

**COMMUNITY ACTION
OF
ORLEANS & GENESEE**

**SUBSTANCE-FREE
WORKPLACE POLICY**

AND

SUBSTANCE TESTING POLICY

FOR

CDL DRIVERS



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CHAPTER ONE

INTRODUCTION

POLICY STATEMENT AND SUMMARY

Community Action of Orleans and Genesee, Inc. (hereinafter referred to as COMMUNITY ACTION) is committed to protecting the health, safety, and welfare of all employees, eliminating accidents that result from the use of alcohol and illegal drugs, and to preserving high performance standards. As such, the use of alcohol or illegal drugs in the workplace, or as it affects the workplace, is prohibited and will not be tolerated. The Agency expects all covered employees to strictly adhere to this policy.

As an outgrowth of the Omnibus Transportation Employee Testing Act of 1991, the Federal Department of Transportation (DOT) issued new rules on February 15, 1994, that expanded drug and alcohol testing requirements for covered employees. As a covered employer, COMMUNITY ACTION is required to develop policies to comply with these requirements. This manual describes the Agency's policies on the use of alcohol and controlled substances in the workplace and the rules and procedures for testing for such substances.

This manual is comprised of two components:

- ① **Substance-Free Workplace Policy**
- ② **Substance Testing Policy**

SAVINGS CLAUSE

In the event that any of the provisions, portions, or applications of this policy are found to be invalid or inconsistent with any superseding legal requirements by any tribunal of competent jurisdiction, then the provisions, portions, or applications specified in such decision shall be of no force and effect, but the remainder of this policy shall continue to be in full force and effect.

POLICY REVISIONS

COMMUNITY ACTION reserves the right to interpret, add to, or revise any part of the Agency's Substance-Free Workplace Policy and Substance Testing Policy. Moreover, these policies may be subject to alteration by changes in federal or state legislation, rules, and/or regulations.

PROGRAM MANAGER

The Executive Director or their designee will serve as COMMUNITY ACTION's Program Manager. Responsibilities of the Program Manager include, but are not limited to, the following:

- a) Acting as a liaison between the laboratory, collection site, Medical Review Officer (MRO), and COMMUNITY ACTION;
- b) Notifying employees who are to be tested based on random selections; and
- c) Documenting procedures and reporting requirements.

QUESTIONS

Covered employees who have questions regarding these policies should direct them to the Program Manager. The Program Manager and/or supervisors may call **HR ONE Human Resource Consultants** at either of the following locations:

Syracuse Office

P.O. Box 118
220 West Manlius Street
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60 Lyncourt Park
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CHAPTER TWO

TERMS AND DEFINITIONS

For purposes of clarity and understanding, the following definitions apply to COMMUNITY ACTION's Substance-Free Workplace Policy and Substance Testing Policy:

Accident - An occurrence involving a commercial motor vehicle operating on a public road which results in:

- (i) A fatality; or
- (ii) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
- (iii) One or more motor vehicles incurring *disabling damage* as a result of the accident, requiring the vehicle to be transported away from the scene by a tow truck or other vehicle.

Alcohol - To include the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

Aliquot - A portion of a urine specimen used for testing.

Applicant - An individual applying for a job at COMMUNITY ACTION that entails driving a commercial motor vehicle that requires a CDL to operate or which is in any other way subject to DOT substance testing regulations. An applicant also includes an employee of COMMUNITY ACTION in a non-covered position who is applying for a covered position.

Breath Alcohol Technician (BAT) - An individual who instructs and assists individuals in the alcohol testing process and who operates an Evidential Breath Testing Device (EBT). A BAT must complete a course of instruction for operation of an EBT as developed by the DOT.

Chain of Custody - Procedures to account for the integrity of each urine specimen by tracking its handling and storage from point of collection to final disposition of the specimen.

Collection Site - A place or places designated by COMMUNITY ACTION where employees must report for the purpose of providing a urine specimen to be analyzed for the presence of drugs and/or a breath test to be analyzed for the presence of alcohol.

Collection Site Person - A person who instructs and assists employees at a collection site. A collection site person also receives and makes the initial exam of the urine specimen provided. A collection site person will be a licensed medical professional or technician who has been trained in specimen collection.

Commercial Motor Vehicle - A motor vehicle or a combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle has a gross combination weight of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating (GVWR) of more than 10,000 pounds; or has a GVWR of 26,001 or more pounds; or is designed to transport 16 or more passengers, including the driver; or is of any size and is used in the transportation of materials (both intrastate and interstate) found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Material Regulations (49 CFR part 172, subpart F).

Commercially Licensed Driver or Driver - An individual that is employed by COMMUNITY ACTION who operates a commercial motor vehicle and is subject to federal CDL requirements as defined by the FMCSA.

Confirmation Test - For alcohol, this means a second test, following a screening test with a result of 0.02 or greater that provides quantitative data of alcohol concentration. For drug testing, this means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the screening test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy. At present, gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine.

Covered Employee - An individual that is employed by COMMUNITY ACTION who operates a commercial motor vehicle and is subject to federal CDL requirements as defined by the FMCSA. This includes, but is not limited to, full-time, part-time, casual, intermittent, or occasional employees; leased employees; and independent, owner-operator contractors who are either directly employed by, or under lease to, COMMUNITY ACTION or who operate a commercial motor vehicle at the direction of, or with the consent of, the Agency.

Covered Position - A position which requires an employee to operate a commercial motor vehicle and possess a commercial driver's license, or which is in any other way subject to FMCSA substance testing regulations.

DOT Agency - An agency of the United States DOT that administers regulations and requires compliance. For the purpose of this policy, the Federal Motor Carrier Safety Administration (FMCSA) is the DOT agency with which our substance-testing program is modeled after.

Drugs or Controlled Substances - For the purpose of this policy, the terms "drugs" and "controlled substances" are interchangeable and have the same meaning. In accordance with the federal regulations, drugs or controlled substances will mean and refer to marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

Employee – Any individual employed by COMMUNITY ACTION.

Evidential Breath Testing (EBT) Device - A device for the evidential testing of a covered employee's breath that is approved by the National Highway Traffic Safety Administration and identified on NHTSA's Conforming Products List of Evidential Breath Measurement Devices (CPL), and identified as conforming with the model specifications available from the National Highway Traffic Safety Administration, Office of Alcohol and State Programs.

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

Safety-Sensitive Function -

1. All time at a carrier or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier;
2. All time inspecting equipment as required by 49 CFR, Sections 392.7 and 392.8, or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
3. All driving time as defined in the term driving time in Section 395.2;
4. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth as defined by the term sleeper berth in Section 395.2;
5. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Screening Test or Initial Test - For the purpose of alcohol testing, an analytical procedure to determine whether an individual may have a prohibited concentration of alcohol in his or her system. For the purpose of controlled substance testing, an immunoassay screen to eliminate "negative" urine specimens from further consideration.

Substance Abuse Professional (SAP) - A licensed physician (e.g., medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse) with knowledge of, and clinical experience in, the diagnosis and treatment of alcohol and controlled substances-related disorders. A SAP must meet basic knowledge, qualification training, and continuing education requirements as set forth in 49 CFR Part 40 of the regulations.

CHAPTER THREE

SUBSTANCE-FREE WORKPLACE POLICY

COMPLIANCE WITH DRUG-FREE WORKPLACE ACT

The Federal Drug-Free Workplace Act of 1988 requires COMMUNITY ACTION to certify that it will provide a drug-free workplace. COMMUNITY ACTION complies with the Act in addition to the Omnibus Transportation Employee Testing Act of 1991.

COVERAGE

COMMUNITY ACTION's Drug-Free Workplace Policy applies to all individuals who are employed by the Agency.

PROHIBITED CONDUCT

An employee is prohibited from using, selling, distributing, dispensing, possessing, purchasing, storing, manufacturing, or having any alcoholic beverage, illegal drugs, or any other intoxicating substance present in the employee's system when reporting to work, during working hours, on Agency property, in an Agency, leased, rental, or personal vehicle being used for Agency business, or at any other time or location while conducting business-related activities. Further, illegal drug paraphernalia, such as pipes and needles, are prohibited on Agency premises, at work sites, and in Agency, leased, rental, and personal vehicles being used for Agency business.

USE OF PRESCRIPTION AND OVER-THE-COUNTER DRUGS

Prescription drugs must be in the possession of the individual to whom the prescription was written, taken in the dosage prescribed, and maintained in their original containers. Employees in public safety or safety-sensitive positions must inform their supervisors of any prescription or legal, nonprescription (i.e., over-the-counter) drugs they are currently taking that could in any way affect or impair the employee's ability to perform the job safely. The legal use of prescribed and over-the-counter drugs is permitted on the job only if it does not impair an employee's ability to perform the job safely and if it does not affect the safety or well being of other individuals in the workplace.

DISCIPLINARY ACTION

An employee who, after investigation, is found to have violated this policy may be subject to criminal, civil, and disciplinary penalties, up to and including termination from employment. An employee may also be referred for counseling or rehabilitation and must satisfactorily complete the treatment program as a condition of continued employment.

EMPLOYEE ASSISTANCE

It is COMMUNITY ACTION's policy to work with an employee suffering from substance abuse so that he or she will receive assistance necessary to overcome dependency. An employee seeking such assistance is encouraged to contact his or her supervisor or a treatment facility directly to discuss the situation before problems begin to surface in the workplace. Any disclosures made by an employee will be treated as strictly confidential, to the greatest extent practicable. An employee's decision to seek assistance will not be used as the basis for disciplinary action nor used against the employee in any disciplinary proceeding. A list of alcohol and drug treatment facilities may be found in Chapter Nine.

EMPLOYEE RESPONSIBILITIES

As a condition of COMMUNITY ACTION maintaining its federal grant(s), each employee must abide by this policy and notify his or her supervisor of any drug-related criminal conviction occurring in the workplace within five calendar days of the conviction.

An employee should report any problems in the workplace that occur as a result of alcohol or drugs to the employee's supervisor immediately. This includes an employee's own problems or those that are the result of others.

COMMUNITY ACTION'S RESPONSIBILITIES

COMMUNITY ACTION will notify the granting federal agency within ten days after receiving notice from an employee of a drug-related criminal conviction occurring in the workplace or otherwise receiving actual notice of such conviction.

In addition, the Agency will take appropriate disciplinary action against the employee within 30 days of receiving notice of the conviction and/or require the employee to satisfactorily participate in drug abuse assistance or rehabilitation program pursuant to Sections 702 and 703 of the Drug-Free Workplace Act.

