool and will be tested whenever subject to random testing, even if as a result the employee is tested twice in the same month, week, or day.

**In addition to the foregoing, and separate from any FTA requirements, Provider requires that any employee who participates as a volunteer in Provider's EAP comply with all drug and/or alcohol testing recommended by the EAP counselor.**

2. Conduct that Constitutes a Refusal to Submit to a Test

The following conduct will be regarded by Provider as a refusal to submit to a drug and/or alcohol test and constitutes a positive test result:

- Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by Provider.
- Fail to remain at the testing site until the testing process is complete. Provided, that an employee who leaves the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test.
- Fail to attempt to provide a urine or breath specimen. Provided that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test.
- In a case of a directly observed or monitored collection in your drug test, fail to permit the observation or monitoring of your provision of a specimen including the failure to follow the collector's instructions to raise and lower your clothing and to turn around to permit the observer to determine if there is evidence of a prosthetic or other device that could be used to interfere with the collection process.
- Fail to provide a sufficient amount of urine or breath when directed and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.
- Fail or decline to take a second test Provider or collector has directed you to take.
- Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process.
- Fail to sign the certification at step 2 of the Alcohol Testing Form.
- Fail to cooperate with any part of the testing process, including refusal to wash hands after being directed to do so.
- Admitting to collection site personnel or Medical Review officer that he/she has adulterated or substituted their specimen.
- The employee possesses or wears a prosthetic or other device that could be used to interfere with the collection process.
- As an employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

## V. Methodology

All Federally Mandated drug and alcohol testing will be conducted in accordance with 49 CFR Part 40 and will include the procedures that will be used to test for the presence of illegal drugs or alcohol misuse, protect the employee and the integrity of the drug and alcohol testing process, safeguard the validity of the test results, and ensure the test results are attributed to the correct employee.

### A. Drug Testing

1. When ordered to do so by Provider, an employee shall submit to drug testing through urine analysis. At the time specimens are collected, the employee will be given written instructions setting forth his/her responsibilities. The employee's identify will be verified through the use of a photo identification card or through a representative designated by Provider.

Forty-five (45) milliliters (about 1-1/2 ounces) of urine will be collected. The collection site technician will pour fifteen (15) ml into one bottle to be used as a split specimen. The remainder (at least thirty (30) ml) will be retained in the collection bottle or poured into another bottle to be used as the primary specimen.

If the employee is unable to provide at least forty-five (45) ml of urine the specimen will be discarded unless the insufficient specimen was out of temperature range or showed evidence of adulteration or tampering. The collection site technician will instruct the employee, who must remain at the collection site, to drink up to forty (40) ounces of fluids, distributed reasonably through a period of up to three (3) hours, or until the employee has provided a new urine specimen, whichever occurs first. The employee will then provide a new sample using a fresh collection container. Both the new and the original insufficient sample will be sent to the laboratory if the original specimen was out of temperature range or there is evidence of adulteration or tampering. If the employee is still unable to provide an adequate specimen, testing will be discontinued and the employee will be directed to obtain, as soon as possible after the attempted provision of urine, an evaluation from a licensed physician who is acceptable to the Medical Review Officer concerning the employee's ability to procure an adequate amount of urine.

Within four (4) minutes of receiving the specimen, the temperature of the specimen will be recorded. Any specimen temperature out of the range of 32 to 38C/90 to 100F will require that an observed collection take place. The collection site technician also will examine the specimen visually for any unusual color or sediment, and note the results on the custody and control form.

Both bottles will be sealed and labeled in the presence of the employee. The donor will initial the labels verifying the specimen is his/hers. A custody and control form will be completed and signed by the collection site technician and the donor. Both the primary and split specimen will be sealed in a single shipping container, together with the appropriate pages of the custody and control form. The tape seal on the container will bear the initials of the collection person and the date of closure for shipment. The specimen will be placed in secure storage until dispatched to the laboratory.

Procedures for collecting urine specimens shall allow individual privacy. If, however, any of the following circumstances exist, a collection site person of the same gender as the individual providing the urine specimen shall obtain a specimen by direct observation.



