

7. For each of the random tests listed above in Question #6, please provide legible copies of the following documentation:

- Random Drug testing Custody and Control Forms (CCFs)
- MRO verified drug test results
- Random alcohol testing forms (ATFs)

8. Please list your transit system's hours of operations:

Day Of Week	Hours of Operations
Mon	
Tue	
Wed	
Thurs	
Fri	
Sat	
Sun	
Holidays	

9. 49 CFR Part 655, Section 655.45(g) states that you shall ensure that random tests are evenly spread throughout the calendar year without predictable patterns; and conducted during all times of day when safety-sensitive functions are performed. This includes weeks of the month, days of the week, and hours of the day.

a) Compare the information you included in question #6 with the hours of operations listed in question #8. Have your random tests been spread as required by 49 CFR Part 655.45(g)?

b) If not, indicate where you are deficient, and state what your corrective action will involve:

10. If your employees are in a random testing pool with others (ie., consortium), what is the total number of people in the random selection pool?

11. How many safety-sensitive employees were hired in the last 6 months ?

12. For all safety-sensitive transit employees hired in the last 6 months, please provide legible copies of the following documentation:

- Pre-Employment Drug testing Custody and Control Forms (CCFs)
- MRO verified drug test results

15. How many supervisors have received reasonable suspicion determination training?
(attach copies of training certificates)

16. Provide the number of accidents/incidents that have occurred in the last 6 months

17. How many of the above accidents meet the FTA thresholds that require post-accident testing? (49 CFR Part 655.44)

18. For each accident listed above, complete the table below:

Date and Time of Accident	Time the Alcohol Test was Performed	Time the Drug Test was Performed	Were either test performed longer than 2 hours after the time of the accident?

19. For each accident listed above in #18, please provide legible copies of the following documentation:

- Post-Accident Drug testing Custody and Control Forms (CCFs)
- MRO verified drug test results
- Post-Accident alcohol testing forms (ATFs)
- Accident Documentation (explaining the investigation, circumstance, and occurrence of the Accident)

20. Have you conducted any reasonable suspicion tests in the last 6 months?

If yes to #20, please provide legible copies of the following documentation:

- Reasonable Suspicion Drug testing Custody and Control Forms (CCFs)
- MRO verified drug test results
- Reasonable Suspicion alcohol testing forms (ATFs)
- Reasonable Suspicion Determination Documentation

21. Have you had any positive DOT drug test results / DOT Alcohol test results of 0.04 or greater / refusals to test in the last 6 months?

If yes to #21, please provide legible copies of the following documentation:

- Drug testing Custody and Control Forms (CCFs)
- MRO verified drug test results
- Positive alcohol testing forms (ATFs)

22. What were the consequences of any positive test/refusal indicated above (Check all that apply)

Referred to Substance Abuse Professional

Discharged Employee

Returned to Work after treatment

Other, Explain:

23. Indicate how you provided oversight to your collection site (Check all that apply)

Conducted Mock Collections

Conducted Test (actual specimen provided)

Reviewed Credentials

Discussed Quality Assurance with Site Management

Reviewed Custody and Control Forms for Accuracy

Other, Explain:

24. Are you satisfied with the service provided by your collection sites, MRO and / or SAP?

Please provide the contact information for the service agents used to administer your substance abuse program:

25. Collection Facility:

Company Name:

Contact:

Address:

Phone:

Hours of Operation:

Service Provided:

26. Breath Alcohol Tech:

Company Name:

Contact:

Address:

Phone:

Hours of Operation:

Service Provided:

27. Laboratory: (location where urine specimens are sent to be tested after they are collected)

Company Name:

Contact:

Address:

Phone:

Hours of Operation:

Service Provided:

28. Medical Review Officer:

Company

Name:

Contact:

Address:

Phone:

Hours of Operation:

Service Provided:

29. SAP:

Company

Name:

Contact:

Address:

Phone:

Hours of Operation:

Service Provided:

30. Third Party Administrator:

Company

Name:

Contact:

Address:

Phone:

Hours of Operation:

Service Provided:

31. Please provide the training credentials for personnel listed in questions #25 and #26 above. These training credentials must show that the personnel have been trained to conduct USDOT breath alcohol and/or urine specimen collections in accordance with 49 CFR Part 40.

32. Please provide the credentials for personnel listed in questions #28 and #29 above. These credentials must show that the personnel have been trained to in accordance with 49 CFR Part 40.

Supporting documentation or additional sheets needed for any of the questions in this report may be attached to the Email or mailed with hard copies.