NON-DISCRIMINATION POLICY

COMMUNITY ACTION will not discriminate against an applicant or employee because of past substance abuse provided it can be demonstrated that the applicant/employee has received appropriate treatment and tests negative for controlled substance use. It is the current use of alcohol and controlled substances that will not be tolerated in the workplace.

CHAPTER FOUR

SUBSTANCE TESTING POLICY

Most of the rules and procedures pertaining to alcohol and controlled substances testing are established in the federal regulations established under the Omnibus Transportation Act of 1991. However, certain issues were left to the independent authority of COMMUNITY ACTION, including, but not limited to, testing fees, rehabilitation costs, and disciplinary action. All provisions that are included in this policy that are not mandated by the federal regulations but are based on COMMUNITY ACTION's independent authority are identified herein as being independently authorized.

COMPLIANCE WITH FEDERAL TESTING ACT

COMMUNITY ACTION's Substance Testing Policy complies with the regulations established by the federal DOT pursuant to the Omnibus Transportation Employee Testing Act of 1991, Controlled Substances and Alcohol Use and Testing. All tests are administered in accordance with this policy and applicable federal regulations.

COVERAGE

COMMUNITY ACTION's Substance Testing Policy applies to all employees who operate a commercial motor vehicle and are subject to federal CDL requirements as defined in Chapter Two. This includes, but is not limited to, full-time, part-time, casual, intermittent, or occasional employees; leased employees; and independent, owner-operator contractors who are either directly employed by, or under lease to, COMMUNITY ACTION or who operate a commercial motor vehicle at the direction of, or with the consent of, the Agency.

EDUCATION

COMMUNITY ACTION will provide covered employees and supervisors with educational materials that explain the requirements of the federal regulations and the Agency's policies and procedures with respect to meeting these requirements. In compliance with the Act, this manual includes information on the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or controlled substances problem; and available methods of intervening when an alcohol or controlled substances problem is suspected, including referral to an employee assistance program and/or referral to management.

SUPERVISORS' RESPONSIBILITIES

Supervisors are responsible for implementing and enforcing the rules and procedures of COMMUNITY ACTION's Substance Testing Policy. This includes observing the performance and behavior of employees, documenting behavior/incidents that may be due to alcohol or drug use on the appropriate forms, and notifying the Program Manager if they identify a covered employee whom they have reason to believe has consumed alcohol or drugs or has otherwise violated this policy. Supervisors must attend training in controlled substance use and alcohol misuse detection.

PROHIBITED CONDUCT

1. **Alcohol** - A covered employee is prohibited from engaging in any of the following activities:
 - a) reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater;
 - b) being on duty or operating a commercial motor vehicle while the employee possesses alcohol unless the alcohol is manifested or transported as part of a shipment. This includes the possession of medicines containing alcohol (prescription or over-the-counter), unless the packaging seal is unbroken;
 - c) using alcohol while performing safety-sensitive functions;
 - d) using alcohol within four hours preceding the performance of safety-sensitive functions;
 - e) refusing to submit to an alcohol test required by post-accident, random, reasonable suspicion, return-to-duty, or follow-up testing requirements; and
 - f) if required to submit to a post-accident alcohol test, using alcohol during eight hours following the accident, or until the employee undergoes a post-accident alcohol test, whichever occurs first.
2. **Controlled Substances** - A covered employee is prohibited from engaging in any of the following activities:
 - a) reporting for duty or remaining on duty requiring the performance of safety-sensitive functions when an employee uses any controlled substance, except when the use is pursuant to the instructions of a physician who has advised the employee that the substance does not adversely affect the employee's ability to safely operate a commercial motor vehicle or perform safety-sensitive functions;
 - b) reporting for duty, remaining on duty, or performing safety-sensitive functions if the employee tests positive for controlled substances; and

- c) refusing to submit to a controlled substance test required by post-accident, random, reasonable suspicion, return-to-duty, or follow-up testing requirements.

CONSEQUENCES FOR ENGAGING IN PROHIBITED CONDUCT

In accordance with federal regulations, the consequences for engaging in prohibited conduct are summarized below. In addition to these consequences, a covered employee will be subject to appropriate disciplinary action (refer to the Disciplinary Action section, below).

1. Removal from Safety-Sensitive Functions

An employee who has engaged in prohibited conduct will not perform, or be permitted to perform, safety-sensitive functions as defined in Chapter Two.

2. Referral, Evaluation, and Treatment

An employee who has engaged in prohibited conduct will:

- a) be advised of the resources available in evaluating and resolving problems associated with the misuse of alcohol and use of controlled substances, including the names, addresses, and telephone numbers of SAPs and counseling and treatment facilities;
- b) be evaluated by a SAP who will determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse and controlled substances use. The SAP must, at a minimum, recommend education when an employee tests positive for alcohol or illegal drugs. Education recommendations can include, but are not limited to, bona fide drug and alcohol education courses, self-help groups, and community lectures;
- c) undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 if the conduct involved alcohol, or a controlled substances test with a verified negative result if the conduct involved a controlled substance;
- d) be subject to a follow-up evaluation with the SAP prior to being allowed to perform safety-sensitive functions to determine if the covered employee has successfully complied with the SAP's initial assessment and evaluation recommendations;

- e) be subject to unannounced follow-up alcohol and controlled substances tests administered by COMMUNITY ACTION following the employee's return to duty. The number and frequency of such follow-up testing will be as directed by the SAP and must consist of at least six tests in the first 12 months following return to duty. COMMUNITY ACTION may direct the employee to undergo return-to-duty and follow-up testing for both alcohol and controlled substances if the SAP determines that such testing is necessary. Follow-up testing shall not exceed 60 months from the date of the employee's return to duty. The SAP may terminate the requirement for follow-up testing at any time after the first six tests have been administered if he or she determines that such testing is no longer necessary; and
- f) participate in continuing education and/or treatment, in addition to follow-up substance testing, if recommended by the SAP to assist the covered employee in maintaining sobriety or abstinence from drug use.

When an employee is terminated due to violating COMMUNITY ACTION's substance testing policy, the Agency will provide the former employee with a list of qualified SAPs as required by the DOT regulations. The Agency has no further obligation to facilitate the referral to the SAP, ensure that the evaluation takes place, or to pay for such evaluation.

DISCIPLINARY ACTION

Independent of the requirements of the Omnibus Transportation Testing Act of 1991 and the regulations promulgated thereunder, a covered employee who has violated the prohibited conduct under the Substance Testing Policy will be subject to the disciplinary action outlined below.

The use of progressive discipline is discretionary. COMMUNITY ACTION reserves the right to deviate from the disciplinary steps outlined below at its sole discretion and to determine the appropriate disciplinary action to be taken for any employee who violates the Substance Testing Policy, including retaining the right to terminate an employee immediately.

1. First Positive Alcohol or Drug Test

An employee who receives either a first verified positive drug test result or a first alcohol concentration test result greater than or equal to 0.04 must leave the worksite and will be suspended for thirty (30) calendar days without pay.

2. Second Positive Alcohol or Drug Alcohol Test

An employee who receives a second positive alcohol concentration test result greater than or equal to 0.04 or verified positive drug test result will be required to leave the work site and will be terminated from employment.

3. **Alcohol Concentration Greater than or Equal to 0.02 but Less than 0.04**

If a covered employee receives an alcohol concentration test that is greater than or equal to 0.02 but less than 0.04, the employee shall not be permitted to perform any safety-sensitive functions for the Agency until the employee's next scheduled work shift, providing that 24 hours have elapsed. The employee will be required to leave the work site and will be suspended without pay for 24 hours. The employee will not be permitted to return to work until the start of the employee's next work shift following the suspension. All time not worked will be without pay.

An employee who has a second alcohol concentration test result greater than or equal to 0.02 but less than 0.04 will be subject to further disciplinary action, up to and including termination.

4. **Refusal to Submit to Alcohol or Drug Test**

A covered employee may not refuse to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or drug test.

In accordance with federal regulations, the following are considered a refusal to take a DOT drug or alcohol test:

- a) failing to appear at the collection site for any test (except pre-employment/pre-duty testing) within a reasonable time, as determined by the Agency [or third party administrator (TPA)] and consistent with DOT regulations, after being directed to do so by COMMUNITY ACTION;
- b) refusal to sign the certification statement at step 2 on the Alcohol Testing Form;
- c) failing to remain at the testing site until the testing process is complete;*
- d) In the case of an observed collection, failure to follow the observer's instructions to raise and lower clothing and to turn around to permit the observer to determine if there is any prosthetic or other device that could be used to interfere with the collection process;
- e) failing to provide a urine specimen for a drug test;*
- f) failing to provide adequate breath for alcohol testing when a physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
- g) failing to provide a sufficient amount of urine for a drug test as directed when it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure. In the case of a direct observation or monitored collection, failure to permit the observation or monitoring;
- h) admitting to the collector or MRO that the specimen was adulterated or substituted;

- i) possessing or wearing a prosthetic or other device that could be used to interfere with the collection process;
- j) behaving in a confrontational way that disrupts the collection process;
- k) refusing to wash his or her hands after being directed to do so;
- l) failing to cooperate with any part of the testing process or engaging in conduct that clearly obstructs the testing process;
- m) declining to take a second test that COMMUNITY ACTION or the collector has directed the applicant/employee to take;
- n) failing to undergo a medical examination or evaluation as directed by the MRO as part of the verification process or as directed by the Program Manager. For pre-employment/pre-duty drug testing, this applies only if the test is conducted following a contingent offer of employment; or
- o) the MRO reports the employee as having a verified adulterated or substituted test result.*

* This does not apply to an applicant/employee who leaves the testing site before the testing process for pre-employment/pre-duty testing begins.

Refusal to submit to any alcohol or drug test is equivalent to a positive test result. A covered employee who refuses to submit to an alcohol or drug test must leave the worksite immediately and will be terminated from employment.

5. An employee shall be subject to further and additional discipline, up to and including termination, upon failure to adhere to the SAP's recommended treatment plan and/or upon failure to return to work after the thirty (30) calendar day suspension.

REQUIRED TESTS

The following section describes the types of substance testing that are required under DOT regulations and COMMUNITY ACTION policy.

1. Pre-Employment and Pre-Duty Drug Testing

COMMUNITY ACTION shall require all final applicants for covered positions to be tested for the presence of a controlled substance as a pre-qualifying condition of employment. Pre-duty drug testing will be required where an employee transfers from a non-covered position to a covered position. Applicants/employees must receive a verifiable negative drug test result from the MRO before being allowed to perform safety-sensitive functions for the Agency.

