

# INITIAL COMPREHENSIVE DESK REVIEW FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

## USER INSTRUCTIONS

### File Name

INITIAL COMPREHENSIVE DESK REVIEW: FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

### Purpose

In order to establish and maintain a documented compliance oversight desk review and technical assistance program for each contractor subject to FTA drug and alcohol regulations, this questionnaire will provide a baseline method to gather and analyze current data and records pertaining to each covered contractor's drug and alcohol program.

### Content Coverage Period

This document is an *initial* desk review tool to analyze and document the current general state of compliance for each FTA safety sensitive contractor.

It should be used as a baseline to gather all available data from the drug and alcohol program.

### Schedule of Use

This document should be used initially once for each current FTA safety-sensitive contractor to establish baseline data and records; as well as any new safety-sensitive contractors in the future.

Subsequent updates, and ongoing compliance oversight and technical assistance, will be provided through the use of the following forms/tools, among others:

- *Contractor SEMI-ANNUAL Drug Alcohol Desk Review Report*

### Execution

Representatives should complete this questionnaire in coordination with each of their FTA safety-sensitive contractors

The initial review should be conducted onsite with the contractor

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Sub-Recipient: \_\_\_\_\_

Transit Operator (Contractor): \_\_\_\_\_

Drug and Alcohol Program Manager: \_\_\_\_\_ # of Years in position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## Management Training

1. Have representatives of the company attended management training on how to set up a USDOT-FTA drug & alcohol testing program? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please provide the following information and attach evidence of successful completion of training:*

Type of Training	Date	Location	Instructor

## Policy

2. Was the contractor's drug and alcohol policy presented to oversight entity for review?

Yes \_\_\_\_\_ (date of approval: \_\_\_\_\_)

No \_\_\_\_\_

3. Has the Governing Board approved the most current policy?

Yes \_\_\_\_\_ (date of approval: \_\_\_\_\_)

No \_\_\_\_\_

4. Please attach a copy of the most recent policy with governing board approval.

*If the policy is currently being revised as a result of information received during the substance abuse management training, please give the expected date of completion and board approval:* \_\_\_\_\_

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**Pre-Employment Testing**

5. Have all safety-sensitive employees had a USDOT pre-employment drug test with MRO verified negative results on file?  
 Yes\_\_\_\_\_ No\_\_\_\_\_
5. Please provide evidence of such records.
6. Does the agency make sure that a new hire is only assigned safety-sensitive functions after the employer has a MRO verified negative pre-employment drug test?
7. Have you had any pre-employment drug tests which were cancelled?  
 Yes\_\_\_\_\_ No\_\_\_\_\_
8. If yes to the question above, did you send the individual back for a new pre-employment drug test?  
 Yes\_\_\_\_\_ No\_\_\_\_\_
  - Note: Employees are REQUIRED to have a verified negative pre-employment test prior to safety-sensitive functions. If a pre-employment test is cancelled, the individual IS NOT eligible to be performing any safety-sensitive function.
9. Do you ask applicants whether they have failed or refused a USDOT pre-employment drug test for another DOT covered employer in the previous 2 years?  
 Yes\_\_\_\_\_ No\_\_\_\_\_
10. Please provide evidence of such records.
11. Do you obtain written releases from the applicants allowing you to request USDOT drug & alcohol rule violations from previous USDOT covered employers in the previous 2 years?  
 Yes\_\_\_\_\_ No\_\_\_\_\_
12. Please provide evidence of such records.

**Reasonable Suspicion Training**

14. Have any of the transit supervisors/company officials attended a Reasonable Suspicion Determination Training Program?  
*(60 minutes on indicators of prohibited drug use and 60 minutes on indicators of alcohol misuse)*  
 Yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, please list attendees in table and provide evidence of successful completion of training:*

Employee	Length of Training	Date and Location	Instructor

15. Have you performed a USDOT reasonable suspicion test?  
 Yes\_\_\_\_\_ No\_\_\_\_\_
16. Do you have any type of documentation form you would utilize should you ever have to send someone for a reasonable suspicion test?
17. Can you please explain what the minimum criteria are to require a USDOT reasonable suspicion test as specified in 49 CFR Part 655?

