



## COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

The Board of County Commissioners meets the 1st and 3rd Thursday of each month at 5:30 p.m. in the Columbia County School Board Administrative Complex Auditorium, 372 West Duval Street, Lake City, Florida 32055. All agenda items are due in the Board's office one week prior to the meeting date.

Today's Date: 12/12/2019 Meeting Date: 12/19/2019

Name: Penny Stanley Department: BCC Administration

Division Manager's Signature:

A handwritten signature in blue ink, appearing to be "Penny Stanley", written over a light blue horizontal line.

### 1. Nature and purpose of agenda item:

To update our drug policies in accordance with federal and state laws

### 2. Recommended Motion/Action:

Approve policy

### 3. Fiscal impact on current budget.

This item has no effect on the current budget.

## **MEMORANDUM**

**TO:** Ben Scott, County Manager

**FROM:** Lisa K.B. Roberts, Human Resources Director

**DATE:** December 11, 2019

**RE:** US DOT FMCSA Controlled Substances and Alcohol Use and Testing Policy –  
FMCSA Clearinghouse Ready  
Columbia County, Florida Drug-Free Workplace Act Policy Revised

Effective January 6, 2020 the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, under 49 CFR Parts 40 and 382, is establishing the Commercial Driver's License (CDL) Drug and Alcohol Clearinghouse (Clearinghouse) This new database will contain information pertaining to violations of the U.S. Department of Transportation (DOT) controlled substances (drug) and alcohol testing program for holders of CDLs.

The Clearinghouse rule requires FMCSA-regulated employers, Medical Review Officers (MROs), Substance Abuse Professionals (SAPs), consortia/third party administrators (C/TPAs), and other service agents to report to the Clearinghouse information related to violations of the drug and alcohol regulations in 49 Code of Federal Regulations, parts 40 and 382 by current and prospective employees.

The Clearinghouse will also require the employer to query the Clearinghouse for current and prospective employees' drug and alcohol violations before permitting those employees to operate a commercial motor vehicle (CMV) on public roads and to annually query the Clearinghouse for each driver they currently employ.

The Clearinghouse will provide FMCSA and employers the necessary tools to identify drivers who are prohibited from operating a CMV based on DOT drug and alcohol program violations and ensure that such drivers receive the required evaluation and treatment before operating a CMV on public roads. Specifically, information maintained in the Clearinghouse will enable employers to identify drivers who commit a drug or alcohol program violation while working for one employer, but who fail to subsequently inform another employer (as required by current regulations).

In accordance with the Clearinghouse rule, the attached new controlled substances and alcohol use and testing policy and respective forms has been prepared to comply. The policy applies to every person

employed by the Columbia County Board of County Commissioners who operates a commercial motor vehicle and is subject to commercial driver's license requirements.

Further, the Columbia County, Florida Drug-Free Workplace Act Policy has been revised to drug screen only those employees and final applicants provided a conditional job offer that would perform safety sensitive functions and all other employees where reasonable suspicion exists as defined by job classifications. Additionally, included are DOT-covered employees who possess a Commercial Driver's License when they are not performing DOT related covered functions. The policy is in compliance with the Workers' Compensation Premium Reduction Act FLA. STAT. ANN. 440.101 to .102 and FLA. ADMIN. CODE ANN. r. 59A-24 and the Fourth Amendment to the United States Constitution as it covers employees of governmental entities.

Consideration of the Board is requested in approving the above stated new and revised policies.

If I may be of further assistance in this matter, please let me know.

**U.S. Department of Transportation  
(DOT)**

**Federal Motor Carrier Safety Administration  
(FMCSA)**

**49 CFR PART 382  
CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY  
for**

***Columbia County Board of County Commissioners***

**Hereafter referred to as: “Columbia County Board of County Commissioners” or “County”**

**FMCSA CLEARINGHOUSE READY**

**SECTION A - GENERAL**

This policy and 49 CFR Part 40 Regulations of the U. S. Department Of Transportation Procedures For Transportation Workplace Drug And Alcohol Testing Programs and Urine Specimen Collection Guidelines, Office of Drug and Alcohol Policy and Compliance, U.S. Department of Transportation, are integral parts of this Policy and apply to all covered employees. They may be viewed at <http://www.dot.gov/odapc> Collection procedures, laboratory procedures, MRO review, alcohol testing, record keeping and all other procedural requirements shall adhere to 49 CFR Part 40.

Columbia County Board of County Commissioners shall test, in accordance with Federal regulations, employees required to have a Commercial Driver’s License (CDL) for the use of controlled substances that violate law or Federal regulation and the misuse of alcohol.

**PURPOSE 382.101**

The purpose of this policy, in addition to meeting Federal regulations, is to establish a program designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial motor vehicles. Our program can help improve your health, help you avoid trouble with the law, and make our workplace safer. This policy is considered a health and safety policy of Columbia County Board of County Commissioners.

**APPLICABILITY 382.103**

(a) This policy applies to every person of Columbia County Board of County Commissioners who operates a commercial motor vehicle in commerce in any State, and is subject to:

- (1) The commercial driver's license requirements of part 383;
- (2) All Drivers Operating Commercial Motor Vehicles for County; or
- (3) The commercial driver's license requirements of the Canadian National Safety Code.

(b) An employer who employs himself/herself as a driver must comply with both the requirements in this policy that apply to employers and the requirements in this policy that apply to drivers. An employer who employs only himself/herself as a driver shall implement a random alcohol and controlled substances testing program of two or more covered employees in the random testing selection pool.

The COVERED EMPLOYEE CERTIFICATE OF RECEIPT contains the name, address, and phone number of the responsible individual(s). The CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY complies with requirements of the Department of Transportation regulations as set forth in 49 CFR § 382 and 49 CFR Part 40. The DER shall be responsible for providing oversight and evaluation on the plan; providing guidance and counseling; reviewing of all discipline applied under this plan for consistency and conformance to human resources policies and procedures; scheduling for types of testing (random, post- accident, reasonable suspicion, etc.); maintaining a locked file system on all test results; and overseeing the referral of employees for evaluation and treatment. Columbia County Board of County Commissioners shall ensure that all covered employees are aware of

the provisions and coverage of Columbia County Board of County Commissioners's CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY and that all employees are notified prior to testing.

## **COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS SERVICE AGENT CONTACT INFORMATION**

### **COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS (DOT EMPLOYER)**

ADDRESS: 135 NE Hernando Ave, Suite 203  
Lake City, FL 32055  
USDOT Number: \*\*\*Entity DOT Number\*\*\*

### **DESIGNATED EMPLOYER REPRESENTATIVE (DER)**

NAME: Lisa Roberts  
TITLE: Human Resources Director  
PHONE: (386) 758-1006  
E-MAIL: [lisa\\_roberts@columbiacountyfla.com](mailto:lisa_roberts@columbiacountyfla.com)

### **ALTERNATE DESIGNATED EMPLOYER REPRESENTATIVE (DER)**

NAME: Columbia County Manager

### **MEDICAL REVIEW OFFICER (MRO)**

NAME: Paul Teynor, MD  
ADDRESS: 505 20<sup>th</sup> Street North, Suite 1200  
Birmingham, AL 35203  
PHONE: (205) 326-3100  
FAX: (205) 326-3122

### **LABORATORY**

NAME: Quest Diagnostics  
ADDRESS: 3175 Presidential Dr  
Atlanta, GA 30340

### **SUBSTANCE ABUSE PROFESSIONAL (SAP)**

A list of names, addresses, and telephone numbers of drug and/or alcohol rehabilitation programs may be obtained by contacting Human Resources.

### **CONSORTIUM/THIRD PARTY ADMINISTRATOR (C/TPA)**

NAME: Employers Drug Program Management (EDPM)  
ADDRESS: 505 20<sup>th</sup> Street North, Suite 1200  
Birmingham, AL 35203  
PHONE: (205) 326-3100

## **COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS'S INDEPENDENT AUTHORITY**

*This CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY sets forth the requirements of 49 CFR Parts 382 and 40. Those areas of the policy that appear in italic print reflect Columbia County Board of County Commissioners's independent authority to require additional provisions with regard to drug and alcohol testing procedures. To the extent the County's state specific non-DOT County Authority Policy supplements, and does not conflict with applicable DOT Regulations, and current agreements, it is to be followed. In the event that DOT Regulations are applicable to the driver's or applicant's particular situation or issue, the DOT Regulations pre-empt conflicting State Laws, County's non-DOT Policies and all other agreements.*

## **PERIOD OF WORKDAY A DRIVER IS REQUIRED TO BE IN COMPLIANCE**

*Safety-Sensitive Functions as covered under 49 CFR Part 382:* In accordance with 49 CFR 382 drivers who possess CDL licenses are subject to DOT regulated alcohol and drug testing at all times from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include:

- (1) All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- (2) All time inspecting equipment as required by 49 CFR 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (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 (a berth conforming to the requirements of 49 CFR 393.76);
- (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 shipments loaded or unloaded; and
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

A driver is required to be in compliance with this policy during that period of the workday when they are on- duty performing *safety-sensitive functions* (See *Definitions*).

## **DRIVER FITNESS FOR DUTY 391.11**

DOT regulations provide that Columbia County Board of County Commissioners as a DOT regulated employer makes the final determination of who is a qualified individual to drive a commercial motor vehicle. 49 CFR § 391.11(a). Columbia County Board of County Commissioners shall not permit a person to drive a commercial motor vehicle unless the person meets all DOT minimum qualifications and such other more stringent qualifications and requirements relating to safety of operation and employee safety and health as it may decide in its judgment and discretion. Columbia County Board of County Commissioners shall use the services of independent Certified Medical Examiners, Occupational Medicine Physicians, Medical Review Officers, as well as other medical and industry professionals to make its final fitness for duty determinations.

## **TESTING PROCEDURES 382.105**

Columbia County Board of County Commissioners shall ensure that all alcohol or controlled substances testing conducted under this policy complies with the procedures set forth in 49 CFR part 40. The provisions of 49 CFR part 40 that address alcohol or controlled substances testing are made applicable to Columbia County Board of County Commissioners by 382.105.

## **DEFINITIONS 382.107**

Words or phrases used in this policy are defined in Sections 386.2, 390.5 and 40.3 of Federal regulations, except as provided herein.

Actual knowledge for the purpose of Section B of this policy means actual knowledge by Columbia County Board of County Commissioners that a driver has used alcohol or controlled substances based on Columbia County Board of County Commissioners's direct observation of the employee, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or controlled substances or an employee's admission of alcohol or controlled substance use, except as provided in 382.121. Direct observation as used in this definition means observation of alcohol or controlled substances use and does not include observation of employee behavior or physical characteristics sufficient to warrant reasonable suspicion testing under 382.307.

Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol's including methyl and isopropyl alcohol.

Alcohol concentration (or content) means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test under this policy.

Alcohol use means the drinking or swallowing of any beverage, liquid mixture, or preparation, (including any medication), containing alcohol. *[Caution: Certain brands and types of cough medicines contain alcohol.]*

CFR means Code of Federal Regulations.

Commerce means:

- (1) Any trade, traffic or transportation within the jurisdiction of the United States between a place in a State and a place outside of such State, including a place outside of the United States and
- (2) Trade, traffic, and transportation in the United States which affects any trade, traffic, and transportation described in (1) of this definition.

Commercial driver's license Drug and Alcohol Clearinghouse (Clearinghouse) means the FMCSA database that subpart G of 49 CFR Part 382.701-727 requires employers and service agents to report information to and to query regarding drivers who are subject to the DOT controlled substance and alcohol testing regulations. Effective January 6, 2020, the FMCSA will establish a mandatory database and the following personal information collected and maintained under this part shall be reported to the Clearinghouse:

- (1) A verified positive, adulterated, or substituted drug test result;
- (2) An alcohol confirmation test with a concentration of 0.04 or higher;
- (3) A refusal to submit to any test required by subpart C of this part;
- (4) An employer's report of actual knowledge, as defined at § 382.107;
- (5) On duty alcohol use pursuant to § 382.205;
- (6) Pre-duty alcohol use pursuant to § 382.207;
- (7) Alcohol use following an accident pursuant to § 382.209; and
- (8) Controlled substance use pursuant to § 382.213;
- (9) A substance abuse professional (SAP as defined in § 40.3 of this title) report of the successful completion of the return-to-duty process;
- (10) A negative return-to-duty test; and
- (11) An employer's report of completion of follow-up testing.

Commercial motor vehicle means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle:

- (1) Has gross combination weight rating of 26,001 or more pounds (11,794 or more kilograms) inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds (4,536 kilograms); or
- (2) Has a gross vehicle weight rating of 26,001 or more pounds (11,794 or more kilograms); or
- (3) Is designed 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 (49 U.S.C. 5103(b)) and which require the motor vehicle to be placarded under the Hazardous Materials Regulations, 49 CFR part 172, Subpart F.

Confirmation (or confirmatory) drug test means a second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite.

Confirmation (or confirmatory) validity test means a second test performed on a urine specimen to further support a validity test result.

Confirmed drug test means a confirmation test result received by an MRO from a laboratory.

Consortium/Third party administrator (C/TPA) means a service agent that provides or coordinates one or more drug and/or alcohol testing services to DOT-regulated employers. C/TPAs typically provide or coordinate the provision of a number of such services and perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members (e.g., having a combined random testing pool). C/TPAs are not "employers" for purposes of Federal regulations.

Controlled substances mean those substances identified in 40.85. As of January 1, 2018, the drugs tested for may include all or some of the following: (1) Amphetamines; (2) Cannabinoids; (3) Cocaine; (4) Phencyclidine

(PCP); and (5) Opioids.

Designated employer representative (DER) is an individual identified by Columbia County Board of County Commissioners as able to receive communications and test results from service agents and who is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The individual must be an employee of County. Service agents cannot serve as DERs.

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.

- (1) Inclusions. Damage to motor vehicles that could have been driven, but would have been further damaged if so driven.
- (2) Exclusions:
  - i. Damage which can be remedied temporarily at the scene of the accident without special tools or parts.
  - ii. Tire disablement without other damage even if no spare tire is available.
  - iii. Headlight or taillight damage.
  - iv. Damage to turn signals, horn, or windshield wipers which make them inoperative.

DOT Agency means an agency (or "operating administration") of the United States Department of Transportation administering regulations requiring alcohol and/or drug testing (14 CFR parts 61, 63, 65, 121, and 135; 49 CFR parts 199, 219, 382, 653, and 654) in accordance with 49 CFR part 40.

Driver means any person who operates a commercial motor vehicle. This includes, but is not limited to: Full time, regularly employed Commercial Motor Vehicle drivers; casual, intermittent or occasional drivers; leased drivers and independent owner-operator contractors.

Employer means an entity employing one or more employees (including an individual who is self-employed) that is subject to DOT agency regulations requiring compliance with this Federal regulation. The term, as used in this policy, refers to the entity responsible for overall implementation of DOT drug and alcohol program requirements, including individuals employed by the entity who take personnel actions resulting from violations of this policy and any applicable DOT agency regulations. Service agents are not employers for the purpose of Federal regulations.

Licensed medical practitioner means a person who is licensed, certified, and/or registered, in accordance with applicable Federal, State, local, or foreign laws and regulations, to prescribe controlled substances and other drugs.

Negative return-to-duty test means a return-to-duty test with a negative drug result and/or an alcohol test with an alcohol concentration of less than 0.02, as described in § 40.305.

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.

Positive alcohol test means an alcohol test with an alcohol concentration of greater than or equal to 0.04.

Positive rate for random drug testing means the number of verified positive results for random drug tests conducted under this part plus the number of refusals of random drug tests required by this part, divided by the total number of random drug tests results (i.e., positives, negatives, and refusals) under this part.

Refuse to submit (to an alcohol or controlled substances test) means that you as a driver:

- (a)(1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner-operator) to appear for a test when called by C/TPA (see §40.61(a));
- (2) Fail to remain at the testing site until the testing process is complete. Provided that an employee who



leaves the testing site before the testing process commences (see §40.63(c)) for a pre-employment test is not deemed to have refused to test;

(3) Fail to provide a urine specimen for any drug test required by this part or DOT agency regulations; Provided that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences (see §40.63(c)) for a pre-employment test is not deemed to have refused to test;

(4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen (see §§40.67(l) and 40.69(g));

(5) Fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see §40.193(d)(2));

(6) Fail or decline to take an additional drug test the employer or collector has directed you to take (see, for instance, Sec.40.197 (b));

(7) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under Sec. 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment. If there was no contingent offer of employment, the MRO will cancel the test; or

(8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).

(9) For an observed collection, fail to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.

(10) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.

(11) Admit to the collector or MRO that you adulterated or substituted the specimen.

(12) For a breath alcohol test, refusing to sign the certification at Step 2 of the ATF 40.261 (a)(3).

(b) As an employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

(c) As an employee, if you refuse to take a drug test, you incur the consequences specified under DOT agency regulations for a violation of those DOT agency regulations. 40.191

Safety-sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include:

- (1) All time at Columbia County Board of County Commissioners's or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by Columbia County Board of County Commissioners;
- (2) All time inspecting equipment as required by 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (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 (a berth conforming to the requirements of 393.76);
- (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 shipments loaded or unloaded; and
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Screening test (or initial test) means:

- (1) In drug testing, a test to eliminate "negative" urine specimens from further analysis or to identify a specimen that requires additional testing for the presence of drugs.
- (2) In alcohol testing, an analytical procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

Service agent means any person or entity, other than an employee of the employer, who provides services to employers and/or employees in connection with DOT drug and alcohol testing requirements. This includes, but is

not limited to, collectors, BATs and STTs, laboratories, MROs, substance abuse professionals, and C/TPAs. To act as service agents, persons and organizations must meet DOT qualifications, if applicable. Service agents are not employers for purposes of this part.

Stand-down means the practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test results.

Violation rate for random alcohol testing means the number of 0.04 and above random alcohol confirmation test results conducted under this part plus the number of refusals of random alcohol tests required by this part, divided by the total number of random alcohol screening tests (including refusals) conducted under this part.

#### **PREEMPTION OF STATE AND LOCAL LAWS 382.109**

- (a) Except as provided in paragraph (b) of this section, the Federal regulation requiring this alcohol and controlled substances testing preempts any State or local law, rule, regulation, order to the extent that:
  - (1) Compliance with both the State or local requirement and the Federal regulation is not possible; or
  - (2) Compliance with the State or local requirement is an obstacle to the accomplishment and execution of any requirement of this Federal regulation.
- (b) This policy, and the Federal regulation requiring it, shall not be construed to preempt provisions of State criminal law that impose sanctions for reckless conduct leading to actual loss of life, injury, or damage to property, whether the provisions apply specifically to transportation employees, Columbia County Board of County Commissioners, or the general public.

#### **OTHER REQUIREMENTS IMPOSED BY Columbia County Board of County Commissioners 382.111**

Except as expressly provided in this policy, nothing in the Federal regulation 382 and 49 CFR part 40 shall be construed to affect the authority of Columbia County Board of County Commissioners, or the rights of drivers, with respect to the use of alcohol, or the use of controlled substances, including authority and rights with respect to testing and rehabilitation.

#### **REQUIREMENT FOR NOTICE 382.113**

Before performing an alcohol or controlled substances test under the Federal regulation, Columbia County Board of County Commissioners shall notify a driver that the alcohol or controlled substances test is required by Federal regulation. Columbia County Board of County Commissioners shall not falsely represent that a test is administered under Federal regulation.

#### **STARTING DATE FOR TESTING PROGRAMS 382.115**

- (a) All domestic-domiciled employers must implement the requirements of this policy the date the employer begins commercial motor vehicle operations.
- (b) All foreign-domiciled employers must implement the requirements of this policy on the date the employer begins commercial motor vehicle operations in the United States.

#### **PUBLIC INTEREST EXCLUSION 382.117**

Columbia County Board of County Commissioners shall not use the services of a service agent who is subject to a public interest exclusion (PIE) in accordance with 49 CFR part 40, Subpart R.

#### **STAND-DOWN WAIVER PROVISION 382.119**

- (a) Columbia County Board of County Commissioners is prohibited from standing employees down, except consistent with a waiver from the Federal Motor Carrier Safety Administration as required under 382.119 of Federal regulations.

- (b) If Columbia County Board of County Commissioners seeks a waiver from the prohibition against standing down an employee before the MRO has completed the verification process shall follow the procedures in 49 CFR 40.21. Columbia County Board of County Commissioners must send a written request which includes all of the information required by that section to the Federal Motor Carrier Safety Administrator (or the Administrator's designee), U.S. Department of Transportation, 400 Seventh Street, SW., Washington, DC 20590.
- (c) The final decision whether to grant or deny the application for a waiver will be made by the Administrator or the Administrator's designee.
- (d) After a decision is signed by the Administrator or the Administrator's designee, Columbia County Board of County Commissioners will be sent a copy of the decision, which will include the terms and conditions for the waiver or the reason for denying the application for a waiver.
- (e) Questions regarding waiver applications should be directed to the Office of Enforcement and Compliance, Federal Motor Carrier Safety Administration, 400 Seventh Street, SW., Washington, DC 20590. The telephone number is (202) 366-5720.

#### **EMPLOYEE ADMISSION OF ALCOHOL AND CONTROLLED SUBSTANCE USE 382.121**

- (a) Employees who admit to alcohol misuse or controlled substances use are not subject to the referral, evaluation and treatment requirements of this policy and 49 CFR part 40, provided that:
  - (1) The admission is in accordance with Columbia County Board of County Commissioners's written voluntary self-identification program or policy that meets the requirements of paragraph (b) of this section;
  - (2) The driver does not self-identify in order to avoid testing under the requirements of this part;
  - (3) The driver makes the admission of alcohol misuse or controlled substances use prior to performing a safety sensitive function (i.e., prior to reporting for duty); and
  - (4) The driver does not perform a safety sensitive function until Columbia County Board of County Commissioners is satisfied that the employee has been evaluated and has successfully completed education or treatment requirements in accordance with the self-identification program guidelines.
- (b) A qualified voluntary self-identification program or policy must contain the following elements:
  - (1) It prohibits Columbia County Board of County Commissioners from taking adverse action against an employee making a voluntary admission of alcohol misuse or controlled substances use within the parameters of the program or policy and paragraph (a) of this section;
  - (2) It must allow the employee sufficient opportunity to seek evaluation, education or treatment to establish control over the employee's drug or alcohol problem; It must permit the employee to return to safety sensitive duties only upon successful completion of an educational or treatment program, as determined by a drug and alcohol abuse evaluation expert, i.e., employee assistance professional, substance abuse professional, or qualified drug and alcohol counselor;
  - (3) It must ensure that:
    - (i) Prior to the employee participating in a safety sensitive function, the employee shall undergo a return to duty test with a result indicating an alcohol concentration of less than 0.02; and/or
    - (ii) Prior to the employee participating in a safety sensitive function, the employee shall undergo a return to duty controlled substance test with a verified negative test result for controlled substances use; and
  - (4) It may incorporate employee monitoring and include non-DOT follow-up testing.

#### **DRIVER IDENTIFICATION 382.123**

- (a) For each alcohol test performed, the County shall provide the driver's commercial driver's license number and State of issuance in Step 1, Section B of the Alcohol Testing Form (ATF).
- (b) For each controlled substance test performed under this part, the County shall provide the following information, which must be recorded as follows:
  - (i) The driver's commercial driver's license number and State of issuance in Step 1, section C of the Federal Drug Testing Custody and Control Form (CCF).

(ii) The employer's name and other identifying information required in Step 1, section A of the ATF.

***EMPLOYEE ASSISTANCE PROGRAM***

***Columbia County Board of County Commissioners's employee assistance program (EAP) is a confidential program designed to assist in the identification and resolution of problems associated with employees impaired by alcohol or drugs, or other personal concerns that may adversely affect employee job performance.***

## **SECTION B - PROHIBITIONS**

### **ALCOHOL CONCENTRATION 382.201**

No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. If Columbia County Board of County Commissioners has actual knowledge that a driver has an alcohol concentration of 0.04 or greater, the driver will not be permitted to perform or continue to perform safety-sensitive functions.

### **ON-DUTY USE 382.205**

No driver shall use alcohol while performing safety-sensitive functions. If Columbia County Board of County Commissioners has actual knowledge that a driver is using alcohol while performing safety-sensitive functions, that driver shall not be permitted to perform or continue to perform safety-sensitive functions.

### **PRE-DUTY USE 382.207**

No driver shall perform safety-sensitive functions within four (4) hours after using alcohol. If Columbia County Board of County Commissioners has actual knowledge of a driver who has used alcohol within four (4) hours, that driver will not be permitted to perform or continue to perform safety-sensitive functions.

### **USE FOLLOWING AN ACCIDENT 382.209**

No driver required to take a post-accident alcohol test under 382.303 shall use alcohol for eight (8) hours following the accident or until he/she undergoes a post-accident alcohol test, whichever occurs first.

### **REFUSAL TO SUBMIT TO A REQUIRED ALCOHOL OR CONTROLLED SUBSTANCES TEST 382.211**

No driver shall refuse to submit to a post-accident alcohol or controlled substances test required under 382.303, a random alcohol or controlled substances test required under 382.305, a reasonable suspicion alcohol or controlled substances test required under 382.307, or a follow-up alcohol or controlled substances test required under 382.311. Columbia County Board of County Commissioners shall not permit a driver who refuses to submit to such tests to perform or continue to perform safety-sensitive functions.

### **DISCLOSURE OF OFF-DUTY DUI AND DRUG OFFENSE ARREST AN/OR CONVICTION 382.111**

*Safety Rule requiring mandatory reporting by Drivers of off – duty DUI and Drug Offense Arrest and/or Conviction. In accordance with the authority granted to the County by the DOT in 49 CFR 382.111 to imposed other requirements to prevent alcohol misuse by Drivers, it is mandatory that Drivers disclose to their supervisor by the end of the business day arrest and/or convictions for all alcohol and/or drug related offenses committed while operating any motor vehicle. This will allow the County to immediately remove from safety sensitive functions, Drivers who have engaged in off – duty unsafe behavior related to alcohol or drug misuse (which is directly related to their safety sensitive functions performed for the County) to make determinations as follows: 1) if the Driver is fit for duty; 2) if the Driver is still qualified under DOT regulations to operate a CMV for the County; 3) if the Driver is still insurable at standard rates under the County fleet policy; and 4) if the Driver can still meet the essential job functions for the position of Driver. It is an Essential Job Function of every DOT regulated Driver that they be qualified and licensed to operate a CMV without the use of a judicially ordered interlocking device, or similar device as part of a diversion or conviction for an alcohol related offence. It is understood by the County that such disclosure of an off duty DUI arrest or conviction alone will not constitute “actual knowledge by an employer that a driver has used alcohol or controlled substances” in accordance with 49 CFR Part §382.107 of the FMCSA Regulations. It is understood by the County that such disclosure of an off duty DUI arrest or conviction alone will not constitute “actual knowledge by an employer that a driver has used alcohol or controlled substances” in accordance with 49CFR Part § 382.107 of the FMCSA Regulations.*

## **PRE-DUTY DISCLOSURE OF ANY IMPAIRING EFFECT MEDICATION OR SUBSTANCES 382.213**

- (a) No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 382.107, who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.
- (b) Columbia County Board of County Commissioners, having actual knowledge that a driver has used a controlled substance, shall not permit the driver to perform or continue to perform a safety-sensitive function.
- (c) Columbia County Board of County Commissioners may require a driver to inform Columbia County Board of County Commissioners of any therapeutic drug use.

