

OFFICE OF THE SOLANO COUNTY SUPERINTENDENT OF SCHOOLS

Series 4000 – PERSONNEL

Policy 4020.1

Controlled Substances and Alcohol – Drivers

The Solano County Office of Education (SCOE) has a long-standing commitment to maintain the highest standards for driver safety and health. The use of controlled substances and/or the misuse of alcohol is contrary to these high standards.

SCOE's controlled substance and alcohol testing program meets the requirements of the Department of Transportation (DOT), Federal Highway Administration (FHWA), Controlled Substances and Alcohol Use and Testing Rule, Code of Federal Regulations (CFR), Title 49 Part 382.

This policy is intended to bring SCOE into compliance with federal law. The purpose of the controlled substance and alcohol policy is to reduce accidents that result from the use of controlled substances and misuse of alcohol, thereby reducing fatalities, injuries, and property damage.

Implementation of the controlled substance and alcohol policy is effective January 1, 1996.

Attachments: (A) Solano County Office of Education Controlled Substances and Alcohol Policy
(B) CDT Forms Instructions



Dee Alarcón
Solano County Superintendent of Schools

August 15, 2007
Date

SOLANO COUNTY OFFICE OF EDUCATION
CONTROLLED SUBSTANCES AND ALCOHOL POLICY

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SECTION I. INTRODUCTION

- A. Solano County Office of Education (hereafter known as “the office”) has a long standing commitment to maintain the highest standards for driver safety and health. The use of controlled substances and/or the misuse of alcohol is contrary to these high standards.
- B. The office’s controlled substance and alcohol testing program meets the requirements of the Department of Transportation (DOT), Federal Highway Administration (FHWA), Controlled Substances and Alcohol Use and Testing Rule, Code of Federal Regulations (CFR), Title 49 Part 382.
- C. This policy is intended to bring the office into compliance with federal law. The purpose of the controlled substance and alcohol policy is to reduce accidents that result from the use of controlled substances and misuse of alcohol, thereby reducing fatalities, injuries, and property damage.
- D. Implementation of the controlled substance and alcohol policy is effective on January 1, 1996.

SECTION II. RESPONSIBILITIES

- A. Office Controlled Substance and Alcohol Program Coordinator: Appendix A contains the name, address, and phone number of the individual(s) responsible for questions related to the policy or implementation of the policy.
- B. Supervisors: Supervisors are responsible for observing the performance and behavior of drivers and observation/documentation of events suggestive of behavior that is prohibited by this part (i.e. controlled substance use and/or alcohol misuse). It is the supervisor’s responsibility to determine when testing for controlled substances and/or alcohol is necessary, based on reasonable cause.
- C. Drivers: Each driver has the responsibility to be knowledgeable of the requirements of the office’s controlled substance and alcohol policy and to fully comply with the provisions of the policy.

SECTION III. DEFINITIONS

For purposes of this controlled substance and alcohol policy the following definitions apply:

- A. *Accident*-(390.5) means an occurrence involving a commercial motor vehicle operating on a public road which results in:
 - 1. A fatality;
 - 2. Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - 3. One or more 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.
- B. *Commercial Driver’s License (CDL)*-means a license issued by a State or other jurisdiction, in accordance with the standards contained in the FHWA regulations, 49 CFR Part 383, to an individual which authorizes the individual to operate a class of commercial motor vehicle.

