

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

I. Employer:

Company Name: (CARTS) Community Action Rural Transit

Doing Business As (DBA) Name (if applicable):

Address: 7880 Lincole Place Lisbon Ohio 44432

E-mail: qmelius@caaofcc.org

Name of Certifying Official: Quinten Melius

Signature:

Telephone: (330) 424-4015 ext 269

Date Certified: 02-06-2013

Prepared by (if different):

Telephone: ()

C/TPA Name and Telephone (if applicable): LISBON COMMUNITY HEALTH (330) 424-5686

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSCA - Motor Carrier: DOT #: Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): Plan/Registration # (if applicable):

PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

47

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Operation	41

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
Pre-Employment	15	15	0	0	0	0	0	0	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	0
Random	26	26	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	1	1	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	42	42	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
Pre-Employment	15	15	0	0	0	0	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	0
Random	13	13	0	0	0	0	0	0	0
Post-Accident	1	1	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	29	29	0	0	0	0	0	0	0

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

I. Employer:

Company Name: (CARTS) Community Action Rural Transit

Doing Business As (DBA) Name (if applicable): _____

Address: 7880 Lincole Place Lisbon Ohio 44432

E-mail: qmelius@caaofcc.org

Name of Certifying Official: Quinten Melius

Signature: _____

Telephone: (330) 424-4015 ext 269

Date Certified: 02-06-2013

Prepared by (if different): _____

Telephone: ()

C/TPA Name and Telephone (if applicable): LISBON COMMUNITY HEALTH

(330) 424-5686

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

☐ FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

☐ FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

☐ PHMSA - Pipeline: (Check) Gas Gathering ☐ Gas Transmission ☐ Gas Distribution ☐ Transport Hazardous Liquids ☐ Transport Carbon Dioxide

☐ FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees: _____

☐ USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

☒ FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

47

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle & Equipment Maint.	2

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
									Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0

Form DOT F 1385 (Rev. 5/2008)

47

3

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

1	2	3	4	5	6	7	8	9	10	11	12	13
---	---	---	---	---	---	---	---	---	----	----	----	----

[illegible]

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

[illegible]

Calendar Year Covered by this Report: 2012

OMB No. 2105-0525

Form DOT F 1385 (Rev. 5/2008)

Company Name: (CARTS) Community Action Rural Transit

Doing Business As (DBA) Name (if applicable):

Address: 7880 Lincole Place Lisbon Ohio 44432

E-mail: qmelius@caaofcc.org

Name of Certifying Official: Quinten Melius

Signature:

Telephone: (330) 424-4015 ext 269

Date Certified: 02-06-2013

Prepared by (if different):

Telephone: ()

C/TPA Name and Telephone (if applicable): LISBON COMMUNITY HEALTH

(330) 424-5686

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

— FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

PHMSA - PipeLine: (Check) Gas Gathering __ Gas Transmission __ Gas Distribution __ Transport Hazardous Liquids __ Transport Carbon Dioxide

____ FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

47

(B)	Enter Total Number of Employee Categories:	3
-----	--	---

3

(C)	Employee Category	Total Number of Employees in this Category
	CDL/Non-Revenue Vehicle	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

[illegible]

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

Company Name: (CARTS) Community Action Rural Transit

Doing Business As (DBA) Name (if applicable):

Address: 7880 Lincole Place Lisbon Ohio 44432

E-mail: qmelius@caaofcc.org

Name of Certifying Official: Quinten Melius

Signature:

Telephone: (330) 424-4015 ext 269

Date Certified: 02-06-2013

Prepared by (if different):

Telephone: ()

C/TPA Name and Telephone (if applicable): LISBON COMMUNITY HEALTH

(330) 424-5686

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

___ FMSCA - Motor Carrier; DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

___ FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

PHMSA - PipeLine: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

___ FRA - Railroad: Total Number of observed/documented Part 219 "Rule G" Observations for covered employees:

___ USCG - Maritime: Vessel ID # (USCG- or State-Issued):

(If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

47

(B) Enter Total Number of Employee Categories:

3

(C)	Employee Category	Total Number of Employees in this Category
	Armed Security Personnel	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

[illegible]

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

I. Employer:

Company Name: Chillicothe Transit System

Doing Business As (DBA) Name (if applicable):

