



**Appendix Log**

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**Appendix 1**

**Contractor Policy Review**

Contractors Name:

Date:

- 1) Verification of Pre-employment drug screen
- 2) Copies of MIS reports or other documentation supporting they are in a PHMSA sampling Pool
- 3) Review PHMSA Inspection Form 4.1

Attached Policy meets all aspects of inspection form

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If the Policy did not meet all aspects of the inspection form, list deficiencies below:

Reviewed By: \_\_\_\_\_

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

*\*This form was created and used to follow protocol (A.01.c and H.01.c)*



## Appendix 2

### **PHMSA Covered Employees**

Employees with the following job titles and departments are subject to PHMSA guidelines for Drug and/or Alcohol:

- 2006 – Customer Service
  - Billing Field Technician I; Billing Field Technician II
  - Lead Billing Field Technician
  - Customer Service Technician I; Customer Service Technician II
  - Field Services Supervisor
- Department 5001/5003 (Work with Department 6307)
  - Administrative Assistant; if performs Dispatch work
  - Public Works Dispatcher; performs Dispatch work
- 6307 – Unified Call Center
  - Technical Service Representative I; Technical Service Representative II
  - Technical Service Representative III
  - Unified Command Center Supervisor
- 6502 – Gas Administration
  - Gas Engineer I; Gas Engineer II; Gas Engineer III
  - Gasline Technician I; Gasline Technician II; Gasline Technician III
  - Lead Gasline Technician
  - Welder
- 6503 – Locators
  - Utility Locator I; Utility Locator II

The Following job titles are subject to receive Supervisor Drug and Alcohol Training (60 minutes drug & 60 minutes alcohol)

- 2006 – Customer Service
  - Lead Billing Field Technician
  - Field Services Supervisor
  - Billing Manager
- 6001 – Electric Administration
  - Director of Wilson Energy
  - Assistant Director of Wilson Energy
- 6307 – Unified Call Center
  - Unified Command Center Supervisor
  - Technical Service Representative III
- 6502 – Gas Administration
  - Gas Distribution Manager
  - Gas Regulatory Compliance Supervisor
  - Gas Meter and Regulator Supervisor
  - Gas Distribution Supervisor



### Appendix 3

## **CITY OF WILSON DRUG AND ALCOHOL NOTICE OF RIGHTS AND RESPONSIBILITIES UNDER THE CONTROLLED SUBSTANCE EXAMINATION REGULATION ACT**

I hereby acknowledge that I have received notice of my rights and responsibilities under the North Carolina Controlled Substance Examination Regulation Act ("CSERA"), N.C. Gen. Stat. § 95-231, et seq. (if I am in North Carolina), as part of the collection and testing of a sample or specimen pursuant to the Drug and Alcohol Testing Policy of the City of Wilson (the "CITY"). I understand that my rights and responsibilities are:

1. To have the sample or specimen collected under reasonable and sanitary conditions in a manner reasonably calculated to prevent substitution of samples or specimens and interference with the collection, examination, or screening of samples or specimens.
2. To have the sample or specimen collected in manner designed to preserve dignity and privacy to the extent practicable.
3. If I am an **applicant** of the CITY, to have an approved laboratory perform any controlled substance examination confirmation test. If I am an **employee** of the CITY, to have an approved laboratory perform any controlled substance examination screening and confirmation test.
4. To have any positive results confirmed by an approved laboratory using gas chromatography with mass spectrometry or an equivalent scientifically accepted method.
5. To have any confirmed positive sample or specimen retested at my request. I may also request that my split specimen be tested by a different lab than the original.
6. To receive written notice within thirty (30) days from the time that the test results are delivered to the CITY of:
  - a. Any positive result of the controlled substance examination; and
  - b. My rights and responsibilities regarding retesting under applicable state law.
7. To have any information relating to the controlled substance examination kept confidential, including the results of the examination, my medical history, and any lawful prescription drug use, to the extent required by applicable state law.

I understand that if I request a retest of a confirmed positive sample, I am responsible for all reasonable expenses for retesting. "**Reasonable expenses for retesting**" means the actual cost of the retest charged by the approved laboratory; fees assessed by the approved laboratory for expenses relating to the retest; a maximum of \$15.00 for the City's expenses relating to the retest (unless the CITY demonstrates that its costs were greater than \$15.00); and the actual cost of shipping expenses related to the retest. I further understand that if I choose to have a retest, I must request release of the original sample or specimen in writing to the original laboratory within seventy-two (72) hours of notification by the laboratory to the CITY of a confirmed positive test result, specifying the approved laboratory to which the sample or specimen is to be sent for retesting.

Applicant/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Appendix 4**

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

*\*\* This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.*

**SECTION 1 APPLICANT AUTHORIZATION**

Please Print Clearly

\_\_\_\_\_  
First Middle Initial Last Name Social Security Number

I hereby authorize my previous employer(s) to release and forward the information requested by this document concerning my Alcohol and Controlled Substance Testing records,

Date of employment application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Attn: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

***(Fill out another sheet for each additional employer)***

Authorized to Release Information to:

City of Wilson  
Human Resource  
P. O. Box 10  
Wilson, NC 27894

Telephone Number: (252) 296-3310  
Fax Number: (252) 674-1335  
Attention: Adam Rech  
E-mail: arech@wilsonnc.org

\_\_\_\_\_  
Applicant's Signature Date

**INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**Page 1- SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

**Page 2 - SECTION 2: Prospective employer**

- Verify that prospective employee has correctly completed section 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer(s)