Direct observation shall include the lifting of clothing to just above the navel or lowering to mid-thigh and turning towards the same sex collector to prove the individual is not concealing a prosthetic device to beat the test.

- The individual previously has been determined to have used a controlled substance without medical authorization and the test being conducted is a return to duty or follow-up test.
- The individual has provided a urine specimen that falls outside the normal temperature range (32 to 38C/90 to 100F)
- The collection site person observes conduct indicating an attempt to substitute or adulterate the specimen. In such event, the collection site person will prepare and maintain a written report concerning the observation.
- Individuals who have tested positive, adulterated or substituted and their split sample was not available or testing. (Splits not collected, missing or destroyed in transit.)
- Individuals providing a specimen resulting in a creatine level between 2 and 5.

## 2. Laboratory Testing

All drug testing will be completed in a laboratory certified by the Department of Health and Human Services (DHHS). Provider has contracted with (Name, address and phone number of certified laboratory) to conduct all drug testing administered on its behalf under this policy. As of the revised date of this policy, the Federal Register has identified Quest Diagnostics as DHHS-certified.

An immunoassay test will be performed initially on the specimen. If any prohibited drug registers above the cutoff level on the immunoassay screen, an aliquot of the same urine specimen will be confirmed by using gas chromatography/mass spectrometry (GC,MS). All FTA and Provider mandated tests will undergo validity testing which is designed to deter and detect attempts to adulterate or substitute specimens. Which testing must conform with 49 CFR Part 40 as amended and effective January 18, 2001.

All FTA-mandated drug testing will be performed to detect for the presence of the following five (5) substances: Marijuana; Cocaine; Opiates; Phencyclidine; and Amphetamines. The following initial cutoff levels will be used when screening specimens to determine whether they are negative for the identified drugs:

Initial Test Analyte	Initial Test Cutoff Concentration	Confirmatory Test Analyte	Confirmatory Test Cutoff Concentration
Marijuana metabolites	50 ng/mL	(1) THCA	15 ng/mL
Cocaine metabolites	150 ng/mL	Benzoyllecgonine	100 ng/mL
<b>Opiate metabolites</b>			
(2) Codeine/Morphine	2000 ng/mL	Codeine	2000 ng/mL
		Morphine	2000 ng/mL
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
<b>(3) Amphetamines</b>			
(4) AMP/MAMP	500 ng/mL	Amphetamine	250 ng/mL
		(5) Methamphetamine	250 ng/mL
(6) MDMA	500 ng/mL	MDMA	250 ng/mL
		(7) MDA	250 ng/mL
		(8) MDEA	250 ng/mL
1. Delta-9- tetrahydrocannabinol-9-carboxylic acid (THCA).			
2. Morphine is the target analyte for codeine/morphine testing.			
3. Either a single initial test kit or multiple initial test kits may be used provided the single test kit detects each target analyte independently at the specified cutoff.			
4. Methamphetamine is the target analyte for amphetamine/methamphetamine testing.			
5. To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100 ng/mL			
6. Methylenedioxymethamphetamine (MDMA).			
7. Methylenedioxyamphetamine (MDA).			
8. Methylenedioxyethylamphetamine (MDEA).			

All Provider-mandated testing will be performed to detect for the presence of, in addition to the foregoing five (5) substances, the following five (5) substances: Barbiturates; Benzodiazepine metabolites; Methadone; Methaqualone; and Propoxyphene.

The following initial cutoff levels will be used when screening specimens to determine whether they are negative for the identified drugs:

<u>Drug</u>	<u>Cutoff Levels (ng/ml)</u>
Barbiturates	300
Benzodiazepine metabolites	300
Methadone	300
Methaqualone	300
Propoxyphene	300

The following confirmatory cutoff levels will be used:

<u>Drug</u>	<u>Cutoff Levels (ng/ml)</u>
Barbiturates	200
Benzodiazepine metabolites	200
Methadone	200
Methaqualone	200
Propoxyphene	200

Long-term frozen storage (-20 deg. C or less) ensures that positive urine specimens will be available for any necessary retest during administrative or disciplinary proceedings. All confirmed positive specimens will be retained by the laboratory in their original labeled specimen bottles for a minimum of one year in properly secured long-term frozen storage.