Address: 575 East 7th Street Chillicothe Ohio 45601

E-mail: ctstransit@bright.net

Name of Certifying Official: Mike Scholl

Signature:

Telephone: (740) 773-1569

Date Certified: 02-13-2013

Prepared by (if different): Mike Scholl

Telephone: (740) 773-1211

C/TPA Name and Telephone (if applicable): ADENA MEDICAL CENTER

(740) 779-7500

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSCA - Motor Carrier: DOT #: Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): Plan/Registration # (if applicable):

PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

24

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Operation	20

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
									Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	3	3	0	0	0	0	0	0	0	0	0	0	0
Random	6	6	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	9	9	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	5	5	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	5	5	0	0	0	0	0	0	0

Form DOT F 1385 (Rev. 5-82)

[illegible]

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

Owner:

Company Name: Chillicothe Transit System

Doing Business As (DBA) Name (if applicable): _____

Address: 575 East 7th Street Chillicothe Ohio 45601

E-mail: ctstransit@bright.net

Name of Certifying Official: Mike Scholl

Signature: _____

Telephone: (740) 773-1569

Date Certified: 02-13-2013

Prepared by (if different): Mike Scholl

Telephone: (740) 773-1211

C/TPA Name and Telephone (if applicable): ADENA MEDICAL CENTER

(740) 779-7500

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

☐ FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO
☐ FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____
☐ PHMSA - Pipeline: (Check) Gas Gathering ☐ Gas Transmission ☐ Gas Distribution ☐ Transport Hazardous Liquids ☐ Transport Carbon Dioxide
☐ FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees: _____
☐ USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

☒ FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

24

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Control/Dispatch	2

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
									Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0
Random	2	2	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	2	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0

Form DOT F 1385 (Rev. 5/2008)

[illegible]

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

I. Employer:

Company Name: Community Action Committee of Pike County, Inc.

Doing Business As (DBA) Name (if applicable):

Address: 508 Howard St. Waverly Ohio 45690

E-mail: janconkel@pikecac.org

Name of Certifying Official: Jan Conkel

Signature:

Telephone: (740) 835-8474

Date Certified: 02-13-2013

Prepared by (if different): Jan Conkel

Telephone: (740) 835-8474

C/TPA Name and Telephone (if applicable): Ohio Health Consortium, Inc.

(740) 344-4622

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSCA - Motor Carrier: DOT #: Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): Plan/Registration # (if applicable):

PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA - Railroad: Total Number of observed/documented Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

10

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Operation	7

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
									Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0
Random	4	4	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4	4	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	2	2	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	2	2	0	0	0	0	0	0	0

Form DOT F 1385 (Rev. 5/2008)

[illegible]

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

I. Employer:

Company Name: Community Action Committee of Pike County, Inc.

Doing Business As (DBA) Name (if applicable):

Address: 508 Howard St. Waverly Ohio 45690

E-mail: janconkel@pikecac.org

Name of Certifying Official: Jan Conkel

Signature:

Telephone: (740) 835-8474

Date Certified: 02-13-2013

Prepared by (if different): Jan Conkel

Telephone: (740) 835-8474

C/TPA Name and Telephone (if applicable): Ohio Health Consortium, Inc.

(740) 344-4622

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSCA - Motor Carrier: DOT #: Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): Plan/Registration # (if applicable):

PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

10

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Control/Dispatch	2

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
Pre-Employment	0	0	0	0	0	0	0	0	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	0
Random	1	1	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
Pre-Employment	0	0	0	0	0	0	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	0
Random	1	1	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

Company Name: Community Action Committe of Pike County, Inc.

Doing Business As (DBA) Name (if applicable):

Address: 508 Howard St. Waverly Ohio 45690

E-mail: ianconkel@pikecac.org

Name of Certifying Official: Jan Conkel

Signature:

Telephone: (740) 835-8474

Date Certified: 02-13-2013

Prepared by (if different): Jan Conkel

Telephone: (740) 835-8474

C/TPA Name and Telephone (if applicable): Ohio Health Consortium, Inc.

(740) 344-4622

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

___ FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

___ FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

PHMSA - PipeLine: (Check) Gas Gathering__ Gas Transmission__ Gas Distribution__ Transport Hazardous Liquids__ Transport Carbon Dioxide

FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees: _____

___ USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

10

(B) Enter Total Number of Employee Categories:

3

(C)

Employee Category	Total Number of Employees in this Category
CDL/Non-Revenue Vehicle	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

[illegible]

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

Company Name: Comunity Action Committe of Pike County, Inc.

