

## **TOWN OF STEVENSVILLE DRUG & ALCOHOL POLICY**

Town of Stevensville employees are our community's most valuable resource. Many of Town of Stevensville employees work in environments that can be hazardous to other employees, citizens, and property especially if an employee is impaired. Our goals are to prevent accidents and injuries resulting from the misuse of alcohol and prohibited substances, as well as to provide a healthy and safe working environment.

In meeting these goals, it is our policy to:

- (1) Comply with Montana's "Workforce Drug and Alcohol Testing Act."
- (2) Assure Covered Employees are not impaired in their ability to perform assigned duties in a safe and productive and healthy manner;
- (3) Prohibit the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances;
- (4) Create a workplace environment free from the adverse effects of drug and alcohol abuse or misuse;
- (5) Recognize drug and alcohol abuse as a treatable illness and encourage Covered Employees to seek professional assistance because alcohol or drug dependency adversely affects their ability to perform their duties;
- (6) Maintain a work environment and promote work habits that foster public confidence; and
- (7) Strive to continually improve the service we provide the public and recognize the key role our agency plays in public safety;
- (8) Comply with Montana's "Workforce Drug and Alcohol Testing Act" as well as applicable federal regulation.

### **PURPOSE**

The purposes of this policy is:

1. To assure worker fitness for duty and to protect our Covered Employees and the public from the risks posed by the use of alcohol and prohibited substances;
2. To inform all Covered Employees of their rights and obligations concerning alcohol and controlled substance testing program as well as to alert Covered Employees to the consequences of violating these policies;

3. To comply with all applicable State and Federal regulations governing workplace anti-drug programs;
  - a. The Federal Highway Administration (FHWA) of the U.S. Department of Transportation has enacted 49 CFR Part 382, 391, 392, and 395, as amended, that the mandate urine drug testing and breath alcohol testing for persons who are subject to Commercial Driver's License (CDL) requirements and perform Safety-Sensitive Functions;
  - b. The U.S. Department of Transportation (DOT) has also enacted 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens;
  - c. In addition, the DOT has enacted 49 CFR Part 29, "The Drug-Free Workplace Act of 1988," which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FHWA.
  - d. To comply with the "Workforce Drug and Alcohol Testing Act" 39-2-205 through 39-2-211, MCA;
  - e. To comply with 41 USC Sec. 701, et seq.
  - f. This policy incorporates the requirements under the above regulations.
4. Nothing in this policy is intended to preclude disciplinary action being taken under existing policy;
5. Neither this policy nor any of its terms are intended to create a contract of employment, or to contain the terms of any contract of employment.

#### **EFFECTIVE DATE OF POLICY and LIMITATION**

The Workplace Drug and Alcohol Testing Act mandates that before an employer may test Covered Employees for the presence of alcohol or controlled substances, the employer must first adopt a written policy, and have the policy available for review by all Covered Employees for sixty (60) days prior to the implementation of the policy. Therefore, this Policy will be available for review by all Covered Employees no later than 06/28/2024 and will be implemented on 08/27/2024.

Neither this policy nor any of its terms are intended to create a contract of employment, or to contain the terms of any contract of employment.

## **AMENDMENTS TO THIS POLICY**

Town of Stevensville retains the sole right to change, amend, or modify the terms of this Policy in accordance with the provisions of the Workforce Drug and Alcohol Testing Act as well as applicable federal regulations.

## **COVERED EMPLOYEES**

This policy applies to all Town of Stevensville employees who are subject to CDL requirements and perform Safety Sensitive Functions (hereafter referred to as Covered Employees). It applies to on-duty time as well as off-site breaks and lunch periods when a Covered Employee is scheduled to return to work as directed by Town of Stevensville.

Covered Employees and Applicants for Safety-Sensitive Positions covered by this Policy include:

1. Public Works Employees
2. Police Department Employees
3. Fire Department Employees
4. All other case sensitive Employees

## **PROHIBITED CONDUCT**

### Controlled substances

Any Covered Employee engaging in the manufacture, distribution, dispensing, possession, or in the use of a controlled substance or alcohol at any work site, with the exception of a substance administered by or under the direction of a physician, will be subject to disciplinary action up to and including immediate termination. Where criminal activity is suspected, law enforcement authorities will be notified. A person who knowingly manufactures, distributes, dispenses, possesses, uses controlled substances or who possesses controlled substances with an intent to manufacture, distribute, dispense, or use the same may face both state and federal criminal sanctions. Under state law, criminal actions of this nature may result in both misdemeanor and felony convictions with criminal sanctions ranging from imprisonment up to 20 years and fines up to \$50,000. Under federal law, criminal actions of this nature may result in both misdemeanor and felony convictions with criminal sanctions ranging from imprisonment up to 15 years (or longer if this is not your first conviction) and fines up to \$125,000 (or greater if this is not your first conviction). Detection levels requiring a determination of a positive result shall be conducted in accordance with the regulations found in 49 C.F.R., Part 40.29 (Code of Federal Regulations).

Town of Stevensville shall test for the prohibited substances including those identified in Schedules I through V of Section 202 of the Controlled Substance Act (21 USC 812), and as further defined by 21 CFR Parts 1300.11 through 1300.15. This includes: marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine. The misuse of legally prescribed drugs or the use of illegally obtained prescription drugs is also prohibited and shall be considered prohibited conduct. Use or ingestion of prohibited drugs is prohibited at all times.

### Alcohol

No Covered Employee shall report for duty or remain on duty requiring the performance of Safety-Sensitive Functions while having an alcohol concentration of 0.02 or greater. If there is actual knowledge that a Covered Employee may be under the influence of alcohol while performing safety sensitive functions, the Covered Employee shall not be permitted to perform or continue to perform Safety-Sensitive Functions, pending a reasonable suspicion interview. No Covered Employee shall use alcohol while performing Safety-Sensitive Functions, within (4) four hours prior to performing a safety sensitive function, or during the hours that they are on call or standby for duty. No Covered Employee shall use alcohol within eight (8) hours following an accident or until the Covered Employee undergoes a post-accident test, whichever occurs first.

If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. A Covered Employee who has a confirmed alcohol concentration of greater than 0.02 but less than 0.04 will result in removal from his/her position for (8) eight hours unless a retest results in a concentration measure of less an 0.02. An alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. Employment will be terminated, and the violating Covered Employee will be referred to a Substance Abuse Professional as outlined in Section 7, actions for positive test results.

#### Prescription drugs

The appropriate use of medically prescribed drugs and/or non-prescription drugs can impair a Covered Employee's job performance and create unsafe conditions.

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates mental functioning, motor skills, or judgment may be adversely affected must be reported to supervisory personnel before reporting to work.

The misuse or abuse of legal drugs while performing Safety-Sensitive Functions is prohibited.

#### Refusal to test

All Covered Employees will be subject to urine drug testing and breath alcohol testing. Any Covered Employee who refuses to comply with a request for testing, who provides false information in connection with a test, who does not report to the collection site in the time allotted, or who attempts to falsify test results through tampering, contamination, adulteration, or substitution, shall be removed from duty immediately, their test result categorized as positive, and receive disciplinary action equal to that given for a positive test result. Refusal can include an inability to provide a specimen or breath sample without a valid medical explanation, as well as failure to remain readily available for post-accident testing, a verbal declaration, obstructive behavior; failure to report to a collection site in a timely fashion without a valid reason, or physical absence resulting in the inability to conduct the test, or failure to cooperate with any part of an observed or monitored collection. Any Covered Employee who fails to sign the certification at Step 2 of the Alcohol Testing Form will constitute a refusal of alcohol testing.