Within this one year period, Provider or any other person designed by DOT regulation may request the laboratory to retain the specimen for an additional period of time. If no such request is received, the laboratory may discard the specimen after the end of one year, except the laboratory shall maintain any specimen known to be under legal challenge for an indefinite period.

### 3. Review by Medical Review Officer (MRO)

All drug testing laboratory results shall be reviewed by a qualified medical review officer ("MRO") designated by Provider to verify and validate the test results. As of the revised date of this policy, Provider has contracted with (Name of Medical review Officer) to serve as its MRO. (Office address and phone number)

The MRO will conduct an administrative review of the control and custody form to ensure its accuracy. The MRO will review and interpret an individual's confirmed positive test by: (1) reviewing the individual's medical history; (2) affording the individual an opportunity to discuss the test result; and (3) deciding whether there is a legitimate medical explanation for the result, including legally prescribed medication. In addition, to ensure fairness to employees, the MRO will review the test results when a laboratory indicates that an employee's specimen may have been adulterated or substituted. The foregoing applies to both FTA-mandated and Provider-mandated drug testing.

#### 4. Notification and Split Sampling

The MRO will notify each employee who has a verified positive test that the employee has seventy-two hours within which to request a test of the split specimen. If the employee requests an analysis of the split specimen, the MRO will direct the laboratory, in writing, to ship the split specimen to another DHHS laboratory for analysis. An employee may also request an analysis of the split specimen for any specimen deemed to have been adulterated or substituted.

If the analysis of the split specimen fails to confirm the presence of the drug(s), drug Metabolite(s), or evidence of adulteration or substitution, found in the primary specimen, or if the split specimen is unavailable or inadequate for testing, the MRO will cancel the test and report the cancellation and the reasons for it to the DOT, the employer, and the employee.

If the employee has not contacted the MRO within seventy-two (72) hours of being notified of a verified positive drug test or evidence of adulteration or substitution, the employee may present to the MRO information documenting that serious illness, injury, inability to contact the MRO, lack of actual notice of the verified positive test or evidence of adulteration or substitution, or other unavoidable circumstances prevented the employee from contacting the MRO in time. If the MRO concludes that there is a legitimate explanation for the employee's failure to contact the MRO, the MRO will direct that an analysis of the split sample be performed. If the MRO concludes that there is no legitimate explanation, the MRO is not required to direct the analysis of the split specimen.

If, after the MRO makes all reasonable efforts (and documents them), the MRO is unable to reach the individual directly, the MRO will contact a designated Provider representative who will direct the employee to contact the MRO as soon as possible. If, after making all reasonable efforts, the designated Provider representative is unable to contact the employee, Provider may place the employee on temporary unqualified status or medical leave.

The MRO will report each verified test result to the person designated by Provider to receive the results. Reporting of a verified positive result or taking action required as a result of a positive drug test will not be delayed pending the split sampling analysis. The MRO will maintain all necessary records and send test result reports to Provider's Drug and Alcohol Program Manager (or a designated representative).

The MRO will also report all negative drug tests which indicate the urine was diluted. It is Provider policy to ensure that the retesting of employees is consistent and therefore require the immediate retesting for all negative pre-employment reasonable suspicion, return to duty and follow-up testing where results have indicated a diluted urine sample. Such re-collections will not be collected under direct observation, unless there is another basis for use of direct observation.

#### B. Alcohol Testing

##### 1. Breath Testing Procedures

When ordered to do so by Provider, an employee shall submit to breath alcohol testing through the use of an evidential breath testing device ("EBT"). Upon arrival at the collection site, the employee's identity will be verified through the use of a photo identification card or through a representative designated by Provider. The testing procedures will be explained to the employee after which the employee and a breath alcohol technician ("BAT") designated by Provider will complete, date and sign the alcohol testing form.