An exception to pre-employment drug testing is allowed if all of the following conditions are met:

- a) the applicant must have participated in a drug testing program meeting all DOT requirements within the previous 30 days; and
- b) while participating in this program, the applicant must have either been tested for controlled substances in the previous six months or participated in a random drug testing program during the previous 12 months; and
- c) the applicant's previous employer does not have a record of violations of any DOT controlled substance use rule for the applicant in the previous six months.

To take advantage of this exception, COMMUNITY ACTION must contact the testing program prior to using the applicant and obtain the following information:

- a) the name and address of the program, generally the applicant's prior and/or current employer;
- b) verification that the applicant participates or participated in the program;
- c) verification that the program conforms to the required procedures set forth in 49 CFR Part 40 of the federal regulations;
- d) verification that the applicant is qualified under this rule, including that the applicant has not refused to submit to an alcohol or drug test;
- e) the date the applicant was last tested for alcohol or drugs; and
- f) the results of any drug or alcohol test administered in the previous six months, and any violations of the alcohol misuse or drug rules.

If COMMUNITY ACTION uses an individual in a safety-sensitive position more than once a year but does not employ the individual, it must assure itself at least once every six months that such individual participates in a drug-testing program that meets the requirements of the federal regulations.

2. Reasonable Suspicion Testing

DOT regulations and COMMUNITY ACTION's policy require a covered employee to be tested for alcohol and controlled substance use when the employee's conduct gives the Agency reasonable suspicion to believe that the employee is under the influence of alcohol and/or controlled substances. The covered employee's behavior must be observed by at least one designated supervisor who has been trained in the detection of probable alcohol and/or drug use. Whether reasonable suspicion testing is conducted for alcohol and/or drugs, such testing must be based on observations concerning the covered employee's appearance, behavior, speech, or body odor.

Supervisors should contact the Program Manager in the event they identify a covered employee that they have reason to believe is impaired by alcohol or drugs.

If a trained supervisor requires a covered employee to undergo a reasonable suspicion alcohol and/or drug test, the employee will be escorted to the collection site by his or her supervisor or designee.

Alcohol Testing

Reasonable suspicion alcohol testing is authorized only if the required observations are made just before, during, or immediately after performing safety-sensitive functions. The mere possession of alcohol does not constitute a need for reasonable suspicion alcohol testing. A covered employee must also inform the appropriate supervisor if he or she has consumed alcohol four hours prior to the starting of the employee's shift. Reasonable suspicion alcohol testing will be conducted no more than two hours after the reasonable suspicion determination has been made, and in any event, within eight hours. If the testing is not performed within this two hour period, the Agency will prepare a report indicating the reason for not promptly administering the test. If the test is not administered within eight hours, COMMUNITY ACTION will cease attempts to administer the test and prepare another report indicating the reason for not administering the test.

Drug Testing

Reasonable suspicion drug testing is authorized at any time a covered employee is on duty only if the required report is made within 24 hours of the observation. Controlled substance reasonable suspicion testing must be performed within 32 hours of the supervisor's observation. If the testing is not performed within the 32 hour time period, a report will be prepared indicating the reason for not promptly administering the test.

3. Post-Accident Testing

A post-accident test for alcohol or controlled substances will be administered to each surviving covered employee following an accident as defined in Chapter Two, above, if the covered employee:

- a) was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
- b) receives a citation under state or local regulation for a moving traffic violation arising from the accident that meets the following thresholds:
 - (i) bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - (ii) one or more motor vehicles incurs disabling damage as a result of the accident, requiring the vehicle(s) to be transported away from the scene by a tow truck or other vehicle.

A covered employee should remain at the scene or be readily available to undergo testing for alcohol and/or controlled substance use. A covered employee who is subject to post-accident testing and who leaves the scene of an accident or fails to remain readily available for testing shall be deemed to have refused to submit to testing. Such a refusal will be considered in the same manner as if the employee had an alcohol test result of 0.04 or greater or a verified positive test for controlled substance use.

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

Alcohol Testing

All alcohol testing required by this provision will be performed as soon as possible, but not more than eight hours after the time of the accident. If the alcohol test is not administered within two hours of the accident, the Program Manager will prepare a report stating the reason the test was not promptly administered. If the alcohol test is not administered within eight hours of the accident, COMMUNITY ACTION will cease attempts to administer the test and the Program Manager will prepare a report stating why the alcohol test was not promptly administered.

Drug Testing

All controlled substance testing required by these provisions shall be performed as soon as practicable after the time of the accident but within 32 hours. If the controlled substance test is not administered within 32 hours, COMMUNITY ACTION will cease attempts to administer the test and the Program Manager will prepare a report stating the reason why the controlled substance test was not promptly administered.

The following table summarizes when a covered employee is subject to post-accident substance testing:

TYPE OF ACCIDENT INVOLVED	CITATION ISSUED TO THE CDL DRIVER	TEST MUST BE PERFORMED BY EMPLOYER
Human fatality	Yes	Yes
	No	Yes
Bodily injury with immediate medical treatment away from the scene	Yes	Yes
	No	No
Disabling damage to any motor vehicle requiring it to be towed away	Yes	Yes
	No	No

4. Random Testing

COMMUNITY ACTION shall implement a random selection process to select and request a covered employee be tested for the use of alcohol and controlled substances. COMMUNITY ACTION will ensure that all random alcohol and substance tests conducted are unannounced and that the dates for administering random tests are spread reasonably throughout the calendar year. The number of tests administered will equal 50% drug testing and 10% alcohol testing of the total number of covered employees eligible to receive them.

The selection of covered employees for random substance testing will be made by scientifically valid method. Under the selection process used, each covered employee will have an equal chance of being tested each time selections are made, without elimination. The desired effect, therefore, is that a covered employee may not be selected at all over the course of the year or he or she may be selected several times.

Each covered employee who is notified of selection for random alcohol and/or drug testing shall proceed to the collection site immediately, or, if the employee is performing a safety-sensitive function at the time of notification, the employee shall cease to perform the safety-sensitive function and proceed to the collection site as soon as possible.

A covered employee will only be tested for *alcohol* immediately prior to performing safety-sensitive functions, while performing safety-sensitive functions, or immediately following the performance of safety-sensitive functions.

5. Return-to-Duty and Follow-up Testing

Return-to-Duty Testing

A covered employee who returns to duty requiring the performance of a safety-sensitive function after engaging in prohibited conduct concerning alcohol must undergo a "return-to-duty" alcohol test with a result indicating an alcohol concentration of less than 0.02.

A covered employee who returns to duty requiring the performance of a safety-sensitive function after engaging in prohibited conduct concerning controlled substances must undergo a "return-to-duty" controlled substances test with a result indicating a verified negative result for controlled substances use.

Follow-Up Testing

A covered employee who returns to duty requiring the performance of a safety-sensitive function must undergo unannounced "follow-up" alcohol and controlled substance tests administered by COMMUNITY ACTION. The number and frequency of such follow-up testing will be as directed by the SAP and must consist

of at least six tests in the first 12 months following the employee's return-to-duty. COMMUNITY ACTION may direct the employee to undergo follow-up testing for both alcohol and controlled substances if the SAP determines that such follow-up testing is necessary.

Covered employees are only subject to follow-up alcohol testing immediately prior to performing safety-sensitive functions, while performing safety-sensitive functions, or immediately following the performance of safety-sensitive functions.

If a covered employee is subject to follow-up testing as a result of receiving a positive substance test result at a previous DOT covered employer, the follow-up testing requirements will remain in effect at COMMUNITY ACTION. In addition, follow-up testing continues through any break in service with COMMUNITY ACTION.

6. Split Specimen

When a final applicant/covered employee is tested for drugs, the urine specimen is subdivided into two bottles, one which is labeled "primary" specimen and the other labeled "split" specimen. Both bottles are sent to a laboratory. Only the primary specimen is opened and used for the urinalysis. The split specimen bottle remains sealed and is stored at the laboratory. If the analysis of the primary specimen confirms the presence of illegal, controlled substances, the MRO will notify the applicant/employee that he or she has 72 hours to make a verbal or written request to have the split specimen sent to another SAMHSA certified laboratory for analysis.

If an applicant/employee fails to request a test of the split specimen within 72 hours, he or she has the right to provide documentation to the MRO that serious injury, illness, lack of notice of the test result, inability to contact the MRO, etc., prevented him or her from making a timely request. If the MRO determines that there was a legitimate reason for the applicant's/employee's failure to meet the 72-hour deadline based on the information presented, the MRO must direct the test of the split specimen.

COMMUNITY ACTION will not refuse or delay an applicant's/employee's request for analysis of the split specimen for any reason, provided such request is made in accordance with the requirements set forth above.

If the laboratory determines that the primary specimen may have been adulterated or substituted, the MRO will review the test results to determine if there is a legitimate medical explanation for the results.

The MRO will review laboratory confirmed positive, adulterated, substituted, and invalid test results to determine if there are any fatal or correctable errors that may require the test to be cancelled, or in the case of adulterated or substituted test results, to determine if there is a legitimate medical explanation for such results.

If the MRO notifies an employee of a refusal to test because of adulteration or substitution, the employee has 72 hours to make a verbal or written request to have the split specimen tested. There is no split specimen testing for an invalid result.

SUBSTANCES FOR WHICH TESTS ARE ADMINISTERED

Testing is done for the presence of alcohol and the following five controlled substances, as specified by the DOT and COMMUNITY ACTION's policy:

1. Marijuana
2. Cocaine
3. Opiates
4. Amphetamines
5. Phencyclidine (PCP)

RESPONSIBILITY FOR TESTING COSTS

Independent of the requirements of the Omnibus Transportation Testing Act of 1991 and the regulations promulgated thereunder, pre-employment/pre-duty, reasonable suspicion, random, post-accident substance testing is paid for by COMMUNITY ACTION. The employee is responsible for the cost of return-to-duty, follow-up, and split specimen substance testing. However, if the split specimen test result is negative, COMMUNITY ACTION will pay for the cost of the test.

TESTING AND PAID TIME

It is the independent authority of COMMUNITY ACTION that an employee shall be paid for all time pertaining to alcohol and drug testing, including travel time to and from the collection site. Such time will be considered as time worked for the purpose of calculating overtime and employee benefits. An applicant or employee will not be paid for any time pertaining to pre-employment and return to duty drug testing.

BENEFITS DURING A SUSPENSION

During a disciplinary suspension for violation of the Agency's Substance Testing policy, an employee will be required to use any accumulated vacation leave, if applicable. The employee will not be allowed to use any accumulated sick or personal leave. If the employee does not have any accumulated vacation leave available or once the vacation leave has been used, the remaining time off will be without pay. COMMUNITY ACTION will continue the employee's health insurance during any period of paid or unpaid suspension.