**It is the policy of Town of Stevensville that refusals to test as outlined above will result in termination of employment.** A referral to a Substance Abuse Professional that has knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, and who meets the qualifications outlined in 49 CFR Part 40.281 Subpart O will be provided upon termination.

Failure to notify Town of Stevensville of a criminal drug conviction or diversionary prosecution agreement

Any Covered Employee who fails to notify Town of within 5 days of any criminal drug statute conviction, or a finding of guilt whether or not adjudication is withheld, or the entry into a diversionary program in lieu of prosecution, shall be subject to immediate removal from safety sensitive duties and disciplinary action up to and including possible termination of employment.

It is the responsibility of all Covered Employees to report to their employer any impairment as a result of substance abuse.

**FAIR APPLICATION OF THIS POLICY**

Town of Stevensville is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner.

Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy regarding subordinates, shall be subject to disciplinary action up to and including termination.

**TRAINING**

Covered Employees will receive at least 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use.

Supervisors who make reasonable suspicion determinations shall receive at least 60 minutes of training on the physical, behavioral and performance indicators of probable alcohol and drug use.

**APPLICANTS FOR EMPLOYMENT**

**DOT REQUIRED BACKGROUND CHECKS**

In compliance with 49 CFR Part 40.25, Town of Stevensville must make a good faith effort to obtain drug and alcohol testing records from prior DOT covered employer(s) for the previous two years for all applicants seeking safety-sensitive positions and all current Covered Employees transferring into a safety-sensitive position. Town of Stevensville will require each applicant/transferee for a safety-sensitive position to complete a written consent that allows the release of drug and alcohol testing information from previous DOT covered employers to Town

of Stevensville. An applicant/transferee who refuses to provide written consent will not be permitted to perform Safety-Sensitive Functions for Town of Stevensville.

All safety-sensitive applicants who have previously failed a DOT pre-employment test must provide proof that they have completed a Substance Abuse Professional's evaluation and treatment program in addition to their submission to a pre-employment drug test with negative results prior to their employment into a safety-sensitive job function. The credentials, training and education of the Substance Abuse Professional must meet or exceed the regulation 49 CFR Part 40 Subpart O.

#### PRE-EMPLOYMENT TESTING

All safety-sensitive position applicants shall undergo urine drug testing prior to employment. Receipt by Town of Stevensville of a negative test result is required prior to the first performance assignment of safety sensitive functions. A positive test result will disqualify an applicant from employment within Town of Stevensville. Town of Stevensville shall notify a Covered Employee/applicant of the results of a pre-employment-controlled substance test conducted under this part, if the Covered Employee/applicant requests such results within 60 calendar days of being notified of the disposition of the employment application.

#### REASONS FOR TESTING CURRENT COVERED EMPLOYEES

##### COVERED EMPLOYEES RETURNING FROM EXTENDED LEAVE

In addition, a Covered Employee who returns from an extended leave period of 90 consecutive days or more, and was removed from the random testing pool, must take and pass a pre-employment drug test prior to resuming or returning to a safety sensitive function. Under this agency's policy, failure to pass the drug test shall result in termination of employment; the violating Covered Employee will be referred to a Substance Abuse Professional.

##### REASONABLE SUSPICION TESTING

Covered Employees in covered positions may be subject to a fitness-for-duty evaluation which includes urine and/or breath testing when there is reason to believe that drug or alcohol use is a potential factor in affecting job performance.

A reasonable suspicion determination will be made by a supervisor who has been trained in reasonable suspicion and who believes that the Covered Employee has violated the prohibitions of these regulations based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the Covered Employee.

Reasonable suspicion determinations must be documented within twenty-four (24) hours of observation and by test results received. A description of the behaviors that led to the determination must be signed by the person who made the determination. A Reasonable Suspicion Determination form will be used to document and record the Covered Employees behavior, as witnessed by the supervisor. Examples of reasonable suspicion include, but are not limited to the following:

1. Overt signs and symptoms of impairment
2. The detectable odor of alcohol
3. Physical evidence of drug use, such as possession of drug paraphernalia.

#### POST-ACCIDENT TESTING

**Fatal Accident:** A Covered Employee shall be required to undergo urine drug and breath alcohol testing if involved in an accident that results in a fatality (regardless of whether the vehicle is in revenue service). Any other Covered Employee(s), i.e.: maintenance personnel, dispatchers, controllers, whose performance could have contributed to the accident, shall also be tested. As soon as practical following an accident involving the loss of human life, surviving Covered Employees shall undergo drug and breath alcohol testing.

**Non-Fatal Accident:** A post-accident test shall be conducted if an accident results in injuries requiring immediate medical treatment away from the scene, *OR* if one or more vehicles incurs disabling damage that requires towing from a site; unless Town of Stevensville determines, using the best information available at the time of the decision, that the Covered Employee's performance can be completely discounted as a contributing factor to the accident. Any other Covered Employee whose performance could have contributed to the accident shall be tested. The decision regarding whether the Covered Employee's performance could have contributed to the accident will be made in the sole discretion of Town of Stevensville using the best information available at the time of the decision.

Following an accident, the Covered Employee must be "readily available" for testing. Post accident tests will be done as soon as possible, however in any case, all reasonable efforts shall be made to test the Covered Employee(s) within (2) two hours of the accident, but not after eight (8) hours for alcohol testing and thirty two (32) hours for drug testing. If a drug or alcohol test required by this section is not administered within the required time period following the accident, Town of Stevensville shall prepare and maintain on file a record stating the reasons the testing was not promptly administered.

Any Covered Employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until the Covered Employee undergoes a post-accident alcohol test. Any Covered Employee, who leaves the scene of the accident without a justifiable reason or explanation prior to the requirement for drug and alcohol testing, shall be considered to have refused the test; this action will result in immediate removal from safety sensitive duties and termination of employment. A referral to a Substance Abuse Professional will be provided as outlined in Section 7 (2).

The post-accident testing requirements shall not delay necessary medical attention for injured persons, nor will they prohibit a Covered Employee who was performing a Safety-Sensitive

Function from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

In the rare event that a Covered Employee is unable to submit to a post-accident test within the required time period (i.e., 8 hours for alcohol and 32 hours for drugs) due to circumstances beyond Town of Stevensville control, the results of a blood, urine or breath alcohol test conducted by a federal, state or local official having independent authority for the test, will be considered to meet the requirements for a post-accident test. The test must conform to the applicable federal, state, or local testing requirements and the results must be obtained by Town of Stevensville. As per 49 CFR Part 655.44

#### PERIODIC RANDOM TESTING

Covered Employees shall be subject to random, unannounced testing during the calendar year. The minimum annual percentage rate for random alcohol testing shall be 10% of the average number of Covered Employees. The minimum annual percentage rate for random controlled substances testing shall be 25% of the average number of Covered Employees.