The BAT will inform the employee of the need to conduct a screening test. The BAT and the employee will read the sequential test number displayed by the EBT. The BAT will open an individually sealed, disposable mouthpiece in view of the employee and attach it to the EBT. The BAT will instruct the employee to blow forcefully into the mouthpiece for at least six seconds or until an adequate amount of breath has been obtained. Following the screening test, the BAT will show the employee the result displayed on the EBT or the printed result. If the result of the screening test is an alcohol concentration of less than 0.02, no further testing is required and the test will be reported to Provider as a negative test. The employee may then return to his/her safety-sensitive position. If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed. The confirmation test will be conducted at least fifteen (15) minutes, but not more than thirty (30) minutes, after the completion of the initial test. This delay prevents any accumulation of alcohol in the mouth from leading to an artificially high reading. The employee will be instructed not to eat, drink, or put any object or substance in his/her mouth. The BAT will instruct the employee not to belch to the extent possible while awaiting the confirmation test. The BAT will inform the employee that the test will be conducted at the end of the waiting period, even if the employee has disregarded the instructions.

Before the confirmation test is administered, the BAT will conduct an air blank on the EBT. If the reading is greater than 0.00, the BAT will conduct one more air blank. If the second air blank is greater than 0.00, the EBT will not be used to conduct the test. The confirmation test will be conducted using the same procedure as the screening test. A new mouthpiece will be used.

If the initial and confirmatory test results are not identical, the confirmation test result will be deemed to be the final result. If the result displayed on the EBT is not the same as that on the printed form, the test will be cancelled and the EBT removed from service.

The BAT will sign and date the alcohol testing form. The employee will sign and date the certification statement, which includes a notice that the employee cannot perform safety-sensitive duties or operate a motor vehicle if the results are 0.02 or greater. The BAT will attach the alcohol test result printout directly on to the alcohol collection form with tamper proof tape (unless the results are printed directly on the form).

If a screening or confirmatory test cannot be completed, the BAT will, if practicable, begin a new alcohol testing form with a new sequential test number. Refusal by an employee to complete and sign the alcohol testing form, to provide breath, or otherwise to cooperate with the collection process will be noted on the form and the test will be terminated.

## 2. Notification

The BAT will transmit all non-negative results to a designated Provider representative immediately.

3. Positive Test Results at Designated Threshold Levels

The event of a test result of 0.02 or greater but less than 0.04, the employee shall be removed from duty for at least eight hours following the administration of the test. **Separate from any FTA requirements**, in no event will the employee be allowed to return to duty unless he/she passes a return to duty alcohol test showing an alcohol concentration of less than 0.02.

In the event of a federally mandated test result equal to or greater than 0.04, the employee shall be prohibited from performing any safety-sensitive duties until he/she has been evaluated by a substance abuse professional and has passed a return to duty test.

C. Substance Abuse Professional (SAP) Evaluation

Any individual who has a verified positive drug test result or a breath alcohol concentration of 0.04 or greater will be advised of the resources available to evaluate and resolve problems associated with drug abuse or alcohol misuse, including the names, addresses, and telephone numbers of substance abuse professionals and counseling and treatment programs. The employee also will be assessed by a substance abuse professional ("SAP") designated by Provider who will determine what assistance the employee needs in resolving problems associated with prohibited drug use or alcohol misuse.

As of the revised date of the policy, Provider has contracted with (name of Employee Assistance Program provider, address and contact number) As discussed in Section III, B. of this policy, the EAP is designed to assist Provider employees with personal problems, including problems associated with drug abuse or alcohol misuse.

The SAP will carry out the following responsibilities:

- Evaluate whether an employee who has refused to submit to a drug or alcohol test or who has a positive test result is in need of assistance in resolving problems associated with drug use or alcohol misuse.
- Evaluate whether any employee who previously tested positive and desires to return to work has properly followed the SAP's recommendations for treatment. Recommend whether a returning employee who previously tested positive for drug use also should be subject to return to duty and/or follow-up testing for alcohol misuse.
- Document all contacts with referred employees and present regular periodic reports to Provider's drug and alcohol program manager or his/her designee.
- Recommend whether a returning employee who previously tested positive for alcohol misuse also should be subject to return to duty and/or follow-up testing for drug use.