Doing Business As (DBA) Name (if applicable):

Address: 508 Howard St. Waverly Ohio 45690

E-mail: janconkel@pikecac.org

Name of Certifying Official: Jan Conkel

Signature:

Telephone: (740) 835-8474

Date Certified: 02-13-2013

Prepared by (if different): Jan Conkel

Telephone: (740) 835-8474

C/TPA Name and Telephone (if applicable): Ohio Health Consortium, Inc.

(740) 344-4622

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

____ FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

PHMSA - Pipeline: (Check) Gas Gathering ☐ Gas Transmission ☐ Gas Distribution ☐ Transport Hazardous Liquids ☐ Transport Carbon Dioxide ☐

____ FRA - Railroad: Total Number of observed/documented Part 219 "Rule G" Observations for covered employees: _____

USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

10

(B) Enter Total Number of Employee Categories:

3

(C)	Employee Category	Total Number of Employees in this Category
	Armed Security Personnel	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

[illegible]

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

Company Name: Geauga County Transit

Doing Business As (DBA) Name (if applicable):

Address: 12555 Merritt Road Chardon Ohio 44024

E-mail: k.reider@geaugatransit.org

Name of Certifying Official: Kristina Reider

Signature:

Telephone: (440) 279-2156

Date Certified: 02-11-2013

Prepared by (if different): Kristina Reider

Telephone: (440) 279-2156

C/TPA Name and Telephone (if applicable): GEAUGA COUNTY BOARD OF COMMISSIONERS (440) 279-1670

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

____ FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

PHMSA - PipeLine: (Check) Gas Gathering__ Gas Transmission__ Gas Distribution__ Transport Hazardous Liquids__ Transport Carbon Dioxide

____ FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

26

(B) Enter Total Number of Employee Categories:

3

(C)	Employee Category	Total Number of Employees in this Category
	Revenue Vehicle Operation	18

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	3	3	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	3	3	0	0	0	0	0	0	0

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

Company Name: Geauga County Transit

Doing Business As (DBA) Name (if applicable):

Address: 12555 Merritt Road Chardon Ohio 44024

E-mail: k.reider@geaugatransit.org

Name of Certifying Official: Kristina Reider

Signature:

Telephone: (440) 279-2156

Date Certified: 02-11-2013

Prepared by (if different): Kristina Reider

Telephone: (440) 279-2156

C/TPA Name and Telephone (if applicable): GEAUGA COUNTY BOARD OF COMMISSIONERS (440) 279-1670

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSCA - Motor Carrier DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

PHMSA - PipeLine: (Check) Gas Gathering ☐ Gas Transmission ☐ Gas Distribution ☐ Transport Hazardous Liquids ☐ Transport Carbon Dioxide ☐

___ FRA - Railroad: Total Number of observed/documented Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

26

(B) Enter Total Number of Employee Categories:

3

(C)	Employee Category	Total Number of Employees in this Category
	Revenue Vehicle Control/Dispatch	5

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

[illegible]

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

Company Name: Geauga County Transit

Doing Business As (DBA) Name (if applicable):

Address: 12555 Merritt Road Chardon Ohio 44024

E-mail: k.reider@geaugatransit.org

Name of Certifying Official: Kristina Reider

Signature:

Telephone: (440) 279-2156

Date Certified: 02-11-2013

Prepared by (if different): Kristina Reider

Telephone: (440) 279-2156

C/TPA Name and Telephone (if applicable): GEAUGA COUNTY BOARD OF COMMISSIONERS (440) 279-1670

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

___ FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

PHMSA - PipeLine: (Check) Gas Gathering ☐ Gas Transmission ☐ Gas Distribution ☐ Transport Hazardous Liquids ☐ Transport Carbon Dioxide ☐

FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees: _____

USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

26

(B) Enter Total Number of Employee Categories:

3

(C)	Employee Category	Total Number of Employees in this Category
	Armed Security Personnel	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

[illegible]

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

Company Name: Ottawa County Transit Board

Doing Business As (DBA) Name (if applicable): OTTAWA COUNTY TRANSPORTATION AGENCY