The dates for administering unannounced testing of randomly-selected Covered Employees shall be spread reasonably throughout the calendar year and throughout all times of day when Safety-Sensitive Functions are performed. Each Covered Employee who is notified of selection for random alcohol or drug testing shall immediately proceed to the test site. Alcohol testing shall be conducted only while a Covered Employee is performing a Safety-Sensitive Function, just before the Covered Employee is to perform a Safety-Sensitive Function or just after the Covered Employee has performed a Safety-Sensitive Function. A Covered Employee may be randomly tested for prohibited drug use anytime while on duty. The selection of Covered Employees for random alcohol and drug testing shall be made by a scientifically valid method.

The selection process shall provide each Covered Employee an equal chance of being tested each time selections are made. A computer based random number generator that is fair and equitable for the Covered Employees shall derive the list. If a supervisor is in the random selection pool and is responsible for generating or receiving the random list, or responsible for notifying Covered Employees selected by the random list, and the supervisor's name appears on the list, then the generated or received random list shall constitute as notification to the supervisor of random selection and that supervisor shall be readily available for testing and immediately proceed to the collection site for random testing.

Covered Employees in covered positions will be subject to random, unannounced testing.

Drug testing may occur at any time during on-duty time. Alcohol testing will be performed before, during or after the Covered Employee is performing Safety-Sensitive Functions (any period in which the driver is actually performing, ready to perform or immediately able to perform any Safety-Sensitive Functions).

Testing of All Covered Employees on a Date Certain. Town of Stevensville may, at its discretion, establish a date when all Covered Employees will be required to undergo controlled substance



and/or alcohol tests. That date will be announced at least twelve (12) hours in advance of the testing date. Failure to report for work on the date of the test will be considered a refusal to submit to a test, unless the Covered Employee's absence had been pre-arranged with his/her supervisor prior to being notified of the scheduled tests. Those Covered Employees absent on the day of the scheduled test will be rescheduled for testing at a later date.

### **TESTING PROCEDURES**

The procedures that will be used to test for the presence of alcohol or a controlled substance shall be such that they protect the Covered Employee, the validity of the testing process, the validity of the test results, and ensure that those results are attributed to the correct Covered Employee.

Town of Stevensville will pay all costs associated with the testing procedures, except as provided in the "Notification of Results and Requests for Additional Tests," section of this Policy. All Covered Employees will be compensated at the Covered Employee's regular rate, including benefits, for the time attributable to the testing program

Testing shall be conducted in a manner that will ensure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities, which have been approved by the U.S. Department of Health and Human Services (DHHS).

Alcohol initial screening tests will be conducted by a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing Device (EBT) or non-evidential alcohol screening device that has been approved by NHTSA. Confirmatory tests for alcohol concentration will be conducted utilizing a NHTSA approved EBT. A trained Breath Alcohol Technician (BAT) shall conduct alcohol screening tests. In accordance with the provisions of 49 CFR Part 40, as amended, the results of both the screening and confirmation of breath alcohol tests, as applicable, shall be displayed to the individual being tested immediately following the test(s). The results will be transmitted by the breath alcohol technician to Town of Stevensville in a confidential manner, in writing, in person, by telephone or electronic means in accordance with 49 CFR Part 40, as amended. All testing will be conducted consistent with the procedures put forth in 49 CFR Part 40, as amended.

Town of Stevensville affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. Handling of tests and confidentially shall be in conformance with 49 CFR Part 40, and as described below:

1. Except as required by law or expressly authorized in this section, Town of Stevensville shall not release Covered Employee information that is contained in records maintained per 49 CFR Section 655.73.
2. A Covered Employee is entitled, upon written request, to obtain copies of any records pertaining to the Covered Employee's use of alcohol or controlled

substances, including any records pertaining to his or her alcohol or controlled substances tests.

3. Town of Stevensville shall release information regarding a Covered Employee's records as directed by the specific, written consent of the Covered Employee authorizing release of the information to an identified person. Release of such information is permitted only in accordance with the terms of the Covered Employee's consent.
4. Records shall be made available to a subsequent employer upon receipt of a written request from a Covered Employee.
5. Town of Stevensville may disclose information required to be maintained under 49 CFR Part 655.73 pertaining to a Covered Employee/applicant, or the decision-maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of such individuals, and arising from the results of an alcohol and/or controlled substance test administered under this part, or from the employer's determination that the Covered Employee engaged in conduct prohibited by this policy (including, but not limited to, a worker's compensation or other proceeding relating to a benefit sought by the Covered Employee).
6. Town of Stevensville shall make available, copies of all results of a requested alcohol and/or controlled substances testing conducted under this policy and any other information pertaining to this alcohol misuse and/or controlled substance use prevention program, when requested by the U.S. Secretary of Transportation and any DOT agency.
7. When requested by the National Transportation Safety Board as part of an accident investigation, Town of Stevensville shall disclose information related to its administration of a post-accident alcohol and/or controlled substance test administered following the accident under investigation.

#### Urine Testing for Controlled Substances

Urine Testing will be the method used to detect the presence of marijuana, cocaine, opiates, amphetamines, and phencyclidine. An initial drug screen will be conducted on each urine specimen. Collection of urine shall be conducted pursuant to the procedures set forth in 49 C.F.R., Part 40.25, as highlighted on Forms E and G, attached to this Policy.

The Covered Employee or applicant shall provide at least forty-five (45) ml of urine. Thirty (30) ml of urine shall then be poured into one specimen bottle, to be used as the primary specimen. The remaining fifteen (15) ml of urine shall be poured into a second specimen bottle to be used as the split specimen. Both bottles shall be shipped in a single container, together with a chain of custody form, to the laboratory. A confirmatory gas Chromatography/Mass Spectrometry (GC/MS) test will be performed on all specimens testing positive for the presence of any

controlled substance. The test will be considered positive if the amounts present are above the minimum thresholds established in 49 C.F.R. Part 40. Urine collection and transportation shall be conducted pursuant to those procedures set forth in 49 C.F.R., Part 40, attached to this Policy and incorporated herein by reference.

#### Breath Testing for Alcohol Concentration

The presence of alcohol in the body will be conducted utilizing a National Highway Traffic Safety Administration ("NHTSA") approved evidential breath testing device ("EBT Device") administered by a certified breath alcohol technician ("BAT"). The BAT shall follow the procedures set forth in 49 C.F.R., Part 40, as highlighted on Forms F and G, attached to this Policy. The Covered Employee or applicant shall follow the instructions given by the BAT. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. All alcohol concentration tests shall be conducted pursuant to those procedures set forth in 49 C.F.R., Part 40, attached to this Policy and incorporated herein by reference.

#### POSITIVE TEST RESULTS

##### Covered Employee's right to contest positive results

All Covered Employees tested under this Policy will be provided with a copy of the test report. Before Town of Stevensville will take any action based on a positive test result, the results will be reviewed and certified by a medical review officer trained in the field of substance abuse. All Covered Employees will be given the opportunity to provide notification to the medical review officer of any medical information that is relevant to interpreting test results, including information concerning currently or recently used prescription or non-prescription drugs.

Any Covered Employee who questions the confirmed positive results of a required drug test may request that an additional test of the urine split sample be conducted by an independent, DHHS-certified laboratory selected by the tested Covered Employee. If the additional test results are negative, the costs of such additional tests shall be paid by Town of Stevensville. If the additional test results are positive, the costs of such additional tests shall be paid by the tested Covered Employee.

