

**COMMUNITY ACTION COMMITTEE OF PIKE COUNTY
POLICY MANUAL**

941 Market St., Box 799, Piketon, OH 45661

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Section A: PURPOSE:

The Community Action Committee of Pike County, employees are our most valuable resource and it is our goal to provide a healthy, satisfying working environment that promotes personal opportunities for growth. In addition, the Community Action Committee of Pike County provides a variety of services for the residents of Pike County and it is our goal to provide safe, efficient, effective service. In meeting these goals, it is our policy to:

- (1) Assure that employees are not impaired in their ability to perform assigned duties; that they perform those duties in a safe, productive, and healthy manner;
- (2) Create a workplace environment free from the adverse effects of drug abuse and alcohol misuse;
- (3) Prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances or misuse of alcohol; and
- (4) To encourage employees to seek professional assistance anytime personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.

The purpose of this policy is to assure worker fitness for duty and to protect our employees, customers, passengers and the public from the risks posed by the misuse of alcohol and use of prohibited drugs. Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991. This policy is also intended to comply with all applicable Federal regulations governing workplace anti-drug programs in the Transit industry and for those drivers holding a Commercial Drivers License who are not in the mass transit industry. Specifically, the Federal Transit Administration (FTA) and the Federal Motor Carrier Safety Administration (FMCSA) of the U.S. Department of Transportation has published 49 CFR part 655 and part 382, as amended, that mandate urine drug testing and breath alcohol testing for safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test result. The U.S. Department of Transportation (DOT) has also published 49 CFR, part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.

Any provisions set forth in this policy that are included under the sole authority of the Community Action Committee of Pike County, and are not provided under the authority of the above named Federal regulations are underlined.

Section B: APPLICABILITY:

Specific sections of the Policy apply only to employees engaged in safety-sensitive functions, and those drivers holding CDL's who are not engaged in Mass Transit Industry activities.

Community Action Committee of Pike County employees that do not perform safety-sensitive functions are also covered under this policy under the sole authority of the Community Action Committee of Pike County, and only under sections specifically outlined in this policy.

A safety-sensitive function is any duty related to the safe operation of mass transit and other passenger transportation service including the operation of a revenue service vehicle (whether or not the vehicle is in revenue service), maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, dispatchers or person controlling the movement of revenue service vehicles and any other transit employee who is required to hold a Commercial Drivers License. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment used in revenue service. A list of safety-sensitive positions performing one or more of the above mentioned duties is provided in Attachment A. Supervisors are only safety sensitive if they perform one of the above functions.

Section C: DEFINITIONS:

Accident means an occurrence associated with the operation of a revenue service vehicle even when not in revenue service or which requires a Commercial Drivers License to operate, if as a result –

- (1) An individual dies;
- (2) An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or,
- (3) One or more vehicles incur disabling damage as the result of the occurrence and are transported away from the scene by a tow truck or other vehicle. For purposes of this definition, *disabling damage* means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors, or windshield wipers that makes them inoperative.

Adulterated Specimen. A urine specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that specimen or showing an abnormal concentration of an endogenous substance.

Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

Alcohol Concentration the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under Part 40.

Aliquot: A fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.

Blood Alcohol Technician (BAT). A person who instructs and assists employees in the alcohol testing process and operates an evidential breath testing device.

Canceled Test. A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which Part 40 otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

Collector. A person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the specimen provided by those employees, and who initiates and completes the CCF.

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

- (1) Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds) inclusive of a towed unit with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or
- (2) Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
- (3) Is designed to transport 16 or more passengers, including the driver; or
- (4) Is of a size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F). (This definition is included in reference to 49 CFR part 382 only)

Confirmatory drug test. A second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or drug metabolite.

Confirmatory validity test. A second test performed on a different aliquot of the original urine specimen to further support a validity test result.

Covered Employee means (a) an employee who performs a safety-sensitive function; (b) an applicant or transferee to a position which includes safety-sensitive function to whom a contingent offer of employment is made (See Attachment A for a list of positions classified as safety-sensitive).

Designated Employer Representative (DER). An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

Department of Transportation (DOT). Department of the federal government which includes the US Coast Guard, Federal Transit Administration, Federal Railroad Administration, Federal Highway Administration, Federal Motor Carriers' Safety Administration, Research and Special Programs, and the Office of the Secretary of Transportation.

Device. A prosthetic or other device designed to carry "clean" urine and urine substitutes.

Dilute specimen. A specimen with creatinine and specific gravity values lower than expected for human urine.

