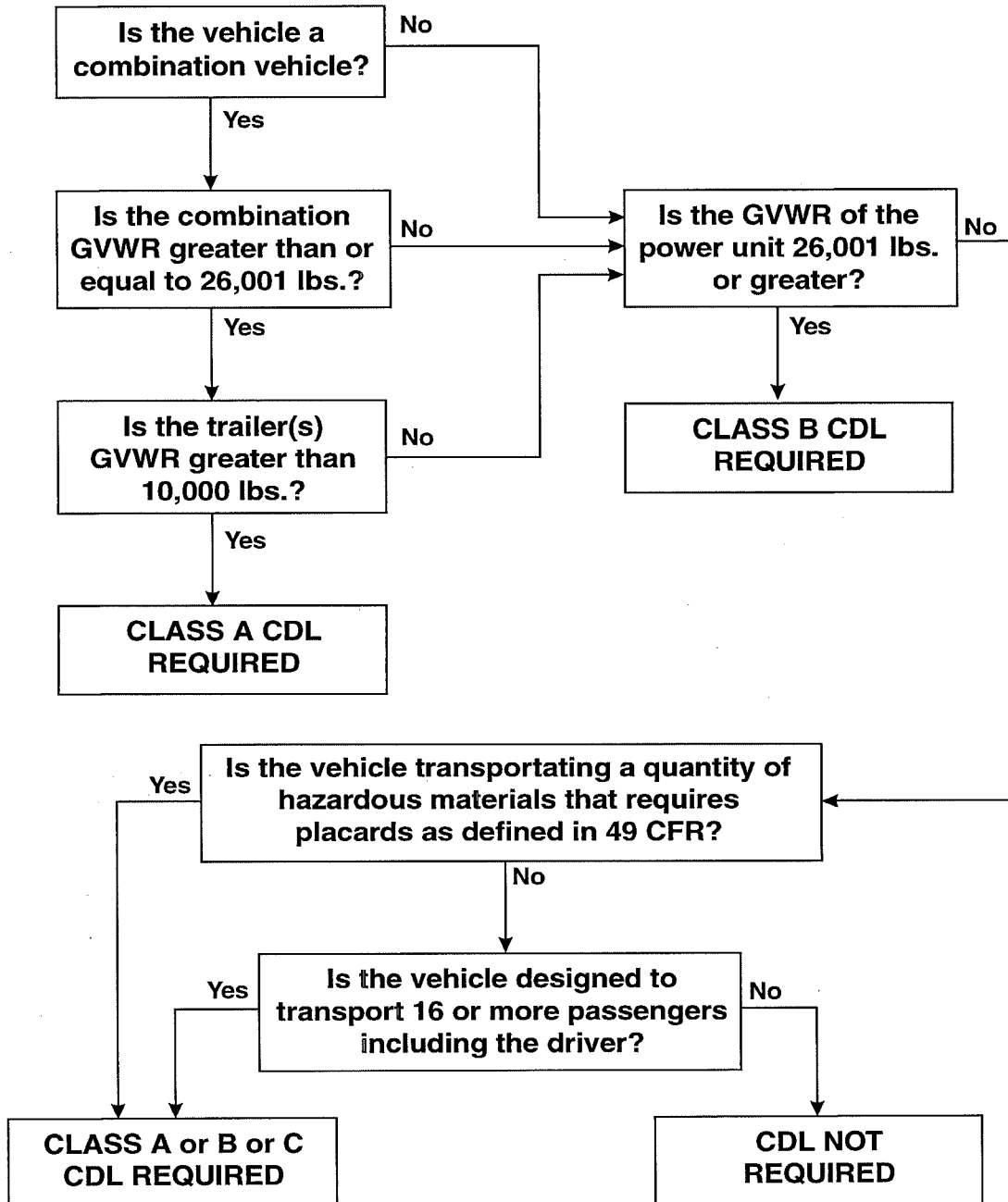


CDL Flowchart



Pre-employment Testing

- 49 CFR Part 382.301
- Chain-of Custody (COF) Form must be marked as “DOT Pre-employment”
- 5-Panel Test

Random Testing

- 49 CFR Part 382.305
- Highly recommend enrollment in a Consortium/Third Party Administrator (C/TPA)
- Must still ensure minimum testing rates (currently 10% Alcohol, 25% Controlled Substances)

Post-Accident Testing

- 49 CFR Part 382.303

Table for § 382.303(a) and (b) Type of accident involved	Citation issued to the CMV driver	Test must be performed by employer
i. Human fatality	YESNO	YESYES
ii. Bodily injury with immediate medical treatment away from the scene	YESNO	YESNO
iii. Disabling damage to any motor vehicle requiring tow away	YESNO	YESNO

Reasonable Suspicion Testing

- 49 CFR Part 382.307
- must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver.

