

GDOT INITIAL COMPREHENSIVE DESK REVIEW FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM

USER INSTRUCTIONS

File Name

GDOT INITIAL COMPREHENSIVE DESK REVIEW: FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM

Purpose

In order to establish and maintain a documented compliance oversight desk review and technical assistance program for each FTA sub-grantee, this questionnaire will provide GDOT district Public Transportation Coordinators (PTCs) a baseline method to gather and analyze current data and records pertaining to each sub-grantee's drug and alcohol program.

Content Coverage Period

This document is an *initial* desk review tool to analyze and document the current general state of compliance for each GDOT FTA sub-grantee.

It should be used as a baseline to gather all available data from each sub-grantee's drug and alcohol program.

Schedule of Use

This document should be used initially once for each current GDOT FTA sub-grantee to establish baseline data and records; as well as any new sub-grantees.

Subsequent updates, and ongoing compliance oversight and technical assistance, will be provided through the use of the following GDOT forms/tools, among others:

- *FTA SUB-GRANTEE DRUG & ALCOHOL CHECKLIST - ANNUAL FILE UPDATE*
- *ONSITE DRUG & ALCOHOL PROGRAM MONITORING QUESTIONNAIRE.*

Execution

GDOT PTCs should complete this questionnaire in coordination with each of their FTA sub-grantees.

This questionnaire is designed to be used as a desk review and does not require onsite visitation.

**GDOT INITIAL COMPREHENSIVE DESK REVIEW
FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM**

Sub-grantee: _____

Transit Operator: _____

Drug & Alcohol Program Manager: _____ Designated Employer Rep.: _____

Address: _____

Telephone Number: _____

Date: _____

District Public Transportation Coordinator: _____

SECTION 1: TRAINING

1. **DRUG & ALCOHOL PROGRAM MANAGEMENT TRAINING:** Have representatives of the company attended the GDOT sponsored drug & alcohol program management training in Macon, GA?

Yes_____ No_____

- a. If yes, please provide a copy of the certificate of completion.
- b. If no, has a company representative attended a different drug and alcohol program management training?

Yes_____ No_____

Please provide the following information and attach evidence of successful completion of training:

Type of Training	Date	Location	Instructor

CORRECTIVE ACTION REQUIRED FOR DAPM TRAINING?

YES _____ **NO** _____

Detailed corrective action requirements:

**GDOT INITIAL COMPREHENSIVE DESK REVIEW
FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM**

2. EMPLOYEE TRAINING: Please provide the following information on the substance use awareness training program the agency has provided to safety-sensitive employees (60 minutes on the effects and consequences of prohibited drug use on personal health, safety, and the workplace). Please attach an agenda:

Description of Training Method / Source of Training	
Length of Training	

- a. How does the agency ensure that each newly hired safety-sensitive employee receives the required 60 minutes of training in a reasonable time-frame after hire?

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- b. Please list any other Drug and Alcohol related training that is provided to company employees:

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GDOT INITIAL COMPREHENSIVE DESK REVIEW **FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM**

<p><u>CORRECTIVE ACTION REQUIRED FOR EMPLOYEE TRAINING?</u></p>	<p>YES_____ NO_____</p>
<p>Detailed corrective action requirements:</p>	

3. REASONABLE SUSPICION TRAINING: Have any of the transit supervisors/company officials attended Reasonable Suspicion Determination Training?

(60 minutes on indicators of prohibited drug use and 60 minutes on indicators of alcohol misuse)

Yes_____ No_____

If yes, please list attendees in table and provide evidence of successful completion of training:

Employee	Length of Training	Date and Location	Instructor

<p><u>CORRECTIVE ACTION REQUIRED FOR REASONABLE SUSPICION TRAINING?</u></p>	<p>YES_____ NO_____</p>
<p>Detailed corrective action requirements:</p>	

GDOT INITIAL COMPREHENSIVE DESK REVIEW FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM

SECTION 2: POLICY

1. Was the agency drug and alcohol policy presented to GDOT for review and approval?

NOTE TO REVIEWER: *The drug and alcohol policy must have been revised and approved in response to the Jan 1, 2018 regulatory update to 49 CFR Part 40*

Yes_____ (date of GDOT approval:_____) No _____

- a. Which Company representative/staff reviewed the policy (include titles)?

