

**OFFICE OF PASSENGER TRANSPORTATION
COMPLIANCE REVIEW FOR SECTION 5311 AGENCIES**

DRUG & ALCOHOL PROGRAM

TRANSIT AGENCY	DATE OF COMPLIANCE REVIEW
IS THERE A DRUG AND ALCOHOL POLICY ON FILE AT THE AGENCY?	
DATE APPROVED BY GOVERNING BOARD	

REQUIREMENT

Agencies receiving FTA Section 5307, 5310, and 5311 funding must have an approved drug and alcohol policy and testing program for all safety-sensitive employees. The FTA-mandated drug and alcohol testing program is separate from and in addition to the provisions of the Drug-Free Workplace Act.

The agency must perform the following types of drug and alcohol testing:

1. Pre-employment
2. Random
3. Post-accident
4. Reasonable suspicion
5. Return-to-duty
6. Follow-up

REFERENCES

49 USC 5331
49 CFR 40
49 CFR 655

REVIEW QUESTIONS

1. Review records for 10% of employees (up to 5) to determine if a pre-employment test was conducted. Indicate any improvements that are needed.

2. How does the agency check on the drug and alcohol testing record of new hires and transfers that they are intending to use to perform safety-sensitive duties?

3. How does the agency ensure testing is at an annual random rate of 50% for drugs and 10% for alcohol, or as defined by FTA regulations? _____

Total number of safety-sensitive employees: _____

Random alcohol tests performed: _____

Random drug tests performed: _____

Verify test(s) since last review up to five to determine:

a. Randomness of testing

Day of week: _____ Time of day: _____ Day of month: _____

Day of week: _____ Time of day: _____ Day of month: _____

Day of week: _____ Time of day: _____ Day of month: _____

Day of week: _____ Time of day: _____ Day of month: _____

Day of week: _____ Time of day: _____ Day of month: _____

Policy: Amount of time employee has to report to test site: _____

Notified: _____ Conducted: _____ Reasonable: Y N

Notified: _____ Conducted: _____ Reasonable: Y N

Notified: _____ Conducted: _____ Reasonable: Y N

Notified: _____ Conducted: _____ Reasonable: Y N

Notified: _____ Conducted: _____ Reasonable: Y N

4. Did the agency have any post-accident tests since last review? Y N

If yes, was the test performed according to their policy? Y N

If test was given under local authority, was non-federal form used? Y N

Indicate any need improvements:

5. Verify person(s) performing reasonable suspicion tests are properly certified.

Name: _____ Date certified: _____

Name: _____ Date certified: _____

Did the agency have any reasonable suspicion tests since last review? Y N

If yes, was test performed according to their policy? Y N

Indicate any needed improvements:

6. If applicable, did the agency have any return-to-duty tests since last review? Y N

If yes, was the process in accordance to their policy? Y N N/A

Was the follow-up testing performed according to their policy? Y N N/A

Indicate any needed improvements:

7. Verify drug and alcohol testing records are maintained in a separate secured location with controlled access. Y N

8. Verify the agency prepares and maintains an annual Management Information System (MIS) report of drug and alcohol test results. Y N

9. How does the agency ensure the lab is testing for substances identified in their plan?

10. What efforts does the agency make to monitor the FTA drug and alcohol testing program requirements of its contractors, lessees, etc. with safety-sensitive employees?

11. If the agency contracts out any or all aspects of its drug and alcohol program, (e.g. collection sites, MROs, etc.) what steps are taken to monitor their compliance with program requirements?

Verify MRO certification: _____

Name of MRO: _____ Date of certification: _____

Verify collection personnel certification: _____

Collection site name: _____

Name of BAT: _____ Date of certification: _____

Name of DOT: _____ Date of certification: _____

Collector is registered to receive listserve updates from the DOT Office of Drug and Alcohol Policy Compliance at https://www.transportation.gov/odapc/Listserve_Notices Y N

12. Discuss the agency’s policy or procedure for monitoring CDL requirements.

Indicate any needed improvements:

COMPLIANCE ANALYST	DATE
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