NOTIFICATION OF TESTING REQUIREMENTS AND RESULTS

Applicants

Applicants subject to pre-employment drug testing and employees subject to pre-duty drug testing will generally be notified of this testing requirement on COMMUNITY ACTION's *Application for Employment Form*, during the employment interview, and/or at the time a conditional job offer is made. A brief overview of the Agency's Substance-Free Workplace Policy and Substance Testing Policy (**HR ONE FORM SUB-12**) will also be posted in a conspicuous location in the workplace for applicants and employees to review. The applicant/employee will be required to sign the required testing consent form (**HR ONE FORM SUB-7**). COMMUNITY ACTION will notify an applicant/employee of the results of a pre-employment/pre-duty drug test if the applicant/employee requests such results within 60 days of being notified of the employment decision.

COMMUNITY ACTION will not provide rehabilitation for a disqualified applicant who refuses to take the drug test or tests positive for drugs.

Employees

COMMUNITY ACTION will notify a covered employee of the results of random, reasonable suspicion, post-accident, return-to-duty, and follow-up drug and alcohol tests when the test results are positive. For drug tests, the MRO will also notify the covered employee of the substance discovered.

VERIFICATION OF SUBSTANCE TESTING HISTORY

After offering an applicant a conditional offer of employment for a safety-sensitive position, COMMUNITY ACTION will conduct research on the applicant's substance testing history. This requirement also applies to a COMMUNITY ACTION employee in a non safety-sensitive position who receives a conditional job offer for a safety-sensitive position. The applicant/employee will be required to complete and sign the appropriate authorization form (**HR ONE FORM SUB-6**) with the names of all organizations that employed the applicant/employee during the previous two years so that COMMUNITY ACTION may contact them.

The information to be obtained from previous employers includes the applicant's/employee's history of testing positive for alcohol and controlled substances, any refusals to be tested, any other violations of the DOT regulations, and documentation of the individual's successful completion of return-to-duty and follow-up testing if he or she received a positive test result. If the previous employer does not have documentation of the return-to-duty and follow-up testing, the Agency will request this documentation from the applicant/employee.

In addition, the applicant/employee will be required to complete and sign the required form (**HR ONE FORM SUB-8**) indicating whether he or she has tested positive for alcohol or drugs or refused any pre-employment drug test administered by an organization to which

he or she had applied for, but did not obtain, safety-sensitive work covered by the regulations.

This information will be obtained and reviewed by COMMUNITY ACTION prior to the first time an applicant/employee performs any safety-sensitive functions. If this is not feasible, the information will be obtained and reviewed no later than 14-calendar days after the first time safety-sensitive functions are performed.

In the event COMMUNITY ACTION obtains information that the applicant/employee had received a positive alcohol or drug test or refused to submit to such testing, COMMUNITY ACTION will not consider the applicant/employee for employment in a safety-sensitive position without proof that the applicant/employee has successfully completed DOT return-to-duty requirements, including the following:

- a) evaluation from a SAP;
- b) treatment, if any, received;
- c) return-to-duty tests; and
- d) follow-up testing.

MEDICAL REVIEW OFFICER (MRO)

COMMUNITY ACTION designates **WORKFIT Medical, LLC** as the organization that will provide a licensed physician who possesses adequate knowledge of substance abuse and alcohol disorders to be our MRO. The MRO must possess specific credentials and must meet basic knowledge, qualification training, and continuing education requirements as set forth in the regulations.

The MRO's function is to review, interpret, and report the positive and negative test results of applicants and covered employees. The MRO will report results to the Program Manager who can recommend or take administrative action on positive test results.

As a general rule, the MRO will report only whether a particular test result was positive or negative. The Program Manager is not privy to additional information regarding test results, except as otherwise permitted by the regulations. The MRO is also prohibited from communicating further information unless the applicant/covered employee signs a release allowing the MRO to disclose such information.

SUBSTANCE ABUSE PROFESSIONAL

Evaluations and rehabilitation may be provided by COMMUNITY ACTION, by a SAP under contract with COMMUNITY ACTION, or any SAP not affiliated with COMMUNITY ACTION. The SAP must possess specific credentials and must meet basic knowledge, qualification training, and continuing education requirements as set forth in the regulations.

COMMUNITY ACTION will require that the SAP who determines that an employee requires assistance in resolving problems with alcohol misuse or controlled substances use refers the employee to an appropriate education and/or treatment program. The SAP is prohibited from referring the employee to the SAP's private practice or to a person or organization from which the SAP receives remuneration or in which the SAP has a financial interest. This does not prohibit a SAP from referring an employee for assistance provided through a public agency, such as a state, county, or municipality; COMMUNITY ACTION or a person under contract to provide treatment for alcohol or controlled substances problems on behalf of COMMUNITY ACTION; the sole source of therapeutically appropriate treatment under the employee's health insurance program; or the sole source of therapeutically appropriate treatment reasonably available to the employee.

The requirements herein with respect to referral, evaluation, and rehabilitation do not apply to applicants who refuse to submit to a pre-employment controlled substances test or have received a verified positive test result.

COMMUNITY ACTION will arrange for a SAP to evaluate, determine the type of assistance needed, and direct the number and frequency of follow-up alcohol and/or controlled substance tests required for those employees who engage in the prohibited conduct as set forth above.

INVALID TESTS

When the MRO is unable to interview the employee, the MRO may verify a test result as positive, or as a refusal to test because of adulteration or substitution, or as cancelled because the test was invalid under the following circumstances:

1. The employee expressly declines the opportunity to discuss the test with the MRO;
2. The Program Manager has successfully made and documented a contact with the employee and instructed the employee to contact the MRO and more than 72 hours have passed since the Program Manager contacted the employee; or
3. If neither the MRO or the Program Manager, after making and documenting all reasonable efforts, has been able to contact the employee within 10 days of the date on which the confirmed invalid test result was received from the laboratory.

After the MRO has verified a test result as a positive or a refusal to test and reported the result to the Program Manager, the employee will be allowed to present information to the MRO within 60 days of the verification to notify him or her that serious illness, injury, or other circumstances unavoidably precluded contact with the MRO and/or the Program Manager in the times provided. The MRO may decide to reopen the verification based on the information presented and, if such is the case, allow the employee to present information concerning whether there is a legitimate medical explanation of the confirmed test result.

When COMMUNITY ACTION is notified that an employee's drug test was cancelled because it was invalid, the Agency is responsible for ensuring that a second collection take place under direct observation.

DILUTE TEST RESULTS

If the MRO reports a drug test as positive and dilute, it is considered a verified positive test result.

If the MRO reports a drug test as negative and dilute with instructions for recollection under direct observation, the Agency must ensure that the employee reports to the collection site immediately for a second test. If the employee declines to take the test, it will be considered a refusal to test.

If the MRO reports a drug test as negative and dilute with no instructions for recollection under direct observation, the Agency will require the employee to submit to a second test. If the second drug test comes back negative dilute, no other action will be taken.

CONFIDENTIALITY

Except as otherwise required by law or expressly authorized or required by FMCSA regulations, all COMMUNITY ACTION personnel will treat as highly confidential all information and documentation regarding applicant/employee substance testing. Only authorized personnel will have access to testing information and documentation.

Authorized personnel having access to any test administered are prohibited from discussing, photocopying, duplicating, or revealing this information in any form to unauthorized personnel within the Agency or to anyone outside of COMMUNITY ACTION unless authorized by law. A covered employee must give his or her specific written consent before the Agency will release individual test results or medical information to a third party that is not explicitly authorized under the regulations to receive such information.

COMMUNITY ACTION requires laboratories and their personnel to maintain substance-testing records in confidence.

All information and documentation maintained by COMMUNITY ACTION regarding the testing of covered employees will be maintained in the employee's confidential medical file in a locked file cabinet that is separate from the employee's general personnel file.

A covered employee who is subject to testing may, upon written request, have access to any records relating to his or her tests and the results of any relevant certification, review or revocation-of-certification proceedings.

Any violation in any manner of this information may be grounds for disciplinary action, up to and including termination and/or legal action.

CHAPTER FIVE

COLLECTION SITE AND LABORATORY GUIDELINES

COLLECTION SITE GUIDELINES

COMMUNITY ACTION will designate a collection site(s) where covered employees are to provide urine specimens for drug testing procedures and use an Evidential Breath Testing (EBT) device to test the alcohol concentration in an employee's breath. Each designated collection site must have all necessary personnel, materials, equipment, facilities and supervision to provide for the collection, security, temporary storage, and shipping of urine specimens to the *Department of Health and Human Services (DHHS)* and *Substance Abuse and Mental Health Services Administration (SAMHSA)* certified drug testing laboratory.

A designated collection site may be any suitable location where a specimen can be collected under conditions established by DOT regulations, as well as COMMUNITY ACTION's policy. Minimum qualifications for a collection site include:

- a) existence of an enclosure where private urination may occur;
- b) a toilet for completion of urination;
- c) a source of water for washing hands;
- d) a suitable, clean surface for writing; and
- e) security at all times during specimen collection for substance testing to ensure integrity of specimen.

An identification label with the applicant's/employee's social security number, date, and other COMMUNITY ACTION identifying information must be attached to the sample by the collection site person in full view of the applicant/employee. The applicant/employee must initial the label.

The collection site person shall place a tamper-proof seal over the cap and down the sides of the bottle containing the specimen in full view of the applicant/employee.

The applicant/employee is required to sign a consent/release form to authorize collection of any specimen, analysis of the specimen, and to release results to COMMUNITY ACTION.

LABORATORY GUIDELINES

1. Alcohol

For the testing of alcohol, if the initial alcohol concentration is 0.02 or greater, a second confirmation test is required using a federally calibrated EBT device.

2. Controlled Substances

Laboratories that conduct controlled substance testing must be certified by the *Substance Abuse and Mental Health Services Administration*. Such laboratories will conduct the initial screen for controlled substances in the form of a urinalysis. Where the initial screen indicates the presence of a controlled substance (positive result), a confirmation test will be done on the same specimen using the gas chromatography/mass spectrometry (GC/MS) methods.

SAMHSA and DHHS certified laboratories will have a quality assurance program that assures:

- a) proper reporting procedures;
- b) maintenance of acceptable controls and standards;
- c) maintenance of quality control testing; and
- e) validity, reliability, accuracy, precision, and performance characteristics of each test.