- b. Did legal counsel review the policy?

Yes_____ No _____

- c. Has the Governing Authority / Board approved the most current policy?

Yes_____ (date of approval : _____) No _____

- d. Please attach a copy of the most recent policy with governing board approval.

NOTE TO REVIEWER: *If the policy is currently being revised as a result of information received during the substance abuse management training, please give the expected date of completion and board approval:_____*

<u>CORRECTIVE ACTION REQUIRED FOR THE D&A POLICY?</u>	YES _____	NO _____
Detailed corrective action requirements:		

**GDOT INITIAL COMPREHENSIVE DESK REVIEW
FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM**

SECTION 3: SERVICE AGENTS

1. Please provide the information of the following drug and alcohol support services used by the agency:

Collection Site:

Name: _____

Address: _____

Phone: _____

Alternate Collection Site (If applicable):

Name: _____

Address: _____

Phone: _____

DHHS Certified Laboratory Primary Specimen:

Name: _____

Address: _____

Phone: _____

(Please attach copy of DHHS certificate)

DHHS Certified Laboratory Split Specimen:

Name: _____

Address: _____

Phone: _____

(Please attach copy of DHHS certificate)

Medical Review Officer (MRO):

Name: _____

Address: _____

Phone: _____

(Please attach license and training qualification)

Alternate MRO (If applicable):

Name: _____

Address: _____

Phone: _____

(Please attach license and training qualification)

Substance Abuse Professional (SAP) #1:

Name: _____

Address: _____

Phone: _____

(Please attach license and training qualification)

Substance Abuse Professional (SAP) #2:

Name: _____

Address: _____

Phone: _____

(Please attach license and training qualification)

**GDOT INITIAL COMPREHENSIVE DESK REVIEW
FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM**

- a. Describe the actions taken by the agency to ensure the service agents are in compliance with the USDOT and Agency drug and alcohol testing regulations:

- b. Date of last inspection(s) by agency of service agent(s): _____

- c. If the oversight actions taken as described above included use of forms, checklists, or other tools, please attach them to this submittal.

- d. Were there any cancelled drug or alcohol tests in the last three (3) years?

Yes_____ No_____

If yes, please provide the reasons for the canceled tests:

What corrective actions have been taken to minimize the number of canceled tests?

GDOT INITIAL COMPREHENSIVE DESK REVIEW FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM

2. List all Breath Alcohol Technicians (BAT) qualified to perform USDOT breath alcohol tests:

Name	Date of Initial Qualification Training	Date of Last Refresher Training

Please attach copies of each of the above listed UCT qualification training certificates.

3. List all alcohol testing devices used (including backups):

Device Type	Make & Model	Serial # or Lot #
Alcohol Screening Device (i.e., saliva testing equipment)		
Evidential Breath Testing Device		

4. List all Urine Collection Technicians (UCT) qualified to perform USDOT urine specimen collections:

Name	Date of Initial Qualification Training	Date of Last Refresher Training

Please attach copies of each of the above listed UCT qualification training certificates.

**GDOT INITIAL COMPREHENSIVE DESK REVIEW
FTA SUB-GRANTEE DRUG & ALCOHOL PROGRAM**

<u>CORRECTIVE ACTION REQUIRED FOR SERVICE AGENT OVERSIGHT?</u>	YES_____ NO_____
Detailed corrective action requirements:	

SECTION 4: TESTING PROCEDURES

1. **PRE-EMPLOYMENT TESTING:** Please provide evidence that all safety-sensitive employees have had USDOT pre-employment drug tests with verified negative results by providing the drug testing custody and control forms (CCFs) and the MRO verified results
 - a. Does the agency make sure that a new hire is only assigned safety-sensitive functions after the employer has a MRO verified negative pre-employment drug test?
Yes_____ No_____
 - b. Have you had any pre-employment drug tests which were cancelled?
Yes_____ No_____
 - c. If yes to the question above, did you send the individual back for a new pre-employment drug test?
Yes_____ No_____

NOTE TO REVIEWER: *Employees are REQUIRED to have a verified negative pre-employment test prior to safety-sensitive functions. If a pre-employment test is cancelled, the individual IS NOT eligible to be performing any safety-sensitive function.*

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

- d. Do you ask applicants whether they have failed or refused a USDOT pre-employment drug test for another DOT covered employer in the previous 2 years?

