

Enhancing Your Testing Program

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Why does the USDOT Test

Should you have a program?

- Do you have an existing USDOT drug/alcohol testing program?
- Do you need an additional layer?
- Is your current program ineffective?

Theory behind testing

- Safety implications
- Fitness for duty
- Additional HR predictors
 - Initial screening
 - Monitoring

What does your program miss?

- Too infrequent selections
- Limited collection site availability
- FTA coverage is too limited for small system

What would provide adequate coverage?

- Additional pre-employment testing?
- Additional random testing?
- Other testing?

What testing is best?

- On-site?
- Rapid test?
- Hair Testing?
- Part 40 modeled testing?

Which protocols are reliable?

- Is the technology new?
- Is the collector trained?
- Is the analyzing laboratory qualified?

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- Lists strict training structures for collectors
- Lists laboratory requirements
- Lists eligible equipment for collections
- Lists EXACT steps for testing
- Lists requirement to include USDOT testing forms

The CCF

- The testing form contains all of the provisions to ensure that the chain of custody remains intact and secure
- The CCF is legally vetted and can withstand challenges

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- Provides rigorously designed protocols
- Following these protocols ensures that your NON-DOT test will withstand scrutiny
 - Use identical CCF (marked NON-Federal)
 - Use identical training procedures
 - Use HHS certified labs

The Procedure

Step 1

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE		LAB ACCESSION NO.
A. Employer Name, Address, I.D. No. Silver Lake Transp. Dist 29 Church St. Harrisville, NH 03450 ph: 617-314-9208 fx: 617-314-9216		B. MRO Name, Address, Phone No. and Fax No. DA500020 Dr. Murphy Shaw, MD 240 Commercial St. Floor 2 Boston, MA 02109 ph: 617-784-9292 fx: 617-555-5674
C. Donor SSN or Employee I.D. No. <u>123-45-6789</u>		
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input checked="" type="checkbox"/> DOT - Specify DOT Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input checked="" type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG		
E. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____		
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____		
() 45304H DOT DRUG PANEL W/TS		
G. Collection Site Name: <u>I.C.U.P</u>		Collection Site Code: _____
Address: <u>149 MAIN ST.</u>		Collector Phone No.: <u>603-358-XXXX</u>
City, State and Zip: <u>KEENE, NH 03431</u>		Collector Fax No.: <u>603-355-XXXX</u>

Collector Initiates Specimen Collection



Step 2

City, State and Zip: _____ Collector Fax No.: 603-555-XXXX

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark | Collection: Split Single None Provided, Enter Remark | Observed, (Enter Remark)

REMARKS

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Coll

Temperature between 90° and 100° F? Yes No, Enter Remark | Collection: Split Single

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor i

Step 3: Four Parts

1. Collector affixes bottle seals
2. Collector dates bottle seals
3. Donor initials bottle seals (then folds Copy 1 over to reveal Copy 2)
4. Donor completes Step 5 on Copy 2 (MRO Copy)