*All drivers of Columbia County Board of County Commissioners are required, as a safety rule and under DOT regulations, to pre-duty disclosure that they are taking ANY impairing affect therapeutic drug, prescription medication (including medical marijuana), over-the-counter medication, mind altering synthetic or designer drugs or substances which may have an effect on their ability to safely operate a commercial motor vehicle or the performance of safety-sensitive duties. It is an essential function of every driver's position at Columbia County Board of County Commissioners to be able to work in a constant state of alertness and in a safe manner. If the fact that the driver is taking an impairing effect drug, medication or substance is not disclosed pre-duty by a driver, and the driver tests positive or is determined by the MRO to be a potential safety risk due to a drug, medication or substance, that driver will be subject to discipline, up to and including termination for violation of this safety rule. If disclosure is made, Columbia County Board of County Commissioners, in accordance with its authority under 49 CFR Part 391.11(a), reserves the right to send the driver for a Fitness-for-Duty evaluation to evaluate the medication and its possible adverse effects on the driver's ability to safely operate a commercial motor vehicle or the performance of other safety-sensitive duties. In determining whether the employee has a legally valid prescription so as to constitute a legitimate medical explanation, consistent with the Controlled Substances Act (CSA), the MRO will use the CSA standard when conducting his medical review (49 CFR Part 40.137). The claimed use of products containing cannabidiol (CBD) will not be accepted by the County as a medical excuse for a positive THC (marijuana) test.*

*In advance of the operation of a commercial motor vehicle, or the performance of other safety-sensitive duties, or testing, drivers are strongly encouraged (and mandated by DOT Regulations) to have their own doctor make an individualized assessment of any safety related risks of the drug, medication or substance which they are taking, providing the doctor a copy of their job description or specific duties, and having the doctor render an opinion on the safety related risks. The driver need not disclose to their supervisor the drug, medication or substance, or the medical condition involved, to fulfill this pre-duty disclosure obligation of this safety policy, but may do so confidentially to the DER. All information provided will be kept separate from personnel files and in a confidential manner by the DER. The MRO will make the final determination on the driver's ability to safely operate a commercial motor vehicle or the safety related risks of any particular drug, medication or substance, although Columbia County Board of County Commissioners shall make the final determination on whether the driver is qualified to drive/operate a commercial motor vehicle.*

## **CONTROLLED SUBSTANCES TESTING 382.215**

No driver shall report for duty, remain on duty or perform a safety-sensitive function, if the driver tests positive or has adulterated or substituted a test specimen for controlled substances. Columbia County Board of County Commissioners, having actual knowledge that a driver has tested positive or has adulterated or substituted a test specimen for controlled substances, shall not permit the driver to perform or continue to perform safety-sensitive functions. In accordance with 49 CFR Part 40.171, when the MRO has notified the driver that he or she has a verified positive drug test and/or refusal to test because of adulteration or substitution, the driver has 72 hours from the time of notification to request a test of the split specimen.

## **EMPLOYER RESPONSIBILITIES 382.217**

No employer may allow, require, permit or authorize a driver to operate a commercial motor vehicle during any period in which an employer determines that a driver is not in compliance with the return-to-duty requirements in 49 CFR part 40, subpart O, after the occurrence of any of the following events:

- (a) The driver receives a positive, adulterated, or substituted drug test result conducted under part 40;
- (b) The driver receives an alcohol confirmation test result of 0.04 or higher alcohol concentration conducted under part 40;
- (c) The driver refused to submit to a test for drugs or alcohol required under § 382; or
- (d) The driver used alcohol prior to a post-accident alcohol test in violation of § 382.209.

#### **CONSEQUENCES OF CONDUCT PROHIBITED BY SECTION B**

Any driver who engages in conduct prohibited by Section B of this policy will be subject to disciplinary action up to and including termination.

## **SECTION C - TESTS REQUIRED**

### **TESTS REQUIRED**

Required testing includes pre-employment (controlled substances required, alcohol at option of Columbia County Board of County Commissioners), post-accident, random, and reasonable suspicion. Return-to-duty and follow-up-testing is also required if the Columbia County Board of County Commissioners allows a "positive" test employee to return to a safety-sensitive function after the required evaluation by a Substance Abuse Professional and the required rehabilitation.

### **COUNTY RESERVES RIGHT TO CONDUCT NON-DOT DRUG AND ALCOHOL TESTING**

*In addition to drug and alcohol testing conducted by County pursuant to 49 CFR Part 40 and 49 CFR Part 382, The County reserves the independent authority to screen and/or test employees under County's Policy including, but not limited to, laboratory testing and point of collection test (POCT) devices utilizing alternative body specimens including hair, urine and oral fluid (saliva), for the detection of illegal drugs, prescription and over-the-counter medications or substances which have an impairing affect and/or alcohol, taken by those who are considered safety-sensitive employees, as may be permitted and/or restricted by applicable state or local laws or regulations and applicable collective bargaining agreements. The term "illegal use of drugs" includes any mind altering synthetic or designer drugs as well as any controlled or scheduled substance not used in accordance with a health care provider's lawful prescription for the user. These collections will be performed in addition to, and not as a substitute for, DOT regulated tests and these urine specimens will not be poured from or taken from the same specimen collected for a DOT urine test or alcohol test [40.13] and will not be conducted using DOT forms [40.47, 40.227].*

### **PRE-EMPLOYMENT 382.301**

(a) Prior to the first time a driver performs safety-sensitive functions for Columbia County Board of County Commissioners, the driver shall undergo testing for controlled substances as a condition prior to being used, unless Columbia County Board of County Commissioners uses the exception in paragraph (b) of this section. Columbia County Board of County Commissioners shall not allow a driver, who Columbia County Board of County Commissioners intends to hire or use, to perform safety-sensitive functions unless Columbia County Board of County Commissioners has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver. *Columbia County Board of County Commissioners shall require a re-collection of a urine specimen on any pre-employment, return-to-duty and follow-up drug test if the result is negative-dilute. The MRO has authority to direct the re-collection be observed. If the second test result is also negative-dilute, Columbia County Board of County Commissioners shall accept the result as a negative test.*

(b) Columbia County Board of County Commissioners is not required to administer a controlled substances test required by paragraph (a) of this section if:

- (1) The driver has participated in a controlled substances testing program that meets the requirements of this policy within the previous 30 days; and
- (2) While participating in that program, either--
  - (i) Was tested for controlled substances within the past 6 months (from the date of application with Columbia County Board of County Commissioners), or
  - (ii) Participated in the random controlled substances testing program for the previous 12 months (from the date of application with Columbia County Board of County Commissioners); and
- (3) Columbia County Board of County Commissioners ensures that no prior employer of the driver of whom Columbia County Board of County Commissioners has knowledge has records of a violation of this policy or the controlled substances use rule of another DOT agency within the previous six months.

- (c) (1) If Columbia County Board of County Commissioners exercises the exception in paragraph (b) of this section, Columbia County Board of County Commissioners shall contact the controlled substances testing program(s) in which the driver participates or participated and shall obtain and retain from the testing program(s) the following information:
- (i) Name(s) and address(es) of the program(s).
  - (ii) Verification that the driver participates or participated in the program(s).



(iii) Verification that the program(s) conforms to part 40 of Federal regulations.

(iv) Verification that the driver is qualified under the rules of this policy, including that the driver has not refused to be tested for controlled substances.

(v) The date the driver was last tested for controlled substances.

(vi) The results of any tests taken within the previous six months and any other violations of Section B of this policy.

(2) If Columbia County Board of County Commissioners who uses, but does not employ a driver more than once a year to operate commercial motor vehicles must obtain the information in paragraph (c)(1) of this section at least once every six months. The records prepared under this paragraph shall be maintained in accordance with

382.401. If Columbia County Board of County Commissioners cannot verify that the driver is participating in a controlled substances testing program in accordance with this policy and part 40 of Federal regulations, Columbia County Board of County Commissioners shall conduct a pre-employment controlled substances test.

(d) Columbia County Board of County Commissioners may, but is not required to, conduct pre-employment alcohol testing under this policy. If

Columbia County Board of County Commissioners chooses to conduct pre-employment alcohol testing, it must comply with the following requirements:

(1) It must conduct a pre-employment alcohol test before the first performance of safety-sensitive functions by every covered employee (whether a new employee or someone who has transferred to a position involving the performance of safety-sensitive functions).

(2) It must treat all safety-sensitive employees performing safety-sensitive functions the same for the purpose of pre-employment alcohol testing (i.e., it must not test some covered employees and not others).

(3) It must conduct the pre-employment tests after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test.

(4) It must conduct all pre-employment alcohol tests using the alcohol testing procedures of 49 CFR part 40 of Federal regulation.

(5) It must not allow a covered employee to begin performing safety-sensitive functions unless the result of the employee's test indicates an alcohol concentration of less than 0.04.

### **POST-ACCIDENT 382.303**

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

(1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or

(2) Who receives a citation within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:

(i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or

(ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(b) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, Columbia County Board of County Commissioners shall test for controlled substances for each of its surviving drivers:

(1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or

(2) Who receives a citation within thirty-two hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:

(i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or

(ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(c) The following table notes when a post-accident test is required to be conducted by paragraphs (a)(1), (a)(2), (b)(1), and (b)(2) of this section:

<u>Type of Accident Involved</u>	<u>Citation Issued to the CMV Driver</u>	<u>Test Must be Performed by Columbia County Board of County Commissioners</u>
Human Fatality	YES	YES
	NO	NO
Bodily injury with immediate medical treatment away from the scene	YES	YES
	NO	NO
Disabling damage to any motor vehicle requiring tow away	YES	YES
	NO	NO

(d) (1) Alcohol tests. If a test required by this section is not administered within two hours following the accident, Columbia County Board of County Commissioners shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a test required by this section is not administered within eight hours following the accident, Columbia County Board of County Commissioners shall cease attempts to administer an alcohol test and shall prepare and maintain the same record. Records shall be submitted to the FMCSA upon request.

(2) Controlled substance tests. If a test required by this section is not administered within 32 hours following the accident, Columbia County Board of County Commissioners shall cease attempts to administer a controlled substances test, and prepare and maintain on file a record stating the reasons the test was not promptly administered. Records shall be submitted to the FMCSA upon request.

(e) A driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by Columbia County Board of County Commissioners to have refused to submit to testing. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

(f) Columbia County Board of County Commissioners shall provide drivers with necessary post-accident information, procedures and instructions, prior to the driver operating a commercial motor vehicle, so that drivers will be able to comply with the requirements of this section.

(g) (1) The results of a breath or blood test for the use of alcohol, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to the applicable Federal, State or local alcohol testing requirements, and that the results of the tests are obtained by Columbia County Board of County Commissioners.

(2) The results of a urine test for the use of controlled substances, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to the applicable Federal, State or local controlled substances testing requirements, and that the results of the tests are obtained by Columbia County Board of County Commissioners.

(h) Exception. This section does not apply to:

(1) An occurrence involving only boarding or alighting from a stationary motor vehicle; or

(2) An occurrence involving only the loading or unloading of cargo; or

(3) An occurrence in the course of the operation of a passenger car or a multipurpose passenger vehicle (as defined in 571.3) by Columbia County Board of County Commissioners unless the motor vehicle is transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with 177.823.

## **RANDOM 382.305**

(a) Columbia County Board of County Commissioners shall comply with the requirements of this section. Every driver shall submit to random alcohol and controlled substance testing as required in this section.

- (b) (1) Except as provided in paragraphs (c) through (e) of this section, the minimum annual percentage rate for random alcohol testing shall be 10 percent of the average number of driver positions.  
(2) Except as provided in paragraphs (f) through (h) of this section, the minimum annual percentage rate for random controlled substances testing shall be 25 percent of the average number of driver positions.
- (i) (1) The selection of drivers for random alcohol and controlled substances testing shall be made by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with drivers' Social Security numbers, payroll identification numbers, or other comparable identifying numbers.  
(2) Each driver selected for random alcohol and controlled substances testing under the selection process used, shall have an equal chance of being tested each time selections are made.  
(3) Each driver selected for testing shall be tested during the selection period.
- (j) (1) To calculate the total number of covered drivers eligible for random testing throughout the year, Columbia County Board of County Commissioners, must add the total number of covered drivers eligible for testing during each random testing period for the year and divide that total by the number of random testing periods. Covered employees, and only covered employees, are to be in Columbia County Board of County Commissioners's random testing pool, and all covered drivers must be in the random pool. If Columbia County Board of County Commissioners conducts random testing more often than once per month (e.g., daily, weekly, bi-weekly) Columbia County Board of County Commissioners does not need to compute this total number of covered drivers rate more than on a once per month basis.  
(2) Columbia County Board of County Commissioners may use a service agent (e.g., a C/TPA) to perform random selections and covered drivers may be part of a larger random testing pool of covered employees. However, Columbia County Board of County Commissioners must ensure that the service agent is testing at the appropriate percentage established for FMCSA and that only covered employees are in the random testing pool
- (k) (1) Columbia County Board of County Commissioners shall ensure that random alcohol and controlled substances tests conducted under this policy are unannounced.  
(2) Columbia County Board of County Commissioners shall ensure that the dates for administering random alcohol and controlled substances tests are spread reasonably throughout the calendar year.
- (l) Columbia County Board of County Commissioners shall require that each driver who is notified of selection for random alcohol and/or controlled substances testing proceeds to the test site immediately; provided, however, that if the driver is performing a safety-sensitive function, other than driving a commercial motor vehicle, at the time of notification, Columbia County Board of County Commissioners shall instead ensure that the driver ceases to perform the safety-sensitive function and proceeds to the testing site as soon as possible.
- (m) A driver shall only be tested for alcohol while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.
- (n) If a given driver is subject to random alcohol or controlled substances testing under the random alcohol or controlled substances testing rules of more than one DOT agency for Columbia County Board of County Commissioners, the driver shall be subject to random alcohol and/or controlled substances testing at the annual percentage rate established for the calendar year by the DOT agency regulating more than 50 percent of the driver's function.
- (o) If Columbia County Board of County Commissioners is required to conduct random alcohol or controlled substances testing under the alcohol or controlled substances testing rules of more than one DOT agency, Columbia County Board of County Commissioners may--
  - (1) Establish separate pools for random selection, with each pool containing the DOT-covered employees who are subject to testing at the same required minimum annual percentage rate; or
  - (2) Randomly select such employees for testing at the highest minimum annual percentage rate established for the calendar year by any DOT agency to which Columbia County Board of County Commissioners is subject.

## REASONABLE SUSPICION 382.307

- (a) Columbia County Board of County Commissioners shall require a driver to submit to an alcohol test when Columbia County Board of County Commissioners has reasonable suspicion to believe that the driver has violated the prohibitions of Section B of this policy concerning alcohol. Columbia County Board of County Commissioners's determination that reasonable suspicion exists to require the driver to undergo an alcohol test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver.
- (b) Columbia County Board of County Commissioners shall require a driver to submit to a controlled substances test when there is reasonable suspicion to believe that the driver has violated the prohibitions of Section B of this policy concerning controlled substances. Columbia County Board of County Commissioners's determination that reasonable suspicion exists to require the driver to undergo a controlled substances test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The observations may include indications of the chronic and withdrawal effects of controlled substances.
- (c) The required observations for alcohol and/or controlled substances reasonable suspicion testing shall be made by a supervisor or an official of Columbia County Board of County Commissioners who is trained in accordance with 382.603. The person who makes the determination that reasonable suspicion exists to conduct an alcohol test shall not conduct the alcohol test of the driver. *If the employee insists on driving, the proper local enforcement authority should be notified that an employee, who we believe may be under the influence of a drug or alcohol, is leaving County premises driving a motor vehicle.*
- (d) Alcohol testing is authorized by DOT/FMCSA regulations only if the observations required by paragraph (a) of this section are made during, just preceding, or just after the period of the work day that the driver is required to be in compliance with the Federal regulation. A driver may be directed by Columbia County Board of County Commissioners to only undergo reasonable suspicion alcohol testing while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.
- (e) (1) If an alcohol test required by DOT/FMCSA regulations is not administered within two (2) hours following the determination under paragraph (a) of this section, Columbia County Board of County Commissioners shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test required by DOT/FMCSA regulations is not administered within eight (8) hours following the determination under paragraph (a) of this section, Columbia County Board of County Commissioners shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test.
- (2) Notwithstanding the absence of a reasonable suspicion alcohol test under DOT/FMCSA regulations, no driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while the driver is under the influence of or impaired by alcohol, as shown by the behavioral, speech, and performance indicators of alcohol misuse, nor shall Columbia County Board of County Commissioners permit the driver to perform or continue to perform safety-sensitive functions, until:
- (i) An alcohol test is administered and the driver's alcohol concentration measures less than 0.02; or
  - (ii) Twenty four (24) hours have elapsed following the determination under paragraph (a) of this section that there is reasonable suspicion to believe that the driver has violated the prohibitions in this policy concerning the use of alcohol.
- (3) Except as provided in paragraph (e)(2) of this section, Columbia County Board of County Commissioners shall take no action under this policy against a driver based solely on the driver's behavior and appearance, with respect to alcohol use, in the absence of an alcohol test. This does not prohibit Columbia County Board of County Commissioners with independent authority of DOT/FMCSA regulations from taking any action otherwise consistent with law. written record shall be made of the observations leading to an alcohol or controlled substances reasonable suspicion test, and signed by the supervisor or an official of Columbia County Board of County Commissioners who made the observations, with 24 hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier.

**RETURN-TO-DUTY 382.309**

The requirements for return-to-duty testing must be performed in accordance with 49 CFR part 40, Subpart O, including that such tests will be collected under direct observation.

**FOLLOW-UP 382.311**

The requirements for follow-up testing must be performed in accordance with 49 CFR part 40, Subpart O, including that such tests will be collected under direct observation.

## **SECTION D - HANDLING OF TEST RESULTS, RECORD RETENTION AND CONFIDENTIALITY**

### **RETENTION OF RECORDS 382.401**

(a) General requirement. Columbia County Board of County Commissioners shall maintain records of its alcohol misuse and controlled substances use prevention programs as provided in this section. The records shall be maintained in a secure location with controlled access.

(b) Period of retention. Columbia County Board of County Commissioners shall maintain the records in accordance with the following schedule:

(1) *Five years.* The following records shall be maintained for a minimum of five years:

- (i) Records of driver alcohol test results indicating an alcohol concentration of 0.02 or greater,
- (ii) Records of driver verified positive controlled substances test results,
- (iii) Documentation of refusals to take required alcohol and/or controlled substances tests,
- (iv) Driver evaluation and referrals,
- (v) Calibration documentation,
- (vi) Records related to the administration of the alcohol and controlled substances testing programs, including records of all driver violations, and
- (vii) Records related to the administration of the alcohol and controlled substances testing program, including records of all driver violations, and
- (viii) A copy of each annual calendar year summary required by 382.403.

(2) *Two years.* Records related to the alcohol and controlled substances collection process (except calibration of evidential breath testing devices).

(3) *One year.* Records of negative and canceled controlled substances test results (as defined in part 40 of Federal regulations) and alcohol test results with a concentration of less than 0.02 shall be maintained for a minimum of one year.

(4) *Indefinite period.* Records related to the education and training of breath alcohol technicians, screening test technicians, supervisors, and drivers shall be maintained by Columbia County Board of County Commissioners while the individual performs the functions which require the training and for two years after ceasing to perform those functions.

(c) Types of records. The following specific records shall be maintained. "Documents generated" are documents that may have to be prepared under a requirement of Federal regulations and this policy. If the record is required to be prepared, it must be maintained.

(1) Records related to the collection process:

- (i) Collection logbooks, if used,
- (ii) Documents relating to the random selection process,
- (iii) Calibration documentation for evidential breath testing devices,
- (iv) Documentation of breath alcohol technician training,
- (v) Documents generated in connection with decisions to administer reasonable suspicion alcohol or controlled substances tests,
- (vi) Documents generated in connection with decisions on post-accident tests,
- (vii) Documents verifying existence of a medical explanation of the inability of a driver to provide adequate breath or to provide a urine specimen for testing and
- (viii) A copy of each annual calendar year summary as required by 382.403.

(2) Records related to a driver's test results:

- (i) Columbia County Board of County Commissioners's copy of the alcohol test form, including the results of the test,
- (ii) Columbia County Board of County Commissioners's copy of the controlled substances test chain of custody and control form,
- (iii) Documents sent by the MRO to Columbia County Board of County Commissioners, including those required by part 40, Subpart G,
- (iv) Documents related to the refusal of any driver to submit to an alcohol or controlled substances test required by this policy and

- (v) Documents presented by a driver to dispute the result of an alcohol or controlled substances test administered under this policy.
- (vi) Documents generated in connection with verifications of prior employers' alcohol or controlled substances test results that Columbia County Board of County Commissioners:
  - (A) Must obtain in connection with the exception contained in 382.301 of this policy, and
  - (B) Must obtain as required by 382.413.
- (3) Records related to other violations of this policy.
- (4) Records related to evaluations:
  - (i) Records pertaining to a determination by a substance abuse professional concerning a driver's need for assistance and
  - (ii) Records concerning a driver's compliance with recommendations of the substance abuse professional.
- (5) Records related to education and training:
  - (i) Materials on alcohol misuse and controlled substances use awareness, including a copy of Columbia County Board of County Commissioners's policy on alcohol misuse and controlled substances use,
  - (ii) Documentation of compliance with requirements of 382.601, including the driver's signed receipt of education materials,
  - (iii) Documentation of training provided to supervisors for the purpose of qualifying the supervisors to make a determination concerning the need for alcohol and/or controlled substances testing based on reasonable suspicion;
  - (iv) Documentation of training for breath alcohol technicians as required by 40.213(a), and
  - (v) Certification that any training conducted under these Federal Regulations complies with requirements for such training.
- (6) Administrative records related to alcohol and controlled substances testing:
  - (i) Agreements with collection site facilities, laboratories, breath alcohol technicians, screening test technicians, medical review officers, and consortia and/or with a C/TPA,
  - (ii) Names and positions of officials and their role in Columbia County Board of County Commissioners's alcohol and controlled substances testing program(s),
  - (iii) Semi-annual laboratory statistical summaries of urinalysis required by 40.111 (a) of Federal regulations and
  - (iv) Columbia County Board of County Commissioners's alcohol and controlled substances testing policy and procedures.

(d) Location of records. All records required by this policy shall be maintained as required by 390.31 and shall be made available for inspection at Columbia County Board of County Commissioners's principal place of business within two business days after a request has been made by an authorized representative of the FMCSA.

## **REPORTING OF RESULTS IN A MANAGEMENT INFORMATION SYSTEM 382.403**

(a) Columbia County Board of County Commissioners shall prepare and maintain a summary of the results of its alcohol and controlled substances testing programs performed under this part during the previous calendar year, when requested by the Secretary of Transportation, any DOT agency, or any State or local officials with regulatory authority over Columbia County Board of County Commissioners or any of its drivers.

(b) If Columbia County Board of County Commissioners is notified, during the month of January, of a request by the Federal Motor Carrier Safety Administration to report Columbia County Board of County Commissioners's annual calendar year summary information, Columbia County Board of County Commissioners shall prepare and submit the report to the FMCSA by March 15 of that year. Columbia County Board of County Commissioners shall ensure that the annual summary report is accurate and received by March 15 at the location that the FMCSA specifies in its request. Columbia County Board of County Commissioners must use the Management Information System (MIS) form and instructions as required by 49 CFR part 40 (at Sec. 40.26 and appendix H to part 40). Columbia County Board of County Commissioners may also use the electronic version of the MIS form provided by the DOT. The Administrator may designate means (e.g., electronic program transmitted via the Internet), other than hard-copy, for MIS form submission. For information on the electronic version of the form, see:

You must use the form at appendix H to this part. You may also view and download the updated (1.01.2018) instructions at the DOT's website: (<https://www.transportation.gov/odapc>). You must submit the MIS report in accordance with rule requirements (e.g., dates for submission, selection of companies required to submit, and method of reporting) established by the DOT agency regulating your operation.

(c) When the report is submitted to the FMCSA by mail or electronic transmission, the information requested shall be typed, except for the signature of the certifying official. Columbia County Board of County Commissioners shall ensure the accuracy and timeliness of each report submitted by Columbia County Board of County Commissioners or a consortium.

(d) If Columbia County Board of County Commissioners has a covered employee who performs multi-DOT agency functions (e.g., an employee drives a commercial motor vehicle and performs pipeline maintenance duties for Columbia County Board of County Commissioners), then that employee shall be counted only on the MIS report for the DOT agency under which he or she is randomly tested. Normally, this will be the DOT agency under which the employee performs more than 50% of his or her duties. Columbia County Board of County Commissioners may have to explain the testing data for these employees in the event of a DOT agency inspection or audit.

(e) A service agent (e.g., Consortia/Third party administrator as defined in 49 CFR 382.107) may prepare the MIS report on behalf of Columbia County Board of County Commissioners. However, a County official (e.g., Designated employer representative) must certify the accuracy and completeness of the MIS report, no matter who prepares it.

#### **ACCESS TO FACILITIES AND RECORDS 382.405**

(a) Except as required by law or expressly authorized or required, Columbia County Board of County Commissioners shall not release driver information that is contained in records required to be maintained under 382.401.

(b) A driver is entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including any records pertaining to his/her alcohol or controlled substances tests. Columbia County Board of County Commissioners will promptly provide the records requested by the driver. Access to a driver's records shall not be contingent upon payment for records other than those specifically requested.

(c) Columbia County Board of County Commissioners shall permit access to all facilities utilized in complying with the requirements of this policy to the Secretary of Transportation, any DOT agency, or any State or local officials with regulatory authority over Columbia County Board of County Commissioners or any of its drivers.

(d) Columbia County Board of County Commissioners and each service agent who maintains records for an employer, must make available copies of all results for DOT alcohol and/or controlled substances testing conducted by the County and any other information pertaining to the County's alcohol misuse and/or controlled substances use prevention program when requested by the Secretary of Transportation, any DOT agency, or any State or local officials with regulatory authority over Columbia County Board of County Commissioners or any of its drivers.

(e) When requested by the National Transportation Safety Board as a part of a crash investigation:

- (i) Columbia County Board of County Commissioners must disclose information related to the Columbia County Board of County Commissioners's administration of a post-accident alcohol and/or a controlled substances test administered following the crash under investigation; and
- (ii) FMCSA will provide access to information in the Clearinghouse (once established) concerning drivers who are involved with the crash under investigation.

(f) When requested by the National Transportation Safety Board as part of an accident investigation, Columbia County Board of County Commissioners shall disclose information related to Columbia County Board of County



Commissioners's administration of a post-accident alcohol and/or controlled substances test administered following the accident under investigation.

(g) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) Columbia County Board of County Commissioners may disclose information required to be maintained under this policy pertaining to a driver to the decision maker in a lawsuit, grievance, or administrative proceeding initiated by or on behalf of the individual, and arising from a positive DOT drug or alcohol test or a refusal to test (including, but not limited to, adulterated or substituted test results) of this policy (including, but not limited to, a worker's compensation, unemployment compensation, or other proceeding relating to a benefit sought).

(i) Columbia County Board of County Commissioners shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's specific written consent as outlined in 49 CFR part 40.321(b).

#### **MEDICAL REVIEW OFFICER NOTIFICATIONS TO Columbia County Board of County Commissioners 382.407**

The medical review officer shall report the results of controlled substances tests to Columbia County Board of County Commissioners in accordance with the requirements of 49 CFR part 40, Subpart G.

#### **MEDICAL REVIEW OFFICER RECORD RETENTION FOR CONTROLLED SUBSTANCES 382.409**

(a) A medical review officer or third party administrator shall maintain all dated records and notifications, identified by individual, for a minimum of five (5) years for verified positive controlled substances test results.

(b) A medical review officer or third party administrator shall maintain all dated records and notifications, identified by individual, for a minimum of one (1) year for negative and canceled controlled substances test results.

(c) No person may obtain the individual controlled substances test results retained by a medical review officer (MRO as defined in § 40.3) or a consortium/third party administrator (C/TPA as defined in 382.107), and no MRO or C/TPA may release the individual controlled substances test results of any driver to any person, without first obtaining a specific, written authorization from the tested driver. Nothing in this paragraph (c) shall prohibit a MRO or a C/TPA from releasing to the employer, the Clearinghouse (once established), or to the Secretary of Transportation, any DOT agency, or any State or local officials with regulatory authority over the controlled substances and alcohol testing program under this part, the information delineated in part 40, subpart G.

#### **EMPLOYER NOTIFICATIONS 382.411**

(a) Columbia County Board of County Commissioners shall notify a driver of the results of a pre-employment controlled substances test conducted under this policy, if the driver applicant requests such results within 60 calendar days of being notified of the disposition of the employment application. Columbia County Board of County Commissioners shall notify a driver of the results of random, reasonable suspicion and post-accident tests for controlled substances conducted under this policy if the test results are verified positive. Columbia County Board of County Commissioners shall also inform the driver which controlled substance or substances were verified as positive.

(b) The designated employer representative (DER) shall make reasonable efforts to contact and request each driver who submitted a specimen under this policy, regardless of the driver's employment status, to contact and discuss the results of the controlled substances test with a medical review officer who has been unable to contact the driver.

(c) The designated employer representative (DER) shall immediately notify the medical review officer that the driver has been notified to contact the medical review officer within 24 hours.

## **INQUIRIES FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION FROM PREVIOUS EMPLOYERS 382.413**

(a) Columbia County Board of County Commissioners must request alcohol and controlled substances information from previous employers in accordance with the requirements of § 40.25, except that the County must request information from all DOT-regulated employers that employed the driver within the previous 3 years and the scope of the information requested must date back 3 years.

(b) As of January 6, 2023, employers must use the Drug and Alcohol Clearinghouse in accordance with § 382.701(a) to comply with the requirements of § 40.25 of this title with respect to FMCSA-regulated employers. **Exception:** When an employee who is subject to follow-up testing has not successfully completed all follow-up tests, employers must request the previous employer's follow-up testing plan directly from the previous employer in accordance with § 40.25(b)(5).