The method of collection, storing, and testing the split sample will be consistent with the procedures set forth in 49 C.F.R., Part 40. The Covered Employee's request for a re-test must be made to the medical review officer within seventy-two (72) hours of notice of the initial test result. Requests after seventy-two (72) hours will only be accepted if the delay was due to documentable facts that were beyond the control of the Covered Employee.

Covered Employees testing positive for controlled substances or alcohol shall be provided the opportunity to rebut or explain the results of any test by submitting a written statement of explanation to the certified medical review officer. No adverse action will be taken by Town of Stevensville if, in the opinion of the certified medical review officer, the Covered Employee presents a reasonable explanation or medical opinion indicating that the original test results were

not caused by illegal use of controlled substances or by alcohol consumption. Should the Covered Employee present such a reasonable explanation or medical opinion, the test results will be removed from the Covered Employee's record and destroyed.

Upon receiving a positive test result, Town of Stevensville will take the following steps:

1. Split specimen testing

Split specimen collection procedures will be followed in obtaining specimens. A Covered Employee is entitled to request, within 72 hours of learning of a verified positive test result, that the split specimen be tested at a different DHHS certified laboratory than that which conducted the test of the primary specimen. If the test result of the split specimen fails to reconfirm the presence of the drug or drug metabolite, the test result shall be ruled "Canceled". The procedures for canceled tests, as outlined in 49 CFR Part 40.187, will be followed. If the test result of the split specimen is positive, the test results shall be deemed positive.

If the laboratory's test of the primary specimen is positive, adulterated or substituted and the split specimen is unavailable for testing, a recollection under direct observation is required.

If a Covered Employee has tested positive in a controlled substance test and has made a request to the MRO for a test of the split specimen, within 72 hours of being notified of the positive test, Town of Stevensville is required to ensure that the specimen testing is covered, in order for a timely analysis of the sample. Town of Stevensville will seek reimbursement for the cost of the completed test, from the Covered Employee, should the results reconfirm the original positive finding.

2. Submit positive results to the Medical Review Officer.

The designated Medical Review Officer (MRO) shall be a licensed physician (doctor of medicine or osteopathy) with knowledge of drug disorders.

The role of the MRO is to review and interpret confirmed positive test results obtained through the employer's testing program. In carrying out this responsibility, the MRO shall examine alternate medical explanations for any positive test result. This action may include conducting a medical interview 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. Additionally, the MRO cannot accept an assertion of consumption of a hemp food product as a basis for verifying a confirmed marijuana (THC) test result as a negative. Consumption of a hemp food product is not to be considered a legitimate medical explanation for a prohibited substance or metabolite in an individual's specimen.

The MRO may report to Town of Stevensville Human Resource Officer using any communications device, but in all instances, a signed, written report

must be forwarded to Town of Stevensville within two (2) business days of completion of the MRO's review of the test.

The MRO's report shall clearly state the following:

- (1) Full name of the Covered Employee tested, as indicated on the Custody and Control Form (CCF)
- (2) Specimen ID number from the CCF and the donor SSN or Covered Employee ID number
- (3) Reason for the test, if indicated on the CCF (e.g., random, post-accident)
- (4) Date of the collection
- (5) Date MRO received Copy 2 of the CCF
- (6) Result of the test (i.e., positive, negative, dilute, refusal to test, test cancelled) and the date the result was verified by the MRO
- (7) For verified positive tests, the drug(s)/metabolites(s) for which the test was positive
- (8) For cancelled tests, the reason for cancellation
- (9) For refusals to test, the reason for the refusal determination (e.g.) in the case of an adulterated test result, the name of the adulterant.

A Covered Employee shall be notified by the MRO of a laboratory confirmed positive test and a verification interview will be conducted with the Covered Employee, by the MRO in accordance with 49 CFR Parts 40.131, through 40.141

3. Verified positive test results.

Town of Stevensville shall notify a Covered Employee of the results of random, reasonable suspicion and post-accident tests for controlled substances or alcohol conducted under this part if the test results are verified positive. Town of shall inform the individual which controlled substance or substances were verified as positive.

4. Dilute test result

Town of Stevensville shall, upon receipt of a negative-dilute result from the MRO, exercise the right to require that the Covered Employee/applicant submit to a secondary urine collection as

outlined in 49 CFR Part 40.197. A verified positive-dilute specimen constitutes the same action as a verified positive non-dilute result, (See systems contacts).

5. Canceled or invalid test result

A drug test that has been declared invalid by the Medical Review officer, or canceled for other reasons shall be considered neither positive nor negative. A sample that has been rejected for testing by a laboratory is treated the same as a canceled test. For alcohol testing, a test that is deemed to be invalid per 49 CFR Part 40.267, shall be considered neither positive nor negative.

If a pre-employment drug test is canceled, the Designated Covered Employee Representative (DER) shall require the applicant to take another pre-employment drug test with a verified negative result.

6. Specimen temperature out of range.

During the urine collection process, the urine specimen shall be examined to determine if the specimen may have been altered or substituted. Any urine specimen with a temperature outside of the range specified in 49 CFR Part 40 will result in a second collection, under direct observation.

7. Actions for Positive Test Results.

All Covered Employees are encouraged to make use of the available resources for treatment for alcohol and substance abuse problems. (See system contacts)

(1) TERMINATION. A first or subsequent positive test is sufficient reason for the Town of Stevensville to terminate a Covered Employee. The Town of Stevensville will refer the Covered Employee to a Substance Abuse Professional that has knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, and who meets the qualifications outlined in 49 CFR Part 40.281 Subpart O will be provided to the violating Covered Employee

(2) CONTINUED EMPLOYMENT. The Town of Stevensville at its sole discretion, may continue the Covered Employee's employment on a case-by-case basis. If employment is continued, the following requirements must be met:

(a) Covered Employees who test positive will be immediately removed from safety sensitive functions;

(b) The Town of Stevensville will refer the Covered Employee to a Substance Abuse Professional that has knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, and who meets the qualifications outlined in 49 CFR Part 40.281 Subpart O will be provided to the violating Covered Employee.

(c) The Covered Employee, at his or her own expense, participate and successfully complete the Return-to-Duty Process as set forth in 49 C.F.R. Subpart O within a reasonable period of time. Failure to successfully complete the Return-to-Duty Process within a reasonable period of time is grounds for termination.

(d) During the period of time the Covered Employee is participated in the Return-to-Duty Process, the Town of may place the Covered Employee on unpaid leave, paid leave, or in duty assignments that are not safety sensitive functions.

(e) Upon successfully completing the Return-to-Duty Process, including a negative urinalysis test result as required, and the Town of Stevensville receiving the proper documentation of such completion, the Covered Employee may return to his or her previous duties.

#### 8. RETENTION OF RECORDS AND RELEASE OF INFORMATION

All dated records and notifications identified by individual will be maintained by the MRO for a minimum of five (5) years for verified positive controlled substance test results.

All dated records and notifications identified by individual will be maintained by the MRO for a minimum of one (1) year for negative controlled substance test results.