Address: 275 N. Toussaint South Oak Harbor Ohio 43449

E-mail: pcourtney@co.ottawa.oh.us

Name of Certifying Official: Pamela J. Courtney

Signature:

Telephone: (419) 73-46798

Date Certified: 02-11-2013

Prepared by (if different):

Telephone: ()

C/TPA Name and Telephone (if applicable): OTTAWA COUNTY COMMISSIONERS

(419) 734-6798

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

___ FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

PHMSA - PipeLine: (Check) Gas Gathering__ Gas Transmission__ Gas Distribution__ Transport Hazardous Liquids__ Transport Carbon Dioxide

____ FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

33

(B) Enter Total Number of Employee Categories:

3

(C)	Employee Category	Total Number of Employees in this Category
	Revenue Vehicle Operation	25

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

Pre-Test Screening Data:									
	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	6	6	0	0	0	0	0	0	0
Random	5	5	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	11	11	0	0	0	0	0	0	0

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

I. Employer:

Company Name: Ottawa County Transit Board

Doing Business As (DBA) Name (if applicable): OTTAWA COUNTY TRANSPORTATION AGENCY

Address: 275 N. Toussaint South Oak Harbor Ohio 43449

E-mail: pcourtney@co.ottawa.oh.us

Name of Certifying Official: Pamela J. Courtney

Signature:

Telephone: (419) 73-46798

Date Certified: 02-11-2013

Prepared by (if different):

Telephone: ()

C/TPA Name and Telephone (if applicable): OTTAWA COUNTY COMMISSIONERS

(419) 734-6798

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSCA - Motor Carrier: DOT #: Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): Plan/Registration # (if applicable):

PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

33

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle & Equipment Maint.	2

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
									Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	1	1	0	0	0	0	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	2	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	1	1	0	0	0	0	0	0	0
Random	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

I. Employer:

Company Name: Ottawa County Transit Board

Doing Business As (DBA) Name (if applicable): OTTAWA COUNTY TRANSPORTATION AGENCY

Address: 275 N. Toussaint South Oak Harbor Ohio 43449

E-mail: pcourtney@co.ottawa.oh.us

Name of Certifying Official: Pamela J. Courtney

Signature:

Telephone: (419) 73-46798

Date Certified: 02-11-2013

Prepared by (if different):

Telephone: ()

C/TPA Name and Telephone (if applicable): OTTAWA COUNTY COMMISSIONERS

(419) 734-6798

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSA - Motor Carrier: DOT #: Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): Plan/Registration # (if applicable):

PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

33

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Control/Dispatch	6

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
									Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0

Calendar Year Covered by this Report: 2012

Form DOT F 1385 (Rev. 5/2008)

Company Name: Ottawa County Transit Board

Doing Business As (DBA) Name (if applicable): OTTAWA COUNTY TRANSPORTATION AGENCY

Address: 275 N. Toussaint South Oak Harbor Ohio 43449

E-mail: pcourtney@co.ottawa.oh.us

Name of Certifying Official: Pamela J. Courtney

Signature:

Telephone: (419) 73-46798

Date Certified: 02-11-2013

Prepared by (if different):

Telephone: ()

C/TPA Name and Telephone (if applicable): OTTAWA COUNTY COMMISSIONERS

(419) 734-6798

___ FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

PHMSA - PipeLine: (Check) Gas Gathering __ Gas Transmission __ Gas Distribution __ Transport Hazardous Liquids __ Transport Carbon Dioxide.

FRA - Railroad: Total Number of observed/documented Part 219 "Rule G" Observations for covered employees: _____

___ USCG - Maritime: Vessel ID # (USCG- or State-Issued):

(If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

33

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Armed Security Personnel	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

1	2	3	4	5	6	7	8	9	10	11	12	13
---	---	---	---	---	---	---	---	---	----	----	----	----

[illegible]

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

[illegible]

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

I. Employer:

Company Name: South East Area Transit

Doing Business As (DBA) Name (if applicable): SOUTH EAST AREA TRANSIT

Address: 375 Fairbanks St. Zanesville Ohio 43701

E-mail: sharon@zbus.com

Name of Certifying Official: Dianne Gill

Signature: _____

Telephone: (740) 454-8574 ext 12

Date Certified: 01-24-2013

Prepared by (if different): Dianne Gill

Telephone: (740) 454-8574

C/TPA Name and Telephone (if applicable): genesis occupational health

(740) 454-4010

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

- ☐ FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO
- ☐ FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____
- ☐ PHMSA - Pipeline: (Check) Gas Gathering ☐ Gas Transmission ☐ Gas Distribution ☐ Transport Hazardous Liquids ☐ Transport Carbon Dioxide
- ☐ FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees: _____
- ☐ USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)
- ☒ FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: 30