(c) If an applicant was subject to an alcohol and controlled substance testing program under the requirements of a DOT Agency other than FMCSA, the County must request the alcohol and controlled substances information required under this section and § 40.25 directly from those employers regulated by a DOT Agency other than FMCSA.

## **NOTIFICATION TO EMPLOYERS OF A CONTROLLED SUBSTANCES OR ALCOHOL TESTING PROGRAM VIOLATION 382.415**

Each person holding a commercial driver's license and subject to the DOT controlled substances and alcohol testing requirements under § 382 who has violated the alcohol and controlled substances prohibitions under part 40 or under § 382 without complying with the requirements of part 40, subpart O, must notify in writing all current employers of such violation(s). The driver is not required to provide notification to the employer that administered the test or documented the circumstances that gave rise to the violation. The notification must be made before the end of the business day following the day the employee received notice of the violation, or prior to performing any safety-sensitive function, whichever comes first.

## **SECTION E - CONSEQUENCES FOR DRIVERS ENGAGING IN SUBSTANCE USE-RELATED CONDUCT**

### **REMOVAL FROM SAFETY-SENSITIVE FUNCTION 382.501**

- (a) Except as provided in Section F of this policy, no driver shall perform safety-sensitive functions, including driving a commercial motor vehicle, if the driver has engaged in conduct prohibited by Section B of this policy or an alcohol or controlled substances rule of another DOT agency.
- (b) Columbia County Board of County Commissioners shall not permit any driver to perform safety-sensitive functions, including driving a commercial motor vehicle, if Columbia County Board of County Commissioners has determined that the driver has violated this policy.
- (c) For the purposes of DOT/FMCSA regulations, commercial motor vehicle means a commercial motor vehicle in commerce as defined in 382.107 and a commercial motor vehicle in interstate commerce as defined in part 390.

### **REQUIRED EVALUATION AND TESTING 382.503**

No driver who has engaged in conduct prohibited by Section B of this policy shall perform safety-sensitive functions, including driving a commercial motor vehicle, unless the driver has met the requirements of 49 CFR part 40, Subpart O. Columbia County Board of County Commissioners shall not permit a driver who has engaged in conduct prohibited by Section B of this policy to perform safety-sensitive functions, including driving a commercial motor vehicle, unless the driver has met the requirements of 49 CFR part 40, Subpart O.

### **OTHER ALCOHOL-RELATED CONDUCT 382.505**

- (a) No driver tested under the provisions of Section C of this policy who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall perform or continue to perform safety-sensitive functions for Columbia County Board of County Commissioners, including driving a commercial motor vehicle, nor shall Columbia County Board of County Commissioners permit the driver to perform or continue to perform safety-sensitive functions, until the start of the driver's next regularly scheduled duty period, but not less than 24 hours following administration of the test.
- (b) Except as provided in paragraph (a) of this section, Columbia County Board of County Commissioners shall not take any action under this policy against a driver based solely on test results showing an alcohol concentration less than 0.04. This does not prohibit Columbia County Board of County Commissioners with authority independent of this policy from taking any action otherwise consistent with law.

*The use or possession of alcoholic beverages while on Columbia County Board of County Commissioners's property, or in any of Columbia County Board of County Commissioners's vehicle, or on Columbia County Board of County Commissioners's time, including breaks or lunch, paid or unpaid, on any shift, is strictly prohibited.*

*Employees who are not at work, but who could be called out are expected to be fit for duty upon reporting for work. If an employee is under the influence of alcohol, the employee must notify Columbia County Board of County Commissioners's personnel when contacted. Failure to advise Columbia County Board of County Commissioners of alcohol consumption may result in disciplinary action. If a covered employee is perceived to be under the influence of alcohol when reporting to work after being called in, the employee's supervisor must be notified.*

*The supervisor must objectively observe the employee's behavior and if possible, substantiate the behavior with a second supervisor. Supervisors must have received training in alcohol and/or substance abuse detection. The supervisor must follow procedures outlined in the policy. If a determination to test for reasonable suspicion is made, the employee is immediately removed from safety-sensitive duties and the DER is contacted.*

### **PENALTIES 382.507**

Columbia County Board of County Commissioners and/or driver who violates the FMCSA requirements of § 382 and/or 49 CFR part 40 shall be subject to the civil and/or criminal penalty provisions of 49 U.S.C. Section 521(b).

**SECTION F – ALCOHOL MISUSE AND CONTROLLED SUBSTANCES USE  
INFORMATION, TRAINING, AND REFERRAL**

**COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS’ OBLIGATION TO  
PROMULGATE A POLICY ON THE MISUSE OF ALCOHOL AND USE OF CONTROLLED  
SUBSTANCES. 382.601**

(a) *General requirements.* Columbia County Board of County Commissioners shall provide educational materials that explain the requirements of this policy and Columbia County Board of County Commissioners’s policies and procedures with respect to meeting the FMCSA alcohol and drug testing requirements.

(1) Columbia County Board of County Commissioners shall ensure that a copy of these materials is distributed to each driver prior to the start of alcohol and controlled substances testing under this policy and to each driver subsequently hired or transferred into a position requiring driving a commercial motor vehicle.

(2) Columbia County Board of County Commissioners shall provide written notice to representatives of employee organizations of the availability of this information.

(b) *Required content.* The materials to be made available to drivers shall include detailed discussion of at least the following:

(1) The identity of the person designated by Columbia County Board of County Commissioners to answer driver questions about the materials; (*COVERED EMPLOYEE CERTIFICATE OF RECEIPT*)

(2) The categories of drivers who are subject to the provisions of this policy; (*APPLICABILITY*)

(3) Sufficient information about the safety-sensitive functions performed by those drivers to make clear what period of the work day the driver is required to be in compliance with the policy; (*PERIOD OF THE WORK DAY A DRIVER IS REQUIRED TO BE IN COMPLIANCE*)

(4) Specific information concerning driver conduct that is prohibited by this policy; (*SECTION B - PROHIBITIONS*)

(5) The circumstances under which a driver will be tested for alcohol and/or controlled substances under this policy including post-accident testing under 382.303(d); (*SECTION C - TESTS REQUIRED*)

(6) The procedures that will be used to test for the presence of alcohol and controlled substances, protect the driver and the integrity of the testing process, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver, including post-accident information, procedures and instructions required by 382.303(d); (*49 CFR part 40*)

(7) The requirement that a driver submit to alcohol and controlled substances tests administered in accordance with this policy; (*REFUSAL TO SUBMIT TO A REQUIRED ALCOHOL OR CONTROLLED SUBSTANCES TEST*)

(8) An explanation of what constitutes a refusal to submit to an alcohol or controlled substances test and the attendant consequences; (*DEFINITIONS*)

(9) The consequences for drivers found to have violated Section B of this policy, including the requirement that the driver be removed immediately from safety-sensitive functions, and the procedures under 49 CFR part 40, Subpart O; (*CERTIFICATE OF RECEIPT, CONSEQUENCES OF PROHIBITED CONDUCT; and CONSEQUENCES OF CONDUCT PROHIBITED BY SECTION B, and SECTION E*)

(10) The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04; (*OTHER ALCOHOL-RELATED CONDUCT 382.505*)

(11) Information concerning the effects of alcohol and controlled substances use on an individual’s health, work, and personal life; signs and symptoms of an alcohol or a controlled substances problem (the driver’s or a coworker’s); and available methods of intervening when an alcohol or a controlled substances problem is suspected, including confrontation, referral to any employee assistance program and/or referral to management;

(12) The requirement that the following personal information collected and maintained under this part shall be reported to the Clearinghouse:

(i) A verified positive, adulterated, or substituted drug test result;

(ii) An alcohol confirmation test with a concentration of 0.04 or higher;

(iii) A refusal to submit to any test required by subpart C of this part;

(iv) An employer's report of actual knowledge, as defined at §382.107:

(A) On duty alcohol use pursuant to §382.205;

(B) Pre-duty alcohol use pursuant to §382.207;

- (C) Alcohol use following an accident pursuant to §382.209; and
- (D) Controlled substance use pursuant to §382.213;
- (v) A substance abuse professional (SAP as defined in §40.3 of this title) report of the successful completion of the return-to-duty process;
- (vi) A negative return-to-duty test; and
- (vii) An employer's report of completion of follow-up testing.

(c) The requirement that the following personal information collected and maintained under this part shall be reported to the Clearinghouse (once established):

- (1) A verified positive, adulterated, or substituted drug test result;
- (2) An alcohol confirmation test with a concentration of 0.04 or higher;
- (3) A refusal to submit to any test required by subpart C;
- (4) An employer's report of actual knowledge, as defined at § 382.107;
- (5) On-duty alcohol use pursuant to § 382.205;
- (6) Pre-duty alcohol use pursuant to § 382.207;
- (7) Alcohol use following an accident pursuant to § 382.209; and
- (8) Controlled substance use pursuant to § 382.213;
- (9) A substance abuse professional (SAP as defined in § 40.3 of this title) report of the successful completion of the return-to-duty process;
- (10) A negative return-to-duty test; and
- (11) An employer's report of completion of follow-up testing.

(d) *Optional provision.* The materials supplied to drivers may also include information on Columbia County Board of County Commissioners's additional policies with respect to the use or possession of alcohol or controlled substances, including any consequences for a driver found to have a specified alcohol or controlled substances level, that are based on

Columbia County Board of County Commissioners's authority independent of Federal regulation. Any such additional policies or consequences must be clearly and obviously described as being based on independent authority.

(e) *Certificate of receipt.* Columbia County Board of County Commissioners shall ensure that each driver is required to sign a statement certifying that he/she has received a copy of these materials described in this section. Columbia County Board of County Commissioners shall maintain the original of the signed certificate and may provide a copy of the certificate to the driver.

### **TRAINING FOR SUPERVISORS 382.603**

Columbia County Board of County Commissioners shall ensure that all persons designated to supervise drivers receive at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes of training on controlled substances use. The training will be used by the supervisors to determine whether reasonable suspicion exists to require a driver to undergo testing under § 382.307. The training shall include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances. Recurrent training for supervisory personnel is not required.

### **REFERRAL, EVALUATION, AND TREATMENT 382.605**

The requirements for referral, evaluation, and treatment must be performed in accordance with 49 CFR part 40, Subpart O.

**SECTION G – REQUIREMENTS AND PROCEDURES FOR IMPLEMENTATION OF THE  
COMMERCIAL DRIVER’S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE**

The purpose of Columbia County Board of County Commissioners Policy update in advance of the Implementation Date of January 6, 2020 as mandated by § 382.601: 1) is part of the County’s efforts to meet its *Employer Obligation to Promulgate a Policy on the Misuse of Alcohol and Use of Controlled Substance*; 2) to publish educational materials to drivers about the Clearinghouse and other regulatory changes contained in the Final Rule effective January 5, 2017; and 3) to notify drivers that drug and alcohol test information will be reported to the Clearinghouse beginning January 6, 2020, so as to encourage drivers to seek substance abuse treatment if they currently have a problem with the misuse of alcohol and/or use of controlled substance(s).

**DRUG AND ALCOHOL CLEARINGHOUSE 382.701**

*(a) Pre-employment query required.*

(1) Employers must not employ a driver subject to controlled substances and alcohol testing to perform a safety-sensitive function without first conducting a pre-employment query of the Clearinghouse to obtain information about whether the driver has a verified positive, adulterated, or substituted controlled substances test result; has an alcohol confirmation test with a concentration of 0.04 or higher; has refused to submit to a test in violation of § 382.211; or that an employer has reported actual knowledge, as defined at § 382.107, that the driver used alcohol on duty in violation of § 382.205, used alcohol before duty in violation of § 382.207, used alcohol following an accident in violation of § 382.209, or used a controlled substance, in violation of § 382.213.

(2) Columbia County Board of County Commissioners must conduct a full query under this section, which releases information in the Clearinghouse to an employer and requires that the individual driver give specific consent.

*(b) Annual query required.*

(1) Columbia County Board of County Commissioners must conduct a query of the Clearinghouse at least once per year for information for all employees subject to controlled substance and alcohol testing under 382, to determine whether information exists in the Clearinghouse about those employees.

(2) In lieu of a full query, as described in paragraph (a)(2) of 382.701, Columbia County Board of County Commissioners may obtain the individual driver’s consent to conduct a limited query to satisfy the annual query requirement in paragraph (b)(1) of this section. The limited query will tell Columbia County Board of County Commissioners whether there is information about the individual driver in the Clearinghouse, but will not release that information to

Columbia County Board of County Commissioners. The individual driver may give consent to conduct limited queries that is effective for more than one year.

(3) If the limited query shows that information exists in the Clearinghouse about the individual driver, the employer must conduct a full query, in accordance with paragraph (a)(2) of 382.701, within 24 hours of conducting the limited query. If the employer fails to conduct a full query within 24 hours, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer conducts the full query and the results confirm that the driver’s Clearinghouse record contains no prohibitions as defined in paragraph (d) of 382.701.

*(c) Employer notification.* If any information described in paragraph (a) of 382.701 is entered into the Clearinghouse about a driver during the 30-day period immediately following an employer conducting a query of that driver’s records, FMCSA will notify the employer.

*(d) Prohibition.* No employer may allow a driver to perform any safety-sensitive function if the results of a Clearinghouse query demonstrate that the driver has a verified positive, adulterated, or substituted controlled substances test result; has an alcohol confirmation test with a concentration of 0.04 or higher; has refused to submit to a test in violation of § 382.211; or that an employer has reported actual knowledge, as defined at § 382.107, that the driver used alcohol on duty in violation of § 382.205, used alcohol before duty in violation of § 382.207, used alcohol following an accident in violation of § 382.209, or used a controlled substance in violation of § 382.213, except where a query of the Clearinghouse demonstrates:

(1) That the driver has successfully completed the SAP evaluation, referral, and education/treatment

process set forth in part 40, subpart O, of this title; achieves a negative return-to-duty test result; and completes the follow-up testing plan prescribed by the SAP.

(2) That, if the driver has not completed all follow-up tests as prescribed by the SAP in accordance with § 40.307 and specified in the SAP report required by § 40.311, the driver has completed the SAP evaluation, referral, and education/treatment process set forth in part 40, subpart O, and achieves a negative return-to-duty test result, and the employer assumes the responsibility for managing the follow-up testing process associated with the testing violation.

(e) *Recordkeeping required.* Employers must retain for 3 years a record of each query and all information received in response to each query made under this section. As of January 6, 2023, an employer who maintains a valid registration fulfills this requirement.

#### **DRIVER CONSENT TO PERMIT ACCESS TO INFORMATION IN THE CLEARINGHOUSE 382.703**

(a) No employer may query the Clearinghouse to determine whether a record exists for any particular driver without first obtaining that driver's written or electronic consent. The employer conducting the search must retain the consent for 3 years from the date of the last query.

(b) Before Columbia County Board of County Commissioners may access information contained in the driver's Clearinghouse record, the driver must submit electronic consent through the Clearinghouse granting the employer access to the following specific records:

- (1) A verified positive, adulterated, or substituted controlled substances test result;
- (2) An alcohol confirmation test with a concentration of 0.04 or higher;
- (3) A refusal to submit to a test in violation of § 382.211;
- (4) An employer's report of actual knowledge, as defined at § 382.107, of:
  - (i) On duty alcohol use pursuant to § 382.205;
  - (ii) Pre-duty alcohol use pursuant to § 382.207;
  - (iii) Alcohol use following an accident pursuant to § 382.209; and
  - (iv) Controlled substance use pursuant to § 382.213;
- (5) A SAP report of the successful completion of the return-to-duty process;
- (6) A negative return-to-duty test; and
- (7) An employer's report of completion of follow-up testing.

(c) No employer may permit a driver to perform a safety-sensitive function if the driver refuses to grant the consent required by paragraphs (a) and (b) of 382.703.

(d) A driver granting consent under 382.703 must provide consent electronically to the Agency through the Clearinghouse prior to release of information to an employer in accordance with § 382.701(a)(2) or (b)(3).

(e) A driver granting consent under this section grants consent for the Agency to release information to an employer in accordance with § 382.701(c).

#### **REPORTING TO THE CLEARINGHOUSE 382.705**

(a) *MROs.*

- (1) Within 2 business days of making a determination or verification, MROs must report the following information about a driver to the Clearinghouse:
  - (i) Verified positive, adulterated, or substituted controlled substances test results;
  - (ii) Refusal-to-test determination by the MRO in accordance with 49 CFR 40.191(a)(5), (7), and (11), (b), and (d)(2).
- (2) MROs must provide the following information for each controlled substances test result specified in paragraph (a)(1) of this section:
  - (i) Reason for the test;
  - (ii) Federal Drug Testing Custody and Control Form specimen ID number;
  - (iii) Driver's name, date of birth, and CDL number and State of issuance;
  - (iv) Employer's name, address, and USDOT number, if applicable;
  - (v) Date of the test;

- (vi) Date of the verified result; and
- (vii) *Test result*. The test result must be one of the following:
  - (A) Positive (including the controlled substance(s) identified);
  - (B) Refusal to test: adulterated;
  - (C) Refusal to test: substituted; or
  - (D) Refusal to provide a sufficient specimen after the MRO makes a determination, in accordance with § 40.193 of this title, that the employee does not have a medical condition that has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine. Under this subpart a refusal would also include a refusal to undergo a medical examination or evaluation to substantiate a qualifying medical condition.
- (3) Within 1 business day of making any change to the results report in accordance with paragraph (a)(1) of this section, a MRO must report that changed result to the Clearinghouse.

(b) *Employers*.

- (1) Employers must report the following information about a driver to the Clearinghouse by the close of the third business day following the date on which they obtained that information:
  - (i) An alcohol confirmation test result with an alcohol concentration of 0.04 or greater;
  - (ii) A negative return-to-duty test result;
  - (iii) A refusal to take an alcohol test pursuant to 49 CFR 40.261;
  - (iv) A refusal to test determination made in accordance with 49 CFR 40.191(a)(1) through (4), (a)(6), (a)(8) through (11), or (d)(1), but in the case of a refusal to test under (a)(11), the employer may report only those admissions made to the specimen collector; and
  - (v) A report that the driver has successfully completed all follow-up tests as prescribed in the SAP report in accordance with §§ 40.307, 40.309, and 40.311 of this title.
- (2) The information required to be reported under paragraph (b)(1) of this section must include, as applicable:
  - (i) Reason for the test;
  - (ii) Driver's name, date of birth, and CDL number and State of issuance;
  - (iii) Employer name, address, and USDOT number;
  - (iv) Date of the test;
  - (v) Date the result was reported; and
  - (vi) *Test result*. The test result must be one of the following:
    - (A) Negative (only required for return-to-duty tests administered in accordance with § 382.309);
    - (B) Positive; or
    - (C) Refusal to take a test.
- (3) For each report of a violation of 49 CFR 40.261(a)(1) or 40.191(a)(1), the employer must report the following information:
  - (i) Documentation, including, but not limited to, electronic mail or other contemporaneous record of the time and date the driver was notified to appear at a testing site; and the time, date and testing site location at which the employee was directed to appear, or an affidavit providing evidence of such notification;
  - (ii) Documentation, including, but not limited to, electronic mail or other correspondence, or an affidavit, indicating the date the employee was terminated or resigned (if applicable);
  - (iii) Documentation, including, but not limited to, electronic mail or other correspondence, or an affidavit, showing that the C/TPA reporting the violation was designated as a service agent for an employer who employs himself/herself as a driver pursuant to paragraph (b)(6) of this section when the reported refusal occurred (if applicable); and
  - (iv) Documentation, including a certificate of service or other evidence, showing that the employer provided the employee with all documentation reported under paragraph (b)(3) of this section.
- (4) Employers must report the following violations by the close of the third business day following the date on which the employer obtains actual knowledge, as defined at § 382.107, of:
  - (i) On-duty alcohol use pursuant to § 382.205;
  - (ii) Pre-duty alcohol use pursuant to § 382.207;
  - (iii) Alcohol use following an accident pursuant to § 382.209; and
  - (iv) Controlled substance use pursuant to § 382.213.



(5) For each violation in paragraph (b)(4) of this section, the employer must report the following information:

- (i) Driver's name, date of birth, CDL number and State of issuance;
- (ii) Employer name, address, and USDOT number, if applicable;
- (iii) Date the employer obtained actual knowledge of the violation;
- (iv) Witnesses to the violation, if any, including contact information;
- (v) Description of the violation;
- (vi) Evidence supporting each fact alleged in the description of the violation required under paragraph (b)(4) of this section, which may include, but is not limited to, affidavits, photographs, video or audio recordings, employee statements (other than admissions pursuant to § 382.121), correspondence, or other documentation; and
- (vii) A certificate of service or other evidence showing that the employer provided the employee with all information reported under paragraph (b)(4) of this section.

(6) An employer who employs himself/herself as a driver must designate a C/TPA to comply with the employer requirements in paragraph (b) of this section related to his or her own alcohol and controlled substances use.

(c) *C/TPAs*. Any employer may designate a C/TPA to perform the employer requirements in paragraph (b) of this section. Regardless of whether it uses a C/TPA to perform its requirements, the employer retains ultimate responsibility for compliance with this section. Exception: an employer does not retain responsibility where the C/TPA is designated to comply with employer requirements as described in paragraph (b)(6) of 382.705.

(d) *SAPs*.

(1) SAPs must report to the Clearinghouse for each driver who has completed the return-to-duty process in accordance with 49 CFR part 40, subpart O, the following information:

- (i) SAPs name, address, and telephone number;
- (ii) Driver's name, date of birth, and CDL number and State of issuance;
- (iii) Date of the initial substance-abuse-professional assessment; and
- (iv) Date the SAP determined that the driver demonstrated successful compliance as defined in 49 CFR part 40, subpart O, and was eligible for return-to-duty testing under 382.

(2) SAP must report the information required by paragraphs (d)(1)(i) through (iii) of this section by the close of the business day following the date of the initial substance abuse assessment, and must report the information required by paragraph (d)(1)(iv) of 382.703 by the close of the business day following the determination that the driver has completed the return-to-duty process.

(e) *Reporting truthfully and accurately*. Every person or entity with access must report truthfully and accurately to the Clearinghouse and is expressly prohibited from reporting information he or she knows or should know is false or inaccurate.

Reporting Entities and Circumstances	
Reporting Entity	When Information Will Be Reported to Clearinghouse
Prospective/Current Employer of CDL Driver	<ul style="list-style-type: none"> <li>— An alcohol confirmation test with a concentration of 0.04 or higher</li> <li>— Refusal to test (alcohol) as specified in 49 CFR 40.261</li> <li>— Refusal to test (drug) not requiring a determination by the MRO as specified in 49 CFR 40.191</li> <li>— Actual knowledge, as defined in 49 CFR 382.107, that a driver has used alcohol on duty, used alcohol within four hours of coming on duty, used alcohol prior to post-accident testing, or has used a controlled substance.</li> <li>— Negative return-to-duty test results (drug and alcohol testing, as applicable)</li> <li>— Completion of follow-up testing</li> </ul>

Service Agent acting on behalf of Current Employer of CDL Driver	<ul style="list-style-type: none"> <li>— An alcohol confirmation test with a concentration of 0.04 or higher</li> <li>— Refusal to test (alcohol) as specified in 49 CFR 40.261</li> <li>— Refusal to test (drug) not requiring a determination by the MRO as specified in 49 CFR 40.191</li> <li>— Actual knowledge, as defined in 49 CFR 382.107, that a driver has used alcohol on duty, used alcohol within four hours of coming on duty, used alcohol prior to post-accident testing, or has used a controlled substance.</li> <li>— Negative return-to-duty test results (drug and alcohol testing, as applicable)</li> <li>— Completion of follow-up testing</li> </ul>
MRO	<ul style="list-style-type: none"> <li>— Verified positive, adulterated, or substituted drug test result</li> <li>— Refusal to test (drug) requiring a determination by the MRO as specified in 49 CFR 40.191</li> </ul>
SAP	<ul style="list-style-type: none"> <li>— Identification of driver and date the initial assessment was initiated</li> <li>— Successful completion of treatment and/or education and the determination of eligibility for return-to-duty testing</li> </ul>

## **NOTICE TO DRIVERS OF ENTRY, REVISION, REMOVAL, OR RELEASE OF INFORMATION 382.707**

- (a) FMCSA must notify a driver when information concerning that driver has been added to, revised, or removed from the Clearinghouse.
- (b) FMCSA must notify a driver when information concerning that driver has been released from the Clearinghouse to an employer and specify the reason for the release.
- (c) Drivers will be notified by letter sent by U.S. Mail to the address on record with the State Driver Licensing Agency that issued the driver's commercial driver's license. Exception: A driver may provide the Clearinghouse with an alternative means or address for notification, including electronic mail.

## **DRIVERS' ACCESS TO INFORMATION IN THE CLEARINGHOUSE 382.709**

A driver may review information in the Clearinghouse about himself or herself, except as otherwise restricted by law or regulation. A driver must register with the Clearinghouse before accessing his or her information.

## **CLEARINGHOUSE REGISTRATION 382.711**

(a) *Clearinghouse registration required.* Each employer and service agent must register with the Clearinghouse before accessing or reporting information in the Clearinghouse.

(b) *Employers.*

(1) Employer Clearinghouse registration must include:

- (i) Name, address, and telephone number;
- (ii) USDOT number, except if the registrant does not have a USDOT Number, it may be requested to provide other information to verify identity; and
- (iii) Name of the person(s) the employer authorizes to report information to or obtain information from the Clearinghouse and any additional information FMCSA needs to validate his or her identity.

(2) Employers must verify the names of the person(s) authorized under paragraph (b)(1)(iii) of this section annually.

(3) Identification of the C/TPA or other service agent used to comply with the requirements of this part,

if applicable, and authorization for the C/TPA to query or report information to the Clearinghouse. Employers must update any changes to this information within 10 days.

(c) *MROs and SAPs*. Each MRO or SAP must provide the following to apply for Clearinghouse registration:

- (1) Name, address, telephone number, and any additional information FMCSA needs to validate the applicant's identity;
- (2) A certification that the applicant's access to the Clearinghouse is conditioned on his or her compliance with the applicable qualification and/or training requirements in 49 CFR part 40; and
- (3) Evidence of required professional credentials to verify that the applicant currently meets the applicable qualification and/or training requirements in 49 CFR part 40.

(d) *C/TPAs and other service agents*. Each consortium/third party administrator or other service agent must provide the following to apply for Clearinghouse registration:

- (1) Name, address, telephone number, and any additional information FMCSA needs to validate the applicant's identity; and
- (2) Name, title, and telephone number of the person(s) authorized to report information to and obtain information from the Clearinghouse.
- (3) Each C/TPA or other service agent must verify the names of the person(s) authorized under paragraph (d)(2) of 382.711 annually.

### **DURATION, CANCELLATION, AND REVOCATION OF ACCESS 382.713**

(a) *Term*. Clearinghouse registration is valid for 5 years, unless cancelled or revoked.

(b) *Cancellation*. FMCSA will cancel Clearinghouse registrations for anyone who has not queried or reported to the Clearinghouse for 2 years.

(c) *Revocation*. FMCSA has the right to revoke the Clearinghouse registration of anyone who fails to comply with any of the prescribed rights and restrictions on access to the Clearinghouse, including but not limited to, submission of inaccurate or false information and misuse or misappropriation of access rights or protected information from the Clearinghouse and failure to maintain the requisite qualifications, certifications and/or training requirements as set forth in part 40 of this title.

### **AUTHORIZATION TO ENTER INFORMATION INTO THE CLEARINGHOUSE 382.717**

(a) *C/TPAs*. No C/TPA or other service agent may enter information into the Clearinghouse on an employer's behalf unless the employer designates the C/TPA or other service agent.

(b) *SAPs*. A driver must designate a SAP before that SAP can enter any information about the driver's return-to-duty process into the Clearinghouse.

### **PROCEDURES FOR CORRECTING INFORMATION IN THE DATABASE 382.17**

(a) Petitions limited to inaccurately reported information.

(1) Under this section, petitioners may challenge only the accuracy of information reporting, not the accuracy of test results or refusals.

(2) *Exceptions*.

(i) Petitioners may request that FMCSA remove from the Clearinghouse an employer's report of actual knowledge that the driver received a traffic citation for driving a commercial motor vehicle while under the influence of alcohol or controlled substances if the citation did not result in a conviction. For the purposes of this section, conviction has the same meaning as used in 49 CFR part 383.

(ii) Petitioners may request that FMCSA remove from the Clearinghouse an employer's report of actual knowledge (other than as provided for in paragraph (a)(2)(i) of this section) if that report does not comply with the reporting requirements in § 382.705(b)(5).

(iii) Petitioners may request that FMCSA remove from the Clearinghouse an employer's report

of a violation under 49 CFR 40.261(a)(1) or 40.191(a)(1) if that report does not comply with the reporting requirements in § 382.705(b)(3).