No person other than the Covered Employee may obtain the Covered Employee's individual controlled substance test results retained by Town of Stevensville or the MRO, and neither Town of Stevensville nor the MRO shall release the individual controlled substance test results of any Covered Employee to any person, except as otherwise provided in this policy.

Town of Stevensville shall maintain all dated records and notifications identified by individual, for a minimum of five (5) years for verified positive controlled substance test results.

Town of Stevensville shall maintain all dated records and notifications identified by individual, for a minimum of one (1) year for negative controlled substance test results and any canceled tests.

Town of Stevensville shall maintain all dated records pertaining to the collection process for two (2) years.

Town of Stevensville shall maintain all dated records and notifications identified by individual, for a minimum of five (5) years for verified positive alcohol test results.

Town of Stevensville shall maintain all dated records and notifications identified by individual, for a minimum of one (1) year for negative alcohol test results and any canceled tests.

No person may obtain the individual alcohol test results retained by Town of Stevensville and Town of Stevensville shall not release the individual alcohol test results of any Covered Employee to any person, except as provided in Section 8.

Town of Stevensville will maintain copies of annual MIS reports submitted to FTA for a minimum of five (5) years.

Town of Stevensville will maintain Covered Employee training records for a minimum of two (2) years.

Town of Stevensville will maintain records that are obtained from previous employer for new hires for a minimum of three (3) years from the date of the Covered Employee's first performance of safety-sensitive duties.

A Covered Employee will have access to his or her alcohol or drug testing records upon written request. Town of Stevensville will release a Covered Employee's records to a prospective employer upon written request of the Covered Employee or individual.

When requested, Town of Stevensville will disclose post-accident information to the National Transportation Safety Board as part of an accident investigation.

#### **SYSTEM CONTACTS**

Any questions regarding this policy or any other aspects of the drug-free and alcohol-free program should contact the following representative (s):

#### **Drug and Alcohol Program Manager**

Name:

Address:

Phone:

Fax:

#### **National Hot-Line Numbers and Help Lines:**

1-800-COCAINE

The American Council on Alcoholism Help Line  
1-800-527-5344

The National Institute on Drug Abuse Hot Line  
1-800-662 HELP

Alcoholics Anonymous  
1-888-707-2000



## **DEFINITIONS**

**Accident** - an occurrence involving a commercial motor vehicle (CMV) operating on a public road

AND EITHER - involves a fatality;

OR - moving violation is issued to the CMV driver;

AND EITHER - involves injury to a person who, as a result of the injury, immediately receives medical

treatment away from the scene of the accident;

OR - one (1) or more motor vehicles incurs disabling damage as a result of the accident requiring the

vehicle to be towed away by a tow truck or other vehicle, or if it were driven, it would be damaged more.

(Note: Disabling damage means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs. It does not include damage to tires even if a spare is unavailable, head or taillight, turn signal, horn or windshield damage.)

**Alcohol** - the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

**Alcohol concentration (AC)** - means the concentration of alcohol in a person's blood or breath. When expressed as a percentage it means grams of alcohol per 100 milliliters of blood or grams of alcohol per 210 liters of breath.

**Alcohol use** - the consumption of any beverage, mixture, or preparation, including any medication containing alcohol.

**Breath alcohol technician (BAT)** - an individual who instructs and assists individuals in the alcohol testing process and operates an evidential breath testing (EBT) device.

### **Code of Federal Regulations (CFR)**

**Commercial motor vehicle (CMV)** - a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

- has a gross combination weight of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 or more pounds; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used in the transportation of hazardous materials requiring placards.

**Confirmation test** - for alcohol testing, this means a second test, following a screening test with a result of 0.02 grams or greater of alcohol per 210 liters of breath, that provides quantitative data of alcohol concentration.

For controlled substances testing, this means a second analytical procedure to identify the presence of a specific drug or metabolite determined by Gas Chromatography/Mass Spectrometry (GC/MS) which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy.

**Controlled substances** - a dangerous drug as defined in 49 C.F.R., Part 40, (except a drug used pursuant to a valid prescription or as authorized by law) and includes (1) marijuana, (2) cocaine, (3) opiates, (4) phencyclidine (PCP), and (5) amphetamines, including methamphetamines. In this policy, the terms "drugs" and "controlled substances" are interchangeable and have the same meaning.

**Covered positions** - positions that are subject to Commercial Driver's License (CDL) requirements and perform Safety-Sensitive Functions.

**Driver** - any person who operates a CMV. For the purposes of pre-employment testing, the term driver includes a person applying to drive a commercial motor vehicle.

**Evidential breath testing device (EBT)** - a device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's September 1993 or later "Conforming Products List of Evidential Breath Measurement Devices" (CPL).

**Medical Review Officer (MRO)** - a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.

**Negative test** – for drugs, a test with the amounts present that are at or below the minimum thresholds in 49 CFR Part 40, as amended. For alcohol, a concentration below 0.04.

**Non-prescription drug**- a drug, compound, or supplement that is available legally over-the-counter which carries a warning label that indicates mental functioning, motor skills, or judgment may be adversely affected .

**On-duty time** - All time from the time a driver begins to work or is required to be in readiness to work until the time he is relieved from work and all responsibility for performing work.

On-duty time shall include:

1. All time at a carrier or shipper plant, terminal, facility or other property, or on any public property, waiting to be dispatched, unless has been relieved from duty by the motor carrier.
2. All time inspecting to make sure that the parts, accessories and emergency equipment are in good working order and ready for use or otherwise inspecting, servicing, or conditioning any commercial vehicle.
3. All time spent at the driving controls of a commercial motor vehicle in operation.
4. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth.
5. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipment loaded or unloaded.
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

**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 Function. See items 1-6 above in the definition of on-duty time.

**Positive test** - for a drug test, an amount above the minimum thresholds in 49 CFR Part 40, as amended. For an alcohol test, a breath alcohol concentration at 0.04 or greater.

**Prescription Drug** - A legally-prescribed drug or medication which carries a warning label that indicates mental functioning, motor skills, or judgment may be adversely affected that a Covered Employee has a prescription or other written approval from a physician for the use of a drug in the course of medical treatment. It must include the patient's name, name of the substance, dosage, and the period of authorization.

**Refuse to submit** - (to an alcohol or controlled substances 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 the provisions of this part;
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 the provisions of this part, or
3. Engages in conduct that clearly obstructs the testing process.

**Reasonable suspicion** - belief that the Covered Employee has violated the alcohol or controlled Substances prohibitions, based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the Covered Employee.

**Safety sensitive functions** - see items 1-6 in the definition of "on-duty time" above.

**Screening test (also known as initial test)** - in alcohol testing, it means an analytical procedure to determine whether a driver may have a prohibited concentration of alcohol in his or her system. In controlled substance testing, it means an immunoassay screen to eliminate "negative" urine specimens from further consideration.

**Substance abuse professional (SAP)** - a licensed physician or a licensed or certified psychologist, social worker, Covered Employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselor Certification Commission) with knowledge of a clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

**Work Site** - any commercial motor vehicle, office, building, yard, or other location at which the Covered Employee is to perform work. "Possess" means to have either in or on the Covered Employee's person, personal effects, commercial motor vehicle, or areas substantially entrusted to control of the Covered Employee. Possession does not include possession of a substance which is manifested and transported as part of a shipment.