Step 3: Part 1

Bottles A and B



Step 3: Part 2

Collector Writes Date



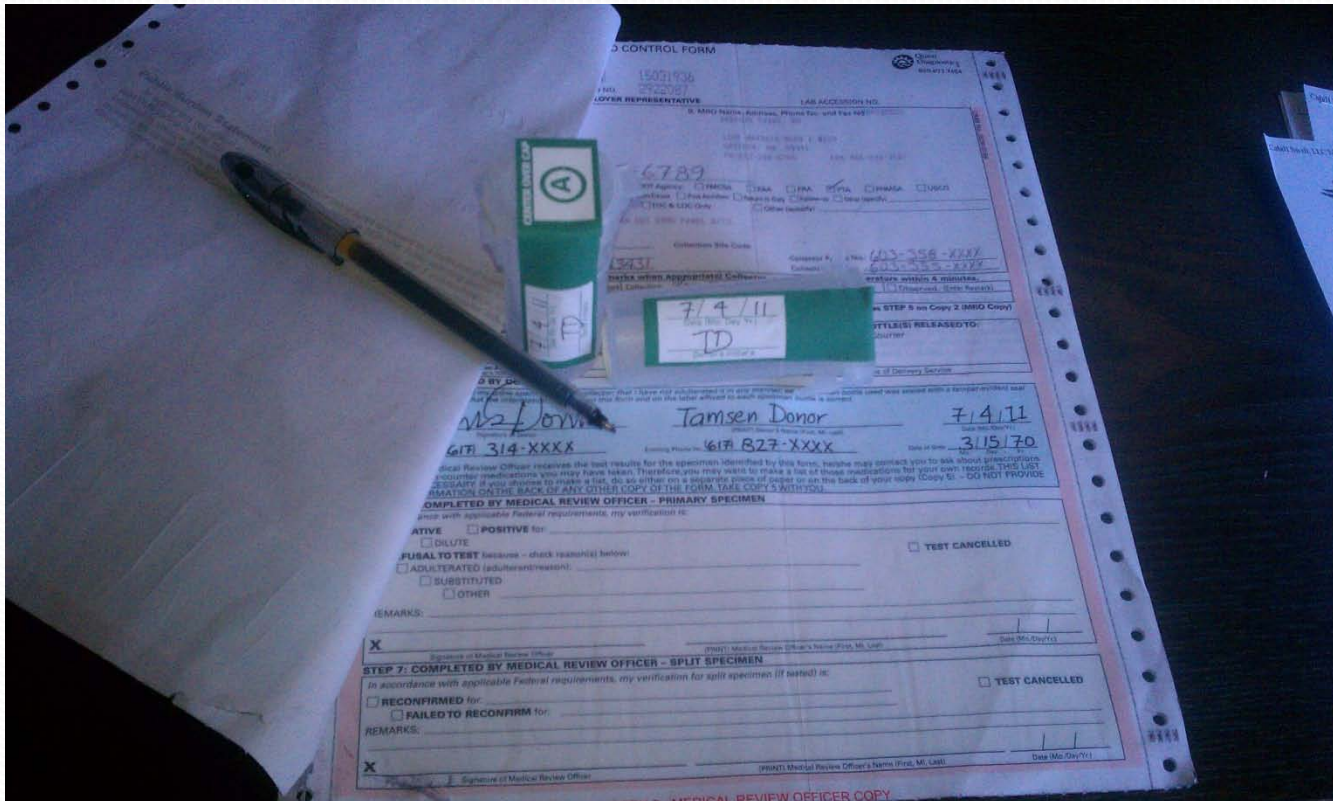
Step 3: Part 3

Donor Writes Initials



Step 3: Part 4

Collector Folds Top Copy Away, Donor Completes Step 5



Step 5

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

x James Donor
Signature of Donor

Tamsen Donor
(PRINT) Donor's Name (First, MI, Last)

7/4/11
Date (Mo./Day/Yr.)

Daytime Phone No. (617) 314-XXXX

Evening Phone No. (617) 827-XXXX

Date of Birth 3/15/70
Mo. Day Yr.

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

Step 4 (After Step 5)

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

15031936 2922067 SPECIMEN ID NO. 15031936 2922067

STEP 1. COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, US Post Office Address, Phone No., and Fax No. (800) 521-2000

B. ERG Name, Address, Phone No., and Fax No. (800) 521-2000

C. Driver ID# or Employee ID No. 123-45-6789

D. Agency Testing Authority: MHA DTA FTA PMSA LMSA Other

E. Reason for Test: Pre-employment Random Reasonable Suspicion Post-Accident Return to Duty Adverse Other Specific

F. Drug Tests to be Performed: MC CO OPI AMP THC & ECG Only Other Specific

G. Collection Site Name: T.C.U.P. Address: 179 MAIN ST. KEENE, NH 03431. Collection Site Code: 603-358-XXXX. Collector Phone No.: 603-355-XXXX. Collector Fax No.: 603-355-XXXX.

STEP 2. COMPLETED BY COLLECTOR: I have sealed, resealed, or tamper-appropriate collector seals specimen containers within 4 minutes. Temperature between 90° and 100° F. Seal Single None Provided, Temp. Retract Observed, if not noted.

STEP 3. Collector affixes bottle seal(s) to bottles; Collector dates seal(s); (Seal(s) retails sealed). Do not complete STEP 3 on Copy 2 (ORU) Copy!

STEP 4. CHAIN OF CUSTODY INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

1. Name of Collector: MICHAEL PENUCHE. Date and Time: 7.4.11 3:15 PM. Name of Laboratory: [Blank].

2. Specimen Bottles Released To: Qualified Diagnostic Counselor Facility Other

3. Primary Specimen Bottle Seal Intact: Yes No. If No, Enter remarks in Box 5A.

4. Specimen Bottles Released To: [Blank].

STEP 5A. PRIMARY REPORT COMPLETED BY TEST FACILITY

1. Result: NEGATIVE POSITIVE FPL ADULTERATED SUBSTITUTED INVALID RESULT

2. Reason for Test: Pre-employment Random Reasonable Suspicion Post-Accident Return to Duty Adverse Other Specific


3. Test Facility of Origin: [Blank].

STEP 6. COMPLETED BY SPLIT TESTING LABORATORY

1. Reconfirmed: RECONFIRMED FAILED TO RECONFIRM - REASON: [Blank].

2. Remarks: [Blank].

COPIES: LABORATORY



Step 4

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY		
<p>I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.</p> <p>X <u>Michael Penuche</u> Signature of Collector</p> <p><u>MICHAEL PENUCHE</u> <u>7/4/11</u> <u>3:15</u> <u>PM</u> (Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.) Time of Collection</p>		<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p><input checked="" type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Other</p> <p>_____ Name of Delivery Service</p>
<p>RECEIVED AT LAB OR IITF:</p> <p>X _____ Signature of Accessioner</p> <p>_____ (Print) Accessioner's Name (First, MI, Last)</p> <p>_____ Date (Mo./Day/Yr.)</p>		<p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, Enter remarks in Step 5A.</p> <p>SPECIMEN BOTTLE(S) RELEASED TO:</p>

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

Distribution of Forms

- #1 - LAB Copy
- #2 - MRO Copy
- #3 - Collection Site Copy
- #4 - DER Copy
- #5 - Employee Copy

Typical Method of Distribution

- LAB Copy – Shipped with Specimen
- MRO Copy – Fax or scan (usually)
- Collection Site Copy - Filed
- DER Copy – Scan, fax, or mailed
- Employee Copy – Sent with employee

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- Contains safeguards at every step
- Will ensure the highest level of reasonable security
- Will protect the donor, the employer, and the public

Parts 40 and 655

- Use the protocols of Part 40, but modify the limits of 655
 - Application of testing (on whom)
 - Thresholds
 - Time requirements

Parts 40 and 655

- Make sure that your policy reflects your program
 - List all triggers and thresholds if applicable
 - Give your agency the required leverage and permissions
 - Clearly differentiate the authorities

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- If you feel limited by the testing requirements of Part 655 or Part 382, create an enhanced and supplemental program layer
- Monitor the additional layer for effectiveness