Disabling Damage means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

Evidentiary Breath Testing Device (EBT). A Device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on the National highway Traffic Safety Administration (NHTSA) conforming products list.

Initial drug test (also known as a Screening drug test). The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

Initial validity test. The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid.

Invalid result. The result reported by an HHS-certified laboratory in accordance with the criteria established by HHS-mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

Laboratory. Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Limit of Detection (LOD). The lowest concentration at which a measurand can be identified, but (for quantitative assays) the concentration cannot be accurately calculated.

Limit of Quantitation. For quantitative assays, the lowest concentration at which the identity and concentration of the measurand can be accurately established.

Medical Review Officer (MRO). A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

Negative Dilute. A drug test result which is negative for the five drug/drug metabolites but has a specific gravity value lower than expected for human urine.

Non-negative specimen. A urine specimen that is reported as adulterated, substituted, positive (for drug(s) or drug metabolite(s)), and/or invalid.

Negative result. The result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cut-off concentration for the drug or drug class and the specimen is a valid specimen. An alcohol concentration of less than 0.02 BAC is a negative test result.

Non-negative test result is a test result found to be adulterated, substitute, invalid, or positive for drug/drug metabolites.

Oxidizing adulterant. A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or drug metabolites, or affects the reagents in either the initial or confirmatory drug test.

Performing (a safety-sensitive function) means a covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

Positive result. The result reported by and HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cut-off concentrations. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC or greater.

Prohibited Drug means marijuana, cocaine, opiates, amphetamines, phencyclidine, heroine, or ecstasy at levels above the minimum thresholds specified in 49 CFR Part 40, as amended. In reference to 49 CFR part 382 a prohibited drug is referred to as *Controlled Substances*.

Reconfirmed. The result reported for a split specimen when the second laboratory is able to corroborate the original result reported for the primary specimen.

Rejected for Testing. The result reported by a HHS-certified laboratory when no tests are performed for a specimen because of a fatal flaw or a correctable flaw that is not corrected.

Revenue Service Vehicles include all transit vehicles that are used for passenger transportation service or that require a CDL to operate. Include all ancillary vehicles used in support of the transit system.

Safety-sensitive Functions includes (a) the operation of a transit revenue service vehicle even when the vehicle is not in revenue service; (b) the operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a Commercial Drivers License (CDL); (c) maintaining a revenue service vehicle or equipment used in revenue service; (d) controlling the movement of a revenue service vehicle; or (e) carrying a firearm for security purposes.

Split Specimen Collection. A collection in which the urine collected is divided into two separate specimen bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

Substance Abuse Professional (SAP) means a licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification reciprocity Consortium/ Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

Substituted specimen. A specimen with creatinine and specific gravity values so diminished that they are not consistent with normal human urine.

Test Refusal. The following are considered a refusal to test.

If the employee:

- Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer
- Fails to remain at the testing site until the testing process is complete
- Fails to provide a urine or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations
- In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the specimen
- For an observed collection, fails to follow the observer's instructions to raise his/her clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the employee has any type of prosthetic or other device that could be used to interfere with the collection process.
- Possesses or wears a prosthetic or other device that could be used to interfere with the collection process.
- Fails to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- Fails or declines to take a second test the employer or collector has directed you to take
- Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the "shy bladder" or "shy lung" procedures
- Fails 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).
- Admits to the collector or MRO that the employee adulterated or substituted the specimen.
- Fails or refuses to sign Step 2 of the alcohol testing form

It is also considered a test refusal if the MRO reports that there is verified adulterated or substituted test results.

Verified negative test means a drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

Verified positive test means a drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

Validity testing is the evaluation of the specimen to determine if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted or if the specimen was substituted.

Section D: EDUCATION AND TRAINING

Every covered employee will receive a copy of this policy and will have readily available access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all safety-sensitive employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.

All supervisory personnel or company officials who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. Under the Community Action Committee of Pike County's own authority, supervisory personnel will also be trained on how to intervene constructively, and how to effectively integrate an employee back into his/her work groups following intervention and/or treatment.

Information on the signs, symptoms, health effects and consequences of alcohol misuse is presented in Attachment B of this policy.

Section E: PROHIBITED SUBSTANCES

Prohibited Substances addressed by this policy include the following:

- (1) Illegally Used Controlled Substances or Drugs under the Drug-Free Workplace Act of 1988. Any drug or any substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Also, the medical use of marijuana, or the use of hemp related products, which cause drug or drug metabolites to be present in the body above the minimum thresholds is a violation of this policy. Federal Transit Administration drug testing regulations (49 CFR Part 655) require that all covered employees be tested for marijuana, cocaine, amphetamines, opiates, phencyclidine, heroin, and ecstasy as described in Section H of this policy. Illegal use of these seven drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.