## QUESTIONS REGARDING POLICY

After you have read this Policy and the attached forms, sign and date the Acknowledgment Receipt in the presence of a non-relative witness, and return the Acknowledgment Receipt to the Program Administrator.

If you have any questions regarding this Policy, please contact the Program Administrator.

ISSUED this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ and made effective and enforceable sixty (60) days thereafter on the 27<sup>th</sup> day of August 2024.

TOWN OF STEVENSVILLE

\_\_\_\_\_

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

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

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

Attest/Certified By: \_\_\_\_\_

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

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

**ACKNOWLEDGMENT  
RECEIPT**

This Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Use and Testing and the incorporated forms (“Policy”) have been written and adopted in compliance with state and federal law, and is provided to you to ensure your safety, the safety of your co-Covered Employees, and the continued successful operation of Town of Stevensville. Take the Policy home with you and spend some time reading through it. If you need additional information feel free to contact the Program Manager. Once you have read the Policy and each of the attached forms, sign and date this receipt below as indicated, then detach this receipt and return it to your supervisor. This is your copy of Town of Stevensville’s Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Use and Testing and attached forms. Please keep it in a convenient place for future reference.

**I \_\_\_\_\_ certify that I have received a copy of Town of Stevensville Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Use and Testing. I have read and I understand and accept the contents of the Statement and I accept full responsibility for familiarizing myself with the procedures and policies it contains. I understand that as a condition of my employment with Town of Stevensville I must comply with these guidelines, policies, and procedures. If I develop a problem with drugs and/or alcohol while employed by Town of Stevensville I will seek assistance through the Program Administrator and any available Covered Employee Assistance Program.**

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Covered Employee’s Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent’s Signature if Covered Employee is under the age of 18

**FORM A - NOTICE TO COVERED EMPLOYEE OF  
ALCOHOL AND/OR CONTROLLED SUBSTANCE TEST**

TO:

You are hereby notified by the Program Manager that pursuant to Town of Stevensville's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing you are required to submit:

\_\_\_\_\_ an alcohol breath test  
\_\_\_\_\_ a controlled substance urine test

Your breath specimen will be analyzed for the presence of alcohol. Your urine specimen will be tested at a laboratory approved by the U.S. Department of Health and Human Services for the following drug substances: marijuana, cocaine, opiates, phencyclidine, and amphetamines.

You are now required to proceed directly to the collection site for the purpose of providing the above-requested breath and/or urine samples. Upon reaching the site you will be asked to consent to the requested testing. You must follow the instructions given to you and any instructions given to you by the collection site technician. Your cooperation is greatly appreciated.

**I, \_\_\_\_\_, have read and understand the terms contained in this notice. I understand I may be terminated should my breath alcohol test indicate a presence of alcohol in my body greater than 0.04 or should my urine test indicate the presence of any of the above-listed controlled substances. Further, I understand I may be terminated should I refuse to submit to the required testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent's Signature if Covered Employee is under age 18

**FORM B - CONSENT TO  
ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING  
BASED UPON *REASONABLE SUSPICION***

I, \_\_\_\_\_, have received a copy of Town of Stevensville's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing, and I understand that refusing to provide a breath and/or a urine specimen, as requested by Town of Stevensville tampering with a specimen, or providing false information on a specimen collection and control form constitute grounds for termination of employment with Town of Stevensville I understand that failure to pass either the requested alcohol test or the requested drug test may result in disciplinary action up to and including termination from employment.

**I hereby consent to provide a breath and/or a urine specimen, as requested by Town of Stevensville, for the purpose of testing for the presence of alcohol and controlled substances at a laboratory designated by Town of Stevensville. I authorize the release of such test results to the medical review officer designated by Town of Stevensville and to the Program Administrator who is responsible for the Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Covered Employee is under age 18

**I do not consent to provide either a breath or a urine specimen, as requested by Town of Stevensville, for the purpose of testing for the presence of alcohol and controlled substances. I understand that my refusal to participate in testing may result my termination from employment.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Covered Employee is under age 18



**FORM C - CONSENT TO POST-ACCIDENT  
ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

I, \_\_\_\_\_, have received a copy of Town of Stevensville's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing, and I understand that refusing to provide either a breath and/or a urine specimen, as requested by Town of Stevensville, tampering with a specimen, or providing false information on a specimen collection and control form constitute grounds for termination of employment with Town of Stevensville. I understand that failure to pass either the requested alcohol test or the requested drug test may result in disciplinary action up to and including termination from employment.

**I hereby consent to provide a breath and/or a urine specimen as requested by Town of Stevensville for the purpose of testing for the presence of alcohol and/or controlled substances at a laboratory designated by Town of Stevensville . I authorize the release of such test results to the medical review officer designated by Town of Stevensville and to the Program Administrator who is responsible for the Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Covered Employee is under age 18

**I do not consent to provide either a breath or a urine specimen as requested by Town of Stevensville for the purpose of testing for the presence of alcohol and controlled substances. I understand that my refusal to participate in testing may result in my termination from employment.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Covered Employee is under age 18

**FORM D - QUESTIONNAIRE TO AID IN SELECTING A LAB**

This form can be sent to any U.S. Department of Health and Human Services certified laboratory or used to conduct telephone inquiries regarding essential services, costs and response times.

- |     | Yes | No  | Cost |   |
|-----|-----|-----|------|---|
| 1.  | ___ | ___ | ___  | Does the lab provide chain of custody forms to the collection site?   |
| 2.  | ___ | ___ | ___  | Does the lab also test for presence of alcohol?   |
| 3.  | ___ | ___ | ___  | Does the lab provide collection kits to the collection site?  |
| 4.  | ___ | ___ | ___  | Does the lab provide mailers to the collection site?  |
| 5.  | ___ | ___ | ___  | Does the lab provide training to the collection site?   |
| 6.  | ___ | ___ | ___  | Does the lab provide expert testimony?  |
| 7.  | ___ | ___ | ___  | Does the lab charge per test?   |
| 8.  | ___ | ___ | ___  | Is the lab personnel available 24 hours a day, seven days per week?   |
| 9.  |     |     |      | Who are the usual overnight shipping companies servicing the lab?<br>_____<br>_____   |
| 10. |     |     |      | What is the turn-around time from the lab to the medical review officer?<br>_____<br>_____  |
| 11. |     |     |      | What is the billing method used by the lab?<br>_____<br>_____   |
| 12. |     |     |      | Are lab charges for collection kits, forms and mailers included in charges for tests or is payment required separately in advance for these items?<br>_____ |
| 13. |     |     |      | Is there a set-up fee for initiating a contract with the lab?<br>_____  |
| 14. |     |     |      | Is there a minimum number of tests per year the lab is willing to conduct under a contract?<br>_____<br>_____   |
| 15. |     |     |      | Does the lab utilize a standard contract with its clients?<br>_____<br>_____  |

## **FORM E - PROCEDURES FOR COLLECTING URINE SPECIMENS**

Please carefully follow all procedures for the collection and testing of urine samples outlined in 49 C.F.R., Part 40. The following list is not exhaustive, but rather is intended to highlight some key collection steps.