**Page 2 - SECTION 3: Previous employer**

- Complete the information required in this section
- Sign and date

**Page 3 - SECTION 4: Previous Employer**

- Complete the information required in this section
- Sign and date
- Return to prospective employer

**Page 3 - SECTION 5: Prospective Employer**

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter



**Appendix 4**

**SECTION 2 MODE OF COMMUNICATION**

This form was sent to previous employer via (check one)  Fax  Mail  Email  Other \_\_\_\_\_  
 First Attempt – Date: \_\_\_\_\_ Sent By: \_\_\_\_\_  
 Second Attempt – Date: \_\_\_\_\_ Sent By: \_\_\_\_\_  
 Third and Final Attempt – Date: \_\_\_\_\_ Sent By: \_\_\_\_\_

**SECTION 3 ACCIDENT HISTORY**

The applicant named above was employed by us.  Yes  No  
Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_  
Did he/she drive motor vehicle for you?  Yes  No  
If yes, what type?  
 Straight Truck  Tractor/Semitrailer  Bus  Cargo Tank  
 Doubles/Triples  Other (Specify) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above,

Check this box if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Appendix 4**

**SECTION 4 DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

- In the past two (2) years from the date of application (Section 1):
- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?       | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 2 years prior to the application date shown on side 1.

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

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**If your answer is YES to any of the above questions, please give the name of the SAP (Substance Abuse Professional) or MRO (Medical Review Officer) and telephone number for further reference.**

**MRO Name:** \_\_\_\_\_

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

**SAP Name:** \_\_\_\_\_

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

Section 4 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5 TO BE COMPLETED BY CITY OF WILSON**

Complete the following when the requested information is obtained.

Information received from \_\_\_\_\_

Method:  Fax  Mail  Email  Phone

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



**Appendix 5**

**Safety-Sensitive Employee Application Supplement  
Pre-Employment Acknowledgement & Previous US DOT Drug and Alcohol Testing**

\_\_\_\_\_  
**(Applicant's Name)**

\_\_\_\_\_  
**(Social Security #)**

I understand and acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT), 49 CFR 40, prior to being hired or transferred into a safety-sensitive position with the City of Wilson. I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position covered by a DOT agency in the past two years? Please circle your response below:

**YES**

**NO**

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

**YES**

**NO**

If yes, in the last two years, have you ever:

A: Tested positive (0.04 or greater) for alcohol

B: Had a verified positive drug test result

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

C: Refused a required drug or alcohol test

D: Had a verified adulterated or substituted drug test result

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

E: Violated any other DOT drug or alcohol testing regulations

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

If you answered YES to any of the above questions, can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR Part 40, Subpart O? Please circle your response below:

**YES**

**NO**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**





**Appendix 6**

**ACKNOWLEDGEMENT  
OF  
EMPLOYER'S DRUG AND ALCOHOL TESTING POLICY**

I, \_\_\_\_\_, the undersigned, hereby  
*Print Full Name*

acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the US Department of Transportation and the City of Wilson. Additionally, the City of Wilson has included in their policy mandates by the Federal Transit Administration, Pipeline and Hazardous Materials Safety Administration and/or Federal Motor Carrier Safety Administration for all covered employees who perform a safety-sensitive function. I understand this policy is required by 49 CFR Part 199, 49 CFR Part 382 and 49 CFR Part 655, as amended, and has been duly adopted by the governing board of the employer. Any provisions contained herein which are not required by these federal regulations, as amended, that have been imposed solely on the authority of the employer are designated as such in the policy document.

I further understand that receipt of this policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained therein. I will seek and get clarification for any questions concerning the provisions contained in the policy. I also understand that compliance with all provisions contained in the policy is a condition of employment.

I further understand that the information contained in the approved policy dated **October 2024**, is subject to change, and that any such changes, or addendum, shall be disseminated in a manner consistent with the provision of 49 CFR Part 199, Part 382 and Part 655, as amended.

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*



## **Appendix 7**

### **FMCSA Drug & Alcohol Testing Policy Addendum And Clearinghouse Employee Education Material**

This Policy addendum and educational material is for employers and employees regulated by the Federal Motor Carrier Safety Administration (FMCSA).

The City of Wilson is providing this information regarding the Commercial Driver's License Drug and Alcohol Clearinghouse. The Clearinghouse rule takes effect January 6, 2020. All queries and reporting will be for information as of the effective date and not any information prior to the effective date of January 6, 2020.

The City of Wilson has a requirement to publish educational materials to drivers about the Clearinghouse and other regulatory changes contained in the Clearinghouse Final Rule issued December 5, 2016.

The City of Wilson also has a requirement to notify drivers that drug and alcohol test information will be reported to the Clearinghouse beginning January 6, 2020 so as to encourage drivers to seek substance abuse treatment if they currently have a problem with the misuse of alcohol and/or use of controlled substance(s).

Information about a driver reported to the Clearinghouse will include the driver's name, date of birth, and commercial driver's license (CDL) number and State of issuance. Other information about specific tests and regarding the return to duty process will be reported. The information reported will be available when queries are made by existing and hiring employers, FMCSA, State Driver Licensing Agencies, and State law enforcement personnel.

The Clearinghouse will notify a driver using the method indicated during the driver's Clearinghouse registration—either mail or email—any time information about the driver is added, revised, or removed. If the driver has not yet registered for the Clearinghouse, these notifications will be sent by mail using the address associated with the driver's commercial driver's license (CDL). There is a petition process for drivers to request corrections to their Clearinghouse record (§ 382.717). Drivers may challenge only the accuracy of information reported, not the accuracy or validity of test results or refusals.