(b) *Petition.* Any driver or authorized representative of the driver may submit a petition to the FMCSA contesting the accuracy of information in the Clearinghouse. The petition must include:

- (1) The petitioner's name, address, telephone number, and CDL number and State of issuance;
- (2) Detailed description of the basis for the allegation that the information is not accurate; and
- (3) Evidence supporting the allegation that the information is not accurate. Failure to submit evidence is cause for dismissing the petition.

(c) *Submission of petition.* The petitioner may submit his/her petition electronically through the Clearinghouse or in writing to: Federal Motor Carrier Safety Administration, Office of Enforcement and Compliance, Attention: Drug and Alcohol Program Manager, 1200 New Jersey Avenue SE, Washington, D.C. 20590.

(d) *Notice of decision.* Within 45 days of receiving a complete petition, FMCSA will inform the driver in writing of its decision to remove, retain, or correct the information in the database and provide the basis for the decision.

(e) *Request for expedited treatment.*

- (1) A driver may request expedited treatment to correct inaccurate information in his or her Clearinghouse record under paragraph (a)(1) of this section if the inaccuracy is currently preventing him or her from performing safety-sensitive functions, or to remove employer reports under paragraph (a)(2) of this section if such reports are currently preventing him or her from performing safety-sensitive functions. This request may be included in the original petition or as a separate document.
- (2) If FMCSA grants expedited treatment, it will subsequently inform the driver of its decision in writing within 14 days of receipt of a complete petition.

(f) *Administrative review.*

- (1) A driver may request FMCSA to conduct an administrative review if he or she believes that a decision made in accordance with paragraph (d) or (e) of this section was in error.
- (2) The request must prominently state at the top of the document: "Administrative Review of Drug and Alcohol Clearinghouse Decision" and the driver may submit his/her request electronically through the Clearinghouse or in writing to the Associate Administrator for Enforcement (MC-E), Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., SE., Washington, DC 20590.
- (3) The driver's request must explain the error he or she believes FMCSA committed and provide information and/or documents to support his or her argument.
- (4) FMCSA will complete its administrative review no later than 30 days after receiving the driver's request for review. The Associate Administrator's decision will constitute the final Agency action.

(g) *Subsequent notification to employers.* When information is corrected or removed in accordance with this section, or in accordance with 49 CFR part 10, FMCSA will notify any employer that accessed the incorrect information that a correction or removal was made.

## **AVAILABILITY AND REMOVAL OF INFORMATION 382.719**

(a) Driver information not available. Information about a driver's drug or alcohol violation will not be available to an employer conducting a query of the Clearinghouse after all of the following conditions relating to the violation are satisfied:

- (1) The SAP reports to the Clearinghouse the information required in § 382.705(d);
- (2) The employer reports to the Clearinghouse that the driver's return-to-duty test results are negative;
- (3) The driver's current employer reports that the driver has successfully completed all follow-up tests as prescribed in the SAP report in accordance with §§ 40.307, 40.309, and 40.311 of this title; and
- (4) Five years have passed since the date of the violation determination.

(b) Driver information remains available. Information about a particular driver's drug or alcohol violation will remain available to employers conducting a query until all requirements in paragraph (a) of this section have been met.

(c) *Exceptions.*

- (1) Within 2 business days of granting a request for removal pursuant to § 382.717(a)(2)(i), FMCSA

will remove information from the Clearinghouse.

(2) Information about a particular driver's drug or alcohol violation may be removed in accordance with § 382.717(a)(2)(ii) and (iii) or in accordance with 49 CFR part 10.

(d) *Driver information remains available.* Nothing in this part shall prevent FMCSA from using information removed under this section for research, auditing, or enforcement purposes.

#### **FEES 382.721**

FMCSA may collect a reasonable fee from entities required to query the Clearinghouse. ***Exception:*** No driver may be required to pay a fee to access his or her own information in the Clearinghouse.

#### **UNAUTHORIZED ACCESS OR USE PROHIBITED 382.723**

(a) Except as expressly authorized in this subpart, no person or entity may access the Clearinghouse. No person or entity may share, distribute, publish, or otherwise release any information in the Clearinghouse except as specifically authorized by law. No person may report inaccurate or misleading information to the Clearinghouse.

(b) An employer's use of information received from the Clearinghouse is limited to determining whether a prohibition applies to a driver performing a safety-sensitive function with respect to a commercial motor vehicle. No employer may divulge or permit any other person or entity to divulge any information from the Clearinghouse to any person or entity not directly involved in determining whether a prohibition applies to a driver performing a safety-sensitive function with respect to a commercial motor vehicle.

(c) Violations of this section are subject to civil and criminal penalties in accordance with applicable law, including those set forth at § 382.507.

(d) Nothing in this part shall prohibit FMCSA from accessing information about individual drivers in the Clearinghouse for research, auditing, or enforcement purposes.

#### **ACCESS BY STATE LICENSING AUTHORITIES 382.725**

(a) In order to determine whether a driver is qualified to operate a commercial motor vehicle, the chief commercial driver's licensing official of a State must obtain the driver's record from the Clearinghouse if the driver has applied for a commercial driver's license from that State.

(b) By applying for a commercial driver's license, a driver is deemed to have consented to the release of information from the Clearinghouse in accordance with this section.

(c) The chief commercial driver's licensing official's use of information received from the Clearinghouse is limited to determining an individual's qualifications to operate a commercial motor vehicle. No chief driver's licensing official may divulge or permit any other person or entity to divulge any information from the Clearinghouse to any person or entity not directly involved in determining an individual's qualifications to operate a commercial motor vehicle.

(d) A chief commercial driver's licensing official who does not take appropriate safeguards to protect the privacy and confidentiality of information obtained under this section is subject to revocation of his or her right of access under this section.

#### **PENALTIES 382.727**

An employer, employee, MRO, or service agent who violates any provision of this subpart shall be subject to the civil and/or criminal penalty provisions of 49 U.S.C. 521(b)(2)(C).

## INVESTIGATION AND INQUIRIES 391.23

(e) (4) As of January 6, 2023, employers subject to § 382.701(a) of § 382 must use the Drug and Alcohol Clearinghouse to comply with the requirements of this section with respect to FMCSA-regulated employers.

(i) *Exceptions.*

(A) If an applicant who is subject to follow-up testing has not successfully completed all follow-up tests, the employer must request the applicant's follow-up testing plan directly from the previous employer in accordance with § 40.25(b)(5) of Part 40.

(B) If an applicant was subject to an alcohol and controlled substance testing program under the requirements of a DOT mode other than FMCSA, the employer must request alcohol and controlled substances information required under this section directly from those employers regulated by a DOT mode other than FMCSA.

(ii) *[Reserved]*

(f) (1) A prospective motor carrier employer must provide to the previous employer the driver's consent meeting the requirements of § 40.321(b) of Part 40 for the release of the information in paragraph (e) of 391.23. If the driver refuses to provide this consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

(2) If a driver refuses to grant consent for the prospective motor carrier employer to query the Drug and Alcohol Clearinghouse in accordance with paragraph (e)(4) of 391.23, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle.

## Appendix A

### Columbia County Board of County Commissioners Commercial Motor Vehicle Driver's Certificate of Compliance with DOT Cellphone/Texting Bans

**MOTOR CARRIERS:** The restrictions in 49 CFR Part 392 on using a mobile telephone or texting while driving apply to every operator of a "commercial motor vehicle" as defined in Section 390.5, including interstate vehicles weighing or rated at 10,001 pounds or more, vehicles placarded for hazardous materials, and certain vehicles designed or used for more than 8 passengers (including the driver). In-state operations of vehicles placarded for hazardous materials are also subject to the restrictions. Other in-state-only operations may also be subject, depending on state rules.

**DRIVERS:** Part 392 of the Federal Motor Carrier Safety Regulations contains restrictions on texting and the use of hand-held mobile telephones while driving a commercial motor vehicle (CMV), including the following:

- **Texting ban (392.80):** You may not manually enter text into or read text from an electronic device while driving a CMV. This includes e-mailing, text messaging, using the internet, pressing more than one button to start or end a phone call, or any other form of text retrieval or entry for communication purposes.
- **Hand-held cell-phone ban (392.82):** You are prohibited from using a hand-held cell phone while driving a CMV. This includes talking on a phone while holding it in your hand (including push-to-talk), pressing more than a single button to dial or answer a cell phone, or leaving your normal, seated driving position to reach for a cell phone.

*Except as prohibited under County policy*, you are allowed to use a hands-free phone, a CB radio, a navigation system, a two-way radio, a music player, or a fleet management system for purposes other than texting. Texting and hand-held cell-phone use are **only** allowed if you need to contact emergency services or if you have stopped in a safe location off the road.

**Penalties (383.51, 391.15, 49 CFR 386):** CDL and non-CDL drivers can be disqualified for 60 up to 120 days and/or face fines of up to \$3,750 for each violation. County can be fined up to \$11,000 for each violation.

**It is understood that the above information is being provided to the employee in an effort by Columbia County Board of County Commissioners to show good faith efforts to achieve compliance with the above-cited regulations. (49 CFR § 386.81)**

# **Columbia County Board of County Commissioners**

Under regulation of the U.S. Department of Transportation (DOT) (FMCSA)  
FMCSA CLEARINGHOUSE READY

## **CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY FORMS TOOLKIT**

**These forms are to be retained by the  
Designated Employer Representative (DER)  
and utilized to administer the County's Program  
(These are not part of the policy statement)**

**Disclaimer:** The information contained in these guidelines is for educational purposes, and is not, nor is it intended to be, legal advice. The application and impact of laws can vary widely based on the specific facts involved. You should consult the regulations and an attorney for individual advice regarding your own situation.



# Toolkit Forms Index

1. Active Driver Covered Driver Certificate Of Receipt [FMCSA01]
2. Pre-Employment Substance Testing Acknowledgment FMCSA02]
3. Supervisors Training Session Log [FMCSA03]
4. Driver Awareness Training Session Log [FMCSA04]
5. Notice to Service Agent [FMCSA05]
6. Confidential Request for Information on DOT Safety-Sensitive Former Employees [FMCSA06]
7. Drug and Alcohol Collection Protocol [FMCSA07]
8. Reasonable Suspicion Contemporaneous Observation Checklist [FMCSA08]
9. Reasonable Suspicion Long-Term Observation Checklist [FMCSA09]
10. Reasonable Suspicion Procedures Checklist [FMCSA10]
11. Post-Accident Reportable Accident Form [FMCSA11]
12. DER/CMRO Referral [FMCSA12]
13. DER/CMRO Referral Sample Script for DER When Discussing with Donor [FMCSA13]
14. Driver Notification and Acknowledgment of DOT Drug and Alcohol Regulations [FMCSA14]
15. DOT SAP Referral [FMCSA15]
16. SAP Initial Evaluation and Recommendations [FMCSA16]
17. Last Chance Guidelines [FMCSA17]
18. Last Chance Agreement [FMCSA18]
19. Work Continuation Agreement [FMCSA19]
20. Acknowledgment of Consequences of Refusal to Participate in Drug or Alcohol Testing & Declaration [FMCSA20]
21. Notice to Driver of Employer's Receipt of Actual Notice of Driver's Violation of FMCSA Regulation(s) [FMCSA21]
22. Confidential Fitness for Safety Sensitive Duty Report by Driver's Treating Physician Concerning Evaluation of Impairing Effect Medications [FMCSA22]
23. Employer Report to the FMCSA Clearinghouse [FMCSA23]
24. General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse for the Duration of Employment [FMCSA24]
25. FMCSA Clearinghouse CDL Driver Acknowledgment of Training Materials [FMCSA25]
26. FMCSA Clearinghouse Access Confidentiality Agreement and Acknowledgment [FMCSA26]
27. Designated Employer Representative (DER) Guidelines

# Columbia County Board of County Commissioners

Hereafter referred to as “Employer” or “County”

## **ACTIVE DRIVER & PRE-EMPLOYMENT COVERED DRIVER CERTIFICATE OF RECEIPT**

### **Controlled Substances and Alcohol Use and Testing Policy and Procedures Federal Motor Carrier Safety Administration [FMCSA01]**

Federal Regulations require that each covered Driver shall sign a statement certifying that he/she has received a copy of the Federal Motor Carrier Safety Administration (FMCSA) **CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES**. The County should maintain the original of the signed certificate and may provide a copy of the certificate to the Driver. If there is any difference between the **COVERED DRIVER CERTIFICATE OF RECEIPT** and the Policy, the terms of the Policy will govern.

#### **STATEMENT OF POLICY**

Every covered driver is required to refrain from the use of prohibited controlled substances on and off duty. Every covered driver is required to refrain from the use of alcohol before (within 4 hours) and during the performance of safety-sensitive functions (operating on a public roadway a vehicle which requires a Commercial Driver’s License).

Covered drivers will be tested for marijuana, cocaine, opioids, amphetamines, phencyclidine (PCP) and Ecstasy (MDMA). Covered drivers will also be tested for alcohol. Driver applicants will be subject to a pre-employment drug test. This Employer must receive a verified **NEGATIVE** result before driver applicants will be permitted to perform safety-sensitive functions.

#### **REFUSAL TO TEST OR FAILED A DRUG/ALCOHOL TEST**

I understand that I have refused to take a drug/alcohol test or failed a drug/alcohol test if I:

- (a)(1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner-operator) to appear for a test when called by C/TPA (see §40.61(a));
- (2) Fail to remain at the testing site until the testing process is complete; Provided that an employee who leaves the testing site before the testing process commences (see §40.63(c)) for a pre-employment test is not deemed to have refused to test;
- (3) Fail to provide a urine specimen for any drug test required by this part or DOT agency regulations; Provided that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences (see §40.63(c)) for a pre-employment test is not deemed to have refused to test;
- (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen (see §§40.67(l) and 40.69(g));
- (5) Fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see §40.193(d)(2));
- (6) Fail or decline to take an additional drug test the employer or collector has directed you to take (see, for instance, Sec.40.197 (b));
- (7) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under Sec. 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment. If there was no contingent offer of employment, the MRO will cancel the test; or
- (8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).

- (9) For an observed collection, fail to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- (10) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
- (11) Admit to the collector or MRO that you adulterated or substituted the specimen.
- (12) For a breath alcohol test, refusing to sign the certification at Step 2 of the ATF 40.261 (a) (3).
- (b) As an employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.
- (c) As an employee, if you refuse to take a drug test, you incur the consequences specified under DOT agency regulations for a violation of those DOT agency regulations. 40.191

## **CLEARINGHOUSE REGULATIONS**

The purpose of Columbia County Board of County Commissioners Policy update in advance of the Compliance Date of January 6, 2020 as mandated by § 382.601: 1) is part of the County's efforts to meet its *Employer Obligation to Promulgate a Policy on the Misuse of Alcohol and Use of Controlled Substance*; 2) to publish educational materials to drivers about the Clearinghouse and other regulatory changes contained in the Final Rule issued December 5, 2016; and 3) to notify drivers that drug and alcohol test information will be reported to the Clearinghouse beginning January 6, 2020 so as to encourage drivers to seek substance abuse treatment if they currently have a problem with the misuse of alcohol and/or use of controlled substance(s).

## **CONSEQUENCES OF PROHIBITED CONDUCT**

Any driver who has a POSITIVE drug test result, and/or an alcohol test with a result of 0.04 OR GREATER, and/or has engaged in other conduct prohibited by this policy as set forth above, or as more fully set forth in 49 CFR Part 40, will be immediately removed from safety sensitive functions *and subject to disciplinary action up to and including termination, or a Last Chance opportunity, as set forth in the County Authority Policy applicable to all Drivers of Columbia County Board of County Commissioners.*

*An applicant, who has a POSITIVE drug test result, or refusal or no show as determined by the County, will not be hired.*

*ADDITIONAL ALCOHOL RELATED DISCIPLINARY ACTIONS: Removal from covered service and suspension will occur as set forth below and additional disciplinary action in accordance with County Policy applicable to all Drivers.*

### **1. 0.02 - 0.039 Consequences.**

- a. *When the results of an alcohol (screen/confirmation) test indicate an alcohol concentration of 0.02 or greater, but less than 0.04, the Driver will be removed immediately from performing the covered function for the remainder of his/her shift, but not less than eight hours, and may be subject to loss of pay for that period of time.*
- b. *When a Driver has an alcohol (screen/confirmation) test conducted and the alcohol concentration is 0.02 or greater, but less than 0.04, on a subsequent test, the Driver will be removed immediately from performing the covered function and shall be suspended.*
- c. *When a Driver has an alcohol (screen/confirmation) test result of an alcohol concentration 0.02 or greater, but less than 0.04, subsequent to a positive alcohol test (alcohol concentration of 0.04 or greater), then that Driver will be removed immediately from performing the covered function and shall be suspended.*

### **2. Other Alcohol Consequences.**

- a. *When a Driver refuses to report for assessment, evaluation, and/or referral for treatment with a substance abuse professional he/she will be removed immediately from performing the covered function.*
- b. *When a Driver, after assessment, is referred for rehabilitation and/or treatment and the Driver refuses to enter or successfully complete such a rehabilitation and/or treatment assessment program, he/she will be removed immediately from performing the covered function.*
- c. *A Driver who refuses to provide an adequate breath for alcohol testing without a valid medical explanation after he/she has received notice of the requirement to be tested in accordance with the requirements of the policy, or who engages in conduct that clearly obstructs the testing procedure will be removed immediately from performing the covered function.*
- d. *Pre-duty use (within 4 hours), use while on call, on duty use or possession of alcohol on County time, on County premises, or in County vehicles will result in immediate removal from performing the covered function.*
- e. *Use of alcohol following an accident for which an alcohol test is required, prior to the test being conducted or for up to eight hours after the accident will result in immediate removal from performing the covered function.*

**COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS**

ADDRESS: 135 NE Hernando Ave, Suite 203  
Lake City, FL 32055  
USDOT Number: \*\*\*Entity DOT Number\*\*\*

**DESIGNATED EMPLOYER REPRESENTATIVE (DER)**

NAME: Lisa Roberts  
TITLE: Human Resources Director  
PHONE: (386) 758-1006  
E-MAIL: [lisa\\_roberts@columbiacountyfla.com](mailto:lisa_roberts@columbiacountyfla.com)

**ALTERNATE DESIGNATED EMPLOYER REPRESENTATIVE (DER)**

NAME: Columbia County Manager

**MEDICAL REVIEW OFFICER (MRO)**

NAME: Paul Teynor, MD  
ADDRESS: 505 20<sup>th</sup> Street North, Suite 1200  
Birmingham, AL 35203  
PHONE: (205) 326-3100  
FAX: (205) 326-3122

**LABORATORY**

NAME: Quest Diagnostics  
ADDRESS: 3175 Presidential Dr  
Atlanta, GA 30340

**SUBSTANCE ABUSE PROFESSIONAL (SAP)**

A list of names, addresses, and telephone numbers of drug and/or alcohol rehabilitation programs may be obtained by contacting Human Resources.

**CONSORTIUM/THIRD PARTY ADMINISTRATOR (C/TPA)**

NAME: Employers Drug Program Management (EDPM)  
ADDRESS: 505 20<sup>th</sup> Street North, Suite 1200  
Birmingham, AL 35203  
PHONE: (205) 326-3100

## **COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS'S INDEPENDENT AUTHORITY**

The County is permitted by Federal regulations to require and enforce more stringent requirements relating to safety of operation and Driver safety and health including additional requirements relating to alcohol and controlled substances testing, which are *as set forth in the County's Policy applicable to all Drivers, to the extent those policies do not conflict with DOT regulations or other policies of the County.*

*All drivers of Columbia County Board of County Commissioners are required, as a safety rule and under DOT regulations, to pre-duty disclosure that they are taking ANY impairing effect therapeutic drug, prescription medication (including medical or recreational marijuana), over-the-counter medication, mind-altering synthetic or designer drugs or substances which may have an effect on their ability to safely operate a commercial motor vehicle or the performance of safety-sensitive duties. It is an essential function of every driver's position at Columbia County Board of County Commissioners to be able to work in a constant state of alertness and in a safe manner. If the fact that the driver is taking an impairing effect drug, medication or substance is not disclosed pre-duty by a driver, and the driver tests positive or is determined by the MRO to be a potential safety risk due to a drug, medication or substance, that driver will be subject to discipline, up to and including termination for violation of this safety rule. If disclosure is made, Columbia County Board of County Commissioners reserves the right to send the driver for a Fitness for Duty evaluation to evaluate the medication and its possible adverse effects on the driver's ability to safely operate a commercial motor vehicle or the performance of other safety-sensitive duties.*

*In advance of the operation of a commercial motor vehicle, the performance of other safety-sensitive duties, or testing, drivers are strongly encouraged (and mandated by DOT Regulations) to have their own doctor make an individualized assessment of any safety related risks of the drug, medication or substance which they are taking, providing the doctor a copy of their job description or specific duties, and having the doctor render an opinion on the safety related risks. The driver need not disclose to their supervisor the drug, medication or substance, or the medical condition involved, to fulfill this pre-duty disclosure obligation of this safety policy, but may do so confidentially to the DER. All information provided will be kept separate from personnel files and in a confidential manner by the DER. The MRO will make the final determination on the driver's ability to safely operate a commercial motor vehicle or the safety related risks of any particular drug, medication or substance.*

*[Remainer of this page intentionally left blank]*

**The County retains the right to change this CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES from time to time as necessary.**

**I hereby acknowledge receipt of the U.S. DEPARTMENT OF TRANSPORTATION (DOT), CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES.**

\_\_\_\_\_  
**PRINT DRIVER NAME (Last, First)**

\_\_\_\_\_  
**DRIVER CDL #**

**STATE OF ISSUE** \_\_\_\_\_

\_\_\_\_\_  
**DRIVER SIGNATURE**

\_\_\_\_\_  
**DATE**

**Driver Mobile Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Driver Email:** \_\_\_\_\_

*This receipt is to be read and signed by the Driver. A copy of this receipt may be given to the Driver.  
The original of this receipt must be kept on file.*

\_\_\_\_\_  
Witness Printed Name

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

**(This form is to be signed by Driver and retained in Driver's file.)**

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION: BAN ON HAND HELD  
CELLULAR PHONES**

**49 CFR Parts 383, 384, 390, 391, and 392 [Docket No. FMCSA–2010–0096] RIN 2137–AE65 Drivers of CMVs:  
Restricting the Use of Cellular Phones**

*I declare that I have reviewed the Ban on Cellular Phones training materials attached as an appendix to the Policy and acknowledge the driver disqualifications, fines, and penalties for a Cellular phone violation.*

\_\_\_\_\_  
**DRIVER SIGNATURE**

\_\_\_\_\_  
**DATE**

**(This form is to be signed by Driver and retained in Driver's file.)**

# Columbia County Board of County Commissioners

## Pre-Employment Substance Testing Acknowledgment [FMCSA02]

I certify that I have been given a copy of Columbia County Board of County Commissioners's **CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES**, and that I have read it and acknowledge that Columbia County Board of County Commissioners, under its administration of applicable regulations of the U.S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, County Policy and in substantial compliance with applicable state statutes pertaining to a drug-free workplace, will be pre-employment testing for the purpose of determining the presence of, and content of, any or all of the following substances:

1. Amphetamines
2. Cannabinoids
3. Cocaine
4. Phencyclidine (PCP)
5. Opioids

I also understand and acknowledge that I may be subject to non-DOT screening and testing under County Policy as set forth in the Policy.

I further acknowledge that under applicable DOT regulations, and the Policy, results of said tests will be released to Columbia County Board of County Commissioners, to Columbia County Board of County Commissioners' Medical Review Officer, its Service Agents and as provided in the Policy.

I understand that a negative test is a pre-condition of employment with Columbia County Board of County Commissioners and that the refusal to submit to testing or a positive test result will result in the rejection of my application or the rescinding of a conditional offer of employment. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening and testing activities are conducted in compliance with ADA requirements applicable to the County, if any.

### MANDATORY DOT QUESTION:

**During the past three (3) years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?**

(circle one)    **YES**        **NO**

Currently Employed as a CDL Driver? (circle one)    **YES**    **NO**

If Yes, list Employer(s): \_\_\_\_\_

I further agree that a reproduced copy of this form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents.

Applicant Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Witness Printed Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_



**Columbia County Board of County Commissioners  
SUPERVISORS TRAINING SESSION LOG [FMCSA03]**

**DATE:**

NAME	NAME

**Columbia County Board of County Commissioners**  
**DRIVER AWARENESS TRAINING SESSION LOG [FMCSA04] (Page 1)**

**DATE:**

NAME	NAME

# Columbia County Board of County Commissioners

## NOTICE TO SERVICE AGENT [FMCSA05]

**TO:** \_\_\_\_\_ (Name of Service Agent)

**FROM:** Lisa Roberts, DER for Columbia County Board of County Commissioners

**DATE:** \_\_\_\_\_

**REQUEST 1:** I certify that I/the Service Agent named below is not under a NOPE or PIE.

In accordance with 49 CFR Part 40.11(c), you are given notice that your work as a Service Agent performed on behalf of Columbia County Board of County Commissioners is governed by Department of Transportation (DOT) regulations, which can be viewed at [www.dot.gov/ost/dapc/](http://www.dot.gov/ost/dapc/), and that Columbia County Board of County Commissioners is relying upon your promise to comply with the Qualification and Refresher Training requirement and all other applicable provisions of 49 CFR Part 40 drug and alcohol testing regulations in conducting your work on behalf of Columbia County Board of County Commissioners. In accordance with 49 C.F.R 40.15, please provide a copy of your Qualification and/or Refresher Training to Lisa Roberts, the DER for Columbia County Board of County Commissioners. Also please confirm in your correspondence that you are not subject to a Public Interest Exclusion (PIE) [40.361 - 40.413] and have not received Notice of Proposed Exclusion (NOPE) [40.375]. Pursuant to 49 CFR Part 382.117, we are prohibited from utilizing a Service Agent subject to a PIE. In the future you are requested to immediately notify the DER if you receive a NOPE or PIE.

**REQUEST 2:** I certify that I/the Service Agent named below is currently registered with the FMCSA Clearinghouse and in good standing.

Your reply should be mailed within fourteen (14) days of your receipt of this Notice. Thank you for your timely reply.

**Columbia County Board of County Commissioners**

☐ I certify in the Affirmative to Request 1 & 2 Above:

Service Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

Return reply by mail, fax, or scan to the DER at [lisa\\_roberts@columbiacountyfla.com](mailto:lisa_roberts@columbiacountyfla.com) within fourteen (14) days of your receipt of this notice. Thank you for your timely reply.

**CONFIDENTIAL REQUEST FOR DOT INFORMATION (PAGE 1)  
SAFETY-SENSITIVE FORMER EMPLOYERS [FMCSA06]**

FROM: Columbia County Board of County  
Commissioners  
135 NE Hernando Ave, Suite 203  
Lake City, FL 32055

Phone: (386) 758-1006

Fax:

TO:

County Name (of former employer)

Contact

Address

City/State/Zip

( ) Mr. ( ) Mrs. ( ) Ms. SS#

has made application to Columbia County Board of County Commissioners for a safety-sensitive function under DOT regulations and pursuant to 49 CFR Part 40.25, 40.321(b) and 49 CFR Part 382.413, 391.23(a)(1) we are hereby requesting that your entity provide the information requested below, and on page 2.

**PLEASE COMPLETE THE FOLLOWING (for the past 3 years):**

1. What were the dates of this applicant's employment? From \_\_\_\_\_ To \_\_\_\_\_
2. Was he employed in a DOT safety-sensitive function? ( ) Yes ( ) No  
If yes, what position? \_\_\_\_\_
3. Did the employee have alcohol tests with a result of 0.04 or higher? ( ) Yes ( ) No
4. Did the employee have verified positive drug tests? ( ) Yes ( ) No
5. Did the employee refuse to be tested? ( ) Yes ( ) No
6. Did the employee have other violations of DOT agency drug and alcohol testing regulations? ( ) Yes ( ) No
7. Did a previous employer report a drug and alcohol rule violation to you? ( ) Yes ( ) No
8. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? ( ) Yes ( ) No

*Note: If you answered "yes" to item 7, you must provide the previous employer's report. If you answered "yes" to item 8, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

Name of person providing  
information:

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** 49 CFR Part 40.25 and 49 CFR Part 382.405(h) mandates that previous employers must immediately provide information regarding any violations found.

**APPLICANT CONSENT FOR RELEASE AUTHORIZATION**

[The person named below has applied to Columbia County Board of County Commissioners for employment and has listed your County as a past employer.]

With my signature below, I am authorizing you to release any information in regard to any DOT alcohol and/or controlled substance program and/or testing while I was in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the date listed below. **Applicant to list former DOT employers on third page of this form.** A copy of this release form shall have the same force and effect as the original.