Direct Observation Collections

Urine specimens are normally collected in private. However, a collection must be made under direct observation if the test is a return-to-duty or a follow-up test. In addition, COMMUNITY ACTION, the MRO, or the collector will direct an immediate collection under direct observation with no advance notice to the employee if:

1. The collection site determines that the employee's specimen was invalid and the MRO notifies the Agency that there is no adequate medical explanation for the result; or
2. The MRO notifies the Agency that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed; or
3. The MRO reports a negative dilute result with a creatinine concentration greater than or equal to 2mg/dl but less than or equal to 5 mg/dl; or
4. The employee attempts to tamper with his or her specimen. Examples include the specimen temperature is outside the acceptable range, the specimen shows signs of tampering (e.g., unusual color, odor, characteristic), the collector finds an item in the employee's pocket or wallet which appears to have been brought

to the collection site to contaminate the specimen, or the collector notes conduct that suggests tampering.

Direct Observation Collection Procedures

When a direct observation collection is required, the observer will be the same gender as the employee.

If the collector is not the same person as the observer, the collector must instruct the observer that he or she is responsible for the following:

- checking the employee for prosthetic or other devices that are designed to carry “clean” urine and urine substitutes; and
- watching the employee urinate into the collection container.

When conducting a direct observation collection, the observer must take the following steps:

1. request that the employee raise his or her shirt, blouse, dress, or skirt, as appropriate, above the waist and just above the navel and lower clothing and underwear to mid-thigh, and then show the observer, by turning around, that the employee does not have a prosthetic device;
 - a) If the observer finds a device, he or she must immediately notify the collector who will stop the collection and thoroughly document the circumstances surrounding the event in the “remarks” section of the CCF. The collector must notify the Program Manager; or
 - b) If the observer does not find a device, the employee will be allowed to return his or her clothing to its proper position and continue with the observed collection.
2. watch the urine go from the employee’s body into the collection container; and
3. watch the employee take the specimen to the collector, who will complete the collection process.

If the employee refuses to follow instructions or there is a confrontation, the collector should warn the employee of the potential consequences of a failure to cooperate and, if practical, seek assistance from the Program Manager to ensure the employee understands the ramifications of his or her actions. If the employee admits to adulteration/substitution of the specimen or a device is found, the collector does not need to warn the employee or seek assistance from the Program Manager.

Failure of the employee to permit any part of the direct observation procedure is considered a refusal to test. If the employee fails to cooperate after being warned, the employee admits of adulteration/substitution, or a device is found, the collector will terminate the collection process and immediately notify the Program Manager of the refusal and then thoroughly document the circumstances in the "remarks" section of the CCF. Any specimen that was collected before the refusal will be discarded.

BLIND SAMPLES

To guarantee quality assurance and quality control of the laboratories involved in performing drug tests for COMMUNITY ACTION, a certain percentage of blind performance test specimens will be submitted to the laboratory in accordance with the applicable regulations.

INITIAL TESTS

The initial test for controlled substances is the first test performed on the urine specimen of an applicant or an employee who is currently in a non-covered position that is applying for a covered position. The initial test shall use an immunoassay which meets the requirements of the Food and Drug Administration for commercial distribution. The initial cutoff levels used for determining whether specimens are negative for drugs may be changed by the DHHS as advances in technology or other considerations warrant identification of the tested substances at other concentrations.

If the initial test for alcohol indicates an alcohol concentration of 0.02 or greater, a confirmation test is required using a federally calibrated EBT device.

CONFIRMATION TESTS

All urine specimens identified as testing positive for one of the five controlled substances will be confirmed by a second test using the GC/MS (gas chromatography/mass spectrometry) technique. The results of this confirmation will be reported directly to the MRO.

If the alcohol concentration is greater than or equal to 0.04 on the confirmation test, then the covered employee has tested positive.

CHAIN OF CUSTODY

DOT regulations and COMMUNITY ACTION's policy require that all collection site and laboratory personnel use appropriate "chain of custody" procedures to guarantee the integrity of every specimen. The control and accountability of specimens includes:

- initial receipt at collection site
- identification

- container sealing
- storage
- transportation to laboratory
- opening of specimen at the lab
- testing, reporting results
- additional storage
- final disposition of the specimen

With respect to drug testing, an approved chain of custody form must be used from the time of collection to receipt by the laboratory. Each time a specimen is handled or transferred by collection site and laboratory personnel, an appropriate chain of custody form must account for the sample or sample aliquot, including an entry documenting the date and purpose of the handling or transfer. The laboratory is also required to maintain documents for any specimen that is currently under legal challenge for an indefinite period. All other documentation must generally be kept by the laboratory for two years.

Every individual in the chain of custody will be identified. Two forms of chain of custody documents are used. An "external chain of custody form" or "urine custody and control form" is used to document chain of custody to the laboratory. An "internal chain of custody form" is utilized to document handling and transfer of the original sample container and aliquot within the laboratory. These forms are supplied by the collection site selected by the Agency or the collection site's designee.

CHAPTER SIX

SUPERVISORY AND EMPLOYEE TRAINING

Supervisory Training

In compliance with the DOT regulations, supervisors (and any person designated to determine whether reasonable suspicion exists to require a covered employee to undergo testing) will receive 60 minutes of training in controlled substance use detection and an additional 60 minutes of training on alcohol misuse detection. This training will be performed by **HR ONE Human Resource Consultants**. The training will include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances. The supervisors will use this training to determine if reasonable suspicion exists to require a covered employee to undergo reasonable suspicion substance testing. Supervisors will be trained to use the *Behavior Incident Form (HR ONE FORM SUB-4)* and *Tracking Sheet for Employee Performance Problems (HR ONE FORM SUB-5)* to document employee behavior/incidents that may be due to alcohol misuse and the use of controlled substances.

The training will also address the effects and consequences of alcohol and controlled substance use as it relates to personal health, safety, and the work environment. Lastly, there will be a review of COMMUNITY ACTION's Substance-Free Workplace Policy, Substance Testing Policy, and the counseling and rehabilitation services available.

Employee Training

An employee who is subject to the provisions of the Substance Testing Policy will receive training that will explain the provisions of this policy. The training will address the effects and consequences of alcohol and controlled substance use as it relates to personal health, safety, and the work environment. **HR ONE** will also review COMMUNITY ACTION's Substance-Free Workplace Policy, Substance Testing Policy, and the counseling and rehabilitation services available.

Documentation of Training Attendance and Policy Receipt

Each covered employee and supervisor will be given a copy of the Substance-Free Workplace Policy and Substance Testing Policy and will be required to sign an *Employee Acknowledgement Form (HR ONE Form SUB-8)* indicating their receipt of a copy of these policies. The acknowledgement form will be retained in the employee's personnel file.

All covered employees and supervisors who attend the training must sign an attendance sheet that COMMUNITY ACTION will maintain for its records. In addition, supervisors must sign a *Supervisor Training Acknowledgment Form (HR ONE FORM SUB-10)* indicating their attendance at the training.

CHAPTER SEVEN

RECORDKEEPING AND REPORTING REQUIREMENTS

RECORD RETENTION

COMMUNITY ACTION will maintain records of its Substance Testing Policy in a secure location with controlled access.

1. The following records will be maintained for five years:

- a) Records of alcohol test results indicating an alcohol concentration greater than or equal to 0.02
- b) Records of verified positive drug test results
- c) Documentation of refusals to take required alcohol and/or drug tests
- d) Calibration documentation of EBT's
- e) Employee evaluation and referrals
- f) Copies of annual calendar year summaries required under the regulations

2. The following records will be maintained for two years:

- a) Records related to the collection process
- b) Supervisory/employee training

3. The following records will be maintained for one year:

- a) Negative and canceled drug test results
- b) Breath alcohol tests with concentration of less than 0.02.

LOG SHEET

A *Log Sheet (HR ONE FORM SUB-1)* must be maintained for each covered employee who receives an alcohol and/or drug test. The *Log Sheet* summarizes such information as the type of test, the date the test was administered, and the test results. This form will be stored in the employee's confidential medical file.

RECORDKEEPING REQUIREMENTS

Accident reports to the FMCSA must include whether the test results were positive or negative.

COMMUNITY ACTION will maintain an accurate monthly summary of its substance-testing program on the *Monthly Summary of Substance Testing Program Form (HR ONE FORM SUB-2)*. The questions on this form include, but are not limited to, the type, number, and results of each alcohol and drug test administered during the month.

COMMUNITY ACTION will prepare and maintain an accurate summary of records for each calendar year pertaining to its required substance testing program on the *Annual Summary of Substance Testing Program Form (HR ONE FORM SUB-3)*.

The information required in the annual summary is extensive and must be prepared by March 15th of each year, regardless of whether COMMUNITY ACTION is selected to submit the information to the FMCSA. A consortium may prepare annual calendar year summaries and reports on behalf of individual employers, but each employer must sign and submit such a report and is responsible for ensuring the accuracy and timeliness of the report prepared on its behalf by the consortium.

COMMUNITY ACTION's records will be made available to the DOT upon request 60 calendar days after the last day of the year.

Specific records and forms that will be maintained by COMMUNITY ACTION include the following, copies of which can be found in Chapter Eleven:

1. *Log Sheet*
(**HR ONE FORM SUB-1**)
2. *Monthly Summary of Substance Testing Program*
(**HR ONE FORM SUB-2**)
3. *Annual Summary of Substance Testing Program*
(**HR ONE FORM SUB-3**)
4. *Behavior Incident Form*
(**HR ONE FORM SUB-4**)
5. *Tracking Sheet for Employee Performance Problems (Optional)*
(**HR ONE FORM SUB-5**)
6. *Request/Consent for Information from Previous Employer on Alcohol & Controlled Substances Testing*
(**HR ONE FORM SUB-6**)
7. *Applicant/Employee Consent for Pre-Employment/Pre-Duty Controlled Substance Testing*
(**HR ONE FORM SUB-7**)
8. *Applicant/Employee History of Pre-Employment Substance Testing*
(**HR ONE FORM SUB-8**)
9. *Policy Acknowledgment Form*
(**HR ONE FORM SUB-9**)
10. *Supervisor Training Acknowledgment Form*
(**HR ONE FORM SUB-910**)
11. *Supervisory Training Certification*
(**HR ONE FORM SUB-4011**)
12. *Substance-Free Workplace Policy and Substance Testing Policy Poster (Optional)*
(**HR ONE FORM SUB-12**)
13. *Chain of Custody and Control Forms*
(supplied by collection site)

CHAPTER EIGHT

SUBSTANCE TESTING SERVICES

COMMUNITY ACTION has chosen the following facilities to perform all required substance testing services:

WORKFIT Medical, LLC

23 Jackson Street
Batavia, NY 14020
TELEPHONE #: (585) 344-0150

HOURS
Wednesday 9 - Noon
Friday 9 - Noon

11020 West Center Street
Medina, NY 14103
TELEPHONE#: (585) 798-6880
(near the Apple Grove)
(In Dialysis)

HOURS
Monday, Tuesday, Thursday
8 am – 4 pm
Wednesday and Friday
1 pm – 4 pm

2300 Buffalo Road – Building 900
Rochester, NY 14624
TELEPHONE#: (585) 426-4990

CHAPTER NINE

ALCOHOL AND DRUG TREATMENT FACILITIES

A covered employee who has engaged in conduct prohibited by the Agency's Substance Testing Policy shall be advised of the resources available to him or her in evaluating and resolving problems associated with the misuse of alcohol and use of controlled substances. This will include the names, addresses, and telephone numbers of SAPs and counseling, rehabilitation, and treatment programs.