- (2) Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to an immediate supervisor and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her safety-sensitive functions.
- (3) Alcohol: The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances such that alcohol is present in the body while performing safety-sensitive job functions is prohibited. An alcohol test can be performed on a covered employee under 49 CFR Part 655 just before, during or just after the performance of safety-sensitive job functions.

Section F: PROHIBITED CONDUCT

- (1) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 CFR Part 40, as amended.
- (2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call covered employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline.
- (3) The Transit Department shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
- (4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater regardless of when the alcohol was consumed.
- (5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- (6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.
- (7) The Community Action Committee of Pike County under its own authority also prohibits the consumption of alcohol at all times an employee is on duty, or anytime the employee is in uniform.
- (8) Consistent with the Drug-Free Workplace Act of 1988, all Community Action Committee of Pike County employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the work place including Transit Department premises, transit vehicles, and while in uniform or while on Community Action Committee of Pike County property.

Section G: STATUTE CONVICTION

Consistent with the Drug-Free Workplace Act of 1988, all employees are required to notify the Community Action Committee of Pike County management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in Section Q.10 of this policy.

Section H: TESTING REQUIREMENTS

Analytical urine drug testing and breath testing for alcohol will be conducted as required by 49 CFR Part 40 as amended. Under Community Action authority, all employees shall be subject to testing for reasonable suspicion and following an accident. All covered employees shall additionally be subject to pre-employment testing, and random testing as defined in Sections K, L, M and N of this policy. All covered employees who have tested positive for drugs or alcohol on a random, reasonable suspicion or post-accident will be tested prior to returning to duty after completion of the Substance Abuse Professional's recommended treatment program and subsequent release to duty. Follow-up testing will also be conducted following return-to-duty for a period of one to five years, with at least six tests performed during the first year. The duration and frequency of the follow-up testing above the minimum requirements will be at the discretion of the Substance Abuse Professional.

A drug test can be performed any time a covered employee is on duty. An alcohol test can be performed just before, during or after the performance of a safety-sensitive job function.

All covered employees will be subject to urine drug testing and breathe alcohol testing as a condition of ongoing employment with the Community Action Committee of Pike County. Any covered employee who refuses to comply with a request for testing shall be removed from duty and subject to discipline as defined in Section Q.3 of this policy. Any covered employee who is suspected of providing false information in connection with a drug test, or who is suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection. Verification of the above listed actions will be considered a test refusal and will result in the employee's removal from duty and disciplined as defined in Section Q.3 of this policy. Refer to Section C for behavior that constitutes a refusal to test.

Section I: DRUG TESTING PROCEDURES

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (HHS). All testing will be conducted consistent with the procedures put forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.

The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines, heroin, ecstasy, and phencyclidine. After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a DOT Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a HHS certified laboratory. An initial drug screen and validity test will be conducted on the Primary urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.

The test results from the HHS certified laboratory will be reported to a Medical Review Officer (MRO). The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result, and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employee's medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to the Community Action Committee of Pike County Drug and Alcohol Program Manager (DAPM). If a legitimate explanation is found, the MRO will report the test result as negative to the DAPM and no further action will be taken. If the test is invalid without a medical explanation, a retest will be conducted under direct observation.

Any employee who questions the results of a required drug test under paragraphs L through P of this policy may request that the split sample be tested. The split sample must be conducted at a second HHS-certified laboratory with no affiliation with the laboratory that analyzed the primary specimen. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made to the MRO within 72 hours of notice of the original sample verified test result. The request may be verbal or in writing. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to documentable facts that were beyond the control of the employee. The Community Action Committee of Pike County will ensure that the cost for the split specimen test is covered in order for a timely analysis of the sample; however the Community Action Committee of Pike County will seek reimbursement for the split sample test from the employee. There is no split specimen testing for an invalid result.

If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled and will direct the Community Action Committee of Pike County, to retest the employee under direct observation.

The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary specimen is positive, the split will be retained for testing if so requested by the employee through the MRO. If the primary specimen is positive, it will be retained in frozen storage for one year and the split specimen will also be retained for one year.