(B) Enter Total Number of Employee Categories: 3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Operation	16

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
									Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	7	7	0	0	0	0	0	0	0	0	0	0	0
Random	6	6	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	2	2	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	15	15	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	2	2	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0
Post-Accident	2	2	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	5	5	0	0	0	0	0	0	0

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 21

Form DOT F 1385 (Rev. 5

I. Employer:

Company Name: South East Area Transit

Doing Business As (DBA) Name (if applicable): SOUTH EAST AREA TRANSIT

Address: 375 Fairbanks St. Zanesville Ohio 43701

E-mail: sharon@zbus.com

Name of Certifying Official: Dianne Gill

Signature:

Telephone: (740) 454-8574 ext 12

Date Certified: 01-24-2013

Prepared by (if different): Dianne Gill

Telephone: (740) 454-8574

C/TPA Name and Telephone (if applicable): genesis occupational health

(740) 454-4010

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSCA - Motor Carrier: DOT #: Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): Plan/Registration # (if applicable):

PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: 30

(B) Enter Total Number of Employee Categories: 3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle & Equipment Maint.	5

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
									Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2012

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

Employer:

Company Name: South East Area Transit

Doing Business As (DBA) Name (if applicable): SOUTH EAST AREA TRANSIT

Address: 375 Fairbanks St. Zanesville Ohio 43701

E-mail: sharon@zbus.com

Name of Certifying Official: Dianne Gill

Signature:

Telephone: (740) 454-8574 ext 12

Date Certified: 01-24-2013

Prepared by (if different): Dianne Gill

Telephone: (740) 454-8574

C/TPA Name and Telephone (if applicable): genesis occupational health

(740) 454-4010

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMSCA - Motor Carrier; DOT #: Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): Plan/Registration # (if applicable):

PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees:

USCG - Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

30

(B) Enter Total Number of Employee Categories:

3

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Control/Dispatch	9

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
Pre-Employment	3	3	0	0	0	0	0	0	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	0
Random	1	1	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4	4	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
Pre-Employment	1	1	0	0	0	0	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	0
Random	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0

Form DOT F 1385 (Rev. 10-1994)

[illegible]

Plan to Fail!!!

From: Dianne Gill [<mailto:dianne@zbus.com>]
Sent: Wednesday, February 13, 2013 11:00 AM
To: Harris, Brett
Cc: Howard Stewart
Subject: RE: Drug & Alcohol MIS Report Review

Good Morning Brett.

It is with regret that I have to inform you that only two alcohol random tests were performed last year. According to my research, the alcohol test for Greg Thacker, chosen for 2nd quarter random testing, was overlooked. He had the drug test, but not the alcohol.

We have changed our tracking system on this and can assure you that this will not happen again.

Thank you.

Dianne Gill
Administrative Manager
South East Area Transit
740-454-8573 ext. 12
Dianne@zbus.com

CONFIDENTIALITY NOTICE: The information accompanying this email transmission may contain confidential information, which is legally privileged belonging to the sender. This information is intended only for the use of the person to who addressed and any disclosure, copying, distribution, or the taking of any action in reliance on or regarding the contents of this email information is strictly prohibited. If you have received this email in error, please notify the sender immediately by telephone to arrange for the return of the original document.

From: Harris, Brett [<mailto:Brett.Harris@dot.state.oh.us>]
Sent: Tuesday, February 12, 2013 11:23 AM
To: Dianne Gill (Dianne@zbus.com)
Cc: SEAT Manager
Subject: Drug & Alcohol MIS Report Review

Hi Dianne,

I am reviewing SEAT's D&A MIS Report and have a question. According to SEAT's overall testing results it reported 2 alcohol random tests but SEAT should have tested 3 alcohol randoms. Please provide an explanation.

Brett Harris

Compliance and Training Officer
Office of Transit
1980 W. Broad Street
Mail Stop #3110
Columbus, Ohio 43223
(614) 466-7440