This request is specific and to be released only to Columbia County Board of County Commissioners. Authorization of this release will expire once the requested information has been sent to Columbia County Board of County Commissioners. This authorization may not be used to provide information to any other persons. I certify all former DOT employer information provided by me is correct.

Requested by: Columbia County Board of County Commissioners

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Printed Name: \_\_\_\_\_

**CONFIDENTIAL REQUEST FOR INFORMATION (PAGE 2)**  
**SAFETY-SENSITIVE FORMER EMPLOYEES [FMCSA06]**  
**SAFETY AND PERFORMANCE HISTORY**

Former Employer Name: \_\_\_\_\_

1. What type(s) of work did he/she do? 

<input type="checkbox"/>	Driver
<input type="checkbox"/>	Dock
<input type="checkbox"/>	Office
<input type="checkbox"/>	Shop
<input type="checkbox"/>	Other

 (type of vehicle) \_\_\_\_\_

2. If employed as a driver, please check type of equipment driven. 

<input type="checkbox"/>	Tractor trailer
<input type="checkbox"/>	Straight truck
<input type="checkbox"/>	Twin-Trailers
<input type="checkbox"/>	Bus
<input type="checkbox"/>	Other

 (specify) \_\_\_\_\_

3. Number of recordable accidents: \_\_\_\_\_  
Number of accidents in which applicant was ticketed: \_\_\_\_\_  
Number of accidents in which applicant was at fault: \_\_\_\_\_  
Date of each accident: \_\_\_\_\_

4. To your knowledge, was this person's CDL/operator's license suspended while in your employ? ( ) Yes ( ) No  
If "yes," please explain: \_\_\_\_\_

5. Did the applicant pose either repeated and/or severe disciplinary problems? ( ) Yes ( ) No  
If "yes," please explain: \_\_\_\_\_

6. Why did applicant leave your employment? 

<input type="checkbox"/>	Resigned
<input type="checkbox"/>	Discharged
<input type="checkbox"/>	Laid Off

7. Did this employee test positive or refuse to be tested on a non-DOT Drug /Alcohol Test ? ( ) Yes ( ) No  
If "yes," please explain: \_\_\_\_\_

**WAIVER AND DIRECTION TO RELEASE INFORMATION**

I hereby authorize my former employers to release all safety and performance history information concerning my employment, including, safety information, non-DOT drug/alcohol testing records, job performance, ability, separation information, to Columbia County Board of County Commissioners (or their authorized agents) in connection with my application for employment. I hereby release you and your County or Entity and waive any claim of liability of any type as a result of providing the above requested information.

Applicant's Signature	Witness's Signature
Date:	

Name of person providing information: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO ALL APPLICANTS FOR  
COMMERCIAL DRIVERS LICENSE (CDL) POSITIONS (PAGE 3)**

In compliance with DOT regulations 49 CFR Part 40, Part 382 and Part 391, as a condition of employment in a DOT safety-sensitive position all applicants being considered for employment in a CDL position, or for transfer to a CDL position, must provide the names and addresses of previous employers for whom they performed DOT regulated safety-sensitive duties within three (3) years of the application date. The applicant must provide a signed consents and waivers for release of the information listed on pages 1 and 2 of this form in order to be placed in a DOT safety-sensitive position.

**(FOR INTERNAL USE ONLY – DO NOT SEND TO FORMER EMPLOYERS)**

**List all DOT employers, and their complete addresses, telephone numbers and fax numbers, for whom you have performed “covered” safety-sensitive duties within the past three (3) years.**

	Employer	Address	Telephone Number	Telefax Number
1.				
2.				
3.				
4.				
5.				
6.				

# DRUG & ALCOHOL COLLECTION PROTOCOL [FMCSA07]

## For Collection Site or On-Site Collected Drug Screening and/or Breath Alcohol Analysis

This form is to be completed by the Designated Employer Representative (DER) and given to the donor at the time of the donor's specimen collection appointment. The donor will take this form to the specimen collection site ( <i>clinic or on-site facility</i> ) and present to the collector. The information on this form will assist the collector in using the proper Chain of Custody (COC) and categories for testing. The collector will also note the donor's date and time of arrival on the bottom right space of this form.	
<b><u>COLLECTOR:</u></b> USE CHAIN OF CUSTODY (COC) THE FOLLOWING LABORATORY AND SHIP TO LAB VIA: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
DONOR NAME:	CDL #:
EMPLOYER'S NAME & MAILING ADDRESS: COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS 135 NE HERNANDO AVE, SUITE 203 LAKE CITY, FL 32055	STATE ISSUED: DESIGNATED EMPLOYER REPRESENTATIVE (DER): LISA ROBERTS
	TELEPHONE: (386) 758-1006
	FAX:
	EMAIL: <a href="mailto:LISA_ROBERTS@COLUMBIACOUNTYFLA.COM">LISA_ROBERTS@COLUMBIACOUNTYFLA.COM</a>
<b>LAB ACCT No.:</b>	ALTERNATIVE DER: COLUMBIA COUNTY MANAGER
COLLECTION SITE:	
CITY, STATE & ZIP CODE:	
NATURE OF TEST REQUESTED: <input type="checkbox"/> DOT DRUG SCREEN ( <i>SAMHSA 5-PANEL - SPLIT REQUIRED</i> ) <input type="checkbox"/> BREATH ALCOHOL TEST (DOT) <input type="checkbox"/> INITIAL <input type="checkbox"/> EVIDENTIAL <input type="checkbox"/> NON- DOT DRUGS <input type="checkbox"/> SPLIT REQUIRED <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> BREATH ALCOHOL ( <i>NON-FEDERAL</i> ) <input type="checkbox"/> INITIAL <input type="checkbox"/> EVIDENTIAL <input type="checkbox"/> OTHER <input type="checkbox"/> ORAL FLUID <input type="checkbox"/> HAIR <input type="checkbox"/> RAPID SCREEN	SPECIAL COMMENTS OR NOTATIONS:
REASON FOR TESTING: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>FEDERALLY-MANDATED</u>  <input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> RANDOM  <input type="checkbox"/> POST-ACCIDENT  <input type="checkbox"/> REASONABLE SUSPICION / FOR CAUSE  <input type="checkbox"/> RETURN-TO-DUTY  <input type="checkbox"/> FOLLOW-UP         </div> <div style="width: 45%;"> <u>EMPLOYER POLICY (NON-FEDERAL) DO NOT USE DOT FORM</u>  <input type="checkbox"/> POST (<i>job</i>) OFFER  <input type="checkbox"/> POST-ACCIDENT / POST-INCIDENT  <input type="checkbox"/> REASONABLE SUSPICION / FOR CAUSE  <input type="checkbox"/> POST-INJURY (<i>Workers' Comp</i>)         </div> </div>	
DONOR DIRECTED TO REPORT FOR TESTING: DATE: TIME:	DONOR SIGNATURE OF ACKNOWLEDGMENT AND RECEIPT:
DER SIGNATURE AND DATE:	TIME DONOR REPORTED TO COLLECTION SITE:

### DECLARATION OF DER AND/OR COLLECTOR

*I affirm under penalty of perjury that to the best of my knowledge the above information is true and correct.*

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

Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Witness: \_\_\_\_\_ Witness Phone: (\_\_\_\_) \_\_\_\_\_

**Columbia County Board of County Commissioners**  
**REASONABLE SUSPICION CONTEMPORANEOUS OBSERVATION CHECKLIST [FMCSA08]**  
**(Strictly Confidential)**

Driver Name	Function	Incident Date	Time
Name Supervisor 1	Title	Location Incident Observed	
Name Supervisor 2	Title	Concurrence (In person/phone/other)	

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an Driver is under the influence of a prohibited drug or alcohol. You should note all contemporaneous pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the Driver has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and add any additional facts or circumstances which you have noted. (NOTE: If there are long-term behavioral indicators of substance abuse which support this checklist, please also include the Reasonable Suspicion Long-Term Observation Checklist).

**A. NATURE OF INCIDENT/CAUSE FOR SUSPICION**

- ☐ 1.Observed possession (via electronic device or in person) or use of an unknown substance
- ☐ 2.Apparent drug or alcohol intoxication
- ☐ 3.Observed abnormal or erratic behavior consistent with drugs or alcohol
- ☐ 4.Arrest or conviction for drug-related offense
- ☐ 5.Other observations consistent with prohibited drug use or alcohol misuse (e.g., reports by passenger or reliable/credible third party, flagrant violation of safety or serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job). NOTE: PLEASE DESCRIBE BELOW

---

---

---

**B. BEHAVIORAL INDICATORS NOTED**

- ☐ 1.Verbal abusiveness
- ☐ 2.Physical abusiveness
- ☐ 3.Extreme aggressiveness or agitation
- ☐ 4.Withdrawal, depression, tearfulness, or unresponsiveness
- ☐ 5.Other erratic or inappropriate behavior (e.g., hallucinations, disoriented, excessive euphoria, talkativeness, confused) NOTE: PLEASE DESCRIBE BELOW

---

---

---



**Columbia County Board of County Commissioners**  
**REASONABLE SUSPICION CONTEMPORANEOUS OBSERVATION CHECKLIST-P2**

**C. PHYSICAL SIGNS OR SYMPTOMS**

- ☐ 1. Possessing, dispensing or using prohibited substances
- ☐ 2. Slurred or incoherent speech
- ☐ 3. Unsteady gait or loss of physical control, poor coordination
- ☐ 4. Dilated or constricted pupils or unusual eye movement
- ☐ 5. Bloodshot or watery eyes
- ☐ 6. Extreme fatigue or sleeping on the job
- ☐ 7. Excessive sweating or clamminess of skin
- ☐ 8. Flushed or very pale face
- ☐ 9. Highly excited or nervous
- ☐ 10. Nausea or vomiting
- ☐ 11. Odor of an alcoholic beverage
- ☐ 12. Odor of marijuana
- ☐ 13. Disheveled appearance or out of uniform
- ☐ 14. Dry mouth (frequent swallowing/lip wetting)
- ☐ 15. Dizziness or fainting
- ☐ 16. Shaking hands or body tremors/twitching
- ☐ 17. Rapid breathing/breathing irregularly/difficulty breathing/slow breathing
- ☐ 18. Runny nose or sores around the nose
- ☐ 19. Inappropriate wearing of sunglasses
- ☐ 20. Puncture marks or "tracks" over veins
- ☐ 21. Other. PLEASE DESCRIBE BELOW:

---

---

---

**D. WRITTEN SUMMARY**

Please summarize the facts and circumstances of the incident, Driver response, supervisor actions taken, and any other pertinent information not previously noted. Please note the date, time, and location(s) of the Reasonable Cause observation(s). Note if the Driver REFUSED the test. Attach additional sheets as needed.

---

---

---

---

\_\_\_\_\_  
Signature of  
Supervisor

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of  
Supervisor 2

\_\_\_\_\_  
Date/Time

**Columbia County Board of County Commissioners**  
**REASONABLE SUSPICION LONG-TERM OBSERVATION CHECKLIST [FMCSA09]**  
**(Strictly Confidential)**

Driver Name	Function	Incident Date	Time
Name Supervisor 1	Title	Location Incident Observed	
Name Supervisor 2	Title	Concurrence (In person/phone/other)	

This checklist is intended to assist in evaluating a person's performance over time. This information may be used to support a reasonable cause drug test. Has the Driver manifested any of the following behaviors? Indicate (D) beside the category if documentation exists. (NOTE: If reasonable suspicion exists because of a specific incident, complete the Reasonable Cause Incident Checklist).

**A. QUALITY OR QUANTITY OF WORK, SAFETY OR RULE VIOLATIONS**

YES NO

- ☐ ☐ 1. Clear refusal to do assigned tasks
- ☐ ☐ 2. Significant increase in errors, safety or rule violations
- ☐ ☐ 3. Repeated errors in spite of increased guidance, including ELD activities
- ☐ ☐ 4. Reduced quantity of work
- ☐ ☐ 5. Inconsistent, "up and down" quantity and quality of work
- ☐ ☐ 6. Procrastination on significant tasks or decisions
- ☐ ☐ 7. Frequent, unsupported explanations for poor work performance
- ☐ ☐ 8. Other, please specify

**B. INTERPERSONAL WORK RELATIONSHIPS**

YES NO

- ☐ ☐ 1. Significant change in relations with co-workers, supervisors, others
- ☐ ☐ 2. Noticeable change in verbal or written communications
- ☐ ☐ 3. Frequent or intense arguments
- ☐ ☐ 4. Persistently withdrawn or less involved with people
- ☐ ☐ 5. Intentional avoidance of supervisor
- ☐ ☐ 6. Expressions of frustration or avoidance
- ☐ ☐ 7. Change in frequency or nature of complaints
- ☐ ☐ 8. Complaints by co-workers or subordinates
- ☐ ☐ 9. Unusual sensitivity to advice or critique of work
- ☐ ☐ 10. Unpredictable response to supervision
- ☐ ☐ 11. Passive-aggressive attitude or behavior, doing things "behind your back"
- ☐ ☐ 12. Other, please specify

**Columbia County Board of County Commissioners**  
**Reasonable Suspicion Long-Term Observation Checklist (Page 2)**

**C. GENERAL JOB PERFORMANCE**

YES NO

- ☐ ☐ 1. Excessive use of sick leave
- ☐ ☐ 2. Frequent Monday/Friday/after holiday absences or similar pattern
- ☐ ☐ 3. Frequent unexplained disappearances/trips to rest room, etc.
- ☐ ☐ 4. Excessive "extension" of breaks or lunch
- ☐ ☐ 5. Frequently leaves work early
- ☐ ☐ 6. Frequent personal phone calls
- ☐ ☐ 7. Increased concern about, or instances of, safety violations
- ☐ ☐ 8. Experiences, or causes, job accidents
- ☐ ☐ 9. Major changes in duties or responsibilities
- ☐ ☐ 10. Interferes with or ignores established procedures
- ☐ ☐ 11. Inability to follow through on performance recommendation

**D. PERSONAL MATTERS**

YES NO

- ☐ ☐ 1. Changes in or unusual personal appearance (dress, hygiene)
- ☐ ☐ 2. Changes in usual speech (incoherent, loud, stuttering or slurred)
- ☐ ☐ 3. Changes in or unusual facial expressions, flushed or clammy face, bloodshot eyes
- ☐ ☐ 4. Much increased or reduced level of activity (fatigue, sleeping on the job, high activity)
- ☐ ☐ 5. Changes in usual topics of discussion
- ☐ ☐ 6. Increasingly irritable, tearful, excitable, nervous
- ☐ ☐ 7. Persistently boisterous or rambunctious
- ☐ ☐ 8. Unpredictable or out-of-control displays of emotions
- ☐ ☐ 9. Engages in discussions about obtaining drugs or alcohol
- ☐ ☐ 10. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
- ☐ ☐ 11. Makes unfounded accusations toward others (i.e., has feelings of persecution)
- ☐ ☐ 12. Secretive or furtive
- ☐ ☐ 13. Memory problems (difficulty recalling instructions, data, past behavior)
- ☐ ☐ 14. Frequent colds, flu, or other illness
- ☐ ☐ 15. Excessive fatigue
- ☐ ☐ 16. Makes unreliable or false statements
- ☐ ☐ 17. Unrealistic self-appraisal or grandiose statements
- ☐ ☐ 18. Temper tantrums or angry outbursts
- ☐ ☐ 19. Demanding, rigid, inflexible
- ☐ ☐ 20. Major changes in physical health
- ☐ ☐ 21. Other, please specify

Other information/observations--attach additional sheets if necessary

\_\_\_\_\_  
Signature of  
Supervisor

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of  
Supervisor 2

\_\_\_\_\_  
Date/Time

**Columbia County Board of County Commissioners**  
**REASONABLE SUSPICION PROCEDURES CHECK LIST [FMCSA10]**  
**Major Check Points in Determining and Initiating Testing (Page 1)**

DESCRIPTION	SUPERVISOR'S ACTIONS	
	ALCOHOL	DRUGS
<b>ABNORMAL DRIVER BEHAVIOR NOTED OR REPORTED.</b>	Trained Supervisor must personally observe behavior.	Trained Supervisor must personally observe behavior.
<b>VERIFICATION OF ABNORMAL BEHAVIOR.</b>	Second trained supervisor confirms behavior if policy permits.	Second trained supervisor confirms behavior if policy permits.
<b>IMMEDIATELY REMOVE DRIVER FROM SAFETY-SENSITIVE FUNCTION</b>	Read attached script to Driver. Call collection site.	Read attached script to Driver. Call collection site.
<b>AWAIT ARRIVAL OF COLLECTOR</b>	Isolate Driver in neutral, comfortable setting, maintain visual contact with the Driver, and prepare Reasonable Suspicion report. Do not allow Driver to eat or drink.	Isolate Driver in neutral, comfortable setting, maintain visual contact with the Driver, and prepare Reasonable Suspicion report. Do not allow Driver to eat or drink.
<b>COLLECTOR ARRIVAL</b>	Escort Driver to collection site. Donor reads and signs Step 2 of the Breath Alcohol Testing Form.	Escort Driver to collection site.
<b>TEST ADMINISTRATION</b>	Supervisor must leave the actual collection room. May not observe collection.	Supervisor should stand by at the collection site.
<b>COLLECTION COMPLETION</b>	Collector determines reading and completes Breath Alcohol Testing Form.	Collector notes color and temperature of sample, prepares and splits sample for shipment to lab, and has donor complete Copy 4 of the Chain of Custody.
<b>ACTIONS FOLLOWING RESULTS</b>	<p>If below .02 percent, test is declared “negative,” and Driver may be returned to safety-sensitive functions.</p> <p>If confirmed between .02 and .04 percent, collector notifies DER and Driver must be removed from safety-sensitive for not less than eight hours or until the beginning of the next shift. Test is declared “Prohibited Alcohol Concentration.”</p> <p>.04 percent or above, the test is declared as a “Confirmed Alcohol Violation” and Driver is removed from safety-sensitive function until SAP requirements are met.</p>	<p>Driver is prohibited from performing any safety-sensitive function until the DER receives a “Verified Negative Urine Test Result” from the medical review officer.</p> <p>If “verified positive urine test result,” Driver is prohibited from performing any safety-sensitive function until SAP requirements are met.</p>

# Columbia County Board of County Commissioners

## Reasonable Suspicion Guidelines and Tips

### For Supervisory Intervention [FMCSA10] (Page 2)

#### Supervisor Guideline Steps:

Eye Witness Event or Behavior  
Document on Reasonable Suspicion Checklist Behavior/Situation as it relates to job performance and sign bottom of form  
Contact Driver's supervisors to inform of situation and ask for assistance  
Read script to Driver with another supervisor present  
Drive Driver to collection site

#### Supervisor Intervention Tips:

##### Do Not.....

- Diagnose
- Moralize
- Be overly sympathetic
- Cover up
- Talk about with others

##### Do.....

- Know the policy
- Focus on job performance
- Be specific
- Be respectful
- Document

#### Reasonable Cause Script:

(\_\_\_\_\_) (Driver name), as you know Columbia County Board of County Commissioners has a CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY and as a Driver of Columbia County Board of County Commissioners you are required by DOT Regulations to abide by its policy to prevent drug and alcohol abuse in the workplace. At this time, as your supervisor I am instructing you that a reasonable cause determination of drug or alcohol use has been made and you must submit to a drug test and/or breath alcohol test at this time.

A Columbia County Board of County Commissioners representative will go with you to the collection facility.

---

*Suspected Driver is not allowed to drive himself/herself in a Columbia County Board of County Commissioners vehicle to the collection site location. If a Driver leaves the premises in a private vehicle against the supervisor's instruction, the Designated Employer Representative or Supervisor may consider notifying local authorities.*

**Time is Critical:** DOT Regulations require that following a reasonable suspicion alcohol test should be performed within 2 hours of the determination and no later than 8 hours. Documentation must exist of efforts to complete this requirement after the first 2 hours. [382.307] Urine collection for a drug test must be performed within 32 hours from the determination or document the reason for no collection. **If you use a Service Agent, list this as your first Scheduling Attempt.**

##### Scheduling Attempts:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Comments: \_\_\_\_\_

# Columbia County Board of County Commissioners

## Post-Accident Reportable Accident Form [FMCSA11] (page 1)

### DOT Reportable Accident Chart: Pursuant to 49 CFR §382.303

Type of accident involved	Citation issues to the CMV Driver	Test must be performed by employer
i. Human fatality .....	Yes ..... No.....	Yes Yes
ii. Bodily injury with immediate medical treatment away from the scene. ....	Yes ..... No.....	Yes No
iii. Disabling damage to any motor vehicle requiring tow away. ....	Yes ..... No.....	Yes No

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

AM EST EDT  
 PM CST CDT  
 (Circle One) PST MDT PDT  
 (Circle One)

Accident Reported to County: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

AM EST EDT  
 PM CST CDT  
 (Circle One) PST MDT PDT  
 (Circle One)

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

City State Highway or Road

Current Location of Driver \_\_\_\_\_

City State Highway/Road/Building

Driver Name: \_\_\_\_\_ CDL#: \_\_\_\_\_

Driver Contact Information:

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

Email: \_\_\_\_\_ Other Contact #s: \_\_\_\_\_

**Time is Critical:** DOT Regulations require that following a Reportable Accident both an alcohol test and urine drug screen be performed. Alcohol testing should be performed within 2 hours of the accident and no later than 8 hours from the time of accident. Documentation must exist of efforts to complete this requirement after the first 2 hours. Urine collection for a drug test must be performed within 32 hours from the time of accident or document the reason for no collection. Warn driver that use of controlled substance or alcohol prior to Post-accident testing may be a DOT violation. **If you use a Service Agent, list this as your first Scheduling Attempt.**

### Scheduling Attempts:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
Lisa Roberts  
Designated Employer Representative

## Post-Accident Supervisor's Checklist [FMCSA11] (Page 2)

<b>Periodically</b>	Remind all operators and other safety sensitive personnel of the requirement to immediately report involvement in <b><u>any</u></b> accident to the dispatcher or other designated authority.
<b>Upon Notification of Accident</b>	Determine extent of injuries, specific location of accident, number of vehicles or persons involved, and law enforcement presence. Determine necessity of supervisor's presence at scene.
<b>Supervisor's Arrival at scene</b>	Determine status of driver and passengers, if any, drivability of vehicle and law enforcement's intention with respect to issuance of any violations.  Photograph accident scene, vehicles, weather conditions, and obtain driver, passenger, other involved driver(s), or witnesses' statements.
<b>Determine need of replacement vehicle</b>	Determine if vehicle can safely be driven and carry passengers. If not, arrange for immediate dispatch of replacement vehicle.
<b>Determine if driver is required to be tested.</b>	<input checked="" type="checkbox"/> <b>If accident resulted in a human fatality, arrange to transport driver to clinic for urine drug screen and breath alcohol test. If alcohol test is negative, driver may be returned to duty.</b>
	<input checked="" type="checkbox"/> <b>If our driver receives a moving violation as a result of the accident and anyone is injured to the extent that first aid must be administered away from the scene of the accident, arrange to transport driver to clinic for urine drug screen and breath alcohol test. If alcohol test is negative, driver may be returned to duty.</b>
	<input checked="" type="checkbox"/> <b>If our driver receives a moving violation as a result of the accident and any motor vehicle involved in the accident cannot be safely driven from the scene of the accident during daylight hours, arrange to transport driver to clinic for urine drug screen and breath alcohol test. If alcohol test is negative, driver may be returned to duty.</b>
<b>Test Administration Time Requirements</b>	By Federal Regulation, any driver required to submit to testing following a "reportable accident" must appear for collections according to the following schedule.  <b><u>Breath or Saliva Screening for Alcohol:</u></b> Collection must be conducted within two-hours of the accident. If the collection cannot be completed within the two-hour time limit, we are required to continue attempts to collect the required sample for another six-hours.  <b><u>Urine Drug Screening:</u></b> Collection must be conducted no later than 32-hours following the accident.

# DER/CMRO Referral [FMCSA12]

## Driver Notification Log

This log should be kept as a record of the attempts by the DER for Columbia County Board of County Commissioners to contact a Driver at the direction of the Medical Review Officer (CMRO) in accordance with 49 CFR 40.131. This does not imply that the Driver has a positive, substituted or adulterated specimen and no action should be taken based on the CMRO's request to speak to the Driver (except as may be covered by the employer stand-down procedures if DOT waiver granted in accordance with 382.119).

---

Driver/Donor Name

---

Position

---

DER Name

---

Position

### 1st Attempt

Date ____/____/____	Time ____:____ AM ____:____ PM	( ) Called Driver at home / work / other _____ ( ) Message placed with Driver's paycheck/timecard/other _____ ( ) Paged/sent electronic message to Driver
------------------------	--------------------------------------	---

### 2nd Attempt

Date ____/____/____	Time ____:____ AM ____:____ PM	( ) Called Driver at home / work / other _____ ( ) Message placed with Driver's paycheck/timecard/other _____ ( ) Paged/sent electronic message to Driver
------------------------	--------------------------------------	---

### 3rd Attempt

Date ____/____/____	Time ____:____ AM ____:____ PM	( ) Called Driver at home / work / other _____ ( ) Message placed with Driver's paycheck/timecard/other _____ ( ) Paged/sent electronic message to Driver
------------------------	--------------------------------------	---

### Circle one or more steps taken:

CMRO notified of contact attempts

Driver notified to contact CMRO. Refuses or declines

Driver notified to contact CMRO and read script. Agrees to do so within 72 hours and understands the consequences of failure to do so.[40.133(a)(2)]

Unable to contact Driver. No further information available.

**Comments:** [include number called, person spoke to, etc.]:

---

---

Lisa Roberts

---

Date



## DER/CMRO Referral

### Sample Script for DER When Discussing With Donor [FMCSA13]

*Our Medical Review Officer is Dr. \_\_\_\_\_. He/She has been trying to reach you at \_\_\_\_\_ Phone # \_\_\_\_\_, as well as \_\_\_\_\_ Phone # \_\_\_\_\_. You need to **immediately** contact him/her at \_\_\_\_\_ Phone # \_\_\_\_\_ or \_\_\_\_\_ Pager # \_\_\_\_\_, but no later than the next 72 hours to discuss your drug test. I do not know what it concerns other than that. Please understand that the Department of Transportation Rules are specific, failure to contact the Medical Review Officer in the required time may result in your drug test being reported as a positive test, refusal to submit to testing or other DOT agency violations.*

**Confidential**  
**Columbia County Board of County Commissioners**

**Driver Notification and Acknowledgment of  
DOT Drug and Alcohol Regulations [FMCSA14]**

In accordance with the Department of Transportation regulations (49 CFR 40.285-287 and 49 CFR 382.605) Columbia County Board of County Commissioners must inform you of the DOT requirements following a positive drug test result. You are required to have a substance-abuse evaluation performed before performing any safety-sensitive duties. The term “safety-sensitive duties” refers to any job that falls under federal agency regulation such as: Federal Transit Authority (FTA), Federal Railroad Administration (FRA), Pipeline and Hazardous Materials Safety Administration (PHMSA), Federal Aviation Administration (FAA). This includes driving a commercial vehicle or any tasks that require the use of commercial drivers license (CDL).

The following attachment resource list (attach Substance Abuse Professionals National Resources list with any local SAPs acceptable to the County) provides you with the name of resources to locate a Substance Abuse Professional (SAP) who will assist you in complying with the above-mentioned regulations. You are not required to use the services of these SAPs. However, it is recommended that you contact SAP for a better understanding of the DOT SAP program requirements. Failure to comply with DOT regulations could affect your ability to gain employment and drive commercial vehicles.