In accordance with the Omnibus Transportation Testing Act of 1991, it is not mandatory for COMMUNITY ACTION to pay for the rehabilitation of an employee who tests positive for the use of alcohol or drugs. However, any counseling, rehabilitation, or treatment programs an employee participates in may be covered services if the employee is enrolled in the applicable health insurance program. Any additional costs not covered by the health insurance plan are the responsibility of the employee. An employee who is not enrolled in the Agency-sponsored health insurance plan is responsible for 100% of the cost of these services. In addition, COMMUNITY ACTION makes available the services of an Employee Assistance Program (EAP) for all employees. The EAP provides appropriate support and counseling for employees and their dependents with substance abuse problems.

A covered employee's decision to seek prior assistance from a treatment facility will not be used as the basis for disciplinary action. However, the use of such services will not serve as a defense to imposing discipline when a violation of this policy occurs.

The EAP used by COMMUNITY ACTION is:

**Occupational Health Connection
687 Lee Road, Suite 207
Rochester, NY 14606**

Telephone Number: (585) 458-1420

CHAPTER TEN

SIGNS, SYMPTOMS AND EFFECTS OF THE USE OF CONTROLLED SUBSTANCES AND ALCOHOL

Specific Signs, Symptoms and Effects of Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine (PCP) and Alcohol

Provided by the National Safety Council

MARIJUANA

A crude drug made from the plant cannabis sativa. Marijuana is addictive although many believe it is not.

Common names are grass, dope, pot, reefer, lid, joint, loco weed, mary jane, doobie and roach.

1-2 marijuana cigarettes decrease motor skills and reaction times by as much as 63%.

Signs and Symptoms of Use Include:

- Appear intoxicated, but has no smell of alcohol
- Appears sleepy or stuporous in the latter stages
- Bongos or water pipes
- Distorted sense of time passage, tendency to over-estimate time intervals
- Excessive laughter or inappropriate happiness
- Forgetfulness in conversation
- Increase in appetite especially after smoking
- Inflammation in whites of eyes
- Lower alertness levels
- Odor similar to burnt rope on clothing or breath
- Poor retention
- Presence of roach clips (e.g. paper clips, bobby pins, hemostats or tweezers)
- Pupils can be dilated
- Rapid loud talking
- Tendency to drive slowly, below speed limit
- Use of eye drops and/or sunglasses to hide bloodshot eyes

Time Detectable in Urine Test:

- Occasional use: 1-7 days
- Chronic use: 1-4 weeks

Effects of Marijuana Use:

Mental Performance:

Regular use can cause the following effects:

- Delayed decision making
- Diminished concentration
- Impaired short-term memory
- Impaired signal detection (the ability to detect a brief flash of light)
- Impaired tracking (the ability to follow moving objects with the eyes) and visual distant measurements
- Erratic cognitive function
- Distortions in time estimation

Physical Performance:

- The mental impairments from the use of marijuana produce reactions that can lead to unsafe and erratic behavior.
- Distortions in visual perceptions

COCAINE

A drug extracted from the leaves of the coca plant. Cocaine is a central nervous stimulant and highly addictive. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Common names are coke, snow, crack and white candy.

Signs and Symptoms of Use Include:

- Burns
- Dermatitis
- Dilated pupils
- Extreme and uncommon excitability, anxiety or uncontrolled talkativeness
- Freebasing instruments such as ether, small torch, mixing plates or containers
- Irritability and anxiety
- Isolation
- Long periods without eating or sleeping, likely to be emaciated
- Repetitive and nonpurposeful behavior
- Respiratory problems
- Restlessness or nervousness
- Sniffles and/or runny nose, reddened and sore nose, cold or chronic sinus/nasal problems, nosebleeds
- Tardiness/Absenteeism
- Theft
- Unexplained bursts of energy
- Use or possession of paraphernalia including small spoons, razor blades, mirror, little bottles of white powder and straws
- Weight Loss
- White powder in container and/or around nose

Time Detectable in Urine Test:

- 12-48 hours

Effects of Cocaine Use:

Mental Performance:

- Paranoia and hallucinations
- Hyperexcitability and overreaction to stimulus
- Diminished concentration
- Mood swings
- Depression and disorientation

Physical Performance:

- Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility.
- Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents.
- Paranoia, hallucinations and extreme mood swings make for erratic and unpredictable reactions while driving or operating machinery.

OPIATES

Opiates (also called narcotics) are a group of drugs that are used medically to relieve pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling. Some opiates come from a resin taken from the seed pod of the Asian Poppy (e.g. opium, morphine, heroin and codeine). Other opiates are synthesized or manufactured.

Common names are horse, smack, Big M, dots, junk, H. morpho, dollies, heroin, opium, morphine and codeine.

Signs and Symptoms of Use Include:

- Abscesses
- Apathy and decreased physical activity
- Chills
- Cramps
- Dermatitis
- Drowsiness and lethargy
- Loss of appetite
- Mental dullness
- Nausea and vomiting
- Overdose can result in coma and death
- Pinpoint pupils that fail to respond to light
- Respiratory depression
- Scars (“tracks”) on inner arms or parts of body from needle injections
- Short-lived euphoria or feeling good effects
- Slurred speech
- Sweating
- Use or possession of paraphernalia including syringes, bent spoons, bottle caps, eye droppers, rubber tubing, cotton and needles
- Wearing long sleeves to cover “tracks”

Time Detectable in Urine Test:

- 1-3 days

Effects of Opiate Use:

Mental Performance:

- Slowed movement and reflexes
- High physical and psychological dependence level of opiates compounds the impaired functioning
- Wide mood swings
- Depression and apathy

Physical Performance:

- Apathy caused by opiates can translate into an “I don’t care attitude.”
- Depression, fatigue and slowed reflexes impede the reaction time of the individual, raising the potential for accidents.
- Workplace use may cause impairment of physical and mental functions.

Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the user and abuser at higher risk for an accident.

AMPHETAMINES/STIMULANTS

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. In pure form they are yellowish crystals that are manufactured into tablets or capsules.

Amphetamines include three closely related drugs - amphetamine, dextroamphetamine and methamphetamine.

Common names are speed, meth, hearts, crystal, pep pills, bennies, uppers, ups, robin's eggs, peaches, cartwheels, sky-rockets and black beauties.

Signs and Symptoms of Use Include:

- Blurred vision
- Decreased appetite
- Dilated pupils
- Dizziness
- Dryness of mucous membranes (e.g. dry mouth and lips)
- Excessive sweating and shakiness
- Irritability, anxiety, aggressiveness, panic and nervousness
- Lack of sleep, insomnia
- Rapid heartbeat
- Talkative, but conversation often lacks continuity; changes subjects rapidly
- Unusual energy, accelerated movements and activities

Time Detectable in Urine Test:

- 1-2 days

Effects of Amphetamine/Stimulant Use:

Mental Performance:

- Anxiety and restlessness
- Moodiness
- Confusion
- Panic
- False sense of power
- Large doses over long periods can result in delusions, paranoia and brain damage

Physical Performance:

- False sense of alertness and potential hallucinations, which can result in risky behavior and increased accidents.
- Individuals who fail to get sufficient rest may use the drug to increase alertness (e.g., drivers).
- Low doses of amphetamines will cause a short-term improvement in mental and physical functioning, greater use impairs functioning.
- The hangover effect of amphetamines is characterized by physical fatigue and depression, which makes operation of equipment or vehicles dangerous.

Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.

PHENCYCLIDINE (PCP)

Phencyclidine was first developed as an anesthetic in the 1950's and taken off the market because it sometimes caused hallucinations. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a "freak-out" in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication. Phencyclidine is available in various forms - a white crystal-like powder, a tablet or capsule.

Common names are PCP, hog, killer weed, mint, monkey dust and angel dust.

Signs and Symptoms of Use Include:

- Anxiety, panic/fear/terror
- Comatose (unresponsive) if large amount consumed; eyes may be open or closed
- Deadened sensory perception (may experience severe injuries while appearing not to notice/increased tolerance for pain)
- Disorientation, agitation and violence if exposed to excessive sensory stimulation
- Dizziness
- Drooling
- Hallucinations
- Irrational speech or unpredictable behavior; mood may swing from passiveness or violence for no apparent reason
- Mask-like facial appearance
- Profuse sweating
- Pupils may appear dilated or floating pupils (appear to follow a moving objective)
- Rapid heartbeat
- Rigid muscles, strange gait
- Schizophrenic behavior
- Subject to flashbacks
- Symptoms of intoxication (drunken-like walk, staggering)

Time Detectable in Urine Test:

- Occasional use: 1-8 days
- Chronic use: Up to 30 days

Effects of Phencyclidine Use:

Mental Performance:

- Irreversible memory loss
- Personality changes
- Thought distortions
- Hallucinations

Physical Performance:

- Distortions of perception and potential visual and auditory delusions make an individual's performance unpredictable and dangerous.
- PCP use can cause drowsiness, convulsions, paranoia, agitation or coma, which makes operation of equipment or vehicles dangerous.

ALCOHOL

Alcohol is a drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Common names are booze, brew, shine and juice.

Signs and Symptoms of Use Include:

- Absenteeism, particularly at the beginning and end of the week
- Availability and consumption of alcohol becomes the focus of social or professional activities
- Chronic fatigue
- Difficulty focusing, glazed appearance of the eyes
- Difficulty in getting to sleep at night
- Facial changes, skin slack and unhealthy looking
- Impairment in social functioning, low frustration tolerance, impulsiveness, anxiety, over-sensitivity, isolation, defiance, violent mood swings, manipulation of others, uncharacteristic passive behavior
- Liver, gastrointestinal problems
- Long lunch periods
- Loss of memory (black outs) if drinking all of the time
- Lying
- Mental slowdown, inability to grasp the meaning of facts
- Odor on the breath or excessive use of mouthwash or mints to cover odor
- Poor balance
- Problems with hand/eye coordination
- Slurred speech
- Tardiness
- Unexplained bruises and accidents
- Weight loss
- Yellowing around the eyes

Detection Time:

Generally it takes about 1 hour per 1/2 ounce of alcohol consumed to sober up completely.