Section J: DIRECT OBSERVATION

Consistent with 49 CFR Part 40, as amended, collection under direct observation shall only occur (by a person of the same gender as the employee) with no advance notice when:

- (1) The employee attempts to tamper with his or her specimen at the collection site;
 - (a) The specimen temperature is outside the acceptable range;
 - (b) The specimen shows signs of tampering (i.e. unusual color, odor, characteristics);
 - (c) The collector finds an item in the employee's pockets or wallet which appears to be brought into the site to contaminate a specimen; or
 - (d) The collector notes conduct suggesting tampering.
- (2) The MRO orders the direct observation because:
 - (a) The employee has no legitimate medical reason for certain atypical laboratory results; or
 - (b) The employee's positive or refusal {adulterated/substituted} test result had to be cancelled because the split specimen test could not be performed (e.g. the split was not collected).
- (3) The test is a Follow-up test or a Return-to-Duty test.

During observed collections, the observer requests that the employee raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh to show the observer, by turning around, that they do not have a device.

If the employee has a device, the observer must immediately notify the collector (if they are not the same individual), the collector must stop the collection; and the collector must thoroughly document the circumstances surrounding the even in the remarks section of the CCF. The collector must then notify the DER. This is classified as a refusal to test.

If the employee does not have a device, the employee is permitted to return clothing to its proper position for the observed collection. The observer must watch the urine go from the employee's body into the collection container. If the observer is not the collector, the observer must watch as the employee takes the specimen to the collector. The collector then completes the collection process.

If the collector is not the observer, the collector must instruct the observer about the above procedures for checking the employee for devices AND for watching the employee urinate into the collection container.

Section J: ALCOHOL TESTING PROCEDURES

Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA) approved Evidential Breath Testing Device (EBT) operated by a trained Breath Alcohol Technician (BAT). If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test will be performed using a NHTSA-approved EBT operated by a trained BAT.

The confirmatory test will be conducted at least fifteen minutes after the completion of the initial test. The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout along with an approved alcohol testing form will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by 49 CFR Part 40 as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.

An employee who has a confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The consequences of a positive alcohol test are described in Section Q. 4-5 of this policy. Even though an employee who has a confirmed alcohol concentration of 0.02 to 0.039 is not considered positive, the employee shall still be removed from duty for at least eight hours or for the duration of the current work day, whichever is greater and will be subject to the consequences described in Section Q.9 of this policy. An alcohol concentration of less than 0.02 will be considered a negative test.

The Community Action Committee affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If, at any time, the integrity of the testing procedures or the validity of the test results is compromised, the test will be cancelled. Minor inconsistencies or procedural flaws that do not impact the test result will not result in a cancelled test.

The alcohol testing form (ATF) required by 49 CFR Part 40 as amended, shall be used for all FTA required testing. Failure of an employee to sign step 2 of the ATF will be considered a refusal to submit to testing.

Section K: PRE-EMPLOYMENT TESTING

- (1) All applicants for safety-sensitive positions shall undergo urine drug test and EBT alcohol testing prior to performance of safety sensitive functions. All offers of employment for safety-sensitive positions are contingent upon the applicant successfully completing a pre-employment urine drug test and EBT alcohol test with verified negative results prior to the beginning of employment.
- (2) Refusal to take the pre-employment drug test and EBT alcohol tests or positive test results will disqualify an applicant for employment for a period of one year. Evidence of the absence of drug and alcohol dependency from a Substance Abuse Professional that meets with 49 CFR Part 40, as amended and a negative pre-employment drug test will be required prior to further consideration for employment. The cost for the assessment and any subsequent treatment will be the sole responsibility of the applicant.
- (3) If an applicant fails the initial drug test and/or the EBT alcohol test or the test results are inconclusive, the applicant will have the option of re-testing within 24 hours at his or her expense. If the second test produces a verified negative result, the applicant shall be reimbursed for the cost of the test.
- (4) No employee in a non-safety-sensitive position shall be placed, transferred or promoted into a safety-sensitive position until the employee has successfully completed a drug and alcohol test with verified negative results. The tests must be performed after the contingent offer of transfer, promotion or reassignment has been made, but prior to the employee beginning employment in the safety-sensitive position. If the tests produce a verified positive result, the employee shall be subject to disciplinary action in accordance with Section Q.4-5 and 9 herein.

- (1) In instances where a safety-sensitive employee is on extended leave for a period of 90 days or more, regardless of reason, the employee will be required to take a drug test under 49 CFR Part 655 and an alcohol test under this policy and have negative test results prior to the conduct of safety-sensitive job functions.
- (2) Applicants are required to report previous DOT covered employer drug and alcohol test results. Failure to do so will result in the employment offer being rescinded, and any employment commenced being terminated.