I \_\_\_\_\_ understand that, according to DOT regulations, I must be evaluated by a  
Driver  
Substance Abuse Professional prior to performing any safety-sensitive functions. I understand also that failure to comply with DOT regulations could affect my ability to hold a commercial drivers license. The name, phone number and address of an SAP has been provided to me by Columbia County Board of County Commissioners

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
Lisa Roberts  
DESIGNATED EMPLOYER REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Confidential**  
**Columbia County Board of County Commissioners**

**DOT SAP REFERRAL [FMCSA15]**  
**Under 49 CFR Part 40.289**

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

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

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

(DER) Designated Employer Representative: \_\_\_\_\_

Date of positive drug test: \_\_\_\_\_ Substance used: \_\_\_\_\_

Responsible party for payment: (circle one) employer / Driver

Driver work status:

\_\_\_\_ Suspended w/pay      \_\_\_\_ Suspended w/o pay      \_\_\_\_ Terminated  
\_\_\_\_ Pending/Not Determined

Does Driver have health insurance? \_\_\_\_ Yes \_\_\_\_ No      Carrier: \_\_\_\_\_

Does the County's plan cover substance-abuse treatment? \_\_\_\_ Yes \_\_\_\_ No

If so, coverage limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Lisa Roberts  
DESIGNATED EMPLOYER REPRESENTATIVE

\_\_\_\_\_  
DATE

*A copy of the positive drug test result should be provided to the SAP prior to assessment being performed.*

# THIS FORM TO BE ON SAP'S LETTERHEAD

Page 1 of 2

## Confidential Columbia County Board of County Commissioners

### SAP INITIAL EVALUATION AND RECOMMENDATIONS [FMCSA16] Under 49 CFR Part 40.293 through 40.311

TO: Lisa Roberts, [(DER) Designated Employer Representative]

FROM: \_\_\_\_\_ (SAP Evaluator)

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

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

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

Driver SSN: \_\_\_\_\_

Reason for Initial Assessment: \_\_\_\_\_

Synopsis \_\_\_\_\_

---

---

---

#### TREATMENT RECOMMENDATIONS

\_\_\_ (IOP) Intensive Outpatient Program

\_\_\_ (IIP) Intensive Inpatient Program

\_\_\_ (PIP) Partial Inpatient Program

\_\_\_ (PH) Partial Hospitalization

\_\_\_ Drug Education Courses \_\_\_\_\_ hours

\_\_\_ Family Intervention

\_\_\_ (AA) Alcoholic's Anonymous

\_\_\_ (NA) Narcotic's Anonymous

\_\_\_ (CA) Cocaine Anonymous

\_\_\_ Other: \_\_\_\_\_

Recommended Service Providers \_\_\_\_\_

---

---

## FOLLOW-UP TESTING PLAN RECOMMENDATIONS

Length of testing program \_\_\_\_\_ Months

Number of tests to be performed \_\_\_\_\_

Testing Specifications: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SAP / EVALUATOR'S SIGNATURE

**NOTE:** SAP to provide follow-up written reports on the SAP letterhead in accordance with 49 CFR Part 40.311

# Columbia County Board of County Commissioners

## Last Chance Guidelines [FMCSA17]

(STRICTLY CONFIDENTIAL)

Guidelines for determining if extenuating circumstances exist to allow Driver “Last Chance” probation following positive drug/alcohol test

Under the terms and conditions of the CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY and Procedures Manual, any Driver who tests positive for drugs or alcohol in a verified laboratory test, or engages in any other policy violation, is subject to discharge from employment. However, Columbia County Board of County Commissioners uses certain criteria to determine whether there exist extenuating circumstances to justify allowing a Driver a LAST CHANCE at rehabilitation and returning to work on a probationary status:

- |  | <b>NO</b> | <b>YES</b> |
|--|-----------|------------|
| 1. Has the Driver been employed on a regular, full-time status with Columbia County Board of County Commissioners for <b>at least</b> one year and received a SAP/EAP Evaluation that they are a good candidate for rehabilitation? (part time, seasonal, temporary, leased or probationary Drivers are not entitled to last chance consideration) | ( )       | ( )        |
| 2. Has the Driver maintained a satisfactory attendance record for at least the past year of his/her employment with Columbia County Board of County Commissioners?   | ( )       | ( )        |
| 3. Has the Driver maintained a personnel file record with an absence of any written disciplinary action within the past twelve months of his/her employment with Columbia County Board of County Commissioners?  | ( )       | ( )        |
| 4. Has the Driver satisfactorily performed his/her job duties and responsibilities over the past twelve months of employment with Columbia County Board of County Commissioners?   | ( )       | ( )        |
| 5. Other extenuating circumstances that would justify allowing a Driver Last Chance probationary status?<br>(DESCRIBE CIRCUMSTANCES ON BACK OF THIS FORM)  | ( )       | ( )        |

**APPROVED/DISAPPROVED (circle one) for Last Chance probation:**

Designated Employer Representative: \_\_\_\_\_

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

# Columbia County Board of County Commissioners

## LAST CHANCE AGREEMENT [FMCSA18] (STRICTLY CONFIDENTIAL)

DATE:

DRIVER NAME:

Dear \_\_\_\_\_:

On \_\_\_\_\_, 20\_\_\_\_, you violated DOT Agency drug and alcohol testing rules and regulations or County U.S. Department of Transportation (DOT) Federal Motor Carrier Safety Administration (FMCSA) 49 CFR PART 382 CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY. On \_\_\_\_\_, 20\_\_\_\_, Columbia County Board of County Commissioners agreed to your request to seek counseling and referral to a Substance Abuse Professional (SAP). You must agree and comply with the following conditions concerning your rehabilitation program and possible reinstatement for the County to consider and evaluate your request for a Last Chance:

1. That I fully cooperate and participate in Columbia County Board of County Commissioners's counseling/rehabilitation program, in accordance with instructions and requirements of the County's SAP and/or Designated Employer Representative (DER) and any applicable DOT Agency guidelines. I understand that my leave to continue in a counseling or rehabilitation program may be reviewed on a weekly basis. I will provide the DER with timely evidence of my participation in such a program, including evidence of my attendance at all required sessions of the program; **or** that I authorize the counseling or rehabilitation program representatives to provide proof of enrollment in the program and proof of attendance at all required sessions directly to Columbia County Board of County Commissioners's DER or SAP. I agree to sign any documentation required by the program, pursuant to the Health Insurance Portability and Accountability Act (HIPAA), in order for the program to release records to the County evidencing my enrollment and participation in the program. This authorization shall expire at the conclusion of my participation in the program.
2. That I provide Columbia County Board of County Commissioners with a written doctor's certificate explaining the reason for any absence from work during the rehabilitation program;
3. That I authorize the SAP and counseling or rehabilitation representatives to confer with the DER regarding my attendance, progress, and suitability for continued employment or return to active employment, as the case may be;
4. That, upon my continued active employment or return to active employment, I must hereafter meet all established Columbia County Board of County Commissioners policies, rules or regulations, standards of conduct, and standards of job conduct and performance required of any other Driver, and that I will be subject to the same disciplinary procedure(s) as any other Driver;
5. That I pay for all costs of rehabilitation and drug/alcohol test not covered under Columbia County Board of County Commissioners's benefit plan, and agree to have such amount deducted from my wages;
6. That for a period of one to five years (based upon the SAP recommendation) following completion of a SAP evaluation, I will present myself for any and all drug and/or alcohol tests scheduled by Columbia County Board of County Commissioners, and that I pass such tests;

7. It is expressly understood, and I agree, that my failure or refusal to successfully complete any of the above conditions, including the drug and/or alcohol tests, will result in disciplinary action, up to and including immediate termination. I also understand and agree that my future employment depends upon my remaining free of drugs and/or free of alcohol abuse for the entire duration of my continued employment, and that this LAST CHANCE opportunity afforded me by Columbia County Board of County Commissioners is conditioned accordingly; and
8. It is further expressly understood that this Agreement in no way:
  - a. waives Columbia County Board of County Commissioners's right to take any other appropriate disciplinary or discharge action against me during or after the period for which I may be screened or tested.
  - b. affects the current status of my employment or Columbia County Board of County Commissioners's right to terminate me, for any or no reason, without notice.

Such conditions, including those above, are recognized to be in addition to Columbia County Board of County Commissioners's right to alter my employment relationship with it, and for the reasons set forth above.

ACCEPTED BY:

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

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

APPROVED:

Title, DER: \_\_\_\_\_

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



# Columbia County Board of County Commissioners

## WORK CONTINUATION AGREEMENT [FMCSA19] (STRICTLY CONFIDENTIAL)

DATE:

DRIVER NAME:

Dear \_\_\_\_\_:

On \_\_\_\_\_, 20\_\_\_\_, you have stated that you had an alcohol/drug abuse problem and asked for help. You have agreed that because you work in a safety sensitive position, it is critical that you be able to safely work in a constant state of alertness free from the impairing effects of drugs or alcohol, and that even a momentary lapse of concentration could result in injury or death or serious environmental consequences.

On \_\_\_\_\_, 20\_\_\_\_, the County agreed to your request to seek counseling and referral to a Substance Abuse Professional (SAP). As part of your accountability process to the County, which you recognized is the key to a successful rehabilitation, you have voluntarily agreed to comply with the following conditions concerning your rehabilitation program and work continuation with the County:

1. That I fully cooperate and participate in Columbia County Board of County Commissioners's counseling/rehabilitation program, in accordance with instructions and requirements of the County's SAP and/or Designated Employer Representative (DER) and any applicable DOT Agency guidelines. I understand that my leave to continue in a counseling or rehabilitation program may be reviewed on a weekly basis. I will provide the DER with timely evidence of my participation in such a program, including evidence of my attendance at all required sessions of the program; **or** that I authorize the counseling or rehabilitation program representatives to provide proof of enrollment in the program and proof of attendance at all required sessions directly to Columbia County Board of County Commissioners's DER or SAP. I agree to sign any documentation required by the program, pursuant to the Health Insurance Portability and Accountability Act (HIPAA), in order for the program to release records to the County evidencing my enrollment and participation in the program. This authorization shall expire at the conclusion of my participation in the program.
2. That I provide the County with a written doctor's certificate explaining the reason for any absence from work during the rehabilitation program.
3. That I authorize the SAP and counseling or rehabilitation representatives to confer with the DER regarding my attendance, progress, and suitability for continued employment or return to active employment, as the case may be.
4. That upon my return to active employment, I must hereafter meet all established County policies, rules or regulations, standards of conduct, and standards of job conduct and performance required of any other Driver, and that I will be subject to the same disciplinary procedure(s) as any other Driver.
5. That I pay for all costs of rehabilitation not covered under Columbia County Board of County Commissioners's benefit plan.
6. That for a period of one to five years (based upon the SAP recommendation) following completion of a SAP evaluation, I will present myself for any and all drug and/or alcohol tests scheduled by the County, and that I pass such tests.

7. It is expressly understood, and I agree, that my failure or refusal to successfully complete any of the above conditions, including the drug and/or alcohol tests, will result in disciplinary action, up to and including immediate termination. I also understand and agree that my future employment depends upon my remaining free of drugs and/or free of alcohol abuse for the entire duration of my continued employment, and that this WORK CONTINUATION opportunity afforded me by the County is conditioned accordingly.
8. It is further expressly understood that this Agreement in no way:
  - a. waives the County's right to take any other appropriate disciplinary or discharge action against me during or after the period for which I may be screened or tested.
  - b. affects the current status of my employment or the County's right to terminate me, for any or no reason, without notice.

Such conditions, including those above, are recognized to be in addition to the County's right to alter my employment relationship with it, and for the reasons set forth above.

ACCEPTED BY:

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

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

APPROVED:

Title, DER: \_\_\_\_\_

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

**Columbia County Board of County Commissioners**  
**ACKNOWLEDGMENT OF CONSEQUENCES OF REFUSAL TO PARTICIPATE IN DRUG**  
**OR ALCOHOL TESTING & DECLARATION [FMCSA20] (Page 1)**

I, \_\_\_\_\_, a Driver for Columbia County Board of County Commissioners, acknowledge that I am refusing to take a Drug or Alcohol test in accordance with the requirements of Columbia County Board of County Commissioners's CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES and FMCSA DOT Regulations. I have been informed that I am in violation of the Policy and DOT Regulations. I am aware that I am subject to certain adverse consequences as a result of my choice.

**REFUSAL CONSEQUENCES:**

- 1) Classified as a refusal to test pursuant to DOT regulations 49 CFR Part 40 and 49 CFR Part 382 and a violation of DOT Agency regulations**
- 2) Possible discharge from employment**
- 3) Possible disqualification from workers' compensation benefits under applicable state laws**
- 4) Possible disqualification from unemployment compensation benefits under applicable state laws**

**I have read this Acknowledgment of Consequences of Refusal to Participate in Drug or Alcohol Testing and understand it.**

<b>Driver's Signature:</b>		<b>Reason for Test:</b>
<b>Date:</b>		<b>Date of Test:</b>
<b>Driver's name, date of birth, &amp; CDL number and State of issuance:</b>		<b>Employer name and address:</b>
<b>Witness:</b>		<b>Employer US DOT number:</b>
<b>(If the Driver refuses to sign, please have two witnesses sign below).</b>		
<b>Witness's Signature</b>		<b>Witness's Signature</b>
<b>Witness's Address (include City, State &amp; Zip)</b>		<b>Witness's Address (include City, State &amp; Zip)</b>

**SUPERVISOR DESCRIPTION OF VIOLATION:**

(circle and initial applicable regulation on following pages 2-5)

---

---

---

**DECLARATION**

*I declare under penalty of perjury that the above Supervisor Description of Violation is accurate and that I certify that this completed Refusal form was provided to the above-named individual, on the date of my signature, the driver was given an opportunity to respond, and that its contents are true and correct.*

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor Phone: (\_\_\_\_) \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness Phone: (\_\_\_\_) \_\_\_\_\_

# ACKNOWLEDGMENT OF CONSEQUENCES OF REFUSAL TO PARTICIPATE IN DRUG OR ALCOHOL TESTING & DECLARATION [FMCSA20] (Page 2)

## **DOT Regulations on Refusals (Pages 2-5)**

### **§ 40.261 What is a refusal to take an alcohol test, and what are the consequences?**

(a) As an employee, you are considered to have refused to take an alcohol test if you:

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner-operator) to appear for a test when called by a C/TPA (see §40.241(a));
- (2) Fail to remain at the testing site until the testing process is complete; *Provided*, That an employee who leaves the testing site before the testing process commences (see §40.243(a)) for a pre-employment test is not deemed to have refused to test;
- (3) Fail to provide an adequate amount of saliva or breath for any alcohol test required by this part or DOT agency regulations; *Provided*, That an employee who does not provide an adequate amount of breath or saliva because he or she has left the testing site before the testing process commences (see §40.243(a)) for a pre-employment test is not deemed to have refused to test;
- (4) Fail to provide a sufficient breath specimen, and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see §40.265(c));
- (5) Fail to undergo a medical examination or evaluation, as directed by the employer as part of the insufficient breath procedures outlined at §40.265(c);
- (6) Fail to sign the certification at Step 2 of the ATF (see §§40.241(g) and 40.251(d)); or
- (7) Fail to cooperate with any part of the testing process.

(b) As an employee, if you refuse to take an alcohol test, you incur the same consequences specified under DOT agency regulations for a violation of those DOT agency regulations.

(c) As a BAT or an STT, or as the physician evaluating a “shy lung” situation, when an employee refuses to test as provided in paragraph (a) of this section, you must terminate the portion of the testing process in which you are involved, document the refusal on the ATF (or in a separate document which you cause to be attached to the form), immediately notify the DER by any means (*e.g.*, telephone or secure fax machine) that ensures the refusal notification is immediately received. You must make this notification directly to the DER (not using a C/TPA as an intermediary).

(d) As an employee, when you refuse to take a non-DOT test or to sign a non-DOT form, you have not refused to take a DOT test. There are no consequences under DOT agency regulations for such a refusal.

*[65 FR 79526, Dec. 19, 2000, as amended at 66 FR 41954, Aug. 9, 2001]*

### **§ 40.191 What is a refusal to take a DOT drug test, and what are the consequences?**

(a) As an employee, you have refused to take a drug test if you:

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner-operator) to appear for a test when called by C/TPA (see §40.61(a));
- (2) Fail to remain at the testing site until the testing process is complete; *Provided* that an employee who leaves the testing site before the testing process commences (see §40.63(c)) for a pre-employment test is not deemed to have refused to test;

**(Page 3)**

(3) Fail to provide a urine specimen for any drug test required by this part or DOT agency regulations; Provided that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences (see §40.63(c)) for a pre-employment test is not deemed to have refused to test;

(4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen (see §§40.67(l) and 40.69(g));

(5) Fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see §40.193(d)(2));

(6) Fail or decline to take an additional drug test the employer or collector has directed you to take (see, for instance, Sec.40.197 (b));

(7) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under Sec. 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment. If there was no contingent offer of employment, the MRO will cancel the test; or

(8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).

(9) For an observed collection, fail to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.

(10) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.

(11) Admit to the collector or MRO that you adulterated or substituted the specimen.

(b) As an employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

(c) As an employee, if you refuse to take a drug test, you incur the consequences specified under DOT agency regulations for a violation of those DOT agency regulations.

(d) As a collector or an MRO, when an employee refuses to participate in the part of the testing process in which you are involved, you must terminate the portion of the testing process in which you are involved, document the refusal on the CCF (including, in the case of the collector, printing the employee's name on Copy 2 of the CCF), immediately notify the DER by any means (e.g., telephone or secure fax machine) that ensures that the refusal notification is immediately received. As a referral physician (e.g., physician evaluating a "shy bladder" condition or a claim of a legitimate medical explanation in a validity testing situation), you must notify the MRO, who in turn will notify the DER.

(1) As the collector, you must note the refusal in the "Remarks" line (Step 2), and sign and date the CCF.

(2) As the MRO, you must note the refusal by checking the "refused to test because" box (Step 6) on Copy 2 of the CCF, and add the reason on the "Remarks" line. You must then sign and date the CCF.

(e) As an employee, when you refuse to take a non-DOT test or to sign a non-DOT form, you have not refused to take a DOT test. There are no consequences under DOT agency regulations for refusing to take a non-DOT test.

[as amended at 73 FR 123, August 25, 2008]

*\*Shaded Questions and Answers denote FMCSA DOT regulation guidance as of the dates given.*

#### **40.191 – 07/06**

**QUESTION:** *What are some examples of an employee's failure to cooperate with the testing process that would cause a refusal to test and how should the collector handle them?*

#### **ANSWER:**

- Part 40 highlights two examples of failure to cooperate – the employee refuses to empty pockets when instructed to do so; and the employee behaves in a confrontational way that disrupts the testing process.
- Among others are:
  - The employee fails to wash his or her hands after being directed to do so by the collector.
  - The employee admits to the collector that he or she adulterated or substituted the specimen; and
  - The employee is found to have a device – such as a prosthetic appliance – the purpose of which is to interfere with providing an actual urine specimen.
- When the issue is a problem with refusing to following instructions – for example, refusing to empty pockets or refusing to wash hands – or if there is a confrontation, the collector should warn the employee of potential consequences of a failure to cooperate; and if practical, seek assistance from the DER or supervisor to ensure that the employee understands the ramifications.
- When the issue is admission of adulteration or substitution or when a device is found, there is no need for the collector to warn the employee or to seek assistance from the DER or supervisor.
- In every case, the collector must carefully follow the procedures at 40.191(d) by terminating the collection process, immediately notifying the DER of the refusal, and thoroughly documenting the circumstances surrounding the event in the remarks section of the CCF.
- Any specimen that had been collected before the refusal should be discarded.

**§§ 40.73; 40.191; 40.193; 40.333; 40.355(i)**

**-07/14**

**QUESTION:** *When may a collector give an employee permission to leave a collection site?*

#### **ANSWER:**

- A collector may give an employee permission to leave the collection site only after the testing process is complete.
  - For tests conducted under § 40.73, the testing process is complete when both the employee and the collector complete the chain of custody form in the order specified in § 40.73(a)(1)-(6). At that time, the collector must advise the employee that he or she may leave the collection site.
  - For tests conducted under § 40.193, the testing process is complete only after the employee has provided a sufficient specimen and the steps in § 40.73(a)(1)-(6) are complete, or the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide a specimen.
- There is no requirement for a collector to inform an employee that the failure to remain at the collection site is a refusal. Therefore, if the collector does not inform an employee that failure to remain at the collection site is a refusal, it does not mean that the collector has given the employee permission to leave the collection site. If an employee

leaves prior to the completion of the testing process, the employer must decide whether the employee's actions constitute a refusal.

(Page 5)

§§ 40.73; 40.191; 40.193; 40.333; 40.355(i)

07/14

**QUESTION:** *What happens if an employee leaves the collection site prior to the completion of the testing process?*

**ANSWER:**

- As noted in § 40.191(a)(2), failure to remain at the collection site until the testing process is complete generally constitutes a refusal to test.
- If an employee leaves the collection facility prior to the testing process being completed, the collector must inform the employer as required under § 40.191(d). The employer, as required under § 40.355(i), must then determine whether the employee's actions constitute a refusal to test. To make this determination, the employer should consider the information documented on the CCF and the advice and information received from the collector and service agents, as well as any supporting information provided by the employee (i.e., in the event of a medical emergency, copies of hospital admission records/EMS records/police records, etc).
- The employer must document its decision, and the solid reasoning for the decision, in all collection site refusal determinations. Copies of these decisions, and the information relied on in making those decisions, must be maintained in accordance with § 40.333 and the applicable modal recordkeeping requirements. If during the course of an inspection, the DOT determines that you have not properly documented these determinations, you may be subject to penalty in accordance with these regulations.

**Columbia County Board of County Commissioners**  
**NOTICE TO DRIVER OF EMPLOYER'S RECEIPT OF ACTUAL NOTICE**  
**OF DRIVER'S VIOLATION OF FMCSA REGULATION(S) [FMCSA21] (Page 1)**

Driver: \_\_\_\_\_, a Driver for Columbia County Board of County Commissioners, has engaged in the below circled violation of FMCSA Regulations for which the employer obtained actual knowledge in accordance with § 382.107 (see Page 2 for definition):

- (i) On-duty alcohol use pursuant to § 382.205;**
- (ii) Pre-duty alcohol use pursuant to § 382.207;**
- (iii) Alcohol use following an accident pursuant to § 382.209; and**
- (iv) Controlled substance use pursuant to § 382.213.**

[Use Refusal Form if Driver Refuses to participate in Drug or Alcohol Testing]

**I acknowledge that I have read and received this Notice to Driver from the above identified employer**

<b>Driver's Signature:</b>		<b>Reason for Test:</b>
<b>Date:</b>		<b>Date the employer obtained actual knowledge of violation:</b>
<b>Driver's name, date of birth, &amp; CDL number and State of issuance:</b>		<b>Employer name and address:</b>
<b>Witnesses to violation (contact information):</b>		<b>Employer US DOT number:</b>
<b>(If the Driver refuses to sign, please have two witnesses sign below).</b>		
<b>Witness's Signature</b>		<b>Witness's Signature</b>
<b>Witness's Address (include City, State &amp; Zip)</b>		<b>Witness's Address (include City, State &amp; Zip)</b>

**SUPERVISOR DESCRIPTION OF VIOLATION:**

## DECLARATION

*I declare under penalty of perjury that the above Supervisor Description of Violation is accurate and that I certify that this completed Actual Notice was provided to the above-named individual, on the date of my signature, and that its contents are true and correct.*

\_\_\_\_\_/\_\_\_\_\_  
Supervisor Signature Date

Attach or identify Evidence supporting each fact alleged in the description of the violation, which may include, but is not limited to, affidavits, photographs, video or audio recordings, employee statements (other than admissions pursuant to § 382.121), correspondence, or other documentation in support of the violation(s).



## **NOTICE TO DRIVER OF EMPLOYER'S RECEIPT OF ACTUAL NOTICE OF DRIVER'S VIOLATION OF FMCSA REGULATION(S) [FMCSA21] (Page 2)**

### **§ 382.107 Definitions.**

*Actual knowledge* for the purpose of subpart B of this part, means actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the employee, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or controlled substances or an employee's admission of alcohol or controlled substance use, except as provided in §382.121. Direct observation as used in this definition means observation of alcohol or controlled substances use and does not include observation of employee behavior or physical characteristics sufficient to warrant reasonable suspicion testing under §382.307.

### **FMCSA Q&A GUIDANCE ON § 382.107**

Q1. What is “actual knowledge” as used in Part 382, Subpart B?

A1. “Actual knowledge” is defined in 382.107 and means that an employer has knowledge that a driver has used alcohol or controlled substances based on the employer’s direct observation of the employee, information provided by the driver’s previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or controlled substances or an employee’s admission of alcohol or controlled substance use, except as provided in 382.121. Direct observation as used in this definition means “observation of alcohol or controlled substances use” while a driver is subject to performing a safety-sensitive function, “and does not include observation of employee behavior or physical characteristics sufficient to warrant reasonable suspicion testing under 382.307.”

Q2. A driver admits to a company official they have used a controlled substance as defined in the National Institute of Drug Abuse (NIDA-5) for a 5 panel DOT drug test, however, the self-admission does not meet the criteria under 49 CFR § 382.121 ( a ) (1-4)382.121 (a) (1-4) or the employer does not have a qualified voluntary self-identification program under 49 CFR §382.121 (b). Does this trigger a DOT Evaluation and the return-to-duty process?

A2. Yes. If an employee admission does not fall under 49 CFR 382.121, then by default the admission provides the employer with “actual knowledge” of drug or alcohol use, which triggers a DOT SAP return-to-duty process under Part 382, Subpart B.

Q3. A driver self admits to a company official they are abusing alcohol off-duty only. Is this a violation of part 382, and does this trigger a DOT SAP evaluation?

A3. No. If the driver admits only off-duty alcohol abuse, the motor carrier may require the driver to undergo a medical evaluation pursuant to 391.45 ( c ). If the medical examiner (ME) determines the driver has a current diagnosis of alcoholism, the ME will disqualify the driver, under 49 CFR 391.41(b)(13). In order for the driver to be considered for re-certification, the driver will have to successfully complete an employee assistance program (EAP) and demonstrate they do not have a current diagnosis of alcoholism. This determination should be made by a qualified medical examiner.

**Columbia County Board of County Commissioners**  
**Confidential Fitness for Safety Sensitive Duty Report by Driver's Treating Physician Concerning**  
**Evaluation of Impairing Effect Medications – Page 1 of 2 [FMCSA22]**

**Safety Policy**

(a) No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 49 CFR 382.107, who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

(b) Columbia County Board of County Commissioners, having actual knowledge that a driver has used a controlled substance, shall not permit the driver to perform or continue to perform a safety-sensitive function.

(c) Columbia County Board of County Commissioners may require a driver to inform Columbia County Board of County Commissioners of any therapeutic drug use.

**Additionally, as an essential job duty, all Drivers must remain medically qualified to drive in accordance with the standards set forth in 49 CFR 391.41 Physical Qualifications for Drivers.**

**Reporting Form Requirement.** As Driver in a safety-sensitive position must receive authorization to work *prior to* reporting for duty when taking any impairing effect medication(s) which may cause drowsiness or which may otherwise impair the Driver's ability to safely perform his/her job. To obtain such authorization, an Driver in a safety-sensitive position should have his/her doctor complete and sign a **Confidential Fitness for Safety Sensitive Duty Report by Driver's Treating Physician Concerning Evaluation of Impairing Effect Medications** form and submit the form directly to the person whose name and contact information is set forth below. It is the Driver's primary responsibility, in consultation with their health care professionals, to determine what medications they are taking which may or may not raise a significant safety concern. Drivers are also primarily responsible for providing their health care professionals with a copy of their job description.

If "Cleared to Work" by the Driver's evaluating physician, the supervisor may authorize the Driver to work while under the influence of the impairing effect medication. However, the County retains the right to not authorize an Driver to take impairing effect medication while on duty or to revoke any previous authorization, despite the submission of a completed authorization form, if the County's Medical Review Office (MRO) so advises the County that the medication raises a significant safety concern. The County, in its discretion, may request the MRO to issue an independent decision as to whether an Driver in a safety-sensitive position may perform safety-sensitive duties while under the influence of an impairing effect medication, which decision will be binding on the Driver. In making such an independent determination, the MRO is not bound in any way by the opinion of the Driver's personal physician and may require the Driver to submit to a fitness for duty examination by a County-selected and compensated physician to ensure that the impairing effect medication does not raise a significant safety concern.

If the MRO determines that a Driver in a safety-sensitive position should not perform safety-sensitive functions while under the influence of the impairing effect medication, the Driver may be suspended, required to take a leave of absence or comply with other appropriate action to reduce or eliminate significant safety concern. If a Driver fails to obtain pre-authorization to take such impairing effect medication from his/her supervisor in accordance with the above procedure, the Driver may be required to take a leave of absence or comply with other appropriate action as determined by the County and will be subject to discipline for violation of this safety rule.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of Drivers or their family members. In order to comply with GINA, we are asking that you not provide any genetic information when responding to this request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**Please respond via fax and/or direct any questions regarding form completion to:**

**DESIGNATED EMPLOYER REPRESENTATIVE (DER)**

NAME: Lisa Roberts  
TITLE: Human Resources Director  
ADDRESS: 135 NE Hernando Ave, Suite 203  
Lake City, FL 32055  
PHONE: (386) 758-32055  
E-MAIL: [lisa\\_roberts@columbiacountyfla.com](mailto:lisa_roberts@columbiacountyfla.com)

**Confidential Fitness for Safety Sensitive Duty Report by Driver's Treating Physician Concerning  
Evaluation of Impairing Effect Medications - Page 2 of 2**

**INSTRUCTIONS FOR DRIVERS IN SAFETY SENSITIVE POSITIONS**

**Confidential Fitness for Duty Reports are required by Columbia County Board of County Commissioners for Drivers in Safety-Sensitive Positions. If you are disclosing the use of an impairing effect prescription or over the counter medication, complete "Driver" section of this form, have your doctor complete "Physician" section, and forward directly to Columbia County Board of County Commissioners at [lisa\\_roberts@columbiacountyfla.com](mailto:lisa_roberts@columbiacountyfla.com).**

**IMPAIRING EFFECT MEDICATIONS -- To Be Completed by Physician**

**Instruction to Evaluating Physician on Form Completion:** The Employer has a Pre-Duty impairing effects medication disclosure policy applicable to safety-sensitive Drivers. If in your medical opinion the Driver is cleared to safely perform their safety-sensitive duties without restriction while under the influence of the below prescribed or over the counter medication(s) please sign off below. If not, please so indicate along with your comments on the nature and duration of the safety-sensitive related job restriction(s).