Yes_____ No_____

Please provide evidence of such records.

- e. Do you obtain written releases from the applicants allowing you to request USDOT drug & alcohol rule violations from previous USDOT covered employers in the previous 2 years?

Yes_____ No_____

Please provide evidence of such records.

<u>CORRECTIVE ACTION REQUIRED FOR PRE-EMPLOYMENT TESTING?</u>	YES _____	NO _____
Detailed corrective action requirements:		

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

2. REASONABLE SUSPICION TESTING: Have you performed a USDOT reasonable suspicion test in the last two years?

Yes_____ No_____

If yes, provide all relevant testing and decision documentation.

1. Do you have any type of documentation form you would utilize should you ever have to send someone for a reasonable suspicion test?

Yes_____ No_____

2. Can you please explain what the minimum criteria are to require a USDOT reasonable suspicion test as specified in 49 CFR Part 655?

Yes_____ No_____

NOTE TO REVIEWER: *Assess their understanding that the observations must be based on specific, contemporaneous, and articulable observations concerning the employees appearance, behavior, speech, and/or body odor which are consistent with drug use or alcohol misuse.*

<u>CORRECTIVE ACTION REQUIRED FOR REASONABLE SUSPICION TESTING?</u>	YES_____	NO_____
Detailed corrective action requirements:		

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

3. POST-ACCIDENT TESTING: What are the “Three Thresholds” which would require a USDOT-FTA post-accident test under the definition of 49 CFR Part 655.44?

NOTE TO REVIEWER: *Make sure they accurately describe the requirements for USDOT-FTA Post-Accident Testing*

- a. Do you maintain documentation for all accidents that indicate whether or not a test was administered and why?

Yes _____ No _____

Please provide evidence of such records.

- b. If tests are performed for accidents that do not meet the USDOT-FTA definition, are the tests clearly performed under the sole authority of the agency using NON-USDOT testing forms.

Yes _____ No _____

- c. Are policies and procedures in place to ensure all attempts to conduct a post-accident drug tests are discontinued after 32 hours?

Yes _____ No _____

- d. Are policies and procedures in place to ensure documentation if the post-accident alcohol test is not performed within 2 hours?

Yes _____ No _____

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

- e. Are policies and procedures in place to ensure all attempts to conduct a post-accident alcohol tests are discontinued after 8 hours?

Yes _____ No _____

- f. How would you conduct a post-accident drug/alcohol test if the accident occurred on a day or at an hour when your collection site is not open?

[illegible]

<u>CORRECTIVE ACTION REQUIRED FOR POST-ACCIDENT TESTING?</u>	YES _____ NO _____
Detailed corrective action requirements:	

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

4. RANDOM TESTING: Please describe the random selection process:

a. How frequently are random selections made?

Monthly _____ Quarterly _____ Other: _____

b. What is the procedure for notifying the employee of the requirement to report for a random test?

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

- c. Describe how the random selections for each testing period are spread reasonably throughout the calendar year with no patterns or gaps in testing?

- d. Describe how the agency ensures that random tests are conducted during all hours that safety-sensitive functions are performed?

- e. What are the policies and procedures in place to ensure an employee is only sent for a random alcohol test just before, during, or just after the performance of a safety-sensitive function?

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

f. Total number of safety-sensitive employees: _____

g. Required number of tests needed to meet the current regulatory minimum testing percentages:

Random drug tests (25%) _____

Random alcohol tests (10%) _____

h. Are the safety-sensitive employees of this agency included in a random selection pool that includes employees from other agencies?

Yes _____ No _____ (all agency safety-sensitive employees are in a random selection pool by themselves)

NOTE TO REVIEWER: *If yes, all agencies and employees included in the random selection pool must subject to USDOT Agency drug and alcohol testing regulations. It is prohibited to mix USDOT covered employees and NON-USDOT covered employees in the random testing pool.*

i. Please list the name, title, and phone number of the individual who manages the random selection pool for all agencies:

Agency Name: _____

Contact Name: _____ Title: _____

Phone Number: _____

<u>CORRECTIVE ACTION REQUIRED FOR RANDOM TESTING?</u>	YES _____	NO _____
Detailed corrective action requirements:		

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

5. POSITIVE/REFUSALS TO TEST: Have you had any positive or refusals to test on USDOT tests in the previous five (5) years?