Effects of Alcohol Use:

Mental Performance:

- Lowered level of alertness
- Mood Swings
- False sense of power and energy
- Depression
- Anxiety

Physical Performance:

- Suspends or distorts sensory judgment which lead to increased risk of accidents.
- While the use of alcohol may initially give a false sense of energy and power due to intense impact of alcoholic sugar, eventually lethargy, poor attention and sleep will follow.
- Heavy use of alcohol may produce "blackouts" which is extremely dangerous if operating vehicles and other types of equipment.

The statistics reported above make it clear that alcohol can have a devastating effect on individual performance. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the individual of most of the tools he or she relies upon to perform safely.

CHAPTER ELEVEN

FORMS

HR ONE has developed and provided the following forms to assist COMMUNITY ACTION in managing its Substance Testing Policy:

1. *Log Sheet*
(**HR ONE FORM SUB-1**)
2. *Monthly Summary of Substance Testing Program*
(**HR ONE FORM SUB-2**)
3. *Annual Summary of Substance Testing Program*
(**HR ONE FORM SUB-3**)
4. *Behavior Incident Form*
(**HR ONE FORM SUB-4**)
5. *Tracking Sheet for Employee Performance Problems (Optional)*
(**HR ONE FORM SUB-5**)
6. *Request/Consent for Information from Previous Employer on Alcohol & Controlled Substances Testing*
(**HR ONE FORM SUB-6**)
7. *Applicant/Employee Consent for Pre-Employment/Pre-Duty Controlled Substance Testing*
(**HR ONE FORM SUB-7**)
8. *Applicant/Employee History of Pre-Employment Substance Testing*
(**HR ONE FORM SUB-8**)
9. *Policy Acknowledgment Form*
(**HR ONE FORM SUB-9**)
10. *Supervisor Training Acknowledgment Form*
(**HR ONE FORM SUB-10**)
11. *Supervisory Certification*
(**HR ONE FORM SUB-11**)
12. *Substance-Free Workplace Policy and Substance Testing Policy Poster (Optional)*
(**HR ONE FORM SUB-12**)
13. *Chain of Custody and Control Forms*
(supplied by collection site)

COMMUNITY ACTION

LOG SHEET FOR CONTROLLED SUBSTANCE TESTING PROGRAM

FOR PERIOD _____

1. Employee Name: _____
2. Social Security Number: _____
3. Test Type and Date Administered: _____

4. Reason for Test: _____

5. Location of Test: _____
6. Who (person or entity) Performed Test: _____

7. Test Results: _____

8. COMMUNITY ACTION Disposition: _____

COMMUNITY ACTION

MONTHLY SUMMARY OF SUBSTANCE TESTING PROGRAM

FOR PERIOD _____

1. Total number of tests administered:

Controlled substance tests: _____ Alcohol tests: _____

2. Number of controlled substances and alcohol tests administered in each category:

Type of Test	Total No. of Tests		Total No. of Tests	
Pre-employment/Duty	Drug: _____			
Reasonable Suspicion	Drug: _____		Alcohol: _____	
Random	Drug: _____		Alcohol: _____	
Post-Accident	Drug: _____		Alcohol: _____	

3. Total number of individuals who did not pass:

Controlled substance test: _____ Alcohol test: _____

4. Total number of individuals who did not pass a controlled substance and alcohol test by testing category:

Type of Test	Total No. of Positive Results		Total No. of Positive Results	
Pre-employment/Duty	Drug: _____			
Reasonable Suspicion	Drug: _____		Alcohol: _____	
Random	Drug: _____		Alcohol: _____	
Post-Accident	Drug: _____		Alcohol: _____	

5. Disposition of each individual who was administered a controlled substance and alcohol test:

Employee Name	Social Security No.	Test Type	Test Results	Action Taken

6. Number of controlled substance and alcohol tests performed by a laboratory that indicated evidence of a prohibited controlled substance, metabolite or alcohol in the screening test in a sufficient quantity to warrant a confirmation test:

Controlled substance test: _____ Alcohol test: _____

7. Number of controlled substance and alcohol tests performed by a laboratory that indicated evidence of a prohibited controlled substance, metabolite or alcohol in the confirmation test in a sufficient quantity to be reported as a “positive” finding to the medical review officer:

Controlled substance test: _____ Alcohol test: _____

8. Number of controlled substance and alcohol tests that were performed by a laboratory that indicated evidence of a prohibited controlled substance, metabolite or alcohol in the confirmation test in a sufficient quantity to be reported as a “positive” finding by substance category:

Marijuana metabolite	_____	Opiates	_____
Phencyclidine (PCP)	_____	Cocaine metabolite	_____
Amphetamines	_____	Alcohol	_____

COMMUNITY ACTION

ANNUAL SUMMARY OF SUBSTANCE TESTING PROGRAM

Calendar Year _____

(Must be completed **annually** by March 15th for the previous calendar year)

Motor Carrier: _____				
Location: _____				
Street	City	State	Zip Code	

1. Total number of tests administered:

Controlled substance tests: _____ Alcohol tests: _____

2. Number of controlled substances tests administered by category and positive test results:

Type of Test	Total No. of Tests	No. of Positive Results	Total No. of Tests	No. of Positive Results
Pre-employment/Duty	Drug: _____	_____		
Reasonable Suspicion	Drug: _____	_____	Alcohol: _____	_____
Random	Drug: _____	_____	Alcohol: _____	_____
Post-Accident	Drug: _____	_____	Alcohol: _____	_____
TOTAL:	_____	_____	TOTAL:	_____

3. Disposition of applicants/employees who did not pass the alcohol and controlled substances test (Enter the number of applicants/employees for each of the following):

Not hired: Drug: _____ Alcohol: _____

Referred to Alcohol & Drug Evaluation Clinic: _____

Employment terminated: Drug: _____ Alcohol: _____

Assigned to non-driving duties: _____

Other (specify): _____

4. Number of initial tests that required confirmation testing
(i.e., number of screen positive tests): Drug: _____ Alcohol: _____
5. Number of confirmation tests reported as positive by the laboratory to the MRO:
Drug: _____ Alcohol: _____
6. Number of confirmation tests reported as positive by substance:
- Marijuana metabolite _____
 - Phencyclidine (PCP) _____
 - Amphetamines _____
 - Opiates _____
 - Cocaine metabolite _____
 - Alcohol _____

Prepared by: _____ <div style="text-align: center;"><i>Name (Print)</i></div> _____ <div style="text-align: center;"><i>Signature</i></div>	_____ <div style="text-align: center;"><i>Job Title</i></div> _____ / _____ / _____ <div style="text-align: center;"><i>Month Day Year</i></div>
If prepared by other than motor carrier: Agency Name: _____	
Address: _____	

COMMUNITY ACTION

BEHAVIOR INCIDENT FORM

- 1) Employee Name: _____
- 2) Branch/Location/Work Site: _____
- 3) Date of Incident: _____ Time of Incident: _____ a.m. _____ p.m.
- 4) Date Behavior Incident Report Completed: _____
Time: _____ a.m. _____ p.m.
- 5) Witnesses:

Name	Job Title	Date Supervisor Training Completed

- 6) Specific behavior incident details. (Check words describing detail):

a. Ability to Walk:

___ Falling ___ Staggering ___ Unable to walk
___ Swaying ___ On hands and knees ___ Normal

b. Ability to Stand:

___ Rigid ___ Sagging knees ___ Wobbling ___ Normal
___ Swaying ___ Unable to Stand ___ Falling

c. Speech:

___ Normal ___ Whispering ___ Hoarse ___ Whining
___ Shouting ___ Incoherent ___ Crying ___ Confused

d. Breath:

Odor of alcoholic beverage: ___ None ___ Faint ___ Strong

e. Tremor of Hands:

___ Noticeable ___ Pronounced ___ Normal

f. Condition of Hair:

Disheveled Normal Matted

g. Condition of Eyes:

Normal Bloodshot Watery Dilated

h. Color of Face:

Flushed Pale Normal

i. Condition of Clothes:

Orderly Mussed Soiled Partly dressed

j. Attitude:

Cooperative Insulting Hilarious
 Combative Antagonistic Stuporous Normal

k. Actions:

Wild Kicking Normal Punching
 Hiccoughing Vomiting Sleepy Other

Other: _____

7) Direct Questions:

- Are you ill? Yes___ No___
- Are you injured? Yes___ No___
- Did you go to a doctor or dentist today? Yes ___ No ___

8) Actions taken by witnessing supervisor(s):

9) Was employee asked to submit to a test for substances? Yes___ No ___

If yes, did employee agree to submit to such a test? Yes ___ No ___

10) What arrangements were made to get employee to collection site? _____

11) Date, time and location of controlled substance test:

_____/_____
Witness Signature Date

_____/_____
Witness Signature Date

_____/_____
Witness Signature Date

_____/_____
Signature of Supervisor Completing Behavior Incident Form Date

COMMUNITY ACTION TRACKING SHEET FOR EMPLOYEE PERFORMANCE PROBLEMS

Name _____

Action taken (note date & time)

Dept. _____

First warning _____

Period covered _____

Supervisor _____

Second warning _____

PROBLEM AREA	DATE	COMMENT
ATTENDANCE (Absences or tardiness)		
PRODUCTIVITY/WORK QUALITY		
MISCELLANEOUS <i>(note any client, coworker, source comments or incidents of inappropriate behavior)</i>		

MOOD-ATTITUDE

- Dramatic mood swings, high or low
- Nervous, jittery
- Defensive
- Irritable
- Paranoid
- Accusatory
- Argumentative
- Inappropriate, bizarre behavior

TIME ABUSE, DISTORTIONS

- Frequent absence from work station (explained or unexplained)
- Long lunch periods, excessive breaks
- Absenteeism, sometimes with a pattern
- Excessive sick leave (frequent colds, minor illnesses)
- Often tardy
- Misses deadlines and appointments
- Loses perspective of time

WORK QUALITIES

- Concentration difficult
- Careless or reckless
- Difficulty in following directions
- Lack of interest in work
- Motivation decrease, apathy
- Over-reaction to comments, criticism
- Undue complaints, criticism about employer, fellow workers
- Rude, abusive
- Complaints from coworkers, clients, etc.