Driver: \_\_\_\_\_ ID: \_\_\_\_\_ Location Assigned: \_\_\_\_\_

**To Columbia County Board of County Commissioners:**

I understand and acknowledge the following: (1) the above Driver works in a safety sensitive position who discharges duties so fraught with risks of injury to self or others, environmental injury and/or property damage that even a momentary lapse of attention can have disastrous consequences; (2) that it is an essential job function safety rule applicable to every Driver working in a safety sensitive classified position to be able to work in a constant state of alertness and in a safe manner; (3) I have reviewed the Driver's essential job functions/job description; and (4) this report is in regards to the above safety-sensitive Driver who is currently under my care and has been prescribed, \_\_\_\_\_ or is taking, \_\_\_\_\_ the following impairing effect substance(s): \_\_\_\_\_

(Physician's Initials): \_\_\_\_\_

**Treating Physician's Opinion (Initial One):** Driver is; \_\_\_\_\_ Cleared to Work; \_\_\_\_\_ Not Cleared to Work at this Time; or Cleared to Work with Restrictions (recommendations below)

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Treating Physician (Printed)	Signature	Date	License #
------------------------------	-----------	------	-----------

Street Address:	City, State, Zip:
-----------------	-------------------

Phone ( )	Fax ( )	Email:
-----------	---------	--------

**TO BE COMPLETED BY DRIVER**

I understand that it is my obligation as a safety-sensitive Driver to inform County Pre-Duty of any impairing effect medications I am taking, or that I intend to take, for review and determination of my eligibility to perform safety sensitive duties. Pursuant to the Health Insurance Portability and Accountability Act (HIPPA), I authorize my medical provider to confidentially release my medical records directly to the MRO for Columbia County Board of County Commissioners, and confer with Paul Teynor, MD. This authorization shall expire at the conclusion of my employment with the County and I may withdrawal my authorization at anytime by written notice.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Driver's Work Location and Supervisor

\_\_\_\_\_  
Driver's Printed Name

\_\_\_\_\_  
Date

**FOR Columbia County Board of County Commissioners USE ONLY**

Date Received: _____	Received by: _____
----------------------	--------------------

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> MRO Referred	Date: _____
---	-------------

## EMPLOYER REPORT TO THE FMCSA CLEARINGHOUSE [FMCSA23]

Employer Name: Columbia County Board of County Commissioners  
US DOT Number: \*\*\*Entity DOT Number\*\*\*  
Employer Address: 135 NE Hernando Ave, Suite 203  
Lake City, FL 32055

Driver Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

CDL # \_\_\_\_\_

Country Issued: \_\_\_\_\_ State Issued: \_\_\_\_\_

### VIOLATION INFORMATION (Check Boxes that apply)

☐ Drug  
☐ Alcohol

☐ Refusal  
☐ Actual Knowledge

Date of Violation(s): \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_

Address where Violation(s) Occurred:

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

☐ Attached are Declarations, Forms, Evidence, Photographs, Videos, Recordings, Statements, Certificates of Service, etc. supporting the above VIOLATION INFORMATION  
(initials) \_\_\_\_\_

### RETURN TO DUTY TEST (Negative)

Driver *Negative* Return to Duty Test

☐ YES ☐ NO

Date of Test: \_\_\_\_/\_\_\_\_/\_\_\_\_

Collection Site: \_\_\_\_\_

MRO: \_\_\_\_\_

Copy of Negative MRO Return to Duty Report Attached  
Copy of Breath Alcohol Technician's Return to Duty Report  
(with an alcohol concentration of less than 0.02)

☐ YES ☐ NO  
☐ YES ☐ NO

### SAP FOLLOW-UP TESTING (Negative)

Driver successfully completed all SAP follow-up testing

☐ YES ☐ NO

Copies of all negative MRO Follow-up drug test reports attached

☐ YES ☐ NO

Copies of all Breath Alcohol Technician's follow-up test reports attached  
(with an alcohol concentration of less than 0.02)

☐ YES ☐ NO

## DECLARATION OF EMPLOYER & CERTIFICATE OF SERVICE TO DRIVER

*I hereby Declare under Penalty of Perjury, and Certify, that this report to the FMCSA Clearinghouse is truthful and accurate in accordance with 49 CFR Part 382.705.*

*I hereby certify that a copy of the above Employer Report to the FMCSA Clearinghouse [FMCSA23] was provided to the Driver on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, via \_\_\_\_\_ (method of delivery of service), and that the driver was provided an opportunity to respond.*

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mobile #

E-mail:

(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

**For More Information Contact Lisa Roberts (Columbia County Board of County Commissioners DER)**

135 NE Hernando Ave, Suite 203

Lake City, FL 32055

(386) 758-1006

[Lisa\\_roberts@columbiacountyfla.com](mailto:Lisa_roberts@columbiacountyfla.com)

## DRIVER RESPONSE TO EMPLOYER REPORT TO THE FMCSA CLEARINGHOUSE

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

Driver Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

CDL # \_\_\_\_\_

Country Issued: \_\_\_\_\_ State Issued: \_\_\_\_\_

**NAME OF EMPLOYER: Columbia County Board of County Commissioners**

**USDOT #: \*\*\*Entity DOT Number\*\*\***

**General Consent for Limited Queries of the Federal Motor Carrier Safety Administration  
(FMCSA) Drug and Alcohol Clearinghouse for the Duration of Employment  
[FMCSA24] Page 1 of 4**

I, the “Driver” whose name appears below, hereby provide consent to Columbia County Board of County Commissioners to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Driver consents to unlimited multiple limited queries, for the duration of employment.

I understand that if the limited query conducted by Columbia County Board of County Commissioners indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Columbia County Board of County Commissioners without first obtaining additional specific consent from me.

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

Read, Acknowledged and Consented to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Driver Signature: \_\_\_\_\_

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

FirstName: \_\_\_\_\_

CDL # \_\_\_\_\_ State of Issue \_\_\_\_\_ Country of Issue \_\_\_\_\_

DOB (Date of Birth). Format is MM/DD/YYYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Personal Email: \_\_\_\_\_@\_\_\_\_\_

Mobile phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Use above information gathered to complete employer batch excel sheet for Clearinghouse limited annual query. See Pages 2-4 for Instructions for **FMCSA Drug and Alcohol Clearinghouse Driver Queries: Batch Upload.**)

## FMCSA Drug and Alcohol Clearinghouse Driver Queries: Batch Upload

### [FMCSA24] Page 2 of 4

Please follow the instructions below for preparing the tab-delimited file you will use to upload batch queries to be processed in the Clearinghouse.

#### File Setup

The first row of the file should contain the field names as listed below with each additional row consisting of information for the driver that will be queried. The following fields should be provided in a tab-delimited file:

First row	Field Contents
Last Name	The driver's last name. This would include hyphenated last names. Suffix to a last name should not be included in the submittal. Maximum length 40 characters.
FirstName	The driver's first name. Maximum length 40 characters.
DOB	The driver's date of birth. Format is MM/DD/YYYY
CDL	The driver's Commercial Driver's License Number or Commercial Learner's Permit Number. Maximum length 25 characters.
Country	The Country Code where the CDL was issued: For CDLs issued in the United States use <b>US</b> For CDLs issued in Canada use <b>CN</b> For CDLs issued in Mexico use <b>MX</b>
State	For CDLs issued in the United States and Canada, this field contains the two-character abbreviation for the State or Province where the CDL was issued. See below for acceptable abbreviations for U.S. States and Canadian Provinces.  For Mexican States, this field should contain MX.
Query Type	This field contains the type of query that is being requested ( <a href="#">learn more about the different types of queries</a> ). The values should be 1, 2, 3, or 4 with the values indicating the following: 1 – Limited Query 2 – Full Query 3 – Pre-employment Query 4 – Limited Query with Automatic Consent Request*

\*“Automatic Consent Request” means that, if a limited query returns that the driver has violation information in his/her Clearinghouse record, the Clearinghouse will automatically submit a request from your employer to that driver for his/her consent to a full query. If you would prefer the Clearinghouse to automatically send a consent request in this case, select “4 – Limited Query with Automatic Consent Request.” If you would prefer the Clearinghouse not send these consent requests automatically, select “1 – Limited Query”.



## FMCSA Drug and Alcohol Clearinghouse Driver Queries: Batch Upload

### [FMCSA24] Page 3 of 4

#### Abbreviations for U.S. States

For United States CDL Numbers use, the following codes in the State data field:

<b>AK</b>	Alaska	<b>MT</b>	Montana
<b>AL</b>	Alabama	<b>NC</b>	North Carolina
<b>AR</b>	Arkansas	<b>ND</b>	North Dakota
<b>AZ</b>	Arizona	<b>NE</b>	Nebraska
<b>CA</b>	California	<b>NH</b>	New Hampshire
<b>CO</b>	Colorado	<b>NJ</b>	New Jersey
<b>CT</b>	Connecticut	<b>NM</b>	New Mexico
<b>DC</b>	District of Columbia	<b>NV</b>	Nevada
<b>DE</b>	Delaware	<b>NY</b>	New York
<b>FL</b>	Florida	<b>OH</b>	Ohio
<b>GA</b>	Georgia	<b>OK</b>	Oklahoma
<b>HI</b>	Hawaii	<b>OR</b>	Oregon
<b>IA</b>	Iowa	<b>PA</b>	Pennsylvania
<b>ID</b>	Idaho	<b>RI</b>	Rhode Island
<b>IL</b>	Illinois	<b>SC</b>	South Carolina
<b>IN</b>	Indiana	<b>SD</b>	South Dakota
<b>KS</b>	Kansas	<b>TN</b>	Tennessee
<b>KY</b>	Kentucky	<b>TX</b>	Texas
<b>LA</b>	Louisiana	<b>UT</b>	Utah
<b>MA</b>	Massachusetts	<b>VA</b>	Virginia
<b>MD</b>	Maryland	<b>VT</b>	Vermont
<b>ME</b>	Maine	<b>WA</b>	Washington
<b>MI</b>	Michigan	<b>WI</b>	Wisconsin
<b>MN</b>	Minnesota	<b>WV</b>	West Virginia
<b>MO</b>	Missouri	<b>WY</b>	Wyoming
<b>MS</b>	Mississippi		

#### Abbreviations for Mexican States

For Mexican Licencia Federal de Conductor, use ‘MX’ for all entries in the State data field.

## FMCSA Drug and Alcohol Clearinghouse Driver Queries: Batch Upload

### [FMCSA24] Page 4 of 4

#### Abbreviations for Canadian Provinces

For Canadian CDL License Numbers, use the following codes for the Canadian province in the State data field:

<b>AB</b>	Alberta	<b>NU</b>	Nunavut
<b>BC</b>	British Columbia	<b>ON</b>	Ontario
<b>MB</b>	Manitoba	<b>PE</b>	Prince Edward Island
<b>NB</b>	New Brunswick	<b>QC</b>	Quebec
<b>NF</b>	Newfoundland and Labrador	<b>SK</b>	Saskatchewan
<b>NS</b>	Nova Scotia	<b>YT</b>	Yukon Territory
<b>NT</b>	Northwest Territory		

Below is an example used by the Clearinghouse for an Excel batch queries to be uploaded.

Bulk_Upload__TSV						
LastName	FirstName	DOB	CDL	Country	State	QueryType
Smith	Johnathan	05/07/1995	2342424	US	MA	2
Hammond	Johnathan	02/01/1954	21132	CA	ON	1
Gonzalez	Sylvia	10/05/1970	123454556	MX	TB	3

NAME OF EMPLOYER: Columbia County Board of County Commissioners

USDOT #: \*\*\*Entity DOT Number\*\*\*

## FMCSA CLEARINGHOUSE CDL DRIVER ACKNOWLEDGMENT OF TRAINING MATERIALS [FMCSA25]

I acknowledge that I have received from my Employer Federal Motor Carrier Services Administration (FMCSA) Clearinghouse training materials for CDL Drivers to help me better understand the new FMCSA Clearinghouse national database which goes live on January 6, 2020, and other helpful resources:

- 1) I understand that the Clearinghouse may only be accessed as authorized by the FMCSA Clearinghouse Final Rule which I am encouraged to review at: [www.fmcsa.dot.gov/regulations/commercial-drivers-license-drug-and-alcohol-clearinghouse](http://www.fmcsa.dot.gov/regulations/commercial-drivers-license-drug-and-alcohol-clearinghouse) and Clearinghouse website: <https://clearinghouse.fmcsa.dot.gov/>
- 2) I have received the FMCSA Published Clearinghouse CDL Driver Education Sheets, and links to [Driver's Factsheet](#) [Driver Brochure](#) and [Reporting Obligations](#);
- 3) I have been encouraged by my Employer to [Register in the Clearinghouse](#) beginning in October 2019, using my CDL #, State of Issue and Country of Issue so that I can review free of charge any information in the Clearinghouse Database on me;
- 4) I have been encouraged by my Employer to [Subscribe](#) to receive Clearinghouse email updates directly from the FMCSA;
- 5) I understand that after 1.6.2020, the Clearinghouse will contain information on all CDL driver drug and alcohol program violations. These violations include:
  - a. Report for duty/remain on duty for safety-sensitive function with alcohol concentration of 0.04 or greater or while using any drug specified in the regulations (Part40), other than those prescribed by a licensed medical practitioner
  - b. Alcohol use while performing, or within four hours of performing, a safety-sensitive function
  - c. Alcohol use within eight hours of a post-accident alcohol test
  - d. Test positive for use of specified drugs
  - e. Refusing to submit to a required alcohol or drug test
  - f. Actual Knowledge by an Employer of Driver Substance Abuse
- 6) I acknowledge the Regulations require that in the event I am working for another FMCSA Covered Employer, and I have violated the alcohol and controlled substances prohibitions, I must notify in writing all current FMCSA Covered Employers of such violation(s) before the end of the business day following the day I received notice of the violation, or prior to performing any safety-sensitive function, whichever comes first. I understand that failure to do so may subject me to FMCSA fines and penalties.
- 7) *I have been encouraged by my Employer to get help now if I have a substance abuse problem.*

Read, Acknowledged and Understood this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Driver Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

CDL # \_\_\_\_\_ State of Issue \_\_\_\_\_ Country of Issue \_\_\_\_\_

DOB (Date of Birth). Format is MM/DD/YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_

Personal Email: \_\_\_\_\_@\_\_\_\_\_

Mobile phone: (\_\_\_\_) \_\_\_\_\_

NAME OF EMPLOYER: Columbia County Board of County Commissioners

USDOT #: \*\*\*Entity DOT Number\*\*\*

## FMCSA CLEARINGHOUSE ACCESS CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGMENT [FMCSA26]

I acknowledge that as part of my job duties working on behalf of the above Employer, a Federal Motor Carrier Services Administration (FMCSA) covered Employer, or Service Agent, that I have certain confidentiality and accuracy responsibilities, and access restrictions, concerning the FMCSA Clearinghouse database. Concerning my FMCSA Clearinghouse database access authorization, I acknowledge and agree as follows:

- 1) The Clearinghouse may only be accessed as authorized by the FMCSA Clearinghouse Final Rule, with the consent of the Driver, which I am to review at: [www.fmcsa.dot.gov/regulations/commercial-drivers-license-drug-and-alcohol-clearinghouse](http://www.fmcsa.dot.gov/regulations/commercial-drivers-license-drug-and-alcohol-clearinghouse) and the Clearinghouse Guidance on [QUERIES AND CONSENT REQUESTS](#) and [Reporting Obligations](#);
- 2) The Final Rule requires persons reporting information to the Clearinghouse to do so truthfully and accurately and the Regulations prohibits anyone from reporting false information, inaccurate or misleading information, or information that *should* be known as false or inaccurate;
- 3) No one may disclose or disseminate any information obtained from the FMCSA Clearinghouse except in accordance with the Final Rule;
- 4) Employers are specifically prohibited from using information from the Clearinghouse for any other purpose other than to assess or evaluate whether a driver is prohibited from operating a Commercial Motor Vehicle (CMV);
- 5) An employer, employee, medical review officer, or service agent who violates any provision of the Final Rule shall be subject to the civil and/or criminal penalty provisions as provided for in the Final Rule;
- 6) Clearinghouse registration may be revoked for anyone who fails to comply with any of the prescribed rights and restrictions on access to the Clearinghouse, including but not limited to, submission of inaccurate information, misuse or misappropriation of access rights, or use of protected information from the Clearinghouse for a purpose other than whether a driver is prohibited from operating a CMV; and
- 7) Anyone making an inadvertent error should make a correction immediately upon discovering the error.

Read, Acknowledged and Agreed to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Mobile phone: (\_\_\_\_) \_\_\_\_\_ Direct phone: (\_\_\_\_) \_\_\_\_\_

## DESIGNATED EMPLOYER REPRESENTATIVE (DER) GUIDELINES

The following are helpful tips the DER and/or alternate DER may wish to consult in fulfilling their duties and responsibilities under 49 CFR Part 40 and 49 CFR Part 382:

### Getting Started:

Establish date for introduction of the **Controlled Substances and Alcohol Use and Testing Policy and Procedures** to Drivers. You should secure a drug and alcohol awareness video for the meeting and send out notice of meeting date and time. Make a copy of the **Controlled Substances and Alcohol Use and Testing Policy and Procedures** for each Driver. You may wish to have them bound and printed on both sides of the paper. **Note:** the **Forms Toolkit** and **DER Guidelines** are not to be given to the Drivers at the meeting but can be viewed by them at any time.

On date of Driver awareness training have sign in log out for Drivers to sign **Driver Awareness Training Session Log [FMCSA04]**. Distribute to each Driver the following: **Cover page, Letter to Drivers and Applicants, Controlled Substances and Alcohol Use and Testing Policy, Drug Awareness Information and Substance Abuse Professional** resources. Show video and then walk through significant policy provisions. At the end of the program have each active Driver sign the **Covered Driver Certificate of Receipt [FMCSA01]** and place in their personnel file.

Establish a random testing program in conformity with DOT guidelines using a scientifically accurate method for selection.

Establish a time and date to conduct reasonable suspicion training for supervisors. This training should be one hour for alcohol and one hour for drugs. Have them sign on the **Supervisors Training Session Log [FMCSA03]** and note the date that they completed the training. Also contained in the forms toolkit you will find **Reasonable Suspicion Contemporaneous Observation Checklist [FMCSA08]**, **Reasonable Suspicion Long-Term Observation Checklist [FMCSA09]** and **Reasonable Cause Guidelines and Tips for Supervisory Intervention [FMCSA10]**. Each of the supervisors should be given these and asked to study them.

As you consider and select each of the Service Agents (collectors, SAPs, MROs, STTs, BATs, TAPs, etc.) you will be using to assist you with this program you should send them a **Notice to Service Agent [FMCSA05]** letter. Date your calendar to make sure you receive a response from the Service Agent within 30 days. Check the DOT website ([www.dol.gov/ost/dapc/pie.html](http://www.dol.gov/ost/dapc/pie.html)) to make sure your selected Service Agent has not been subject to a “Public Interest Exclusion” (PIE) by the DOT.

Prepare file folders for your **Controlled Substances and Alcohol Use and Testing Policy and Procedures** records retention and maintain them separate from personnel files as you would medical records. Review 49 CFR Part 40 and FMCSA Part 382 regulations as to record keeping requirements.

For applicants, you will need to do a background check utilizing **Confidential Request for Information on DOT Safety-Sensitive Former Employees [FMCSA06]**. The applicant must fill out page 3 of the form and sign the consents on pages 1 & 2. This should be sent to each former employer the employee identifies that he/she performed any DOT related functions for during the past 2 years. Each applicant should sign the **Pre-employment Substance Testing Acknowledgment [FMCSA02]** and circle yes or no on any prior DOT drug and alcohol testing violation.

**IMPORTANT:** Read the Regulations: 49 CFR Part 40 and 49 CFR Part 382.

## **Applicant/Driver Testing:**

Utilize the form **Employer Referral and Authorization for Drug/Alcohol Screening or Testing [FMCSA07]**, fill it out and fax it to the collection site in advance of the donor's arrival. If donor does not timely arrive, complete the Declaration and request that the collector also complete the faxed version.

If the Driver fails to show on time, you should receive a call from the collection site. Failure to show up on time is usually determined to be a "refusal to test" subjecting the Driver to the removal from safety-sensitive duties as well as discipline under your **Policy Statement**. If there is a refusal, you may wish to consider faxing to the collection site **Acknowledgment of Consequences of Refusal to Participate in Drug or Alcohol Testing & Declaration [FMCSA20]** while the Driver is still present. Complete the Declaration if the donor conduct rises to the level of a DOT violation. The value of the Refusal Form is to impress on the donor the adverse consequence of their action. Once you have signed the Declaration, provide the donor a copy of the completed form, not the original which should be kept in your DOT regulated files.

## **CMRO Report**

In the event that the CMRO is seeking to locate the Driver following a laboratory test, you should utilize the **DER/MRO Referral [FMCSA12]** form. This is an Driver notification log and the form itself lays out both the record keeping that you need to maintain as well as a sample script when talking to the Driver/donor.

## **Post-Accident**

In the event an accident is called in locate the **Post-Accident Reportable Accident Form [FMCSA11]** and complete as much as possible after talking to the driver and follow the procedures. Document all contacts on the form.

## **Reasonable Suspicion**

Use the **Reasonable Suspicion Contemporaneous Observation Checklist [FMCSA08]** and the **Reasonable Suspicion Long-Term Observation Checklist [FMCSA09]** with trained supervisors to make the required written determination of reasonable suspicion of drug or alcohol use. Once a written determination has been made, give the supervisor the **Reasonable Cause Guidelines And Tips For Supervisory Intervention [FMCSA10]** form to assist them with the intervention.

If the alcohol test is not completed within 2 hours of the determination, complete the "Time is Critical" section.

## **Removal from Safety-Sensitive Duty on a Verified Positive or Refusal**

Do not wait on CMRO written report but act upon the CMRO oral report of verified positive drug test, adulterated or substituted drug test.

Provide to the Driver who violated the DOT regulations **Driver Notification and Acknowledgment of DOT Drug and Alcohol Regulations [FMCSA14]** with the **Substance Abuse Professional** resource list and any local SAPs acceptable to the employer from your **Controlled Substances and Alcohol Use and Testing Policy**.

## SAP Referrals

If you wish to make a SAP referral, use the **DOT SAP Referral [FMCSA15]** and provide to the SAP the **SAP Initial Evaluation and Recommendations [FMCSA16]** form for them to make a report to you.

If after receiving the SAP Initial Evaluation, you wish to consider granting the Driver a last chance. Review the **Last Chance Guidelines [FMCSA17]**. This will help you objectively determine whether or not you should grant the Driver a last chance or not. You may modify these as you wish as granting a last chance is not DOT required.

If you do decide to grant the Driver a last chance, you may use the **Last Chance Agreement [FMCSA18]** or **Work Continuation Agreement [FMCSA19]** depending on the circumstances, and customize it based upon the particular SAP recommendations.

## Drug & Alcohol DOT Violations

For DOT violations of which the DOT Employer has “actual knowledge,” you should complete the **Notice to Driver of Employer’s Receipt of Actual Notice of Driver’s Violation of FCSA Regulation(s) [FMCSA21]** and sign the Declaration. Provide the Driver a copy of the completed form, not the original, which should be kept in your DOT regulated files.

## Confidential Fitness for Safety Sensitive Duty Report by Driver’s Treating Physician Concerning Evaluation of Impairing Effect Medications [FMCSA22]

Treating all information received as highly confidential, entering into an interactive discussion with the Driver about safety concerns and not specific medications or medical conditions, documenting you activities, using your MRO to discuss solutions with the treating physician, all before making a decision to remove from safety sensitive duty are all risk reduction steps.

## Employer Report to the FMCSA Clearinghouse [FMCSA23]

Effective January 6, 2020 the FMCSA mandates the Employer file, upload a certified a report of violations, Return to Duty testing, and process to completion.

## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse for the Duration of Employment [FMCSA24]

Have each CDL Driver of a Commercial Motor Vehicle Complete and Sign.

## FMCSA Clearinghouse CDL Driver Acknowledgment of Training Materials [FMCSA25]

Have each CDL Driver of a Commercial Motor Vehicle Complete and Sign.

## FMCSA Clearinghouse Access Confidentiality Agreement and Acknowledgment [FMCSA26]

Employers should have each person with Clearinghouse Access (except Drivers) to complete and sign

**Disclaimer:** The information contained in these guidelines, is not, nor is it intended to be, legal advice. The application and impact of laws can vary widely based on the specific facts involved. You should consult the regulations and an attorney for individual advice regarding your own situation.

## ACKNOWLEDGEMENT AND RECEIPT

I have received a copy of the Columbia County, Florida Drug-Free Workplace Act Policy revised and adopted by the Columbia County Board of County commissioners on December 19, 2019.

The Columbia County, Florida Drug-Free Workplace Act Policy contains personnel rules which apply to me. I agree to read the Columbia County, Florida Drug-Free Workplace Act Policy and follow it during my employment with the County. I further understand it may be amended anytime. In that case changes will be communicated to me.

I understand this Columbia County, Florida Drug-Free Workplace Act Policy is County property and upon my separation from County Employment is to be returned to the Human Resource Director's office.

---

Employee Signature

---

Date

---

Employee Name (Print or Type)

---

Witness



**COLUMBIA COUNTY  
DRUG-FREE WORKPLACE ACT**

**COLUMBIA COUNTY BOARD OF COUNTY  
COMMISSIONERS APPROVED ~~5/4/2017~~ 12/19/2019  
RONALD WILLIAMS, CHAIRMAN**

Revised ~~January 2012~~ December 19, 2019

## **I. GENERAL STATEMENT OF POLICY**

This is your official notice of the Drug Free Workplace Policy of Columbia County, Florida. This policy is implemented pursuant to Florida Statutes, Sections 440.101-440.102, Florida Administrative Code, Rule 69L-9.015, and additionally conforms with all federal Department of Transportation regulations including 49 C.F.R. Parts 391, 40, and 383, and all other applicable federal, state and local laws. A copy of this policy will be maintained by the Director of Human Resources, and available for review at 135 NE Hernando Avenue # 203, Lake City FL.

If any provision of this policy differs from the Collective Bargaining Agreement (CBA) between Northeast Florida Public Employees' and Columbia County Board of County Commissioners, then the CBA controls.

The County has developed its drug-free workplace policy in substantial compliance with The Workers' Compensation Premium Reduction Act FLA. STAT. ANN. §440.101 to .102 and FLA. ADMIN. CODE ANN. r. 59A-24 and the Fourth Amendment to the United States Constitution as it covers employees of governmental entities and the Fourth Amendment to the United States Constitution as it covers employees of governmental entities.

The County acknowledges the problem of substance abuse, including alcohol, in our society. Furthermore, the County sees substance abuse as a serious threat to its employees and the community we serve. The County has always been committed to providing a safe work environment and fostering the well-being and health of its employees. Illegal drug use or alcohol abuse may jeopardize this commitment and undermine the capability of the County in providing the quality service that the community expects of it. The County has adopted a policy regarding the illegal use of drugs and alcohol abuse that best serves the interests of all employees. The policy formally and clearly states that the illegal use of drugs and abuse of alcohol will not be tolerated.

As a condition of employment, all employees must refrain from reporting to work or working with the presence of illegal drugs or alcohol in his or her body. In addition, all employees are absolutely prohibited from manufacturing, distributing, dispensing, possessing, using or being under the influence of illegal drugs at any place and at any time, and alcohol or prescribed drugs with the potential to impair the employee while on County property or any work-site at any time, and while on County business at any place at any time.

Employees must report any criminal infractions received relating to drugs and/or alcohol within 24 hours of the infraction to their supervisor. This includes, but is not limited to, citations or arrests for possession of a controlled substance, driving under the influence of drugs and/or alcohol, sale or trafficking of a controlled substance. Failure to notify your supervisor or the County of receipt of any criminal infraction relating to drugs and/or alcohol is a violation of this Policy.