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**Post-Accident Testing**

18. What are the “Three Thresholds” which would require a USDOT-FTA post-accident test under the definition of 49 CFR Part 655.44?
19. Do you maintain documentation for all accidents that indicate whether or not a test was administered and why?  
Yes \_\_\_\_\_ No \_\_\_\_\_
20. Please provide evidence of such records.
21. If tests are performed for accidents that do not meet the USDOT-FTA definition, are the tests clearly performed under the sole authority of the agency using NON-USDOT testing forms.  
Yes \_\_\_\_\_ No \_\_\_\_\_
22. Are policies and procedures in place to ensure all attempts to conduct a post-accident drug tests are discontinued after 32 hours?  
Yes \_\_\_\_\_ No \_\_\_\_\_
23. Are policies and procedures in place to ensure documentation if the post-accident alcohol test is not performed within 2 hours?  
Yes \_\_\_\_\_ No \_\_\_\_\_
24. Are policies and procedures in place to ensure all attempts to conduct a post-accident alcohol tests are discontinued after 8 hours?  
Yes \_\_\_\_\_ No \_\_\_\_\_
25. How would you conduct a post-accident drug/alcohol test if the accident occurred on a day or at an hour when your collection site is not open?

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**Random Testing**

26. Please describe the random selection process:
27. Who makes the random selections:
28. How frequently are random selections made?  
Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Other: \_\_\_\_\_
29. What is the step-by-step procedure for notifying the employee of the requirement to report for a random test?
30. Describe how the random selections for each testing period are spread reasonably throughout the calendar year with no patterns or gaps in testing?
31. Describe how the agency ensures that random tests are conducted during all hours that safety-sensitive functions are performed?
32. What are the policies and procedures in place to ensure an employee is only sent for a random alcohol test just before, during, or just after the performance of a safety-sensitive function?

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33. Total number of safety-sensitive employees: \_\_\_\_\_

a) Required number of tests needed to meet the current regulatory requirement for random drug tests (50%) \_\_\_\_\_ and random alcohol tests (10%) \_\_\_\_\_

33. Are the safety-sensitive employees of this agency included in a random selection pool that includes employees from other agencies (Consortium)?

Yes \_\_\_\_\_ No \_\_\_\_\_ (all agency safety-sensitive employees are in a random selection pool by themselves)

*If yes, are all agencies and employees included in the random selection pool subject to USDOT Agency drug and alcohol testing regulations?*

Yes \_\_\_\_\_ No \_\_\_\_\_

*Please list the name, title, and phone number of the individual who manages the random selection pool for all agencies:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Positive/Refusals to Test**

34. Have you had any positive drug tests, alcohol tests with BAC 0.04 or above, or refusals to test on USDOT tests in the previous five (5) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

35. If Yes, please provide documentation that the individual was referred to a USDOT qualified SAP

NA \_\_\_\_\_

36. If Yes, was the individual terminated or returned to the performance of safety-sensitive functions?

Terminated \_\_\_\_\_ Returned to Work \_\_\_\_\_ NA \_\_\_\_\_

37. If the individual was returned to work, please provide evidence that they met all requirements of SAP assessment, treatment/education, return-to-duty, and follow-up testing.

NA \_\_\_\_\_

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**Employee Training**

Please provide the following information on the drug use awareness training program the company has provided to safety-sensitive employees (60 minutes on the effects and consequences of prohibited drug use on personal health, safety, and the workplace). Please attach an agenda:

<b>Employee</b>	<b>Length of Training</b>	<b>Date and Location</b>	<b>Instructor</b>

38. Has the company hired any new safety-sensitive employees since the employee training was last conducted?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, how does the company ensure that each newly hired safety-sensitive employee receives the required 60 minutes of training in a reasonable time-frame?*

39. Please describe the method of instruction and content of new hire substance abuse awareness training.

40. Please list any other Drug and Alcohol related training that is provided to company employees.

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## Services

Please provide the information of the following drug and alcohol support services used by the agency within the last three (3) years:

**Collection Site:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

*(Please attach copies of training qualifications)*

**DHHS Certified Laboratory:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

*(Please attach copy of DHHS certificate)*

**Medical Review Officer (MRO):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

*(Please attach license and training qualification)*

**Substance Abuse Professional (SAP):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

*(Please attach license and training qualification)*

**Consortium/Third Party Administrator (C/TPA):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Collection Site:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