Driver violation records will be available in the Clearinghouse for five years from the date of the violation determination, or until the violation is resolved through the successful completion of the return-to-duty (RTD) process and follow-up testing plan, whichever is later.

Only DOT drug and alcohol tests results authorized by the Federal Motor Carrier Safety Administration (FMCSA) are reported to the Clearinghouse. The identifying number for the driver will always be the CDL driver's license number and the state of issue.



## **Appendix 7**

### **Do Drivers Need to Register in the Clearinghouse?**

Yes and no. Clearinghouse registration is not a FMCSA required step for drivers but it is highly recommended. If a driver is never required to provide consent to a pre-employment or other full query, and never incurs a drug and alcohol program violation, then the driver would not have to register for the Clearinghouse. The City of Wilson requires all employees that are CDL holders performing safety sensitive functions, including operating a commercial motor vehicle to register in the Clearinghouse.

The driver will need to be registered to provide electronic consent in the Clearinghouse for a prospective or current employer to conduct a full query of his or her driver record. A full query, releases detailed violation information contained in a driver's Clearinghouse record to the querying employer or its designated C/TPA. Beginning January 6, 2020, a full query will be required during a pre-employment driver investigation for a commercial driver's license (CDL) holder who will perform safety-sensitive functions, including operating a commercial motor vehicle (CMV). A driver must also be registered to view the information electronically in his or her own Clearinghouse record.

This information would include any violation information available in the Clearinghouse, along with the status of their return-to-duty (RTD) process, if applicable. Once registered a driver will be able to perform the following in the Clearinghouse:

- View their own driver record electronically.
- Provide consent to release detailed violation information to a current or prospective employer.
- Identify a Substance Abuse Professional (SAP) so the SAP may enter specific information regarding the driver's return-to-duty (RTD) activities.

Information about a driver reported to the Clearinghouse will include the driver's name, date of birth, and commercial driver's license (CDL) number and State of issuance. Other information about specific tests and regarding return to duty process will be reported. The information reported will be available when queries are made by existing and hiring employers, FMCSA, State Driver Licensing Agencies, and State law enforcement personnel.

The Clearinghouse will notify a driver using the method indicated during the driver's Clearinghouse registration—either mail or email—any time information about the driver is added, revised, or removed. If the driver has not yet registered for the Clearinghouse, these notifications will be sent by mail using the address associated with the driver's commercial driver's license (CDL). There is a petition process for drivers to request corrections to their Clearinghouse record (§ 382.717). Drivers may challenge only the accuracy of information reported, not the accuracy or validity of test results or refusals.

### **What Driver Information does the MRO report into the Clearinghouse?**



## **Appendix 7**

For positive drug test results and MRO determined refusals to test, the Medical Review Officer (MRO) will report information as follows to the Clearinghouse.

- Reason for the test;
- Federal Drug Testing Chain of Custody Form (CCF) specimen ID number;
- Driver's name, date of birth, and commercial driver's license (CDL) number and State of issuance;
- Employer's name, address, and USDOT Number, if applicable;
- Date of the test and date of the verified result;
- Test result;
- In the case of an adulterated specimen, the adulterant/reason must also be provided.

If an MRO changes a verified drug test, the MRO will submit that change to the Clearinghouse within one business day of making the change in the reported results.

### **What Driver Information does the Employer report into the Clearinghouse?**

- An alcohol confirmation test result with an alcohol concentration of 0.04 or greater;
- A CDL driver's refusal to submit to a Department of Transportation (DOT) test for drug or alcohol use as determined by the employer;
- Actual knowledge of drug or alcohol use while working, as defined in § 382.107;
- Negative Return to Duty test results;
- The date the driver successfully completed all follow-up tests as ordered by the substance abuse professional (SAP).

### **What Driver Information does the SAP report into the Clearinghouse?**

The Substance Abuse Professional (SAP) reports information on a driver who has entered the SAP program. The information reported includes the date of completion of the initial assessment, and the date the SAP determines that the driver is eligible for RTD testing.

### **Queries and Consent**

An employer must conduct a pre-employment query for a prospective employee in the Clearinghouse prior to hiring the employee for a position requiring him or her to perform safety-sensitive functions, such as operating a commercial motor vehicle (CMV). The employer must also query the Clearinghouse annually for all currently employed CDL drivers.

The Clearinghouse rule states, "No employer may query the Clearinghouse to determine whether a record exists for any particular driver without first obtaining that driver's written or electronic consent." The type of consent required depends on the type of query. For a limited query, a general consent is



## **Appendix 7**

required. For a full query, the driver must provide specific consent to the employer prior to each full query. This consent must be provided electronically within the Clearinghouse. For all pre-employment applicants a full query is required.

Any employer or its designated C/TPA accessing the Clearinghouse with a query will have access to any violation information that has been reported for a driver by any employer.

### **How is Driver Information Protected in the Clearinghouse?**

The Federal Motor Carrier Safety Administration (FMCSA) takes the protection of personal information very seriously. The Clearinghouse will meet all relevant Federal security standards and FMCSA will verify the effectiveness of the security protections on a regular basis.

- Clearinghouse information will not be available to the public; only authorized users will be able to register and access the Clearinghouse for designated purposes.
- The Clearinghouse will require authentication, via a login.gov username and password, to access records. Login.gov, a shared service which offers secure online access to participating government systems, also requires the completion of a user verification process to ensure the proper person is using those credentials.
- Drivers registered in the Clearinghouse will be able to access their Clearinghouse records at any time, and at no cost to them. Drivers will only be able to access their own information, not information about other drivers.
- FMCSA will only share detailed drug and alcohol violation information with a prospective or current employer, and/or their designated consortium/third-party administrator (C/TPA), when an employer or designated C/TPA has requested and received specific consent from the driver. Drivers will be able to see the information that would be released to an employer before consenting to the release.
- Driver information will only be used by FMCSA and other enforcement agencies as required to enforce drug and alcohol testing regulations.