1. Before the specimen is collected, make sure that you have sufficient supply of forms available for Breath and Urine Custody and Control and Consent.
2. The collection site administrator is responsible for maintaining the integrity of the specimen collection and transfer process, for carefully ensuring the modesty and privacy of the donor, and for avoiding any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate.
3. Inspect the collection site for the presence of unauthorized persons or materials that could be used to adulterate the specimen and restrict access to the room.
4. Verify the identity of the Covered Employee/applicant through the use of an official picture identification card (driver's license or Covered Employee ID). Notify the appropriate authority if the Covered Employee/applicant fails to report or arrives more than 30 minutes late for the appointment.
5. Request that the Covered Employee/applicant check his/her belongings, including purses, jackets, briefcases, bulky sweaters, etc., and remove the contents of pockets.
6. Request that the Covered Employee/applicant rinse his/her hands with clean water and dry. Request the Covered Employee/applicant to not use soap.
7. Give the Covered Employee/applicant a clean, single-use collection container for urine specimens (unwrap it in front of the Covered Employee), and direct him/her to the designated collection site. Do not enter the designated collection site--you should NOT observe the specimen collection unless special circumstances exist. Instruct the Covered Employee/applicant that at least sixty (60) ml of urine are required and that the temperature will be taken to ensure the integrity of the sample. Only one sample should be collected at a time.
8. If the Covered Employee/applicant is unable to provide a specimen of sufficient volume, at least forty-five (45) ml, the specimen shall be discarded. The Covered Employee/applicant shall be directed to drink up to forty (40) ounces of water, distributed reasonably through a period of up to three (3) hours, or until the Covered Employee/applicant has provided a new urine specimen, whichever occurs first. If the Covered Employee/applicant refuses or cannot provide a sufficient specimen within three (3) hours, the collection efforts shall be discontinued and Town of r shall be so notified.

9. Immediately after, but in no case more than four (4) minutes after urination, record the temperature of the specimen, visually examine the specimen for any unusual color or sediment and note the results on the Urine Custody and Control Form. The specimen shall then be split into two bottles: one containing thirty (30) ml of urine to be used as the primary sample, and the second containing at least fifteen (15) ml of urine to be used as the split sample.
10. If there is any reason to suspect adulteration or substitution, (a) notify a higher level supervisor, (b) have a same-gender technician directly observe the collection of a second specimen, and (c) submit both specimens for testing.
11. Seal and label the specimen bottles in the presence of the Covered Employee/applicant. Record the identification numbers, date, and time of the collection. Have the Covered Employee/applicant initial each label verifying that the specimen is his/hers.
12. Complete the Urine Custody and Control form ensuring that you and the Covered Employee/applicant have signed the appropriate certification statement on the form.
13. Have the appropriate consent form signed by the Covered Employee/applicant authorizing the laboratory to examine the urine and release the information to the medical review officer.
14. Place the specimen bottles in a single shipping container seal. Sign the seal and record the time and date of closure for shipment.
15. Store the specimen in a secure location until shipped. Note each transfer of custody on the Urine Custody and Control form.
16. Ship the specimen, together with the chain of custody form, to the laboratory using the designated courier.

## **FORM F - PROCEDURES FOR COLLECTING BREATH SPECIMENS**

Please carefully follow all procedures for the collection and testing of breath samples outlined in 49 C.F.R., Part 40. The following list is not exhaustive, but rather is intended to highlight some of the key collection steps.

1. Before the specimen is collected, make sure you have a sufficient supply of forms available for breath alcohol testing.
2. Testing must be conducted in a location that affords visual and aural privacy to the Covered Employee/applicant being tested, sufficient to prevent unauthorized persons from seeing or hearing test results. A mobile collection facility, e.g., a van equipped for alcohol testing, may also be used provided it affords sufficient visual and aural privacy. However, in unusual circumstances it may be necessary to conduct a test at a location that does not fully meet the visual and aural privacy requirements.
3. The Breath Alcohol Technician is responsible for maintaining the integrity of the specimen collection and transfer process, for carefully ensuring the modesty and privacy of the donor, and for avoiding any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate.
4. Inspect the collection site for the presence of unauthorized persons or materials that could be used to adulterate the specimen and restrict access to the site.
5. Verify the identity of the Covered Employee/applicant through the use of an official picture identification card (driver's license or Covered Employee ID). Notify the appropriate authority if the Covered Employee/applicant fails to report or arrives more than thirty (30) minutes late for the appointment.
6. On request by the Covered Employee/applicant, the Breath Alcohol Technician shall provide positive identification to the Covered Employee/applicant.
7. Explain the screening test procedure to the Covered Employee/applicant.
8. The Breath Alcohol Technician shall complete step 1 of the Breath Alcohol Testing Form. The Covered Employee/applicant shall complete step 2 on the form and sign the certification. Refusal to sign the certification shall be regarded as a refusal to take the test.
9. Open an individually sealed mouthpiece in view of the Covered Employee/applicant and attach the new mouthpiece to the EBT device.
10. Instruct the Covered Employee/applicant to blow forcefully into the mouthpiece for at least six (6) seconds or until the EBT device indicates that an adequate amount of breath has been obtained. This shall be the screening test.

11. If the EBT device prints the test results directly onto the form, show the Covered Employee/applicant the result displayed on the EBT device. If the EBT device provides a printed result but does not print the results directly onto the form, show the Covered Employee/applicant the result displayed on the EBT device, then affix the test result printout to the breath alcohol test form in the designated space using a tamper-proof method of attachment.
12. If the result of the screening test is a breath alcohol concentration of less than 0.02, date the form and sign the certification in Step 3 of the form. The Covered Employee/applicant shall then sign the certification and fill in the date in Step 4 of the form. Refusal by the Covered Employee/applicant to sign the certification in Step 4 of the form shall be considered a refusal to be tested.
13. If the result of the screening test is a breath alcohol concentration of less than 0.02, no further testing is authorized, and the Breath Alcohol Technician shall transmit the result of less than 0.02 to Town of in a confidential manner.
14. If the result of the screening test is a breath alcohol concentration of 0.02 or greater, a confirmation test shall be performed.
15. Instruct the Covered Employee/applicant not to eat, drink, put any object or substance in his/her mouth, and, to the extent possible, not to belch during a waiting period before the confirmation test. The waiting period shall not be less than fifteen (15) minutes nor greater than thirty (30) minutes from the completion of the screening test. Instruct the Covered Employee/applicant the reasons for the waiting period.
16. Before the confirmation test is administered, make sure the EBT device registers 0.00 on an air blank. If the reading is greater than 0.00, conduct a second air blank test. If the reading on the second air blank is greater than 0.00, that EBT device shall not be used for the confirmation test.
17. In conducting the confirmation test, the Breath Alcohol Technician shall follow the same procedures as required for the screening test. A new mouthpiece shall be used for the confirmation test.
18. In the event the screening and confirmation test results are not identical, the confirmation test result is deemed to be the final result.
19. Should the Covered Employee/applicant fail or refuse to sign the form as and required, or if the Covered Employee/applicant fails or refuses to provide an adequate amount of breath, or if the Covered Employee/applicant eats, drinks, places objects or substances in his/her mouth or belches during the waiting period before a confirmation test is administered, note such failures, refusals, or actions in the "Remarks" area of the form.