The foregoing applies to FTA-mandated testing only.

## VI. Enforcement of Policy Through Discipline

Separate from any FTA requirement Provider will under its own authority exercise the following discipline as a result of drug and or alcohol misuse.

### A. Pre-Employment

Any applicant who tests positive for drugs and/or alcohol will be disqualified from consideration for a safety-sensitive position with Provider.

### B. Reasonable Suspicion

Any employee who tests positive for drugs and/or alcohol pursuant to a reasonable suspicion test administered under this policy will be discharged.

### C. Post-Accident

Any employee involved in an accident who tests positive for drugs and/or alcohol pursuant to a test administered under this policy will be discharged.

### D. Random

Any employee who tests positive for drugs and/or alcohol pursuant to a random test administered under this policy will be discharged.

### E. Return to Duty

Any employee who tests positive for drugs and/or alcohol pursuant to a return to duty test administered under this policy will be discharged.

### F. Follow-Up

Any employee who tests positive for drugs and/or alcohol pursuant to a follow-up test administered under this policy will be discharged.

### G. Refusal to Take Test and/or Non-Compliance with Test Procedures

Any employee who refuses to submit to any drug or alcohol test administered under this policy, to complete and sign the requisite testing forms, or otherwise to cooperate with the testing process in a way that prevents the completion of the test will be discharged.

### H. Inability to Provide Adequate Amount of Urine Specimen or Breath

Any applicant or employee who is unable to provide an adequate amount of urine specimen for drug testing will be directed to drink up to forty (40) ounces of fluid, distributed reasonably through a period of up to three(3) hours, or until the employee has provided a new urine specimen, whichever occurs first.

In all cases involving an employee who cannot provide an adequate specimen within the three (3) hour period, a Provider designated MRO shall refer the employee for a medical evaluation to develop pertinent information concerning whether the employee's inability to provide a specimen is genuine or constitutes a refusal to provide a specimen.

If the former, Provider will make whatever accommodation is reasonable in light of all circumstances relevant to the case. If the latter, the employee's failure to provide an adequate amount of urine will be discharged. In pre-employment testing involving an applicant who cannot provide an adequate specimen with the three (3) hour period, the applicant will be disqualified from consideration for employment with Provider (without resort to an MRO referral).

An employee who is unable to provide an adequate amount of breath for alcohol testing will be directed to obtain an evaluation from a licensed physician who is acceptable to Provider concerning the employee's medical ability to provide an adequate amount of breath. If the physician concludes that a medical condition has or could have precluded the employee from providing an adequate amount of breath, the employee's failure to do so will not be regarded as a refusal to take the test. If the physician is unable to make such a determination, the employee's failure to provide an adequate amount of breath will be regarded as a refusal to take the test and the employee will be discharged. An applicant who is unable to provide an adequate amount of breath for alcohol testing will be disqualified from consideration for employment with Provider (without referral to a physician).

I. Urine Specimen Alteration

In any case where it has been determined that an employee has altered or attempted to alter his/her urine specimen for a drug test administered under this policy, the employee will be discharged. In any case where it has been determined that an applicant has altered or attempted to alter his/her urine specimen for a drug test administered under this policy, the applicant will be disqualified from consideration for employment with Provider.

J. Unsatisfactory Employee Assistance Program Participation

An employee allowed entry into Provider's EAP who fails to participate in the recommended treatment program, fails to comply with the terms of his/her EAP plan, or refuses to take a drug and/or alcohol screen when ordered to do so will be discharged.

K. Conviction for a Violation of a Criminal Drug Statute

As a condition of employment with Provider, an employee must notify Provider in writing of his/her conviction for a violation of any criminal drug statute no later than five (5) calendar days after such conviction. Any employee convicted for such a violation occurring on Provider property will be discharged. In all other cases, discipline up to and including discharge will be issued based upon all circumstances relevant to the case.