- C. *Commercial Motor Vehicle (CMV)*-means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle-
1. Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
 2. Has a gross vehicle weight rating of 26,001 or more pounds; or
 3. Is designated to transport 16 or more passengers, including the driver; or
 4. Is of any size and is used in the transportation of materials 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 Materials Regulations (49 CFR part 172, subpart F).
- D. *Consortium*-means an entity, including a group or association of employers or contractors, that provides alcohol or controlled substances testing required by the FHWA regulations, and acts of behalf of the employers.
- E. *Driver*-Any person who operates a commercial motor vehicle, bus drivers, substitute bus drivers, or student transportation drivers. For purposes of pre-employment/pre-duty testing only, the term driver included a person applying to an employer to drive a commercial motor vehicle.
- F. *Fail a Controlled Substance Test or Test Positive*-the confirmation test result shows positive evidence of the presence under DOT procedures of a prohibited drug in the driver's or applicant's system.
- G. *Pass a Controlled Substance Test or Test Negative*-that initial testing or confirmation testing under DOT procedures does not show evidence of the presence of a prohibited drug in the driver's or applicant's system.
- H. *Pass an Alcohol Test or Test Negative*-the driver's alcohol level is .019 or less.
- I. *Performing (a Safety-Sensitive Function)*-means a driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.
- J. *Prohibited Drug*-marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines.
- K. *Refusal to Submit (to an Alcohol or Controlled Substance Test)*-means that a driver (1) Fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirement for breath testing in accordance with these regulations, (2) fails to provide adequate urine for controlled substances testing without a valid medical explanation after he or she has received notice of the requirement for urine testing in accordance with these regulation, or (3) engages in conduct that clearly obstructs the testing process.
- L. *Safety-Sensitive Function (Covered Function)*-means any of those on-duty functions as described in 49 CFR part 395.2 on-duty time. On duty time commences at the time a driver begins work or is required to be in readiness to work until the time he/she is relieved from work and all the responsibility for performing work.
- M. *SAMHSA*-Substance Abuse and Mental Health Services Administration (formerly National Institute on Drug Abuse), was established by the Department of Health and Human Services (DHHS) in 1986 to regulate laboratories performing analytical tests (drug tests) on human body fluids for employment purposes in the public sector.

- N. *Substance Abuse Professional*-means a license physician (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) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

SECTION IV. WHO IS COVERED BY THIS POLICY

This policy applies to every person who operates a commercial motor vehicle in interstate or intrastate commerce, and is subject to the commercial driver's license requirements. (Commercial Motor Vehicle and Commercial Driver's License definitions are located in Section III.)

SECTION V. NOTIFICATION TO DRIVER

Prior to performing a controlled substances or alcohol test under this policy:

1. The office must notify the driver(s) that the alcohol or controlled substances test is required.
2. Each Transportation office shall post the policy in a prominent location that is readily accessible to all covered drivers.
3. All covered drivers will be provided with a complete copy of the controlled substance and alcohol policy. Each driver may obtain, upon request, an additional copy of this policy for review by contacting the Senior Director of Human Resources.
4. Each driver will be required to sign a certificate of receipt certifying that he/she has received a copy of the controlled substance and alcohol policy.

SECTION VI. TESTING PROCEDURES

A. Specimen Collection Requirements for Controlled Substance and Alcohol Testing

1. All specimen collections for controlled substances and alcohol shall be performed according to the specific guidelines as designated in 49 CFR, part 40, Procedures for Transportation Workplace Drug and Alcohol Testing Programs. A urine specimen will be collected to test for controlled substances and a breath sample will be collected to test for alcohol.
2. Alcohol tests will be administered using an Evidential Breath Testing Device (EBT) that is on the Conforming Products List published by the National Highway Traffic Safety Administration (NHTSA). The tests will be performed by a certified Breath Alcohol Technician (BAT).

B. Substances for Which Testing Must be Conducted

The office will test for evidence of the following substances:

- Marijuana
- Cocaine
- Opiates
- Phencyclidine (PCP)
- Amphetamines
- Alcohol

C. Drug Testing Laboratory

1. The office shall use a drug testing laboratory certified under DHHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; 53 FR 11970, April 11, 1988, and subsequent amendments.
2. The laboratory shall provide services in accordance with Part 40 and Part 382. The name and address of each SAMHSA laboratory used by the office is contained in Appendix A.

D. Time Period Testing is Conducted

A driver may be sent to be tested for controlled substances at any time during the driver's shift. Testing for alcohol must take place just before, during, or just after performing a safety-sensitive or covered function. Performing a safety-sensitive function means a driver is considered to be performing a safety-sensitive function during any period in which he/she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

SECTION VII. TYPES OF TESTS REQUIRED

A. Pre-Employment Testing

A pre-employment controlled substance test must be conducted before the first time a driver performs a safety-sensitive function. A driver must also take a pre-employment controlled substance test when he/she transfers to a safety-sensitive position. This also applies to a driver returning from a leave of absence for more than 30 days due to illness, lay-off, injury, etc., who has not participated in the controlled substance and alcohol program and therefore, has not been subject to the random selection process. A negative test result is required prior to performing safety-sensitive functions.