Violation of this policy shall subject the employee to disciplinary action up to and including dismissal.

**Employees who refuse to submit to a test, as authorized below, for drugs or alcohol, or who test positive in a confirmed positive drug and/or alcohol test are subject to disciplinary action, up to and including dismissal. Furthermore, employees who refuse to submit to a test, as authorized below, for drugs or alcohol, or who test positive in a confirmed positive drug and/or alcohol test, following an injury while on duty forfeit eligibility for medical and indemnity benefits under the workers' compensation laws. See §440.101, Florida Statutes. Job applicants who refuse to submit to a test for drugs or alcohol, or who test positive in a confirmed positive drug and/or alcohol test will be denied employment with the County.**

A list of drugs, for which the County will conduct drug testing, is contained herein under subsection V. In addition, subsection IV sets forth over-the-counter and prescription medications that could alter or affect the outcome of a drug test.

## **COVERAGE**

### **Covered Employees**

The County's drug-free workplace policy covers all non-DOT part-time and full-time employees, as well as DOT employees on occasions when they are involved in accidents that would not otherwise be classified as a "DOT accident". Employees who are leased or subcontracted to clients may be required to submit to testing if it is a condition of a client's substance abuse program, provided such testing is within the parameters of Florida law as well as any federal laws.

All employees performing safety-sensitive functions, and all final applicants for positions where safety-sensitive functions are performed and all other employees where reasonable suspicion exists. Safety-sensitive employees are those who discharge duties (either in their normal job classification or in times of emergency re-assignment) so fraught with risks of injury to others that even a momentary lapse of concentration can have disastrous consequences, such that the health and welfare of other employees or the public mandates environmental injury and/or significant property damage that steps be taken to ensure that the people in these positions are not under the influence of drugs or alcohol at work. Using the above criteria, the following positions have been classified by the County as safety-sensitive: \*\*\*attached list of job classifications\*\*\*. Elected officials who are not otherwise classified as employees are not subject to testing under this Policy.

This policy also covers DOT-covered County employees who possess and Commercial Driver's License (CDL) when they are not performing DOT related covered functions. Attached to this policy as an addendum is the Federal Motor Carrier Safety Administration (FMCSA) policy which covers all employees of the County holding a CDL.

### **Applicants**

All job applicants for non-DOT positions also are covered by this policy inasmuch as the County has extended a conditional offer of employment.

## **DEFINITIONS**

**The following terms and their definitions are taken directly from statutory language of Section 440.102 of the Florida Workers' Compensation Code. Additional terms are defined later in this section of the policy.**

1. "Chain of custody" refers to the methodology of tracking specified materials or substances for the purpose of maintaining control and accountability from initial collection to final disposition for all such materials or substances and providing for accountability at each stage in handling, testing, and storing specimens and reporting test results.
2. "Confirmation test," "confirmed test," or "confirmed drug test" means a second analytical procedure used to identify the presence of a specific drug or metabolite in a specimen, which test must be different in scientific principle from that of the initial test procedure and must be capable of providing requisite specificity, sensitivity, and quantitative accuracy.
3. "Drug" means alcohol, including a distilled spirit, wine, a malt beverage, or an intoxicating liquor; an amphetamine; cannabinoids; cocaine; phencyclidine (PCP); a hallucinogen; methaqualone; an opioid; a barbiturate; a benzodiazepine; a synthetic narcotic; a designer drug; or a metabolite of any of the above substances and mind altering synthetic narcotics or designer drugs. The term "illegal use of drugs" includes any controlled or scheduled drug not used in accordance with a health care provider's lawful prescription for the user, or any substances banned by Federal or applicable State laws. An employer may test an individual for any or all of such drugs.
4. "Drug rehabilitation program" means a service provider, established pursuant to s. 397.311(28), that provides confidential, timely, and expert identification, assessment, and resolution of employee drug abuse.
5. "Drug test" or "test" means any chemical, biological, or physical instrumental analysis administered, by a laboratory certified by the United States Department of Health and Human Services or licensed by the Agency for Health Care Administration, for the purpose of determining the presence or absence of a drug or its metabolites.
6. "Employee" means any person who works for salary, wages, or other remuneration for an employer.
7. "Employee assistance program" means an established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and assistance; and follow-up services for employees who participate in the program or require monitoring after returning to work. If, in addition to the above activities, an employee assistance

program provides diagnostic and treatment services, these services shall in all cases be provided by service providers pursuant to s. 397.311(28).

8. "Employer" means a person or entity that employs a person and that is covered by the Workers' Compensation Law.
9. "Initial drug test" means a sensitive, rapid, and reliable procedure to identify negative and presumptive positive specimens, using an immunoassay procedure or an equivalent, or a more accurate scientifically accepted method approved by the United States Food and Drug Administration or the Agency for Health Care Administration as such more accurate technology becomes available in a cost-effective form.
10. "Job applicant" means a person who has applied for a position with an employer and has been offered employment conditioned upon successfully passing a drug test, and may have begun work pending the results of the drug test. For a public employer, "job applicant" means only a person who has applied for a special-risk or safety-sensitive position.
11. "Medical review officer" or "MRO" means a licensed physician, employed with or contracted with an employer, who has knowledge of substance abuse disorders, laboratory testing procedures, and chain of custody collection procedures; who verifies positive, confirmed test results; and who has the necessary medical training to interpret and evaluate an employee's positive test result in relation to the employee's medical history or any other relevant biomedical information.
12. "Post-Accident/Incident Testing" means testing that may be conducted of safety-sensitive employees under the following circumstances: 1) the employee involved in the incident/accident was actively engaged in the activity which objectively could have caused or contributed to the injury or damage; or 2) the employee was operating, controlling, or repairing any machinery, tool, device, equipment or vehicle that was involved in the incident/accident; or 3) the employee's action or in-action was likely a contributing factor to the incident/accident or cannot be completely discounted as a contributing factor based on current info; or 4) testing is being conducted as part of the County's Post Incident/Accident Investigation related to possible Workers' Compensation Disqualification; or 5) testing is being conducted for other non-injured employees whose actions, or in-action, could have contributed to the incident/accident as part of a root cause investigation; or 6) post-accident drug testing is required by the Workers' Compensation State Compliant Drug Free Workplace Policy as a loss time injury, or by the Workers' Compensation Carrier, Site Owner, Customer, or General Contactor as part of premises access requirement.
13. "Prescription or nonprescription medication" means a drug or medication obtained pursuant to a prescription as defined by s. 893.02 or a medication that is authorized pursuant to federal or state law for general distribution and use without a prescription in the treatment of human diseases, ailments, or injuries.

14. "Public employer" means any agency within state, county, or municipal government that employs individuals for a salary, wages, or other remuneration.
15. "Reasonable-suspicion drug testing" means drug testing based on a belief that an employee is using or has used drugs in violation of the employer's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:
- a. Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
  - b. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
  - c. A report of drug use, provided by a reliable and credible source.
  - d. Evidence that an individual has tampered with a drug test during his or her employment with the current employer.
  - e. Information that an employee has caused, contributed to, or been involved in an accident while at work.
  - f. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.
16. "Safety-sensitive position" means, with respect to a public employer, a position in which a drug impairment constitutes an immediate and direct threat to public health or safety, such as a position that requires the employee to carry a firearm, perform life-threatening procedures, work with confidential information or documents pertaining to criminal investigations, or work with controlled substances; a position subject to s. 110.1127; or a position in which a momentary lapse in attention could result in injury or death to another person.
17. "Special-risk position" means, with respect to a public employer, a position that is required to be filled by a person who is certified under chapter 633 or chapter 943.
18. "Specimen" means tissue, hair, or a product of the human body capable of revealing the presence of drugs or their metabolites, as approved by the United States Food and Drug Administration or the Agency for Health Care Administration.

## **Employees shall be subject to the following drug and alcohol testing:**

### **1.     Job Applicant Testing**

Job applicants for employment may be tested for the presence of drugs and alcohol. **A job applicant who refuses or fails to take a test as required by the County will be disqualified from employment with the County.** A job applicant with a confirmed positive drug test will likewise be disqualified from employment consideration. As used in this section, the term “job applicant” includes any person who will begin work for the County pending the results of the drug and alcohol test. It is the obligation of the job applicant to notify the approved testing facility of any controlled substances prescribed for the job applicant by a physician or dentist.

### **2.     Reasonable Suspicion Testing**

Any employee may be required by the County to submit to a drug/alcohol test if reasonable suspicion exists to believe the employee is using drugs or alcohol in violation of this policy. A reasonable suspicion is a belief that an employee is using, or has used drugs or alcohol in violation of this policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon, but not limited to:

- a.     Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug;
- b.     Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
- c.     A report of drug use, provided by a reliable and credible source;
- d.     Evidence that an individual has tampered with a drug test during his/her employment with the County;
- e.     Information that an employee has caused, contributed to, or been involved in an accident while at work;
- f.     Evidence that an employee has used, possessed, sold, solicited, or transferred illegal drugs while working or while on the County’s premises or while operating County vehicles, machinery, or equipment.
- g.     An employee’s arrest for a drug or alcohol related offense.

### **3.     Follow-up Testing**

If an employee enters a drug or alcohol rehabilitation program, upon return to work the employee will be required to submit to a follow up drug or alcohol test at least once a year for a 2-year period thereafter. **Advance notice of the follow-up testing will not be given to the employee.**

#### 4. Post-Accident Testing

Testing of Safety-sensitive employee may be conducted of safety-sensitive employees under the following circumstances: 1) the employee involved in the incident/accident was actively engaged in the activity which objectively could have caused or contributed to the injury or damage; or 2) the employee was operating, controlling, or repairing any machinery, tool, device, equipment or vehicle that was involved in the incident/accident; or 3) the employee's action or in-action was likely a contributing factor to the incident/accident or cannot be completely discounted as a contributing factor based on current info; or 4) testing is being conducted as part of the County's Post Incident/Accident Investigation related to possible Workers' Compensation Disqualification; or 5) testing is being conducted for other non-injured employees whose actions, or in-action, could have contributed to the incident/accident as part of a root cause investigation; or 6) post-accident drug testing is required by the Workers' Compensation State Compliant Drug Free Workplace Policy as a loss time injury, or by the Workers' Compensation Carrier or Fund.

If an employee causes, contributes or is involved in an accident, while on duty for the County, the employee will be required to submit to a post-accident drug test. If an injured worker refuses to submit to a drug or alcohol test following an accident, it shall be pronounced that the injury was occasioned primarily by the influence of drugs or alcohol. Accordingly, a delay in reporting a work-related accident may jeopardize eligibility for workers' compensation benefits under Florida law. The failure of an employee to report any accident or injury sustained while on duty within twenty-four (24) hours of its occurrence will result in the presumption that the employee was under the influence of drugs and/or alcohol at the time of the occurrence.

#### 5. Routine Fitness for Duty Testing

Those employees required to submit to routine fitness-for-duty medical examinations pursuant to their position, may be required to submit to a drug and alcohol test.

#### 6. CDL Holders Testing

Those employees required by the County to possess a valid Commercial Drivers License (CDL) are subject to drug and alcohol testing as mandated and regulated by federal law, including job applicant testing, reasonable suspicion testing, post-accident testing, return to duty testing, follow-up testing, biennial (periodic) testing, and random testing. Pursuant to the Federal Highway Administration Controlled-Substance Testing Regulations, a person who tests positive for the use of controlled substance, defined as Marijuana, Cocaine, Opiates, Amphetamines, and Phencyclidine (PCP), is medically unqualified to



operate a commercial motor vehicle. A refusal or failure to take a test as required will constitute a positive result.

Random alcohol testing must be conducted just before, during, or just after a driver's performance of safety-sensitive duties. The driver is randomly selected for testing from a "pool" of subject drivers. The testing dates and times are unannounced and are reasonably spread throughout the year. Each year, the number of random tests conducted by the employer must equal at least 10% of average number of driver positions subject to the regulations.

Random drug testing must be conducted on at least 50% of the total number of safety-sensitive drivers the County employs each year. For example, if the County employs 100 CDL holders, the County must conduct 50 drug tests during the year. Therefore, if the County tests CDL holders quarterly, or every 3 months, the County must randomly select either 12 or 13 employees holding CDL licenses each quarter and require the employees to submit to a drug test. Some drivers may be tested more than once each year; some may not be tested at all depending on the random selection. Random testing for drugs does not have to be conducted in immediate time proximity to performing safety-sensitive functions. Once notified of selection for testing, however, a driver must proceed immediately to a collection site to accomplish the urine specimen collection.

## **II. APPLICABLE PROCEDURES**

### **1. Testing Procedures**

All initial and confirmation testing under the Drug Free Workplace Program shall be conducted in accordance with Florida Statutes, including Section 440.102, and the applicable rules of the Florida Agency for Healthcare Administration. Alternatively, all testing performed on CDL employees shall be conducted in accordance with the Federal Highway Administration Controlled-Substance Testing Regulations. All confirmed tests shall be received by the County's designated Medical Review Officer ("MRO").

Employees and job applicants, where applicable, are required to sign a Consent to Employee Testing Form when requested to submit for drug testing.

Drug testing is conducted by qualified collection site personnel at a collection site designated by an approved laboratory. Drug, excluding alcohol, testing will normally be accomplished by testing a sample of urine. Blood or breath testing will be used as the initial and confirmation test for alcohol. The individuals collecting the samples shall, to the extent possible, respect the employee's privacy. If, however, there is reason to believe that an employee has tampered with the sample, re-testing may be conducted in the presence of the collector.

The County shall pay the cost of the initial and confirmation drug test. Employees shall pay the cost of any additional drug test. Employees shall be given the opportunity to disclose any lawful mediation being taken which might affect the test results.

No employment decision will be made on the basis of the initial drug test. A confirming gas chromatography mass spectrometry test will be conducted prior to any employment decisions.

Observed urine collections will only be conducted with the consent of the donor, and the observer will be by a person whose gender matches the donor's gender as identified by the donor at the beginning of the observed collection. Observed collections will be conducted in a professional manner that minimizes discomfort to the donor, and a medical professional may serve as the monitor, regardless of gender. The Medical Review Officer may recommend the collection of an alternate specimen (e.g., oral fluid) when a donor is unable to provide a sufficient amount of urine specimen at the collection site.

2. Right to Consult with MRO for Technical Information

Employees and applicants may consult with the MRO for technical information regarding prescription and non-prescription drugs.

3. Confidential Reporting Procedure

Employees and job applicants will have an opportunity to confidentially report the use of prescription or non-prescription medications both before and after being tested to the drug testing facility.

4. Employee's Right to Contest Results

An employee or job applicant who receives a positive confirmed test result may contest or explain the result to the MRO within five (5) working days after receiving written notification of the test result. If an employee's or job applicant's explanation or challenge is unsatisfactory to the MRO, the MRO shall report a positive test result back to the County.

Within five (5) working days after receipt of a positive confirmed test result from the MRO, the County will inform the employee or job applicant in writing of such positive test result, the consequences of such result, and the options available to the employee or job applicant, including the right to file an administrative or legal challenge. Upon request, the County will provide the employee or job applicant with a copy of the test result. The employee or job applicant may contest the results pursuant to law and the rules adopted by the Agency for Healthcare Administration.

An employee or job applicant will be allowed to submit information to the County explaining or contesting the results within five (5) working days after receiving notice of the positive confirmed test result from the County. Within fifteen (15) days after receiving the explanation or challenge, the County will provide a written explanation as to whether the employee or job applicant's explanation is satisfactory or unsatisfactory, along with the report of the positive test result. The employee or job applicant's explanation or

challenges, the County's Response and the employee's positive test result will remain confidential, and shall be retained by the County for at least one year.

5. Notice of Administrative and/or Civil Proceeding

Pursuant to Florida Statutes, Sections 112.0455(8)(h) and 440.102(3)(a)(9), an employee or job applicant who institutes an administrative and/or civil proceeding as a result of the test must notify the laboratory taking the test of such proceeding.

6. Confidentiality

Unless authorized by written consent of the employee or applicant, all information, interviews, reports, statements, memoranda and drug test results received will be treated as strictly confidential, and will only be divulged in accordance with Florida Statutes, Section 440.102, or as otherwise required or permitted by law.

**III. REFUSAL TO SUBMIT TO DRUG TEST**

Employees who refuse to submit to a test for drugs or alcohol are subject to disciplinary action, up to and including dismissal. If the refusal follows a work-related injury, in addition to disciplinary action up to and including dismissal, employees forfeit eligibility for medical and indemnity benefits under workers' compensation laws. Job applicants who refuse to submit to a test for drugs or alcohol will be denied employment with the County.

**IV. COMMON MEDICATIONS THAT COULD ALTER OR AFFECT THE OUTCOME OF A DRUG TEST**

The following is a list of prescription and over-the-counter medications which alter or affect the outcome of a drug test:

Alcohol	All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contac Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).
Amphetamines	Obetrol, Biphedamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin.
Cannabinoids	Marinol (Dronabinol, THC).
Cocaine	Cocaine HCl topical solution (Roxanne).
Phencyclidine	(Not legal by prescription).
Methaqualone	(Not legal by prescription).

Opiates	Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guafacis AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Tussi-organidin, etc.
Barbiturates	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butalbital, Phrenilin, Triad, etc.
Benzodiazepines	Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.
Methadone	Dolophine, Metadose.
Propoxyphene	Darvocet, Darvon N, Dolene, etc.

Due to the large number of obscure brand and generic names of medicines, this list cannot and is not intended to be all-inclusive.

## V. **DRUGS TESTED**

The following is a list of substances for which employees and job applicants may be tested:

<b><u>CHEMICAL NAME OR GROUPING</u></b>	<b><u>STREET OR BRAND NAME</u></b>
1. Cocaine, Crack	Coke, Snow, Toot, C, Flake, Happy Dust, Rock, Crack Freebase, Bernice, Bernies
2. Amphetamines	Crystal Meth, Meth
3. Cannabinoid (Marijuana)	Pot, Grass, Joint, Weed, Reefer, Hash, Mary Jane, Green
4. Amphetamines	Speed, Uppers, Pep Pills, Bennies, Black Beauties
5. <u>Opioids</u>	Opium, Morphine, Codeine. Heroin, Hydrocodone, Oxycodone, HCl, Meperidine, Hydromorphone Smack, Black Tar, Junk, <u>and oxymorphone</u>
6. Phencyclidine (PCP)	

	Angel Dust, Hog, Peach Pill, Zoot, Crystal, DOA, Dummy Dust, Goodn, Embalming Fluid, Killer Weed, Monkey Dust, Tic Tac, Trang
7. Alcohol	Booze, Liquor, Moonshine, Cocktails, Drinks, Beer, Wine
8. Methaqualone	Quaalude
9. Barbiturates	
10. Benzodiazepines	
11. Synthetic Narcotics	Methadone, Propoxyphene

## **VI. CONSEQUENCES OF A POSITIVE DRUG/ALCOHOL TEST**

### **A. Voluntary Disclosure of Substance Abuse**

Voluntary disclosure by an employee of substance abuse will be handled without penalty for the first occasion, so long as disclosure is prior to any drug screen provided herein. Management will refer the employee disclosing substance abuse to an appropriate rehabilitation program.

Management will make every effort to minimize time lost from work. However, any County employee occupying a position classified as special-risk or safety-sensitive who thereafter enters into a drug or alcohol rehabilitation program may not be allowed to continue to work in their position, but may be assigned to a position other than a safety-sensitive position or placed on leave while the employee is participating in the program. These employees shall be permitted to use any accumulated annual leave credits. However, to the extent necessary, the County will place the employee on unpaid leave for the duration of the rehabilitation program.

Any employee working in a safety-sensitive position as defined by County Policy is required, as a safety rule, to pre-duty disclosure that they are taking or using ANY impairing effect prescription, including medical marijuana, over-the-counter medications, mind altering synthetic or designer drugs or other substance which may have an effect on performance of safety-sensitive duties. This includes medical and recreational Marijuana, the use of which the County, for safety reasons, will not be able to accommodate employees working in safety sensitive positions. . However, for employees who are qualifying medical marijuana cardholders reporting to work in those states which have statutory anti-discrimination against the use of medical marijuana laws, qualifying employees, and applicants, may request a reasonable accommodation by contacting the DER and such request will be considered. If the fact that the employee is taking or using an impairing effect medication or substance is not disclosed pre-duty by a safety-sensitive

employee and the employee tests positive, is otherwise determined to be taking or using such, or is determined by the MRO to be a potential safety risk due to taking or using an impairing effect medication or substance, that employee will be subject to discipline, up to and including termination, for violation of this safety rule. If disclosure is made, the County reserves the right to send the employee for a Fitness-for-Duty evaluation to evaluate the medication or substance and its effects on the performance of safety-sensitive duties. In advance of testing, employees are encouraged to have their own doctor make an individualized assessment of any safety related risks of the medications or substances which they are taking or using, providing the doctor a copy of their job description and having the doctor to render an opinion on the safety related risks. The employee need not disclose to the County the medication or medical condition involved to fulfill the disclosure obligation of this Policy. All information provided will be kept separate from personnel files and in a confidential manner. The MRO will make the final determination on the safety related risks of any particular medication or substance. **Note:** *Safety-sensitive employees are those employees who discharge duties so fraught with risks of injury to self or others, environmental injury and/or property damage that even a momentary lapse of attention can have disastrous consequences. It is an essential job function safety rule applicable to every employee working in a safety sensitive classified position to be able to work in a constant state of alertness and in a safe manner.*

## **B. Positive Test Results**

Any employee, who pursuant to the provisions of this policy is requested to take a drug or alcohol test and the results are positive, the following consequences will occur:

### **1. All Employees**

For all County employees, absent the below exceptions, a positive drug test under this policy will result in the employee's suspension. The suspension will be without pay until he or she passes a subsequent drug test. If the employee is unable to pass a drug test within thirty (30) days, he or she will be discharged. If such an employee passes a drug test within thirty (30) days, he or she will be returned to work without back pay. If the employee is found to be again unable to pass a drug test due to a second violation of this policy, the employee will be discharged.

### **2. Employees Required to Possess a CDL**

For Department of Transportation (DOT) covered employees, if the drug test is positive, the employee is referred to a DOT listed Substance Abuse Professional (SAP) who refers the employee to treatment. DOT covered employees are also subject to a testing schedule set by the SAP. When the employee successfully completes the SAP process, the employee will take a return-to-duty drug and alcohol test.

### **3. Safety-Sensitive Positions**

"Safety-sensitive position" means a position in which a drug impairment constitutes an immediate and direct threat to public health or safety, such as a position that requires the

employee to carry a firearm, perform life-threatening procedures, or work with controlled substances; or a position in which a momentary lapse in attention could result in injury or death to another person. "Safety sensitive" and "special risk" are also defined in §440.102(1).

Regardless of whether or not the employee is DOT covered, or required to possess a CDL, any County employee in a "safety sensitive" position who tests positive for drugs or alcohol will be immediately removed from the safety-sensitive position. Pursuant to federal and Florida law, if the employee enters a drug or alcohol rehabilitation program, the County must assign the employee to a position other than a safety-sensitive position, or if such position is not available, place the employee on leave without pay while the employee is participating in the program.

#### **4. Special Risk Positions**

"Special-risk position" means, with respect to a public employer, a position that is required to be filled by a person who is certified under chapter 633 or chapter 943. Chapter 633 covers Fire Prevention and Control, therefore any position under the supervision of the State Fire Marshal. Chapter 943 covers the Department of Law Enforcement; therefore any sworn deputies would fall into the special-risk category. "Safety sensitive" and "special risk" are also defined in §440.102(1).

Any County employee who is employed in a special-risk position may be discharged or disciplined for the first positive confirmed test result if the drug confirmed is an illicit drug under Section 893.03, Florida Statutes. A special-risk employee who is participating in a drug or alcohol rehabilitation program may not be allowed to continue to work in any special-risk or safety-sensitive position of the public employer, but may be assigned to a position other than a safety-sensitive position or placed on leave without pay while the employee is participating in the program.

#### **5. Medical Marijuana**

If an applicant or employee with a legal referral for marijuana (for the treatment of a medical condition) tests positive based on the substance limits for the drug test, it will be reported by the lab as a "positive drug test" and will be treated in accordance with all other positive drug tests.

Employees and applicants shall be given an opportunity to provide any information relevant to the test, including identification of currently or recently used prescription or non-prescription medications as well as any legal referral for marijuana use for the treatment of a medical condition.

There are no additional exceptions for applicants or employees with legal referrals for marijuana.

Bcc approved: 5/4/2017

## **VII. ASSISTANCE PROGRAMS**

A list of names, addresses, and telephone numbers of drug and/or alcohol rehabilitation programs may be obtained by contacting Human Resources.



**COLUMBIA COUNTY'S  
DRUG-FREE WORKPLACE ACKNOWLEDGMENT FORM**

I have received, read, and understand and agree to comply with Columbia County's Drug-Free Workplace Policy, and understand that I will be subject to drug and alcohol testing as permitted under that Policy as a condition of employment. (If applying for employment, I understand that I will be tested upon receiving a conditional offer of employment.)

I understand that violation of that Policy or failure of a drug or alcohol test will result in disciplinary action, up to and including discharge, and may result in forfeiture of worker's compensation benefits.

\_\_\_\_\_  
Employee/Applicant's Signature

\_\_\_\_\_  
Date

**FORM A**

## **EMPLOYEE/APPLICANT INFORMATION SHEET**

I understand that upon completion of the collection of my specimen(s) for the County's drug and/or alcohol test that I may contact the Medical Review Officer ("MRO") listed below to provide any information that I believe is relevant to my test, or interpretation of my test results. I understand that the MRO is a licensed physician who will not conduct the test, but will receive the test results from the laboratory, verify proper chain of custody procedures have been used in transmitting my test specimen, and provide me an opportunity to explain my test results pursuant to Florida law. If the MRO receives a positive confirmed test result from the laboratory, he/she will contact me to provide me an opportunity to explain my test result. Medical information that I disclose to the MRO will be kept confidential, unless (1) the MRO believes that such information is relevant to my safety or the safety of other employees, (2) I provide written consent for its release, or (3) as otherwise required or permitted by law.

I understand that if I refuse to talk with the MRO regarding a positive confirmed test result, the MRO will validate the test as positive and note my refusal to speak with him/her.

### **MRO**

Paul Teynor, M.D.

Employers Drug Program Management

505 20<sup>th</sup> St. North,

Suite 1200 Financial Center

Birmingham, AL 35203

Ph: 205-326-3100 or Fax: 205-326-3122

---

Employee (Sign Name)

---

Employee (Print Name)

---

Date

Bcc Approved: 5/4/2017

**FORM B**

Dear \_\_\_\_\_:

This is to inform you that the County has received notice from the Medical Review Officer ("MRO") that you have tested positive on your recent drug test. You have five (5) working days to contest or explain the test result to the County. To do so, contact \_\_\_\_\_. If your explanation or challenge is unsatisfactory, you will be subject to (disciplinary action) in accordance with the County's Drug Free Workplace Policy. In addition, if you were injured on the job, you will forfeit your medical and indemnity benefits under the Florida Workers' Compensation Act, Chapter 440. The County will provide you with a written explanation of why your explanation or challenge was rejected, along with the report of the positive test result. A copy of the test result is also available upon request.

You have the right to file an administrative challenge to any denial of benefits with a Judge of Compensation Claims pursuant to Chapter 440, Florida Statutes, or a legal challenge. If you file a challenge, it is your responsibility to notify the testing laboratory. You may also have a portion of the sample retested, at your expense, at another qualified laboratory within 180 days.

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

Sincerely,

[BOCC Representative]

**FORM C**

## **REASONABLE SUSPICION REPORTING FORM**

This form shall be filled out by the reporting supervisor or other management personnel reporting a Reasonable Suspicion of Drug or Alcohol use in violation of the County's Drug Free Workplace Policy. The form should be filled out within 24 hours of testing based upon such suspicion. Upon request, the employee is entitled to a copy of this form. The original shall be forwarded to the Director of Human Resources. A reasonable suspicion is a belief that an employee is using or has used drugs or alcohol in violation of the County's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:

- a. Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug or alcohol;
- b. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
- c. A report of drug use, provided by a reliable and credible source;
- d. Evidence that an individual has tampered with a drug test during his or her employment with the County;
- e. Information that an employee has caused, contributed to, or been involved in an accident while at work;
- f. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the County's premises or while operating County vehicles, machinery, or equipment.
- g. An employee has been arrested for a drug-related and/or alcoholic offense.

\_\_\_\_\_[Name]\_\_\_\_ was asked to undergo a reasonable suspicion drug and alcohol test on [date] .

Reasonable suspicion for drug and alcohol testing was based upon the following (attach additional paper if necessary):

---

---

---

\_\_\_\_\_  
(Print name)

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

\_\_\_\_\_  
(Sign name)

**FORM D**