Section L: REASONABLE SUSPICION TESTING

All Community Action Committee of Pike County employees will be subject to a reasonable suspicion drug and/or alcohol test when there are reasons to believe that drug or alcohol use is impacting job performance and safety. Reasonable suspicion shall mean that there is objective evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse. Reasonable suspicion referrals must be made by one supervisor who is trained to detect the signs and symptoms of drug and alcohol use, and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or alcohol misuse. Under the FTA, a reasonable suspicion alcohol test can only be conducted just before, during or just after the performance of a safety-sensitive job function. However, under the Community Action Committee of Pike County's authority, a reasonable suspicion alcohol test may be performed any time a covered employee is on duty.

The Community Action Committee of Pike County shall be responsible for transporting the employee to the testing site. Supervisors should avoid placing themselves and/or others into a situation which might endanger the physical safety of those present. The employee shall be placed on leave pending disciplinary action described in Section Q.4-5 and 9 of this policy. An employee who refuses an instruction to submit to a drug/alcohol test shall not be permitted to finish his or her shift and shall immediately be placed on leave pending disciplinary action as specified in Section Q.3 of this policy.

A written record of the observations which led to a drug/alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor making the observation prior to the release of the test results. This written record shall be submitted to the Community Action Committee of Pike County management and shall be attached to the forms reporting the tests results.

When there are no specific, contemporaneous, articulable, objective facts that indicate current drug or alcohol use, but the employee (who is not already a participant in a treatment program) admits the abuse of alcohol or other substances to a supervisor in his/her chain of command, the employee shall be referred to the SAP for an assessment. The Community Action Committee of Pike County shall place the employee on administrative leave in accordance with the provisions set forth under Section Q.9 of this policy. Testing in this circumstance would be performed under

the direct authority of the Community Action Committee of Pike County since the employee self-referred to management. Testing under this circumstance would not be considered a violation of this policy or a positive test result under Federal authority. However, self-referral does not exempt the covered employee from testing under Federal authority as specified in Sections L through N of this policy or the associated consequences as specified in Section Q.9. A Voluntary Referral does not shield an employee from the requirement to comply with drug and alcohol testing.

Section M: POST -ACCIDENT TESTING

All covered employees will be required to undergo urine and breathe testing if they are involved in an accident with a transit revenue service vehicle regardless of whether the vehicle is in revenue service that results in a fatality. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other whose performance cannot be completely discounted as a contributing factor to the accident. In addition, a post accident test will be conducted if an accident results in injuries requiring immediate transportation to a medical treatment facility or one or more vehicles incurs disabling damage, unless the operator can be completely discounted as a contributing factor to the accident.

- (1) As soon as practicable following an accident, as defined in this policy, the transit supervisor investigating the accident will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the accident of the need for the test. The supervisor will make the determinations using the best information available at the time of the decision.
- (2) The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours after the accident for alcohol, and within 32 hours for drugs. If an alcohol test is not performed within two hours of the accident, the Supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within (8) eight hours, or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test must be documented.
- (3) Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until he/she undergoes a post-accident alcohol test.
- (4) An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.
- (5) Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee 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.
- (6) In the rare event that the Community Action Committee of Pike County is unable to perform an FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), the Community Action Committee of Pike County may use drug and alcohol post-accident test results administered by local law enforcement officials in lieu of the FTA test. The local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with local law.

- (7) Under the authority of the Community Action Committee of Pike County all covered employee drivers holding a Commercial Drivers License who are not employed in the mass transit industry shall be subject to post-accident testing using the accident definition of the FTA, 49 CFR part 655, as amended.
- (8) Should the accident occur beyond reasonable travel time to the collection site normally used by the Community Action Committee of Pike County arrangements will be made to transport the driver to the collection site used by DOT Agencies in the area which the accident occurred. The Transit Program Director shall then document that the collection site used is in Compliance with 49 CFR part 40 as amended.

Section N: RANDOM TESTING

All covered employees will be subject to random, unannounced testing. The selection of employees shall be made using a scientifically valid method by randomly generating an employee identifier from the appropriate pool of safety-sensitive employees.