L. Applicability of Policy to Provider Contractors

All Provider contractor employees who are engaged in the performance of safety-sensitive functions for Provider are subject to the provisions of this policy pertaining to *Deterrence (Section 111A)*, *Provisions for Drug and Alcohol Testing (Section IV)*, and *Methodology (Section V)*. Employees of third party contractors which operate transportation service for Provider contractors who are engaged in the performance of safety-sensitive functions also are subject to these provisions. Provider does not mandate the application of other provisions of this policy relating to *Treatment and Rehabilitation (the Employee Assistance Program, Section III)* and *Rehabilitation Policy Through Discipline (Section VI)* to contractor employees. These areas are left to the contractor's discretion. However, any contractor employee who violates Provider's policies in *Deterrence, Provisions for Drug And Alcohol Testing*, and *Methodology* will not be allowed to perform safety-sensitive functions in Provider-funded service.



Contractors are required to ensure compliance with the applicable provisions of Provider's policy and must provide timely data to Provider, as requested by Provider, in order that Provider may include such information in its mandated reports to DOT.

Provider will make every reasonable effort to assist contractors in compliance, which may include offering Provider-obtained services for testing, MRO and SAP reviews, and education and training, for the fee(s) charged to Provider.

## **Appendix A**

### **Terms and Definitions**

<b>Adulterated Specimen</b>	A specimen that has been altered, as evidenced 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.
<b>Air Blank</b>	A reading by an EBT of ambient air containing no alcohol.
<b>Alcohol</b>	The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl or isopropyl alcohol.
<b>Alcohol Concentration</b>	The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test.
<b>Alcohol Use</b>	The consumption of any beverage, mixture, or preparation including any medication, containing alcohol.
<b>Aliquot</b>	A portion of a specimen used for testing.
<b>Breath Alcohol Technician (BAT)</b>	An individual who instructs and assists individuals in the alcohol testing process and operates an EBT.
<b>Cancelled or Invalid Test</b>	In drug testing, a drug test that has been declared invalid by a Medical Review Officer. A cancelled test is neither a positive nor a negative test. A sample that has been rejected for testing by a laboratory is treated the same as a cancelled test. In alcohol testing, a test that is deemed to be invalid is neither a positive nor a negative test.
<b>Collection Container</b>	A container into which the employee urinates to provide the urine sample used for a drug test.
<b>Collection Site</b>	A place designated by Provider where individuals present themselves for the purpose of providing a specimen of their urine to be analyzed for the presence of drugs.
<b>Collection Site Person</b>	A person who instructs and assists individuals at a collection site and who receives and makes a screening examination of the urine specimen provided by those individuals.

<b>Confirmation (or Confirmatory) Test</b>	In drug testing, a second analytical procedure performed on a different aliquot of the original specimen to identify the presence of a specific drug or metabolite that is independent of the screening test and that uses a different technique and chemical principle from that of the screening test to ensure reliability and accuracy. (Gas chromatography/mass spectrometry [GC/MS] is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine.) In alcohol testing, a second test, following a screening test with a result of 0.02 or greater that provides quantitative data of alcohol concentration.
<b>Contractor</b>	A person or organization that provides a service for Provider consistent with a specific understanding or arrangement. The understanding can be a written contract or an informal arrangement that reflects an ongoing relationship between the parties.
<b>Controlled Substance</b>	The substances defined and included in the Schedules of Article II of the Illinois Controlled Substances Act, 720 ILCS 570/201 <u>et seq.</u>
<b>DHHS</b>	The U.S. Department of Health and Human Services or any designee of the Secretary of the Department of Health and Human Services.
<b>DOT</b>	The Department of Transportation or any designee of the Secretary of the Department of Transportation.
<b>Drug Metabolite</b>	The specific substance produced when the human body metabolizes a given prohibited drug as it passes through the body and is excreted in urine.
<b>Drug Test</b>	The laboratory analysis of a urine specimen collected in accordance with regulations promulgated by the DOT and analyzed in a DHHS-approved laboratory.
<b>Evidential Breath Testing Device (EBT)</b>	An EBT approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's "Conforming Products List of Evidential Breath Measurement Devices (CPL).
<b>FTA</b>	Federal Transit Administration