Positive Drivers

- 49 CFR Part 40 Subpart O
- Terminate? Provide a list of Substance Abuse Professionals www.SAPLIST.com
- Retain? Complete the “Return to Duty Process” if they will resume a safety-sensitive function and report driver’s progress to the CDL Drug & Alcohol Clearinghouse. (see handout)

Retention of Records

- 49 CFR Part 382.401
- Records must be kept in secure location with controlled access (locked filing cabinet, locked office etc.) to protect driver information and limit driver's access to their files
- (a) General requirement. Each employer 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. Each employer 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:
 - Records of driver alcohol test results indicating an alcohol concentration of 0.02 or greater,
 - Records of driver verified positive controlled substances test results,
 - Documentation of refusals to take required alcohol and/or controlled substances tests
 - Records related to the administration of the alcohol and controlled substances testing program, including records of all driver violations, and
 - A copy of each annual calendar year summary required by § 382.403.
 - Two years. Records related to the alcohol and controlled substances collection process (except calibration of evidential breath testing devices) shall be maintained for a minimum of 2 years.
 - One year. Records of negative and canceled controlled substances test results (as defined in part 40 of this title) and alcohol test results with a concentration of less than 0.02 shall be maintained for a minimum of one year.
 - Indefinite period. Records related to the education and training of breath alcohol technicians, screening test technicians, supervisors, and drivers shall be maintained by the employer while the individual performs the functions which require the training and for two years after ceasing to perform those functions.

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FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

1111 Newton Street, Gretna, LA 70053
450 Southlake Boulevard, Richmond, VA 23236

Phone: 800.433.3823
Fax: 504.361.8298

2030430/1746299



517824190

Courier Tracking Number

LAB NUMBER

STEP 1: To be completed by Collector or Employer Representative

Specimen ID Number 517824190

A. Employer Name, Address, ID No.
CRG LAB/DOT

B. MRO Name, Address, Phone No., and Fax No.

LEE, JAMES K. MD; VAL JOSEPH F
CRG/OCCUHEALTH ASSOCIATES
300 N MERIDIAN, STE 105-S
OKLAHOMA CITY, OK 73107
405-558-9465 888-468-9365

Facility Number
000-000-0000 888-468-9365 173123

C. Donor SSN or Employee ID No.:

Location Code (optional)

D. Specify Testing Authority: HHS, NRC, Specify DOT Agency: FMCSA, FAA, FRA, FTA, PHMSA, USCG

E. Reason for Test: Pre-Employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, Follow-up, Other (specify):

F. Drug Tests to be Performed: THC, COC, PCP, OPI, & AMP, THC & COC Only, Other (specify):

G. Collection Site Address: CRG LABORATORIES NORTH, 300 N MERIDIAN AVE, STE 105-S, OKLAHOMA CITY, OK 73107
Collector Phone & Fax: () -
Collector Number 37802

STEP 2: To be completed by Collector (Make Remarks when appropriate) Collector reads specimen temperature within 4 minutes.
Is temperature between 90° and 100°F? Yes No, Enter Remark Collection: Split Single None Provided, Enter Remark Observed, Enter Remark
Remarks:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy).

STEP 4: Chain of Custody - Initiated by Collector and completed by Test Facility

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.
PRINT Collector Name (First, MI, Last) Date Collected (Mo/Dy/Yr)
Signature of Collector Time Collected: : AM PM Name of Delivery Service

Received at Lab or IITF:
Signature of Accessioner PRINT Accessioner's Name (First, MI, Last) Date (Mo/Dy/Yr)
Primary Specimen Bottle Seal Intact? Yes No If No, enter remark in Step 5A. SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: Primary Specimen Report to be completed by Test Facility

NEGATIVE POSITIVE for: Marijuana Metabolite (Δ9-THCA) Methamphetamine MDMA 6-Acetylmorphine OXYC HYC
DILUTE Cocaine Metabolite (BZE) Amphetamine MDA Morphine OXYM HYM
PCP Codeine
REJECTED FOR TESTING ADULTERATED SUBSTITUTED INVALID RESULT

Remarks:
Test Facility (if different from above):
I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.
Signature of Certifying Technician/Scientist PRINT Certifying Technician/Scientist Name (First, MI, Last) Date (Mo/Dy/Yr)

STEP 5B: To be completed by Split Testing Laboratory

Laboratory Name Laboratory Address
RECONFIRMED FAILED TO RECONFIRM - REASON:
I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.
Signature of Certifying Scientist PRINT Certifying Scientist Name Date (Mo/Dy/Yr)

SPECIMEN ID NO. 517824190

A



517824190 SPECIMEN BOTTLE SEAL

SPECIMEN ID NO. 517824190

B (SPLIT)



517824190 SPECIMEN BOTTLE SEAL

OMB NO. 0930-0158