Yes _____ No _____

- a. If Yes, please provide documentation that the individual was referred to a USDOT qualified SAP.

Attached _____

N/A_____

- b. If Yes, was the individual terminated or returned to the performance of safety-sensitive functions?

Terminated _____

Returned to Work _____

N/A _____

- c. If the individual was returned to work, please provide evidence that they met all requirements of SAP assessment, treatment/education, return-to-duty, and follow-up testing.

Attached _____

N/A

<u>CORRECTIVE ACTION REQUIRED FOR POSITIVE/REFUSALS TO TEST?</u>	YES _____	NO _____
Detailed corrective action requirements:		

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

SECTION 5: RECORDKEEPING & REPORTING

1. Describe how the drug and alcohol testing records stored, to include location and security?

2. Who has access to these records?

3. Are drug and alcohol records kept separate from all other types of records?

Yes_____ No_____

4. Are DOT drug and alcohol records kept separate from NON-DOT drug and alcohol records?

Yes_____ No_____

N/A_____

INITIAL COMPREHENSIVE DESK REVIEW

FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

5. Does the agency maintain the following records: Please mark Yes/No. If these records are maintained, please indicate how long these records are kept on file.

	Y/N	1 Year	2 Years	3 Years	5 Years	> 5 Years
Data on alcohol test results of 0.02 - 0.039						
Data on all positive drug and alcohol test results						
Employer's copy of the negative alcohol testing form and drug custody and control forms						
Data on all test refusals						
Documents presented by a covered employee to dispute the result of a substance abuse test						
Data on referrals to SAP						
Records pertaining to a determination by a SAP concerning a covered employee's required education/treatment						
Records concerning a covered employee's compliance with the recommendations of the SAP						
Calibration documentation for evidential breath testing device Manufacturer's calibration schedule & certification record for the calibration technician.						
Annual Management Information System (MIS) report						
Data regarding training of employees						
Documentation of training provided to supervisors to qualify them to make reasonable suspicion determinations and certification that training complies with the regulatory requirements.						
Verification data regarding training of BATs/STTs/MROs/SAPs/UCTs						
Collection process (including logbooks, if used)						
Documents generated in connection with the decisions on post-accident tests						
Documents showing existence of medical explanation of inability of safety-sensitive employee to provide enough breath or urine for tests						
Records of verified negative drug test results						
Materials on alcohol misuse & drug use awareness, including a copy of the employer's policy on alcohol misuse and prohibited drug use.						
Data on test results that are less than 0.02						

INITIAL COMPREHENSIVE DESK REVIEW

FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

New hire release to ask previous USDOT employers about USDOT drug and alcohol testing data						
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Forms and Documents

6. Please check each form or document you have been using to assist with record keeping and overall drug and alcohol testing compliance.

Form or Other document	Yes	No
Post-Accident Drug & Alcohol Testing Decision Making Form		
Reasonable Suspicion Form		
Drug Testing Log Book		
Testing Notification Form		
Previous Employer Drug and Alcohol Testing Release Form		
Vendor Compliance Checklists		
Contractor Compliance Checklist		

Please include copies of each of the forms utilized. Please include any other forms the agency utilizes in the drug and alcohol program that are not listed in the chart.

<u>CORRECTIVE ACTION REQUIRED FOR RECORDKEEPING?</u>	YES _____ NO _____
Detailed corrective action requirements:	

INITIAL COMPREHENSIVE DESK REVIEW
FTA SAFETY SENSITIVE CONTRACTOR DRUG & ALCOHOL PROGRAM

7. Please indicate the dates the last annual MIS reports were sent to the granter, and attach a copy of the last five years' worth of MIS report:

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<u>CORRECTIVE ACTION REQUIRED FOR REPORTING?</u>	YES _____ NO _____
Detailed corrective action requirements:	

Please use the following lines to list training topics, forms, templates, or any other resource that the agency would find helpful in maintaining compliance with the FTA drug and alcohol testing rules:

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