1. Exception to Pre-Employment Controlled Substance Testing

A driver would not be required to take a pre-employment controlled substance test if the office verifies the following:

- a. The driver has participated in a controlled substance testing program that meets the requirements of this policy within the previous 30 days; and
- b. While participating in this program, was tested for controlled substances within the past six months or participated in a random program for the previous 12 months; and
- c. The office verifies with the driver's previous employers that within the past six months the driver has not violated any part of this policy nor has he/she violated the rules of other DOT agencies.

B. Post-Accident Testing

1. Following an accident, (as defined by the Federal Motor Carrier Regulations 390.5-See Section II), involving a Commercial Motor Vehicle, a post-accident controlled substances and alcohol test will be administered to each driver who:
 - a. was performing a safety-sensitive function with respect to the vehicle, if the accident involved the loss of human life; or

- b. who received a citation under State or local law for a moving traffic violation arising from an accident.
 2. Controlled Substances Test-The driver must be tested for controlled substances as soon as possible but no later than 32 hours after the accident. If a driver is not tested for controlled substances within 32 hours after an accident, the office shall maintain a record stating the reasons why the test was not administered.
 3. Alcohol Test-The driver must be tested for alcohol as soon as possible but no later than 8 hours following an accident. If a driver is not tested for alcohol within 2 hours after an accident, the office shall maintain a record stating the reasons why the test was not administered promptly.
 4. The office will provide the driver with information on how to comply with post-accident procedures prior to operating a commercial motor vehicle.
 5. Post-accident breath, urine and blood tests completed by local, state, or federal officials may fulfill the requirements of this policy.
 6. A driver who is subject to post-accident testing must remain readily available for such testing or may be deemed by the office as refusing to submit to testing. However, this requirement should not delay necessary medical attention for injured people following an accident or prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident.
- C. Random Testing
 1. The regulations require that safety-sensitive drivers shall be subject to controlled substance and alcohol testing on an unannounced and random basis. The office shall conduct a number of controlled substance tests equal to at least 50 percent of all covered drivers and alcohol tests equal to at least 25 percent of all covered drivers each calendar year, spread reasonably over a 12-month period. The selection of drivers to be tested shall be made by a scientifically valid method, such as a computer generated random selection, and each driver shall have an equal chance of being tested each time the selection is made. Drivers will be chosen for testing from a pool group made up of all Solano County Office of Education drivers.
 2. Once the driver has been notified that he/she has been selected for testing, he/she must be available for testing immediately.
 3. Alcohol tests will be performed only just before, during, or just after performing a safety-sensitive function.
- D. Reasonable Suspicion Testing

Reasonable suspicion testing of a driver is required when there is reasonable suspicion to believe that the driver has violated the prohibitions of this policy (as described in Section VII). A supervisor or office official, who is trained in detection of the possible symptoms of controlled substance use and/or alcohol abuse, shall make the decision to test the driver.

1. Controlled Substances
 - a. The determination that reasonable suspicion exists will be based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The observations may include indication of the chronic and withdrawal effects of controlled substances.
 - b. A driver may be asked to submit to a reasonable cause controlled substance test at any time during the work period.
2. Alcohol
 - a. The determination that reasonable suspicion exists will be based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver.
 - b. Alcohol tests for reasonable suspicion must be requested before, during, or just after the driver performs a safety-sensitive function.
 - c. The supervisor that makes the determination to test the driver may not administer the alcohol test.
 - d. The driver will not be permitted to return to duty to perform safety-sensitive functions until:
 - 1) An alcohol test is administered with a result of less than .02, or
 - 2) Twenty-four hours have elapsed from the time the determination of reasonable suspicion was made.
3. Supervisor Training

Supervisory personnel responsible for those drivers covered under Part 382 will receive training under the controlled substance and alcohol policy. The training shall include at least one 60-minute period of training on alcohol misuse and at least an additional 60 minutes of training on controlled substances use. The training shall cover the specific, contemporaneous physical, behavioral, and performance indicators of probable controlled substance use and alcohol use, respectively. This training shall be for supervisors who may determine whether a driver must be tested for reasonable suspicion.