<b>Initial Drug Test</b>	(Also known as a "Screening drug test"). The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.
<b>Initial Specimen Validity Test</b>	The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid.
<b>Invalid Drug Test</b>	The result reported by an HHS-certified laboratory in accordance with the criteria established by HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.
<b>Laboratory</b>	Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.
<b>Limit of Detection (LOD)</b>	The lowest concentration at which a measurant can be identified, but (for quantitative assays) the concentration cannot be accurately calculated.
<b>Limit of Quantitation</b>	For quantitative assays, the lowest concentration at which the identity and concentration of the measurant can be accurately established.
<b>Medical Review Officer (MRO)</b>	A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by Provider's 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 results together with his or her medical history and any other relevant biomedical information.
<b>Narcotic</b>	The substance defined and included in Section 102 of the Illinois Controlled Substances Act, 720 ILES 570/102.
<b>Negative Result</b>	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.

**Pass a Drug Test**

An individual passes a drug test when a Medical Review Officer determines, in accordance with procedures established by the DOT, that the results of the test:

- Showed no evidence or insufficient evidence of a prohibited drug or drug metabolite
- Showed evidence of a prohibited drug or drug metabolite for which there was a legitimate medical explanation
- Were scientifically insufficient to warrant further action

**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.

**Prescribed Drug**

Any controlled substance or narcotic prescribed by a qualified, licensed health provider.

**Positive Result.**

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

**Prohibited Drug**

Marijuana, Cocaine, Opiates, Amphetamines, or Phencyclidine

**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 a specimen because of a fatal flaw or a correctable flaw that is not corrected.

**Safety-Sensitive Position**

A duty, position, or job category that requires the performance of a safety-sensitive function(s).

**Split Specimen Collection.**

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

<b>Screening Test (or Initial Test)</b>	In drug testing, an immunoassay screen to eliminate "negative" urine specimens from further analysis. In alcohol testing, an analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath specimen.
<b>Shipping Container</b>	A container capable of being secured with a tamper-evident seal that is used to transfer one or more urine specimen bottle(s) and associated documentation from the collection site to the laboratory.
<b>Specimen Bottle</b>	The bottle that, after being labeled and sealed, is used to transmit a urine sample to the laboratory.
<b>Split Specimen</b>	An additional specimen collected with the original specimen to be tested in the event the original specimen tests positive.
<b>Substance Abuse Professional (SAP)</b>	A licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, state-licensed or certified marriage and family therapist or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission), with knowledge of and clinical experience in the diagnosis and treatment of drug- and alcohol-related disorders.
<b>Validity Testing</b>	Tests conducted by the laboratory designed to deter and detect attempts to adulterate or substitute specimens.
<b>Volunteer</b>	A permanent, temporary, or part-time worker who is not compensated for his/her services unless involved either in the operation of a vehicle designed to transport sixteen or more passengers, including the driver, or in the provision of a charitable service with the expectation of receiving a benefit. The term volunteer includes any van pool driver who pursuant to FTA regulations is not subject to drug or alcohol testing.

**Appendix B**  
**Safety-Sensitive Positions**

(List titles of safety sensitive employees)





## ACKNOWLEDGEMENT FORM


This form must be completed and returned to the Vanpool Office

I do hereby acknowledge that WASHINGTON TOWNSHIP has adopted the attached Drug and Alcohol Testing Policy and Program and/or is in compliance with standards outlined in Pace's Drug and Alcohol Testing Policy and Program. Please include a copy of the board resolution.

Municipality Name: WASHINGTON TOWNSHIP

Municipality Address: 30200 TOWN CENTER ROAD

BEECHER, IL 60401

Authorized Signature: 

Name (print): ROBERT E HOWARD  
(Authorized Representative of Municipality)

Title: WASHINGTON TOWNSHIP SUPERVISOR

Date: 4.13.10

Effective Date: 4-13-10



PLEASE COMPLETE THIS FORM AND RETURN TO **Beth Flynn** AT:

Pace Vanpool Office  
550 West Algonquin Road  
Arlington Heights, IL 6005-4412

COPY