If you have questions about the Clearinghouse, please contact The City of Wilson Designated Employer Representative (DER).



**Appendix 7**



**Driver Consent for Limited Queries of the  
Federal Motor Carrier Safety Administration (FMCSA)  
Drug and Alcohol Clearinghouse**

**Employer: City of Wilson**

<b>Driver Name:</b>			
<b>Department:</b>			
<b>CDL License #</b>		<b>State Issued:</b>	

I hereby provide consent to the above named employer or its authorized C/TPA to perform limited queries of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I further consent that the employer or its authorized C/TPA listed above, perform these limited queries in the Clearinghouse until my employment with the company is terminated.

I understand that if any limited query indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to my employer without first obtaining additional specific consent from me. That specific consent requires me to submit that consent electronically in the clearinghouse.

I further understand that if I refuse to provide consent for the above named employer to conduct a limited query of the Clearinghouse, my employer must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

**\*MAINTAIN THIS SIGNED CONSENT IN THE DRIVER DRUG AND ALCOHOL TESTING FILE**



**Appendix 7**



**Driver Consent for Limited Queries of the  
Federal Motor Carrier Safety Administration (FMCSA)  
Drug and Alcohol Clearinghouse**

**Employer: City of Wilson**

<b>Driver Name:</b>			
<b>Department:</b>			
<b>CDL License #</b>		<b>State Issued:</b>	

I hereby provide consent to the above named employer or its authorized C/TPA to perform limited queries of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I further consent that the employer or its authorized C/TPA listed above, perform these limited queries in the Clearinghouse until my employment with the company is terminated.

I understand that if any limited query indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to my employer without first obtaining additional specific consent from me. That specific consent requires me to submit that consent electronically in the clearinghouse.

I further understand that if I refuse to provide consent for the above named employer to conduct a limited query of the Clearinghouse, my employer must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

**\*MAINTAIN THIS SIGNED CONSENT IN THE DRIVER DRUG AND ALCOHOL TESTING FILE**



## Appendix 8

### **PHMSA Post Accident/Incident Criteria**

The City of Wilson will test each employee whose performance either contributed to the accident or cannot be completely discounted as a contributing factor to the accident

The City of Wilson will complete the POST ACCIDENT TESTING DECISION REPORT on each employee involved in the accident. The form will be retained in the Drug and Alcohol Testing records for 3 years.

The City of Wilson Gas Division will complete appropriate Incident Report forms

The City of Wilson defines an accident/incident as found in Part 191.3

#### 191.3

Incident" means any of the following events:

*(1) An event that involves a release of gas from a pipeline, gas from an underground natural gas storage facility (UNGSF), liquefied natural gas, liquefied petroleum gas, refrigerant gas, or gas from an LNG facility, and that results in one or more of the following consequences:*

*(i) A death, or personal injury necessitating in-patient hospitalization;*

*(ii) Estimated property damage of \$139,700 or more, including loss to the operator and others, or both, but excluding the cost of gas lost. For adjustments for inflation observed in calendar year 2021 onwards, changes to the reporting threshold will be posted on PHMSA's website. These changes will be determined in accordance with the procedures in appendix A to part 191.*

*(iii) Unintentional estimated gas loss of three million cubic feet or more.*

*(2) An event that results in an emergency shutdown of an LNG facility or a UNGSF. Activation of an emergency shutdown system for reasons other than an actual emergency within the facility does not constitute an incident.*

*(3) An event that is significant in the judgment of the operator, even though it did not meet the criteria of paragraph (1) or (2) of this definition.*





**Appendix 8**

**PHMSA POST ACCIDENT TESTING DECISION REPORT**

*\*\*A separate sheet must be filled out for each covered employee that contributed to the accident\*\**

Safety- Sensitive Employee: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Time Employer was notified: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

1. Did the accident meet the requirements of 191.3 of an incident  Yes  No

**Incident means any of the following events:**

(1) An event that involves a release of gas from a pipeline, gas from an underground natural gas storage facility (UNGSF), liquefied natural gas, liquefied petroleum gas, refrigerant gas, or gas from an LNG facility, and that results in one or more of the following consequences:

(i) A death, or personal injury necessitating in-patient hospitalization;

(ii) Estimated property damage of \$139,700 or more, including loss to the operator and others, or both, but excluding the cost of gas lost. For adjustments for inflation observed in calendar year 2021 onwards, changes to the reporting threshold will be posted on PHMSA's website. These changes will be determined in accordance with the procedures in appendix A to part 191.

(iii) Unintentional estimated gas loss of three million cubic feet or more.

(2) An event that results in an emergency shutdown of an LNG facility or a UNGSF. Activation of an emergency shutdown system for reasons other than an actual emergency within the facility does not constitute an incident.

(3) An event that is significant in the judgment of the operator, even though it did not meet the criteria of paragraph (1) or (2) of this definition.