SECTION VIII. PROHIBITED CONDUCT

- A. Refusal to Submit to an Alcohol or Controlled Substance Test

No driver shall refuse to submit to any of the required controlled substance and/or alcohol tests, including, post-accident, random, reasonable suspicion, or follow-up tests.
- B. Prohibited Conduct Related to Controlled Substances
 1. No driver shall report for duty or remain on duty performing a safety-sensitive function when the driver uses a controlled substance, except when the substance is prescribed by a physician, and the physician informs the driver that the substance does not adversely affect the driver's ability to perform the safety-sensitive function.

2. No driver shall report for duty, remain on duty, or perform a safety-sensitive function after testing positive for a controlled substance.
- C. Prohibited Conduct Related to Alcohol
1. No driver shall report for duty or remain on duty requiring the performance of a safety-sensitive function with a breath alcohol concentration level of .02 or greater.
 2. No driver shall use alcohol while performing a safety-sensitive function.
 3. No driver shall possess alcohol while on duty or operating a CMV.
 4. No driver shall perform a safety-sensitive function within 4 hours after using alcohol.
 5. No driver shall use alcohol within 8 hours after an accident, or until an alcohol test has been completed, whichever comes first.

SECTION XI. CONSEQUENCES FOR PROHIBITED CONDUCT

- A. "Zero Tolerance" Policy. After January 1, 1996, any "prohibitive" conduct shall result in immediate dismissal. Prohibitive conduct in accordance with the Federal Register includes any of the following:
1. Testing positive on a drug test
 2. Testing positive on an alcohol test
 3. Refusing to test
 4. Possessing or using drugs or alcohol while on duty or reporting to work under the influence of a controlled substance
 5. Performing a safety-sensitive function within four (4) hours of using alcohol
 6. Using alcohol within eight (8) hours of an accident (or until after a test has been completed)
 7. An other provisions as stated in federal law

Drivers who are released from employment under the zero tolerance policy shall not be entitled to any special considerations for any future employment with SCOE for any position.

- B. A driver will not be hired if he/she refused to submit to a pre-employment controlled substance test.
- C. A positive alcohol breath test of .02 or greater will result in the immediate termination of the driver. This is an office policy that goes beyond the federal DOT regulations.

SECTION X. REFERRAL, EVALUATION, AND TREATMENT

- A. Drivers who have engaged in conduct prohibited by this policy will be:
1. Provided resources for evaluating and resolving problems associated with alcohol misuse and controlled substance use.
 2. Evaluation by a Substance Abuse Professional (SAP) who will recommend assistance, in necessary, for the driver to resolve problems associated with

alcohol misuse and controlled substance use. Subsequent costs will be borne by the driver.

- B. Before a driver returns-to-duty requiring the performance of a safety-sensitive function, after engaging in conduct prohibited by this policy, he/she must:
1. Follow the rehabilitation program prescribed by the Substance Abuse Professional (SAP); and
 2. Pass a "return-to-duty" controlled substance and/or alcohol test, and
 3. Submit to unannounced follow-up alcohol and/or controlled substances tests, following the driver's return to duty.

SECTION XI. MEDICAL REVIEW OFFICER

- A. The MRO shall be a licensed physician with knowledge of substance abuse disorders. The function of the MRO is to review all negative and positive controlled substance test results. The MRO interviews drivers who test positive before results are transmitted to the office. A positive test result does not automatically identify a driver/applicant as having used controlled substances in violation of a DOT regulation. An individual with a detailed knowledge of possible alternate medical explanations is essential to the review of results.
- B. The role of the MRO is to review and interpret confirmed positive test results obtained through the office testing program. In carrying out this responsibility, the MRO shall examine alternate medical explanations for any positive test result. This action could include conducting a medical interview with the individual and review of the individual's medical history, or review of any other relevant biomedical factors. The MRO shall review all medical records made available by the tested individual when a confirmed positive test could have resulted from legally prescribed medication. The MRO shall not, however, consider the results of urine samples that are not obtained or processed in accordance with DOT regulations.
- C. The MRO shall notify each employee who has a confirmed positive test that the employee has 72 hours in which to request a test of the split specimen, if the test is verified positive. If the employee requests an analysis of the split specimen within 72 hours of having been informed of a verified positive test, the MRO shall direct, in writing, the laboratory to provide the split specimen to another DHHS-certified laboratory for analysis.
- D. The office has contracted with an MRO for the controlled substance testing program in accordance with the requirements of Parts 40.33 and 382. A listing of the office's MRO(s) which includes their name(s) and address(es) is contained in Appendix A.