- (1) The dates for administering unannounced testing of randomly selected covered employees shall be spread reasonably throughout the calendar year.
- (2) The number of covered employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates established by Federal regulations for those safety-sensitive employees subject to random testing. The current random testing rate for drugs established by FTA is 25% and FMSCA is fifty percent of the number of covered employees in the pool. The random testing rate for alcohol established by FTA and FMCSA equals ten percent of the number of covered employees in the pool. Under the sole authority of the Community Action Committee of Pike County the random testing rate for drugs for FTA covered employees shall remain at fifty percent.
- (3) Each covered employee shall be in a pool from which the random selection is made. Each employee in the pool shall have an equal chance of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of management in the selection and notification of the individuals who are to be tested.
- (4) Covered transit employees that fall under the Federal Transit Administration regulations will be included in one random pool maintained separately from the testing pool of covered employees that are included solely under the Community Action Committee of Pike County's authority.
- (5) Under the FTA, random drug tests can be conducted at any time during a covered employee's shift. Random alcohol tests can be performed just before, during, or just after the performance of a safety sensitive duty. However, under the authority of the Community Action Committee, a random alcohol test and drug test may be performed any time the covered employee is on duty. Testing can occur during the beginning, middle or end of an employee's shift.
- (6) Employees are required to proceed immediately to the collection site upon notification of their random selection.

Section O: RETURN-TO-DUTY TESTING

All covered employees who test positive on a drug or alcohol or refused test will be subject to disciplinary action up to and including termination. In the event a covered employee's disciplinary action results in a return to duty, all covered employees who previously tested positive on a drug or alcohol test or refused test, must test negative for drugs, alcohol (below 0.02 for alcohol), or both and be evaluated and released by the Substance Abuse Professional before returning to work. For an initial positive drug test a Return-to-Duty drug test is required and an alcohol test is allowed. For an initial positive alcohol test a Return-to-Duty alcohol test is required and a drug test is allowed. Following the initial assessment, the SAP will recommend a course of rehabilitation unique to the individual. The SAP will recommend the return-to-duty test only when the employee has successfully completed the treatment requirement and is known to be drug- and alcohol-free and there are no undo concerns for public safety.

Section P: FOLLOW-UP TESTING

Covered employees will be required to undergo frequent, unannounced drug and alcohol testing following their return-to-duty. The follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP reflecting the SAP's assessment of the employee's unique situation and recovery progress. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate in addition to the random, post-accident, reasonable suspicion and return-to-duty testing.

Section Q: RESULT OF DRUG/ALCOHOL TEST

Any covered employee that has a verified positive drug or alcohol test will be removed from his/her safety-sensitive position, informed of educational and rehabilitation programs available and referred to a SAP for assessment. No employee will be allowed to return to duty requiring the performance of safety-sensitive job functions without the approval of the SAP.

A positive drug and/or alcohol test will also result in disciplinary action as specified herein.

- (1) As soon as practicable after receiving notice of a verified positive drug test result, a confirmed alcohol test result, or a test refusal, the Community Action Committee of Pike County Drug and Alcohol Program Manager will contact the employee's supervisor to have the employee cease performing any safety-sensitive function.
- (2) The employee shall be referred to a SAP for an assessment. The SAP will evaluate each employee to determine what assistance, if any, the employee needs in resolving problems associated with prohibited drug use or alcohol misuse.
- (3) Refusal to submit to a drug/alcohol test shall be considered a positive test result and a direct act of insubordination and shall result in termination. A test refusal includes the following circumstances:
 - (a) A covered employee who consumes alcohol within eight (8) hours following involvement in an accident without first having submitted to post-accident drug/alcohol tests.
 - (b) A covered employee who leaves the scene of an accident without a legitimate explanation prior to submission to drug/alcohol tests.
 - (c) A covered employee who is suspected of providing false information in connection with a drug test.
 - (d) A covered employee who provides an insufficient volume of urine specimen or breath sample without a valid medical explanation. The medical evaluation shall take place within 5 days of the initial test attempt.

- (a) A verbal or written declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test within the specified time frame.
 - (f) A covered employee whose urine sample has been verified by the MRO as substitute or adulterated.
 - (g) A covered employee fails to appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer.
 - (h) A covered employee fails to remain at the testing site until the testing process is complete.
 - (i) A covered employee fails to provide a urine specimen for any drug test required by Part 40 or DOT agency regulations.
 - (j) A covered employee fails to permit the observation or monitoring of a specimen collection.
 - (k) A covered employee fails or declines to take a second test the employer or collector had directed them to take.
 - (l) A covered employee fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the "shy bladder" or "shy lung" procedures.
 - (m) A covered employee fails to cooperate with any part of the testing process (e.g. refuses to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process).
 - (n) Failure to sign Step 2 of the Alcohol Testing Form.
- (4) For the first instance of a verified positive test from a sample submitted as the result of a random drug/alcohol test (greater than or equal to 0.04 BAC), disciplinary action against the employee shall include:
- (a) Mandatory referral to SAP for assessment, formulation of a treatment plan, and execution of a return-to-work agreement;
 - (b) Failure to execute or remain compliant with the return-to-work agreement shall result in termination of employment.
 - Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; in the judgment of the SAP the employee is cooperating with his/her SAP recommended treatment program; and, the employee had agreed to periodic unannounced follow-up testing as defined in Section P of this policy.
 - (c) Refusal to submit to a periodic unannounced follow-up drug/alcohol test shall be considered a direct act of insubordination and shall result in termination.
 - (d) A periodic unannounced follow-up drug/alcohol test which results in a verified positive shall result in termination of employment.
 - (e) The second instance of a verified positive drug or alcohol test (greater than or equal to 0.04 BAC) result including a sample submitted under random or follow-up drug/alcohol test provisions herein shall result in termination from employment.
 - (f) A verified positive post accident, or reasonable suspicion drug and/or alcohol (greater than or equal to 0.04) test shall result in termination.