2. Did you perform a drug and/or alcohol test  Yes  No

If no, why not? \_\_\_\_\_

3. Was an alcohol test performed within 2 hours?  N/A  Yes  No

If no, why: \_\_\_\_\_

If no alcohol test occurred, and more than 8 hours elapsed from the time of the accident, please explain: \_\_\_\_\_

4. Was a drug test performed within 32 hours?  N/A  Yes  No

If no, why: \_\_\_\_\_



**Appendix 8**

5. Did the employee leave the scene of the accident without a reasonable explanation?

Yes  No

If Yes, please explain: \_\_\_\_\_

**Test Determination:**

Name of supervisor making determination: \_\_\_\_\_

Time employee was informed of determination: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*\* Contributing Factor:** The determination of whether or not a safety-sensitive employee's performance was a contributing factor should be the decision of the company official investigating the accident; not based on the police officer's accident fault determination. This decision should not be made hastily. The company official's determination must be based on the best available information at the time of the accident.



**Appendix 9**

**Post-Accident Testing Criteria – FMCSA (49 CFR 382.303)**

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol for each of its surviving drivers:

- (1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
- (2) Who receives a citation within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:
  - (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 incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for controlled substances for each of its surviving drivers:

- (1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
- (2) Who receives a citation within thirty-two hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:
  - (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 incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

Type of accident involved	Citation issued to the CMV driver	Test must be performed by employer
Human fatality	YES NO	YES YES
Bodily injury with immediate medical treatment away from the scene	YES NO	YES NO
Disabling damage to any motor vehicle requiring tow away	YES NO	YES NO

*Exception.* This section does not apply to:

- (1) An occurrence involving only boarding or alighting from a stationary motor vehicle; or
- (2) An occurrence involving only the loading or unloading of cargo; or
- (3) An occurrence in the course of the operation of a passenger car or a multipurpose passenger vehicle (as defined in § 571.3 of this title) by an employer unless the motor vehicle is transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with § 177.823 of this title.



**Appendix 10**

**REASONABLE SUSPICION INCIDENT CHECKLIST**

\_\_\_\_\_  
Employee’s Full Name

\_\_\_\_\_  
Date / Time of Observation

\_\_\_\_\_  
Supervisor’s Full Name & Telephone

\_\_\_\_\_  
Date of Supervisor’s Reasonable Suspicion Decision Training

This checklist is to be completed when a supervisor – trained in accordance with 49 CFR Part 655.14(b) – determines that an incident has occurred which provides reasonable suspicion that an employee is exhibiting behaviors consistent with the symptoms of drug use and / or alcohol misuse. Mark each applicable item on this form and add any additional facts or circumstances which you have observed.

**A. Nature of Incident / Cause for Suspicion**

- \_\_\_1. Observed/reported possession or use of a prohibited substance (including passenger complaint).
- \_\_\_2. Apparent drug or alcohol intoxication.
- \_\_\_3. Observed drug or alcohol intoxication.
- \_\_\_4. Arrest for drug-related offense
- \_\_\_5. Other (e.g. flagrant violation of safety or serious misconduct, accident or ‘near miss,’ fighting or argumentative/abusive language, refusal of supervisor instruction, and unauthorized absence on the job) Please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Behavioral Indicators**

- \_\_\_1. Verbal abusiveness
- \_\_\_2. Physical abusiveness
- \_\_\_3. Extreme aggressiveness or agitation
- \_\_\_4. Withdrawal, depression, tearfulness, or responsiveness
- \_\_\_5. Inappropriate verbal responses to questioning or instruction
- \_\_\_6. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, confused) Please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**C. Physical Signs and Symptoms**

---

- 1. Possession, dispensing, or using prohibited substance
  - 2. Slurred or incoherent speech
  - 3. Unsteady gait or other loss of physical control, poor conditioning
  - 4. Dilated or constricted pupils or unusual eye movement
  - 5. Bloodshot or watery eyes
  - 6. Extreme aggressiveness or agitation
  - 7. Excessive sweating or clamminess of skin
  - 8. Flushed or very pale face
  - 9. Highly excited or nervous
  - 10. Nausea or vomiting
  - 11. Disheveled appearance or out of uniform
  - 12. Odor of alcohol
  - 13. Odor of Marijuana
  - 14. Dry mouth (frequent swallowing/lip wetting)
  - 15. Shaking hands or body tremors/twitching
  - 16. Dizziness or fainting
  - 17. Breathing irregularity or difficulty breathing
  - 18. Runny nose or sores around nostrils
  - 19. Inappropriate wearing of sunglasses
  - 20. Puncture marks or "tracks"
  - 21. Other (Specify) \_\_\_\_\_
- 
- 
- 

---

**D. Written Summary**

---

Please summarize the facts and circumstances surrounding the incident. The observations must be specific, contemporaneous, and articulable regarding the appearance, behavior, speech, or body odors of the safety-sensitive employee. Attach additional sheets as needed.

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The above document of physical, behavioral, and performance indicators of the named employee were observed by:

---

---

Supervisor's Full Name

Signature

Date

*Forward this document to the drug and alcohol program manager*



**Appendix 11**

**CITY OF WILSON  
DRUG AND ALCOHOL TESTING POLICY LAST CHANCE ASSISTANCE AGREEMENT**

1. As a condition of my continued employment with the City of Wilson (the "CITY"), I promise to cooperate fully and participate in any counseling, treatment, or rehabilitation program to which I have been referred by the CITY for evaluation by a substance abuse professional, in accordance with instructions and requirements of program administrators. I understand that any approved leave of absence to continue in a counseling, treatment, or rehabilitation program may be reviewed on a weekly basis or as otherwise deemed necessary by the CITY.

2. I understand that any counseling, treatment, or rehabilitation to which I may submit because of the evaluation interview will be handled on a confidential basis. However, the CITY or its designated health care provider may confer with any counseling, treatment, or rehabilitation representatives regarding job-related matters.