SECTION XII. CONFIDENTIALITY

- A. Release of Driver's Test Results
1. Information regarding the driver's test results will not be released, except to the office, without the driver's written consent excepted as noted in 3, 4 and 5 below.
 2. All records regarding the driver's controlled substance and alcohol test results are available to the driver at any time, upon written request. A driver may also,

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Attachment A**

upon written request, have records released to subsequent employers or other individuals identified by the driver.

3. Access to records shall be permitted to the Secretary of Transportation, any DOT agency, or any state or local officials with regulatory authority over the employer or any of its drivers.
4. When required as part of an accident investigation, records regarding the office's administration of post-accident alcohol and controlled substances tests shall be made available to the National Transportation Safety Board.
5. The office may disclose records maintained as part of this policy pertaining to a driver, to the decision-maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the driver, and arising from the results of an alcohol and/or controlled substance test administered as per this drug and alcohol policy, or from the office's determination that the driver engaged in prohibited conduct (including, but not limited to, a worker's compensation, unemployment compensation, or other proceeding relating to a benefit sought by the driver.)

B. Previous Employer's Test Results

1. The office may obtain, with the driver's written consent, any records relating to this drug and alcohol policy, from the previous employer.
2. The office must obtain all positive test results for controlled substances and alcohol and records of refusal to test within the preceding two years. These records shall be obtained, with the driver's consent, from the driver's previous employer.
3. These records must be obtained and reviewed no later than 14 calendar days after the first time the driver performs a safety-sensitive function. If the records have not been obtained within fourteen days, the driver will not be permitted to continue to perform a safety-sensitive function.
4. The office may not use a driver to perform safety-sensitive functions if the employer obtains information on the driver's alcohol test with a concentration of .04 or greater, verified positive controlled substances test result, or refusal to be tested, by the driver, without obtaining information on a subsequent substance abuse professional evaluation and/or compliance with the federal guidelines.

SECTION XIII. SUBSTANCE ABUSE PROFESSIONAL

A. The Substance Abuse Professional (SAP) provides information to the drivers regarding the following issues:

1. Effects of alcohol/controlled substance use on an individual's health, work, and personal life;
2. Signs and symptoms of an alcohol or controlled substances problem;
3. Methods of intervening when an alcohol or controlled substance problem is suspected; and
4. Counseling and treatment programs available for controlled substances and alcohol.

B. The SAP for the office is included in Appendix A.

APPENDIX A

CONTROLLED SUBSTANCE AND ALCOHOL PROGRAM PERSONNEL AND SERVICES

1. OFFICE CONTROLLED SUBSTANCE AND ALCOHOL PROGRAM
COORDINATOR
Executive Assistant II, Human Resources
Solano County Office of Education
5100 Business Center Drive
Fairfield, CA 94533
(707) 399-4441

2. MEDICAL REVIEW OFFICER (MRO)

Commercial Drivers	Non-Commercial Drivers
M. David Lewis, M.D.	Barbara L. Pohlman, M.D.
P.O. Box 3247	P.O. Box 3247
Long Beach, CA 90803	Long Beach, CA 90803
Ph. (562) 986-4200	Ph. (562) 986-4200
Fax (562) 986-4201	Fax (562) 986-4201

3. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES (SAMHSA formerly
NIDA) LABORATORY
Quest Diagnostics
(877) 241-0150 or (800) 877-7484

Local Collection Site:
1101 B Gale Wilson Blvd, Ste. 204
Fairfield, CA 94533
(707) 429-7701

4. SUBSTANCE ABUSE PROFESSIONAL
Occupational Health Services
125 E. Sir Frances Drake Blvd., #300
Larkspur, CA 94939
(800) 227-1060

APPENDIX B

EMPLOYEE/SUPERVISORY POSITIONS SUBJECT TO CONTROLLED SUBSTANCE AND ALCOHOL TESTING

(JOB TITLES)

- Student Transportation Driver
- Bus Driver
- Bus Driver Instructor
- Transportation Manager

APPENDIX C

CERTIFICATE OF RECEIPT

CONTROLLED SUBSTANCE AND ALCOHOL POLICY

I, _____ have been given a copy of my office's controlled
(EMPLOYEE PRINTED NAME)

substance and alcohol testing policy.