- (g) An alcohol test result of greater than or equal to 0.02 to less than or equal to 0.039 BAC shall result in the removal of the employee from duty for eight hours or the remainder of the work day, whichever is longer. The employee will not be allowed to return to safety-sensitive duty for his/her next shift until he/she submits to an alcohol test with a result of less than 0.02 BAC. If the employee has an alcohol test result of greater than or equal to 0.02 to less than or equal to 0.039 two or more times within a six month period, the employee will be removed from duty and referred to the SAP for assessment and treatment consistent with Section Q.9. of this policy.
- (h) The cost of any treatment or rehabilitation services will be paid directly by the employee or their insurance provider. The employee will be permitted to take accrued sick leave or administrative leave to participate in the SAP prescribed treatment program. If the employee has insufficient accrued leave, he/she must follow the steps outlined in Community Action Committee of Pike County Governing Board Policy 03.04.09.07 to request medical leave of absence without pay. Any leave taken, either paid or unpaid, shall be considered leave taken under the Family and Medical Leave Act.
- (i) If the instance of a self-referral or a management referral, disciplinary action against the employee shall include:
- Mandatory referral to a SAP for assessment, formulation of a treatment plan, and execution of a return to work agreement;
 - Failure to execute or remain compliant with the return-to-work agreement shall result in termination of employment with the Community Action Committee of Pike County
 1. Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; in the judgment of the SAP the employee is cooperating with his/her SAP recommended treatment program; and, the employee has agreed to periodic unannounced follow-up testing as defined in Section P of this policy;
 - Refusal to submit to a periodic unannounced follow-up drug/alcohol test shall be considered a direct act of insubordination and shall result in termination of employment.
 - Periodic unannounced follow-up drug/alcohol tests conducted as a result of a self-referral or management referral which results in a verified positive shall be considered a positive test result in relation to the progressive discipline defined in Section Q.4-5 of this policy.
- (j) Failure of an employee to report within five days a criminal drug statute conviction for a violation occurring in the workplace shall result in termination.

A self-referral or management referral to the SAP that was not precipitated by a positive test result does not constitute a violation of the Federal regulations and will not be considered a positive test result in relation to the progressive discipline defined in Section Q.4-5 of this policy.

Section R: GRIEVANCE AND APPEAL

The consequences specified by 49 CFR Part 655 for a positive test or test refusal is not subject to arbitration.

Section S: PROPER APPLICATION OF THE POLICY

The Community Action Committee of Pike County is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor or manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including termination.

Section T: INFORMATION DISCLOSURE

Drug/Alcohol testing records shall be maintained by the Community Action Committee of Pike County Drug and Alcohol Program Manager and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without express written consent of the tested employee.

- (1) The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug and/or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. Employees may not have access to SAP referrals and follow-up testing plans.
- (2) Records of verified positive drug/alcohol test results shall be released to the Drug and Alcohol Program Manager, Department Supervisor and Personnel Manager on a need to know basis. Records will be released to a subsequent employer only upon receipt of a written request from the employee.
- (3) Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test. The records will be released to the decision maker in the proceeding. The information will only be released with binding stipulation from the decision maker and the decision maker will make it available only to parties in the proceeding.
- (4) Records will be released to the National Transportation Safety Board during an accident investigation.
- (5) Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.
- (6) Records will be released if requested by a Federal, State or local safety agency with regulatory authority over the Community Action Committee of Pike County or the employee.
- (7) If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 as amended necessary legal steps to contest the issuance of the order will be taken.
- (8) In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

Section U: SYSEM CONTACTS

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individuals:

Drug and Alcohol Program Manager:

Name: Raymond G. Roberts
Title: Executive Director
Address: 941 Market Street, Box 799
Piketon, Ohio 45661
Telephone Number: 740.289.2371

Designated Employer Representative

Jan Conkel
Transit Supervisor
941 Market St., Box 799
Piketon, OH 45661
740-289-2371

Designated Employer Representative

Diane Renner
Transit Program Director
941 Market Street, Box 799
Piketon, OH 45661
740-289-2371

Designated Employee Representative

Barb Tackett
Early Childhood Program Director
941 Market Street, Box 799
Piketon, OH 45661
740-289-2371

Designated Employee Representative

Sue Stevens
Idaho Site/Transportation Supervisor
941 Market Street, Box 799
Piketon, OH 45661
740-289-2371

Medical Review Officer:

Name: Dr. Phillip Greene
Address: 2701 Colts Gate Road
Suite #1
Charlotte, NC 28211
Telephone Number: 1.800.833.3984

Substance Abuse Professional:

Name: Scioto Paint Valley Mental Health Center
Address: 102 Dawn Lane
Waverly, OH 45690
Telephone: 740.947.7783

National Substance Abuse Professionals Network: <http://www.nsapn.com/> (1.800.879.6428)

Substance Abuse Professional Referral Service: <http://www.sapreferralservices.com/>
(1.800.888.SAPS)

HHS Certified Laboratory Primary Specimen

Name: National Diagnostics
Address: 6407 Idlewild Road, Suite 21, Charlotte, NC 28212
Telephone Number: 704-364-7550

HHS Certified Laboratory Split Specimen

Name: Laboratory Corporation of America

Address: 1904 Alexander Drive
Research Triangle Park
North Carolina, 27709

Telephone Number: 1-800-833-3984

Attachment ASafety-Sensitive Employees/Job TitleTesting Authority

Transit Supervisor

FTA

Scheduler/Dispatcher

FTA

Bus/Van Driver

FTA

Substitute Bus/Van Driver

FTA

Early Childhood Driver/Center Aide

FMCSA

Early Childhood Center Teacher

FMCSA

Early Childhood Site Supervisors

FMCSA

Transportation/Enrollment Manager

FMCSA

Non-Safety Sensitive Functions

All other employees except those identified above would be considered non-safety sensitive and would be tested under the authority of the Community Action Committee of Pike County as outlined in this policy.

Attachment B
Alcohol Fact Sheet

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Signs and Symptoms of Use

- dulled mental processes
- lack of coordination
- odor of alcohol on breath
- possible constricted pupils
- sleepy or stuporous condition
- slowed reaction rate
- slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer (12 ounces), whiskey (1 ounce) , or wine (6 ounce glass) over time may result in the following health hazards:

- decreased sexual functioning
- dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed “alcoholic”).
- fatal liver diseases
- increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- kidney disease
- pancreatitis
- spontaneous abortion and neonatal mortality
- ulcers
- birth defects (up to 54 percent of all birth defects are alcohol related.)

Social Issues

- Two-thirds of all homicides are committed by people who drink prior to the crime.
- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problem is 7 times the average.
- Forty percent of family court cases are alcohol problem related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents and 76 percent of private aircraft accidents are alcohol related.

The Annual Toll

- 24,000 people will die on the highway due to the legally impaired driver.
- 12,000 more will die on the highway due to the alcohol-affected driver.
- 15,800 will die in non-highway accidents.
- 30,000 will die due to alcohol-caused liver disease.
- 10,000 will die due to alcohol-induced brain disease or suicide.
- Up to another 125,000 will die due to alcohol-related conditions or accidents.

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

Attachment C
Minimum Thresholds

Initial Test Cutoff Levels

Marijuana metabolites	50 ng/mL
Cocaine metabolites	150 ng/mL
Opiate metabolites	2,000 ng/mL
Phencyclidine (PCP)	25 ng/mL
Amphetamines	500 ng/mL
Codeine/Morphine	2,000 ng/mL
6-Acetylmorphine	10 ng/mL
MDMA	500ng/mL

Confirmatory Test Cutoff Levels

Marijuana metabolites	15 ng/mL
Cocaine metabolites	100 ng/mL
Opiates:	
Morphine	2,000 ng/mL
Codeine	2,000 ng/mL
Phencyclidine (PCP)	25 ng/mL
Amphetamines:	
Amphetamine	250 ng/mL
Methamphetamine	250 ng/mL
Benzoyllecgonine	100 ng/mL
MDMA, MDA, MDEA	250 ng/mL