3. I understand that during my continued employment or upon my return to active employment, I must meet all established standards of conduct and job performance required of other employees of the CITY and that I will be subject to the same disciplinary procedures applicable to other employees of the CITY.

4. I understand and agree that I will submit willingly to unscheduled drug or alcohol testing, as directed by a substance abuse professional, at any time, and that my failure to take a drug or alcohol test as requested or to have a confirmed positive drug test or positive alcohol test will result in the termination of my employment. I understand and agree that unannounced testing may be required for up to 60 months after my return to duty.

5. I understand and agree that my future employment with the CITY depends upon my remaining free of the use of prohibited drugs and the misuse of alcohol for the entire duration of my continued employment, and that this "LAST CHANCE" opportunity afforded me by the CITY is conditioned accordingly. **I recognize that these conditions, including those above, are in addition to the CITY's right to alter my employment relationship with it AT-WILL, and for reasons not set forth in this Last Chance Assistance Agreement.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

APPROVED: \_\_\_\_\_



**Appendix 12**

**CITY OF WILSON  
NOTICE OF CONFIRMED POSITIVE CONTROLLED SUBSTANCE EXAMINATION RESULT  
AND RIGHT TO RETEST**

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**Employee involved**

On \_\_\_\_\_, you provided a sample or specimen for testing for the presence of certain controlled substances in your system. On \_\_\_\_\_, City of Wilson (the "CITY") received notification that the testing process returned a confirmed positive test result for the following controlled substance(s):

- Amphetamines \_\_\_\_\_
- Benzoyllecogine (Cocaine) \_\_\_\_\_
- Cannabinoids (Marijuana) \_\_\_\_\_
- Opiates \_\_\_\_\_
- Phencyclidine (PCP) \_\_\_\_\_

Other \_\_\_\_\_

Pursuant to applicable state laws, including the North Carolina Controlled Substance Examination Regulation Act (if you are in North Carolina), you have the right to have any samples or specimens that return positive test results retested at the same approved laboratory used by the Company or at another approved laboratory. You must submit a written request for release of your sample or specimen to the original laboratory within seventy-two (72) hours of notification by the original laboratory to the CITY of a confirmed positive test result, specifying the approved laboratory to which the sample or specimen is to be sent. You are responsible for all reasonable expenses for retesting of positive samples or specimens. "Reasonable expenses for retesting" means the actual cost of the retest charged by the approved laboratory; fees assessed by the approved laboratory for expenses relating to the retest; a maximum of \$15.00 for the CITY's expenses related to the retest (unless the City demonstrates that its costs were greater than \$15.00); and the actual cost of shipping expenses related to the retest.

If you have any questions regarding your rights to retesting, please contact Human Resources at 252-296-3310.

---

Signature of Employee

---

Date of notification

---

Time of notification

---

Department Employee Representative



## **Appendix 13**

### Contact List and Information

#### **Collection agents (drug collection and alcohol testing)**

Wilson Medical Center  
COW Employee Health and Wellness Center  
1802 Herring Ave.  
Wilson, NC 27893  
252-399-2254 or 252-296-3452

Professional Drug Screening Services  
1208 Tarboro St W  
Wilson, NC 27893  
252-243-7377  
<https://www.professionaldrugscreening.com/>

#### **Drug testing laboratories**

LabCorp  
1904 T W Alexander Drive  
RTP, NC 27709  
800-762-4344  
Lab: 800-533-0567

Quest Diagnostics  
1777 Montreal Circle  
Tucker, GA 30084  
1-800-877-7484

#### **Medical Review Officer (MRO)**

Dr. Duvaul  
Wilson Immediate Care PA,  
1725 S. Tarboro Street  
Wilson, North Carolina 27893  
252-237-2891

Charlton Owensby, M.D.  
Med Review  
200 Morris Drive  
Harrisburg, NC 28075  
1-800-650-4075 or 704-455-7000

#### **Employee Assistance Program (EAP)**

MYgroup  
1-800-633-3353  
[www.mygroup.com](http://www.mygroup.com)

#### **DER**

Adam Rech  
City of Wilson  
1800 Herring Ave, Wilson, NC 27893  
252-296-3310

#### **Alternate DER**

Agnes Speight  
City of Wilson  
1800 Herring Ave, Wilson, NC 27893  
252-399-2248

#### **Substance Abuse Provider (SAP)**

Colleen Raper  
Contact Professional Drug Screening Services  
1208 Tarboro St W  
Wilson, NC 27893  
252-243-7377  
<https://www.professionaldrugscreening.com>





**Appendix 14**

**Service Provider – Collection Agents Review**

Collection Agency:

Date:

Review PHMSA Inspection Form 3.1.11

1) Attached inspection meets all aspects of Sections 0

\_\_\_\_\_ Yes      \_\_\_\_\_ No

2) Attached inspection meets all aspects of Sections P

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If all aspects of the inspection form were not meet, list deficiencies below:

Reviewed By: \_\_\_\_\_

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



**Appendix 15**

**Service Provider – Laboratory Review**

Lab Name:

Date:

Review PHMSA Inspection Form 3.1.11

1) Attached inspection meets all aspects of Sections D.01

\_\_\_\_\_ Yes      \_\_\_\_\_ No

2) Attached inspection meets all aspects of Sections D.02

\_\_\_\_\_ Yes      \_\_\_\_\_ No

3) Attached inspection meets all aspects of Sections D.03

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If all aspects of the inspection form were not meet, list deficiencies below:

Reviewed By: \_\_\_\_\_

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



## **Appendix 16**

Page 1 of 2

# **MRO Qualifications**

### **Credentials**

You must be a licensed physician (Doctor of Medicine or Osteopathy). If you are a licensed physician in any U.S., Canadian, or Mexican jurisdiction and meet the other requirements of this section, you are authorized to perform MRO services with respect to all covered employees, wherever they are located. For example, if you are licensed as an M.D. in one state or province in the U.S., Canada, or Mexico, you are not limited to performing MRO functions in that state or province, and you may perform MRO functions for employees in other states or provinces without becoming licensed to practice medicine in the other jurisdictions.