I understand that if I violate the prohibited conduct rules of this policy, I will be terminated immediately in accordance with Solano County Office of Education's policy of zero tolerance. I also understand that if I am released from employment under the office's zero tolerance policy, I am not entitled to any special considerations for any future employment with Solano County Office of Education for any position.

Employee Printed Name

Employee Signature

Witness

Date

DRUG AND ALCOHOL TESTING PROGRAM

CDT FORMS INSTRUCTIONS

I. CURRENT EMPLOYEES

All current employees must sign the Alcohol Test and Release Form prior to administering an alcohol test.

II. NEW EMPLOYEE

1. All new employees must sign the Pre-employment Drug Consent Form.
2. Each new employee must sign and complete a Pre-Employment Verification and Release Form. One form must be completed for each federally regulated employer for the past two years.

Examples:

- a) The employee worked as an administrative assistant and did not perform a safety-sensitive function in his/her previous job.
NO form needs to be completed.
 - b) The employee worked for XYZ Trucking for the past 5 years as a truck driver.
Complete one form.
 - c) The employee worked for Joe's Bus Company for 1 year and Bill's Bus Company for 6 months as a bus driver.
Complete one form for EACH company.
3. Send each completed Pre-Employment Verification and Release Form to CDT.

III. RANDOM TESTING

1. CDT will transmit the list of employees selected for random testing by fax or by modem.
2. Once you have received the list, copy the names and social security numbers directly on to the Employee Testing Log.
3. Note the date and time of notification of each employee.
4. If an employee is not tested, note the reason why (i.e. vacation, sick, etc.)
5. Send each completed log to CDT.

IV. POST-ACCIDENT TESTING

1. Complete the top portion of the Post-Accident Log. Enter the information about the driver and the accident.
2. If it is during regular business hours, transport the employee to the testing site. If it is necessary to conduct an emergency collection (i.e. a mobile collector comes on-site), please follow the instruction in Section VI.

3. Complete the remainder of the log. State the time and place the collections took place and any remarks.
4. Send a copy of the completed log to CDT.

V. REASONABLE SUSPICION TESTING

1. Complete the Reasonable Suspicion Checklist.
2. If it is during regular business hours, transport the employee to the testing site. If it is necessary to complete an emergency collection (i.e. a mobile collector comes on-site), please follow instructions in Section VI.
3. Send a copy of the completed checklist to CDT.

VI. EMERGENCY COLLECTION PROCEDURES

1. Page CDT at (800) 503-5287. Enter the number you are calling from and press #. REMAIN by the phone so that we may return your call.
2. Please be prepared to advise CDT on the following issues:
 - a. Where the collection must take place
 - b. Type of test(s) required – drug or alcohol test, or both
 - c. Collection due to accident or reasonable cause
 - d. What time the accident happened or the time of the determination of reasonable cause

DRUG AND ALCOHOL TESTING PROGRAM

PRE-EMPLOYMENT DRUG TEST
CONSENT FORM

1. I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.201, covered employee applicants must be tested for controlled substances and alcohol as a pre-condition for employment.
2. I consent to the breath alcohol test and urine sample collection to test for controlled substances.
3. I understand and agree that, in the event that the results of any breath alcohol test that I take show a blood alcohol concentration equal to or greater than .020%:
 - a) A representative from the collection site where the breath alcohol test was performed will contact my prospective employer and inform them of that result;
 - b) I will remain at the location where the breath alcohol test was performed until my prospective employer's personnel arrive to escort me from that location or until they make other arrangements for my safe transportation from that location, and I will use the means of transportation provided by them; and
 - c) If the results of testing show a blood alcohol concentration equal or greater than .080%, the state legal intoxication level, and if I do not remain at the testing site, either the representative from the collection site where the breath alcohol test was performed or my prospective employer may call the police to inform them of my test results and that I left the testing site.
4. I understand that CDT and its subcontractors have agreed to perform breath alcohol testing in reliance on my agreement as set forth in this document.
5. I understand that driving under the influence of alcohol could result in injury or death to myself or others or to my or other people's property.
6. I hereby expressly release and hold harmless CDT and its subcontractors from any injury, claim, liability, loss, damage, or expenses that may result, directly or indirectly, from my failure to follow any agreement set forth above or from any action of CDT and its subcontractors as set forth above.
7. I authorize CDT, Inc. to act as the third-party administrator for Solano County Office of Education drug and alcohol testing program. I consent to the results of testing being forwarded to Solano County Office of Education.