JOB PERFORMANCE/BEHAVIOR DOCUMENTATION

Important Instructions:

1. For your use only, handle notes with highest confidentiality.
2. Indicate events/performance behavior that is continued and/or repeated.
3. Many different job-related problems which relate to the same individuals should also be noted on this record.
4. List facts: avoid opinions, rumor, hearsay, non-work related information.

Do's:

1. Deal with the job problem only.
2. Remember, problems get worse.
3. Act when you become concerned.
4. Focus on the job problem.
5. Document incidents.

Don'ts:

1. Diagnose the problem.
2. Delay your decision to act.
3. Discuss personal problems.
4. Moralize or criticize the person.
5. Let emotions become involved.
6. Cover up for a friend.

Meeting with the Employee:

1. Talk calmly.
2. Stay with the facts.
3. Meet in a quiet, private place.
4. Emphasize confidentiality.
5. Set time for improvement.
6. State consequences.
7. Focus on the job problems, not the person.

REMEMBER THAT SOME OF THE LISTED ITEMS INDICATE NORMAL BEHAVIOR VARIATIONS OR HEALTH PROBLEMS. GIVE ENOUGH TIME FOR THEM TO IMPROVE. SIGNS ARE NOT PROOF. CONCLUSIONS SHOULD BE BASED ON FACTS.

A. Absenteeism

- 1. Multiple instances of unauthorized leave.
- 2. Excessive sick leave.
- 3. Frequent Monday and/or Friday absences.
- 4. Repeated absences, particularly if they follow a pattern.
- 5. Excessive tardiness, especially on Monday mornings or in returning from lunch.
- 6. Leaving work early.
- 7. Peculiar and increasingly improbable excuses for absences.
- 8. Higher absenteeism rate than other employees for colds, flu, gastritis, etc.
- 9. Frequent unscheduled short-term absences (with or without medical explanation).

B. "On-the-job" Absenteeism

- 1. Continued absences from post, more than job requires.
- 2. Frequent trips to the water fountain, restroom or parking lot.
- 3. Long coffee breaks.
- 4. Physical illness on the job.
- 5. Lackadaisical attitude (don't give a damn), too laid-back.
- 6. Secret meetings between employees.

C. High Accident Rate (more accident claims)

- 1. Accidents on the job.
- 2. Accidents off the job.

D. Physical/Behavior Changes

- 1. Time/speed (expansion/compression)
- 2. Slow reaction time.
- 3. Glare recovery problems from bright lights.
- 4. Dizziness.
- 5. Difficulty recognizing changes in signal lights.
- 6. Slow, slurred speech.
- 7. Hand tremors.

E. Difficulty in Concentration (pay attention)

- 1. Work requires greater effort.
- 2. Jobs take more time.
- 3. Can't stay on track with ideas or conversations.
- 4. Focuses on single item (can't complete multi-task functions).

F. Confusion

- 1. Difficulty in recalling instructions, details, etc.
- 2. Increasing difficulty in handling complex assignments.
- 3. Difficulty in recalling own mistakes.
- 4. Irritability.
- 5. Nervousness, worry.
- 6. Unpredictable or unwarranted mood swings during the day (up and/or down)

G. Spasmodic Work Patterns/Behaviors

- 1. Alternate periods of high and low productivity.
- 2. Loss of promotional consideration by boss.
- 3. Refuses advancement.
- 4. Excitation.
- 5. Talkativeness.

H. Reporting to Work

- 1. Changes in grooming/dress - sloppy appearance.
- 2. Decline in general physical appearance.
- 3. Weight loss/appetite loss.
- 4. Weight gain, continuous hunger cravings.
- 5. Drippy nose, sniffles, bloody nose - chronic.
- 6. Bloodshot eyes.
- 7. Eye pupils dilated/pin-point.
- 8. Extremely heavy sweating.

I. Generally Lowered Job Efficiency

- 1. Missed deadlines.
- 2. Mistakes due to inattention or poor judgment.
- 3. Wasting more material.
- 4. Making bad decisions.
- 5. Complaints from users of product/services.
- 6. Improbable excuses for poor job performance.
- 7. Neglects routine details.

J. Poor Employee Relationships on the Job

- 1. Over-reaction to real or imagined criticism.
- 2. Unreasonable resentment.
- 3. Avoids co-workers/associates/boss.
- 4. Attempts to get others to take over job duties.
- 5. Withdrawn (preoccupied behavior).

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ Social Security Number _____
 hereby authorize that:

Previous Employer Name: _____
 Street: _____ Telephone #: _____
 City, State, Zip Code: _____ Fax #: _____

may release and forward information requested by section 2 (below) of this document concerning my alcohol and controlled substances testing records to:

Prospective Employer Name: _____
 Attention of: _____
 Street: _____ Telephone #: _____
 City, State, Zip Code: _____ Fax #: _____

 Applicant Signature Date

<p>This is in compliance with §382.405(f) and (h), which state: (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request. (h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent. §382.413(a)(b)(c)(e)(f) further state: (a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers. (b) An employer shall obtain, pursuant to a driver's consent, information</p>	<p>on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.401(b)(1)(i) through (iii). (c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer. (e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific written authorization for release of the information in paragraph (b). (f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.</p>
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SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

COMPLETE THIS SECTION AS IT PERTAINS TO PART 382. SEE SECTION 382.413(b), ABOVE.

	YES	NO
1. Has this person ever tested positive for a controlled substance in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person ever had an alcohol test with an alcohol concentration 0.04 or greater in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person ever refused a required test for drugs or alcohol in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person violated any other DOT substance testing regulations in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain: _____

If YES to any of the above questions, please provide documentation that the individual successfully completed the DOT return-to-duty requirements, including follow-up testing. In addition, please give the Substance Abuse Professional's (SAP's) name, address and telephone number for further reference:

Name: _____
 Agency/Treatment Center Name: _____
 Street: _____
 City, State, Zip Code: _____ Telephone #: _____
 Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Telephone
 Date: _____ Personal Interview

PREVIOUS EMPLOYER - COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER

APPLICANT/EMPLOYEE CONSENT FOR PRE-EMPLOYMENT/PRE-DUTY CONTROLLED SUBSTANCE TESTING

Part 382 - Controlled Substance Testing applies to applicants/employees of _____.

§382.113 Requirement for notice.

Before performing a controlled substance test under this part, each employer shall notify a driver that the controlled substance test is required by this part.

Agency Name: _____

Applicant/Employee Name: _____
(Print) First M.I. Last

You are hereby notified that the following test will be administered in compliance with the
Federal Motor Carrier Safety Regulations:

1. The test is scheduled: Date: _____
Location: _____
Time: _____

2. Type of test: Controlled Substances/Drug

3. Reason for test: Pre-employment or Pre-Duty

4. Appointment instructions/comments:

I understand that as a condition of my consideration for employment for a safety-sensitive position with
_____, the above-identified test is required.

Applicant/Employee's Signature

Date

Witnessed by:

Agency Representative

Date

COMMUNITY ACTION OF
ORLEANS & GENESEE

**APPLICANT/EMPLOYEE HISTORY OF
PRE-EMPLOYMENT SUBSTANCE TESTING**

Part §40.25(j) of The Omnibus Transportation Employee Testing Act of 1991 requires COMMUNITY ACTION to request the following information from an applicant/employee prior to his/her performing any safety-sensitive functions covered by the DOT testing rules.

**COMMUNITY ACTION OF
ORLEANS & GENESEE
POLICY ACKNOWLEDGMENT FORM**

I hereby acknowledge that I have received a copy of COMMUNITY ACTION's Substance-Free Workplace Policy and Substance Testing Policy outlining the objectives, procedures, and regulations of COMMUNITY ACTION regarding the use of controlled substances and alcohol. I further acknowledge that I have read (or will read) and understand the contents of both policies and will contact the Program Manager with any questions.

I understand that the objectives, procedures and regulations in these policies will remain in effect unless changes become necessary.

I understand that COMMUNITY ACTION reserves the right to interpret, add to, or revise any part of the Agency's Substance-Free Workplace Policy or Substance Testing Policy. Moreover, these policies may be subject to alteration by changes in federal or state legislation, rules, and/or regulations.

I understand that failure to comply with any aspect of these policies may lead to disciplinary action, up to and including termination of employment.

I agree to abide by COMMUNITY ACTION's policies and testing requirements.

EMPLOYEE NAME (PLEASE PRINT)

EMPLOYEE SIGNATURE

DATE OF SIGNATURE

SIGNATURE OF SUPERVISOR

DATE RECEIVED BY SUPERVISOR

**COMMUNITY ACTION OF
ORLEANS & GENESEE
SUPERVISOR TRAINING ACKNOWLEDGMENT FORM**

I hereby acknowledge that I have received training on the dangers of substance abuse and on the specific physical, behavioral, and performance indicators of drug and alcohol use that will mandate reasonable suspicion testing.

In total, I have received at least one hour of training on reasonable suspicion indicators for alcohol abuse and one hour of training on the subject of reasonable suspicion indicators for drug abuse.

DATE OF SUPERVISORY TRAINING

SUPERVISOR NAME (PLEASE PRINT)

SIGNATURE OF SUPERVISOR

DATE OF SIGNATURE

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COMMUNITY ACTION OF ORLEANS & GENESEE

SUBSTANCE-FREE WORKPLACE POLICY

COMMUNITY ACTION is committed to protecting the health, safety, and welfare of our employees and to preserving the high performance standards that have been the basis for the Agency's success. Because we believe that substance abuse hinders our Agency's growth and prosperity, we will make every effort to provide a work environment that is free of substance abuse. To reinforce our commitment to a safe and healthy workplace, management has adopted a Substance-Free Workplace Policy which is in compliance with The Omnibus Transportation Employee Testing Act of 1991 and the Drug-Free Workplace Act of 1988.

SUBSTANCE TESTING POLICY

This policy applies to all employees who perform safety-sensitive functions, including employees who drive commercial motor vehicles requiring a commercial driver's license to operate.

The purpose of COMMUNITY ACTION's Substance Testing Policy is to reduce accidents that result from the use of controlled substances and alcohol, thus reducing fatalities, injuries and property damage. Our employees are a valuable asset, difficult to replace, and as human beings, worth our best mutual efforts toward providing a substance-free workplace.

COMMUNITY ACTION is pledging to do everything in our power to uphold the safety of our employees and the general public. Compliance with this testing policy is mandatory for all covered employees.

COMMUNITY ACTION's Substance Testing Policy is in compliance with the "Omnibus Transportation Employee Testing Act of 1991, Controlled Substances and Alcohol Use and Testing" as outlined by the Department of Transportation in 49 CFR Parts 40, 382, and 391 of the Code of Federal Regulations.