### **Basic knowledge**

They must be knowledgeable in the following areas:

- (1) Must be knowledgeable about and have clinical experience in controlled substances abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results.
- (2) Must be knowledgeable about issues relating to adulterated and substituted specimens as well as the possible medical causes of specimens having an invalid result.
- (3) Must be knowledgeable about this part, the DOT MRO Guidelines, and the DOT agency regulations applicable to the employers for whom you evaluate drug test results, and you must keep current on any changes to these materials. The DOT MRO Guidelines document is available from ODAPC

### **Qualification training**

(1) The training must provide instruction on the following subjects:

- (i) Collection procedures for urine specimens; (ii) Chain of custody, reporting, and recordkeeping;
- (iii) Interpretation of drug and validity tests results; (iv) The role and responsibilities of the MRO in the DOT drug testing program; (v) The interaction with other participants in the program (e.g., DERs, SAPs); and
- (vi) Provisions of this part and DOT agency rules applying to employers for whom you review test results, including changes and updates to this part and DOT agency rules, guidance, interpretations, and policies affecting the performance of MRO functions, as well as issues that MROs confront in carrying out their duties under this part and DOT agency rules.

(2) Following your completion of qualification training under paragraph (c)(1) of this section, you must satisfactorily complete an examination administered by a nationally-recognized MRO certification board or subspecialty board for medical practitioners in the field of medical review of DOT-mandated drug tests. The examination must comprehensively cover all the elements of qualification training

(3) The following is the schedule for qualification training you must meet:

- (i) If you became an MRO before August 1, 2001, and have already met the qualification training requirement, you do not have to meet it again.
- (ii) If you became an MRO before August 1, 2001, but have not yet met the qualification training requirement, you must do so no later than January 31, 2003.
- (iii) If you become an MRO on or after August 1, 2001, you must meet the qualification training requirement before you begin to perform MRO functions.

### **Requalification Training.**

During each five-year period from the date on which you satisfactorily completed the examination or have successfully completed the required continuing education requirements which were mandatory prior to October 1, 2010, you must complete requalification training.



## **Appendix 16**

Page 2 of 2

### **MRO Qualifications**

- (1) This requalification training must meet the requirements of the qualification training
- (2) Following your completion of requalification training, you must satisfactorily complete an examination administered by a nationally-recognized MRO certification board or subspecialty board for medical practitioners in the field of medical review of DOT-mandated drug tests. The examination must comprehensively cover all the elements of qualification training listed.

#### **Documentation**

You must maintain documentation showing that you currently meet all requirements of this section. You must provide this documentation on request to DOT agency representatives and to employers and C/TPAs who are using or negotiating to use your services.



**Appendix 17**  
**CONFIDENTIAL**

**SUBSTANCE ABUSE PROFESSIONAL REFERRAL**  
**Non-DOT**

Employee/Applicant Full Name: \_\_\_\_\_

Employee/Applicant Social Security Number: \_\_\_\_\_

This letter serves to notify that the aforementioned individual was in violation of a City of Wilson drug and alcohol policy regulations on     (Date)    . In accordance with the policy the City of Wilson is required to advise the individual of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse. The City of Wilson is not responsible for any costs associated with any services provided by the Substance Abuse Professional, all costs will be paid by the employee.

Substance Abuse Professional Name: Colleen D. Raper

Contact Information:

Name: Professional Drug Screening Services, Inc. - Mary Rush

Address: 1208 W. Tarboro Street Wilson, NC 27893

Phone: 252-243-7377 or 1-800-849-7380

Employee was Present and signed form

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

Employee was not present, the form was sent to employee utilizing certified mail

\_\_\_\_\_  
City of Wilson Representative Full Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
City of Wilson Representative Signature

\_\_\_\_\_  
Date

*If the employee refuses to sign this form, please document why*



**Appendix 18**  
**CONFIDENTIAL**

**SUBSTANCE ABUSE PROFESSIONAL REFERRAL**  
**DOT**

Employee/Applicant Full Name: \_\_\_\_\_

Employee/Applicant Social Security Number: \_\_\_\_\_

This letter serves to notify that the aforementioned individual was in violation of DOT drug and alcohol regulations (49 CFR Part 40) on \_\_\_\_\_ (Date). In accordance with 49 CFR Part 40, the City of Wilson is required to advise the individual of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse. The City of Wilson is not responsible for any costs associated with any services provided by the Substance Abuse Professional, all costs will be paid by the employee.

Substance Abuse Professional Name: Colleen D. Raper

Contact Information:

Name: Professional Drug Screening Services, Inc. - Mary Rush

Address: 1208 W. Tarboro Street Wilson, NC 27893

Phone: 252-243-7377 or 1-800-849-7380

Employee was Present and signed form

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

Employee was not present, the form was sent to employee utilizing certified mail

\_\_\_\_\_  
City of Wilson Representative Full Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
City of Wilson Representative Signature

\_\_\_\_\_  
Date

*If the employee refuses to sign this form, please document why*



## **Appendix 19**

Page 1 of 2

### **SAP Qualifications**

#### **Definition**

A licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, state-licensed or certified marriage and family therapist, or drug and alcohol counselor (certified by an organization listed at <https://www.transportation.gov/odapc/sap>) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

#### **Credentials**

- (1) You are a licensed physician (Doctor of Medicine or Osteopathy);
- (2) You are a licensed or certified social worker;
- (3) You are a licensed or certified psychologist;
- (4) You are a licensed or certified employee assistance professional;
- (5) You are a state-licensed or certified marriage and family therapist; or
- (6) You are a drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC); or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC); or by the National Board for Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC).