Applicant/Print Name

Witness

Applicant/Signature

Date

Date

**DRUG AND ALCOHOL TESTING PROGRAM
ALCOHOL TEST CONSENT AND RELEASE FORM**

1. I understand and agree that, in the event that the results of any breath alcohol test that I take show a blood alcohol concentration equal to or greater than .020%:
 - a) A representative from the collection site where the breath alcohol test was performed will contact my prospective employer and inform them of that result;
 - b) I will remain at the location where the breath alcohol test was performed until my prospective employer's personnel arrive to escort me from that location or until they make other arrangements for my safe transportation from that location, and I will use the means of transportation provided by them; and
 - c) If the results of testing shows a blood alcohol concentration equal or greater than .080%, the state legal intoxication level, and if I do not remain at the testing site, either the representative from the collection site where the breath alcohol test was performed or my prospective employer may call the police to inform them of my test results and that I left the testing site.
2. I understand that CDT and its subcontractors have agreed to perform breath alcohol testing in reliance on my agreement as set forth in this document.
3. I understand that driving under the influence of alcohol could result in injury or death to myself or others or to my or other people's property.
4. I hereby expressly release and hold harmless CDT and its subcontractors from any injury, claim, liability, loss, damage, or expenses that may result, directly or indirectly, from my failure to follow any agreement set from above or from any action of CDT and its subcontractors as set forth above.
5. I authorize CDT, Inc. to act as the third party administrator for Solano County Office of Education drug and alcohol testing program. I consent to the results of testing being forwarded to Solano County Office of Education.

Employee/Print Name

Witness

Employee/Signature

Date

Date

**DRUG AND ALCOHOL TESTING PROGRAM
PRE-EMPLOYMENT VERIFICATION AND RELEASE FORM**

Purpose of the form: To obtain two (2) years of controlled substance and alcohol testing records from the applicant's previous employer(s). COMPLETE ONE FORM FOR EACH PREVIOUS EMPLOYER WITHIN THE PAST TWO YEARS.

APPLICANT COMPLETE:

I, _____, hereby authorize Solano County Office of Education to obtain two years of
Applicant's Name
drug and alcohol test information from my previous employer as part of my application for employment.

Applicant's Signature

Previous Employer:

Name: _____ Telephone No: _____
Address: _____
City, State, Zip: _____
Contact Person: _____

PREVIOUS EMPLOYER COMPLETE:

1. TEST INFORMATION VERIFIED BY: Name (print): _____
Signature: _____
Title: _____ Date: _____
2. The applicant named above _____ participates _____ does NOT participate in a drug and alcohol testing program that conforms to the Federal Highway Administration testing regulations.
Dates of participation: FROM: _____ TO: _____
3. Has the applicant ever REFUSED a drug or alcohol test: _____ YES _____ NO
4. Has the applicant ever tested positive (.04 or above) on a breath alcohol test: _____ YES _____ NO
(IF YES – COMPLETE PAGE 2)
5. Has the applicant ever tested positive on a drug test: _____ YES _____ NO
(IF YES – COMPLETE PAGE 2)
6. If YES was answered to questions 3, 4, or 5, has the driver complied with Part 382.605 of the federal regulations: _____ YES _____ NO
7. Is the applicant qualified to drive a commercial motor vehicle according to the FHWA Federal Drug testing guidelines: _____ YES _____ NO

PRE-EMPLOYMENT VERIFICATION AND RELEASE FORM – PAGE 2

If YES answered to Questions 4 and 5 on the previous page, please complete the following:

Enter test result information in the space provided. Begin with the most recent test:

___ Alcohol Test or ___ Drug Test	Date: ___/___/___	Result: ___ Negative ___ Positive
___ Alcohol Test or ___ Drug Test	Date: ___/___/___	Result: ___ Negative ___ Positive
___ Alcohol Test or ___ Drug Test	Date: ___/___/___	Result: ___ Negative ___ Positive
___ Alcohol Test or ___ Drug Test	Date: ___/___/___	Result: ___ Negative ___ Positive
___ Alcohol Test or ___ Drug Test	Date: ___/___/___	Result: ___ Negative ___ Positive
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___ Alcohol Test or ___ Drug Test	Date: ___/___/___	Result: ___ Negative ___ Positive
___ Alcohol Test or ___ Drug Test	Date: ___/___/___	Result: ___ Negative ___ Positive
___ Alcohol Test or ___ Drug Test	Date: ___/___/___	Result: ___ Negative ___ Positive

COMMENTS: _____

DRUG AND ALCOHOL TESTING PROGRAM
POST ACCIDENT LOG

District: _____

Name/Signature of Supervisor Completing Report: _____

Name of Employee in Accident: _____

Employee Social Security #: _____

Accident:	Date: _____	Time: _____
	Location: _____	
	Drug/Alcohol Test Required due to:	

ALCOHOL TEST

DRUG TEST

TIME: _____

TIME: _____

PLACE: _____

PLACE: _____

Administered within two hours:
____ YES ____ NO
(If NO, state the reason why in remarks.)

Administered within two hours:
____ YES ____ NO
(If NO, state the reason why in remarks.)

REMARKS: _____

REMARKS: _____

Administered between 2 and 8 hours:
____ YES ____ NO
(If NO, state the reason why in remarks.)

REMARKS: _____

DISTRIBUTION: FAX COPY TO CDT (562) 986-4201

SOLANO COUNTY OFFICE OF EDUCATION
DRUG AND ALCOHOL TESTING PROGRAM
OBSERVED BEHAVIOR-REASONABLE SUSPICION RECORD

Purpose of form: A supervisor trained in accordance with 49 CFR 382.603 shall require a covered employee to submit to an alcohol and/or drug test based on specific contemporaneous, articulable, observations concerning the appearance, behavior, speech or body odors of the driver. If appropriate tests are not promptly administered, explanation should be provided on page two of this form.

CAUSE FOR SUSPICION

Employee:	Name: _____	SS No: _____
	Work Location: _____	Title: _____
Observation:	Location: _____	Date: _____ Time: (from _____ am/pm to _____ am/pm)
	Address: _____	
	(Street)	(City) (State) (Zip)

1. Presence of alcohol, Drugs and/or Drug Paraphernalia (specify): _____

2. Appearance:

- | | | |
|---|---|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Flushed | <input type="checkbox"/> Puncture Marks |
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Bloodshot Eyes | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Dilated/constricted Pupils | <input type="checkbox"/> Profuse sweating | <input type="checkbox"/> Body Odors |
| <input type="checkbox"/> Dry-mouth Symptoms | <input type="checkbox"/> Runny Nose/Sores | <input type="checkbox"/> Inappropriate wearing of sunglasses |
| <input type="checkbox"/> Other: _____ | | |

3. Behavior:

Speech:

- | | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Slurred | <input type="checkbox"/> Silent |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Slowed | <input type="checkbox"/> Whispering | |
| <input type="checkbox"/> Other: _____ | | | |

Awareness:

- | | | | |
|---------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Confused | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Euphoria |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Lack of Coordination | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Disoriented |
| <input type="checkbox"/> Other: _____ | | | |

4. Motor Skills:

Balance:

- | | | | |
|---------------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling | <input type="checkbox"/> Staggering |
| <input type="checkbox"/> Other: _____ | | | |

Walking & Turning:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Stumbling |
| <input type="checkbox"/> Arms Raised for Balance | <input type="checkbox"/> Reaching for Support | <input type="checkbox"/> Falling |
| <input type="checkbox"/> Other: _____ | | |

5. Other Observed Actions or Behavior (specify): _____

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OBSERVED BEHAVIOR-REASONABLE SUSPICION RECORD
PAGE 2

ALCOHOL TEST

Time: _____	Place: _____	BAT: _____
Administered within two hours:	_____ Yes	_____ No
REMARKS:	_____	

Administered within two and eight hours:	_____ Yes	_____ No
REMARKS:	_____	

DRUG TEST

Time: _____	Place: _____	Collector: _____
REMARKS:	_____	

Witnessed by:

_____ am/pm
(Signature) (Title) (Date) (Time)

This document must be prepared and signed by the witness within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFT 382.307(f))