**FORM G - INSTRUCTIONS TO COVERED EMPLOYEE FOR COLLECTION OF BREATH AND URINE SPECIMENS FOR ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

1. Report to the specimen collection site selected by Town of Stevensville as soon as possible but no later than thirty (30) minutes after notification to report. Refusal to report for testing or refusal to cooperate with the testing process may result in immediate termination or denial of employment.
2. Provide the collection site technician with an official picture identification card (i.e., driver's license, Covered Employee I.D.).
3. Check your belongings with the technician including purses, briefcases, and bulky outerwear (sweaters, jackets, vests, hats, etc.). Remove the contents of your pockets.
4. Rinse your hands with clear water and dry. Do not use soap.
5. For urine specimens, go to the designated collection site and provide a specimen in the collection cup provided. You will not be observed while providing a specimen. You will be required to provide at least sixty (60) ml of urine. If an insufficient amount is provided, your initial sample will be discarded. You will be instructed to drink up to forty (40) ounces of water, distributed reasonably through a period up to three (3) hours, or until you have provided a new urine sample, whichever occurs first. If you refuse or are unable to provide a sufficient specimen within three (3) hours, the collection efforts shall be discontinued and Town of will be so notified.
6. For breath specimens, follow the instructions of the collection site technicians in providing a breath specimen for the Evidential Breath Testing Device.
7. Do not attempt to tamper with the specimen or make substitutions. The urine specimen will be visually inspected for unusual color and sediment. The temperature of the urine specimen will be measured and must fall within acceptable range. If the collection site technician suspects tampering, you will be required to provide a second sample under the direct observation of a same-gender technician. Tampering with a urine or breath specimen may result in immediate termination from your employment.
8. Give the urine or breath specimen to the collection site technician and observe the sealing of the container(s). Initial the label verifying that the specimen is yours.
9. Complete the appropriate parts of the Urine Custody and Control Form.

**FORM H - CONSENT TO *RANDOM*  
ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

I, \_\_\_\_\_, have received a copy of Town of Stevensville's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing, and I understand that refusing to provide a breath and/or a urine specimen as requested by Town of Stevensville, tampering with a specimen, or providing false information on a specimen collection and control form constitute grounds for termination of employment with Town of Stevensville. I understand that failure to pass the requested alcohol test and/or the requested drug test may result in disciplinary action up to and including termination from employment.

**I hereby consent to provide a breath and/or a urine specimen, as requested by Town of Stevensville for the purpose of testing for the presence of alcohol and controlled substances at a laboratory designated by Town of Stevensville I authorize the release of such test results to the medical review officer designated by Town of Stevensville and to the Program Administrator who is responsible for the Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Covered Employee is under age 18

**I do not consent to provide either a breath or a urine specimen, as requested by Town of Stevensville for the purpose of testing for the presence of alcohol and controlled substances. I understand that my refusal to participate in testing may result in my termination from employment.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Covered Employee is under age 18



## **FORM I - TECHNIQUE FOR SELECTING COVERED EMPLOYEES AT RANDOM**

The following procedure may be used for randomly selecting Covered Employees for testing on a quarter-annual basis.

1. Complete items (A) through (D) on the Covered Employee List--Random Alcohol and Controlled Substance Testing Form.

2. Transfer the Social Security Numbers or Covered Employee I.D. Numbers of all eligible Covered Employees to Form J, Covered Employee List--Random Alcohol and Controlled Substance Testing.

*Do not transfer names! The order of placement of numbers transferred to this Form is not important and will not affect the sampling technique.*

3. Send Form J to Town of Stevensville third party contractor retained to assist Town of Stevensville with the random testing selection process.

*The third-party contractor shall complete item (E); then select the Covered Employees who will be subject to the random testing for this testing period (selection must be made based upon a scientifically proven method of random selection); and then notify Town of Stevensville of the Covered Employee ID Numbers selected for the random testing for this testing period.*

4. Once the third party contractor has notified the Program Administrator of the Covered Employee ID Numbers selected for the random testing, the Program Administrator shall notify all Covered Employees selected for random testing by using Form A, Notice to Covered Employee of Alcohol and/or Controlled Substance Test.

5. The Program Administrator shall obtain each selected Covered Employee's consent or refusal to submit to the random testing by using Form H, Consent to *Random* Alcohol and/or Controlled Substance Testing.

**FORM J - COVERED EMPLOYEE LIST FOR  
RANDOM ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

(A) Current Date: \_\_\_\_\_  
to be Tested:

(D) Annual No. of Covered Employees

(B) Quarter Beginning: \_\_\_\_\_

(E) Sample Size for this Test:

(C) Total No. of Covered Employees:

<b>SEQUENCE NUMBER TESTING</b>	<b>COVERED EMPLOYEE ID NUMBER</b>	<b>SELECTED FOR</b>
1.	_____	1.
2.	_____	2.
3.	_____	3.
4.	_____	4.
5.	_____	5.
6.	_____	6.
7.	_____	7.
8.	_____	8.
9.	_____	9.
10.	_____	10.
11.	_____	11.
12.	_____	12.
13.	_____	13.
14.	_____	14.

**FORM K - NOTICE OF *PRE-EMPLOYMENT*  
ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

All applicants for employment with Town of Stevensville must at Town of Stevensville's election pass an alcohol breath test and/or a controlled substance urine test prior to employment. As part of your pre-employment evaluation, you will be required to submit a breath and/or a urine specimen at a designated collection site. Your breath will be analyzed for the presence of alcohol. Your urine specimen will be tested at a laboratory approved by the U.S. Department of Health and Human Services for the following controlled substances: marijuana, cocaine, opiates, phencyclidine, and amphetamines.

You must pass the requested tests as a condition of your employment. If you are selected for employment with Town of Stevensville you will be subject to future alcohol and/or controlled substance testing (1) on a pre-arranged date, (2) by random unannounced testing, (3) when there is reasonable suspicion to believe you have used alcohol or a controlled substance, and (4) following a work-related accident.

**I, \_\_\_\_\_, have read and understand the terms contained in this notice. I understand I will not be hired should my breath alcohol test indicate a presence of alcohol in my body greater than 0.02 or should my urine test indicate the presence of any controlled substances set forth in the Policy. Further, I understand I will not be hired should I refuse to submit to the required testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Applicant is under age 18

**FORM L - CONSENT TO *PRE-EMPLOYMENT*  
ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

I, \_\_\_\_\_, have received a copy of Town of Stevensville's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing Policy, and I understand that refusing to provide a breath and/or a urine specimen, as requested by Town of Stevensville, tampering with a specimen, or providing false information on a specimen collection and control form constitute grounds for cancellation and withdrawal of an offer of employment. I also understand that failure to pass either the requested alcohol test and/or the requested drug test may result in a cancellation and withdrawal of an offer of employment.

**I hereby consent to provide a breath and/or a urine specimen, as requested by Town of Stevensville for the purpose of testing for the presence of alcohol and/or controlled substances at a laboratory designated by Town of Stevensville I authorize the release of such test results to the medical review officer designated by Town of Stevensville and to the Program Administrator who is responsible for the Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Applicant is under age 18

**I do not consent to provide either a breath or a urine specimen as requested by Town of Stevensville for the purpose of testing for the presence of alcohol and controlled substances. I understand that my refusal to participate in testing may result in a cancellation and withdrawal of an offer of employment.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Applicant is under 18