#### **Basic knowledge**

- (1) You must be knowledgeable about and have clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.
- (2) You must be knowledgeable about the SAP function as it relates to employer interests in safety-sensitive duties.
- (3) You must be knowledgeable about this part, the DOT agency regulations applicable to the employers for whom you evaluate employees, and the DOT SAP Guidelines, and you keep current on any changes to these materials. These documents are available from ODAPC

#### **Qualification training**

- (1) Qualification training must provide instruction on the following subjects:
  - (i) Background, rationale, and coverage of the Department's drug and alcohol testing program;
  - (ii) 49 CFR Part 40 and DOT agency drug and alcohol testing rules;
  - (iii) Key DOT drug testing requirements, including collections, laboratory testing, MRO review, and problems in drug testing;
  - (iv) Key DOT alcohol testing requirements, including the testing process, the role of BATs and STTs, and problems in alcohol tests;
  - (v) SAP qualifications and prohibitions;
  - (vi) The role of the SAP in the return-to-duty process, including the initial employee evaluation, referrals for education and/or treatment, the follow-up evaluation, continuing treatment recommendations, and the follow-up testing plan;
  - (vii) SAP consultation and communication with employers, MROs, and treatment providers;
  - (viii) Reporting and recordkeeping requirements;
  - (ix) Issues that SAPs confront in carrying out their duties under the program.



## **Appendix 19**

Page 2 of 2

(2) Following your completion of qualification training, you must satisfactorily complete an examination administered by a nationally-recognized professional or training organization. The examination must comprehensively cover all the elements of qualification training.

(3) The following is the schedule for qualification training you must meet:

(i) If you became a SAP before August 1, 2001, you must meet the qualification training requirement no later than December 31, 2003.

(ii) If you become a SAP between August 1, 2001, and December 31, 2003, you must meet the qualification training requirement no later than December 31, 2003.

(iii) If you become a SAP on or after January 1, 2004, you must meet the qualification training requirement before you begin to perform SAP functions.

### **Continuing Education**

During each three-year period from the date on which you satisfactorily complete the examination, you must complete continuing education consisting of at least 12 professional development hours (e.g., CEUs) relevant to performing SAP functions.

(1) This continuing education must include material concerning new technologies, interpretations, recent guidance, rule changes, and other information about developments in SAP practice, pertaining to the DOT program, since the time you met the qualification training requirements of this section.

(2) Your continuing education activities must include documentable assessment tools to assist you in determining whether you have adequately learned the material.

### **Documentation**

You must maintain documentation showing that you currently meet all requirements of this section. You must provide this documentation on request to DOT agency representatives and to employers and C/TPAs who are using or contemplating using your services.





## Appendix 20

### EAP Educational Content

The following educational information will be shared in the quarterly New Hire orientation as required as required by PHMSA regulations. This information is documented in the policy and can be found in the following locations:

Code Requirement	Where it is found
The identity of the person designated by the operator to answer covered employee questions about the materials.	This information is found in section 13.5 of the Policy. Information can also be found by contacting the DER for the City of Wilson. Contact information is found in Appendix 13
The categories of employees who are subject to the provisions of this subpart	Information in regards to employees that are subject to testing can be found in section 3.1 of the policy as well as Appendix 2
Sufficient information about the covered functions performed by those employees to make clear what period of the work day the covered employee is required to be in compliance with this subpart.	This information is found in sections 3.1 and 4.2.2 of the policy
Specific information concerning covered employee conduct that is prohibited by this subpart.	This information is found in section 4.2 of the policy
The circumstances under which a covered employee will be tested for alcohol under this subpart.	This information is found in section 6.0 of the policy
The procedures that will be used to test for the presence of alcohol, protect the covered employee and the integrity of the breath testing process, safeguard the validity of the test results, and ensure that those results are attributed to the correct employee.	This is found in the alcohol collection procedure manual as part of the policy.
The requirement that a covered employee submit to alcohol tests administered in accordance with this subpart.	This information can be found in section 6.0 of the policy
An explanation of what constitutes a refusal to submit to an alcohol test and the attendant consequences	This information in section 4.2.3, 4.2.4 and 4.2.5 of the policy
The consequences for covered employees found to have violated the prohibitions under this subpart, including the requirement that the employee be removed immediately from covered functions, and the procedures under §199.243.	This information can be found in the following sections of the policy: 4.2 and 7.0
The consequences for covered employees found to have an alcohol concentration of 0.02 or greater but less than 0.04.	This information is found in section 5.3.4.2 of the policy
Information concerning the effects of alcohol misuse on an individual's health, work, and personal life; signs and symptoms of an alcohol problem (the employee's or a coworker's); and including intervening evaluating and resolving problems associated with the misuse of alcohol including intervening when an alcohol problem is suspected, confrontation, referral to any available EAP, and/or referral to management.	This information is provided by the EAP during the New Hire orientation. This information can also be found in section 13 of the policy.

Employees will also be provided with a copy of the Office of Drug & Alcohol Policy & Compliance document "What Employees Need to Know about DOT Drug and Alcohol Testing" which can be found as part of the Drug and Alcohol Plan.