*(Please attach copies of training qualifications)*

**DHHS Certified Laboratory:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

*(Please attach copy of DHHS certificate)*

**Medical Review Officer (MRO):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

*(Please attach license and training qualification)*

**Substance Abuse Professional (SAP):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

*(Please attach license and training qualification)*

**Consortium/Third Party Administrator (C/TPA):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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41. Describe the actions taken by the agency to ensure the service agents are in compliance with the USDOT and Agency drug and alcohol testing regulations:

*Date of last inspection:* \_\_\_\_\_

*If the oversight actions taken as described above included use of forms, checklists, or other tools, please attach them to this submittal.*

42. Were there any cancelled tests in the last three (3) years?

Yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, please provide the reasons for the canceled tests:*

*What corrective actions have been taken to minimize the number of canceled tests?*

43. List all Urine Collection Technicians (UCT) qualified to perform USDOT urine specimen collections:

Name	Date of Initial Qualification Training	Date of Last Refresher Training

*Please attach copies of each of the above listed UCT qualification training certificates.*

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44. Is alcohol testing contracted out to a collection site?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

45. List all alcohol testing devices used (including backups):

<b>Device Type</b>	<b>Make &amp; Model</b>	<b>Serial # or Lot #</b>
Alcohol Screening Device (i.e., saliva testing equipment)		
Evidential Breath Testing Device		

46. List all Breath Alcohol Technicians (BAT) and Saliva Test Technicians (STT) qualified to perform USDOT alcohol tests:

<b>Name</b>	<b>Date of Initial Qualification Training</b>	<b>Date of Last Refresher Training</b>

*Please attach copies of each of the above listed BATs/STTs qualification training certificates.*

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## Recordkeeping

47. Where are the drug and alcohol testing records stored

48. Is this location secure and have controlled access? Please describe?

49. Does the agency maintain the following records: Please mark Yes/No. If these records are maintained, please indicate how long these records are kept on file.

	Y/N	1 Year	2 Years	3 Years	5 Years	> 5 Years
Data on alcohol test results of 0.02 - 0.039						
Data on all positive drug and alcohol test results						
Employer's copy of the alcohol testing form including the results of the test.						
Employer's copy of the Custody and Control Form						
Data on all test refusals						
Documents presented by a covered employee to dispute the result of a substance abuse test						
Data on referrals to SAP						
Records pertaining to a determination by a SAP concerning a covered employee's required education/treatment						
Records concerning a covered employee's compliance with the recommendations of the SAP						
Calibration documentation for evidential breath testing device Manufacturer's calibration schedule & certification record for the calibration technician.						
Annual Management Information System (MIS) report						
Records pertaining to evaluations						
Data regarding training of employees						
Documentation of training provided to supervisors to qualify them to make reasonable suspicion determinations and certification that training complies with the regulatory requirements.						
Verification data regarding training of BATs/STTs/MROs/SAPs/UCTs						
Collection process (including logbooks, if used)						
Documents generated in connection with the decisions on post-accident tests						
Documents showing existence of medical explanation of inability of safety-sensitive employee to provide enough breath or urine for tests						
Records of verified negative drug test results						
Materials on alcohol misuse & drug use awareness, including a copy of the employer's policy on alcohol misuse and prohibited drug use.						
Data on test results that are less than 0.02						
New hire consent to ask previous USDOT employers about USDOT drug and alcohol testing data						

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**Forms and Documents**

50. Please check each form or document you have been using to assist with record keeping and overall drug and alcohol testing compliance.

Form or Other document	Yes	No
Post-Accident Decision Making Form		
Reasonable Suspicion Form		
Drug Testing Log Book		
Testing Notification Form		
Drug and Alcohol Testing Consent Form		
Fitness-for-Duty Form		
Vendor Compliance Checklists		
Contractor Compliance Checklist		

*Please include copies of each of the forms utilized. Please include any other forms the agency utilizes in the drug and alcohol program that are not listed in the chart.*

**Reporting**

51. Please indicate the dates the last annual MIS reports were sent to the grantee, and attach a copy of the last MIS report:

52. Please use the following lines to list training topics, forms, templates, or any other resource that the agency would find helpful in maintaining compliance with the FTA drug and alcohol testing rules:

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