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This policy has been written for SOLANO'S INC. hereafter referred to as "the company" throughout this policy. Any reproduction of this policy for any other company or persons, than the above SOLANO'S INC. company, without consent from KRM SERVICES, is prohibited.

Due to the constantly changing nature of government regulations, it is impossible to guarantee accuracy of the material contained in this policy. KRM SERVICES has tried to provide reasonably accurate and authoritative information regarding the subject matter covered. KRM Services, therefore, cannot be held responsible for any errors, misprinting, or omissions within this policy and shall not be liable for any loss or injury caused by any errors, misprinting, or omissions.

This policy is designed to meet the DOT/FMCSA requirements and to establish the company's Drug-Free Workplace. Any new DOT/FMCSA Regulations or amendments will be considered to be automatically applied to this policy.

SOLANO'S INC. may add any state, county, or city rules or regulations to this policy to comply with any rules and regulations not covered by the 49 CFR part 40 and part 382.

SOLANO'S INC. is reminded that they are ultimately responsible for the implementation of their company policy. Employers may contract out their drug and alcohol testing functions but may not contract away their responsibility to comply with DOT rules.

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**DRIVER DRUG AND ALCOHOL AFFIDAVIT**

As prescribed by 49 CFR Section 382.601, all employees to be assigned to safety-sensitive functions shall execute this form and the original shall be placed in the employee's qualification file.

By my signature below, I do hereby certify that I have received a copy of the Drug and Alcohol policy for SOLANO'S INC. and that I have read it.

I understand its contents, including the dangers of alcohol and drug abuse, and the consequences which I can expect if I should be in violation of this policy or of Federal Regulations 49 CFR part 40 and 49 CFR part 382 regarding use of drugs or alcohol in connection with the performance of my duties.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## DRIVER DRUG & ALCOHOL ABUSE POLICY STATEMENT

### **Employees directly affected by this policy:**

This policy shall apply only to those employees of SOLANO'S INC.. who are directly identified as holding and performing a job which has been identified as a safety- sensitive function and are considered to be covered by 49 CFR Part 382. These employees shall be all employees of the SOLANO'S INC. who are required to hold a commercial driver's license, as defined by 49 CFR, Part 383, which is necessary to perform job related duties such as operating a commercial motor vehicle. Also any employee who drive a "School Transportation Vehicle" per California Vehicle Code 34520.3

### **Statement of policy:**

Drivers are an extremely valuable resource for COMPANY their health and safety is a serious company concern. Drug and or alcohol use may pose a serious health risk to a driver. It is therefore the policy of SOLANO'S INC. to maintain **A DRUG-FREE WORKPLACE.**

Specifically, it is the policy of SOLANO'S INC. that the *use, sale, purchase, transfer, possession, or presence in one's system of any controlled substance by any employee while on company property, engaged in company business, while operating company vehicles is strictly prohibited.*

**Violating this policy may result in termination of your employment.**

The person (DER) responsible for the implementation and information of this policy is:

Michael R. Solano

## Definitions

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

**Alcohol** - The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.

**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 this part.

**Alcohol confirmation test** - A subsequent test using an EBT, following a screening test with a result of 0.02 or greater, that provides quantitative data about the alcohol concentration.

**Alcohol screening test** - An analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

**Alcohol testing site** - A place selected by the employer where employees present themselves for the purpose of providing breath or saliva for an alcohol test.

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

**Cancelled test** - A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which this part otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

**Chain of custody** - The procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed. This procedure uses the Federal Drug Testing Custody and Control Form (CCF).

**CMV** - Commercial Motor Vehicle

### **Commercial Driver (as defined by part 383)**

- (a) This part applies to every person and to all employers of such persons who operate a commercial motor vehicle in commerce in any State, and is subject to:
- (1) The commercial driver's license requirements of part 383 of this subchapter;
  - (2) The Licencia Federal de Conductor (Mexico) requirements; or
  - (3) The commercial driver's license requirements of the Canadian National Safety Code.

(b) An employer who employs himself/herself as a driver must comply with both the requirements in this part that apply to employers and the requirements in this part that apply to drivers. An employer who employs only himself/herself as a driver shall implement a random alcohol and controlled substances testing program of two or more covered employees in the random testing selection pool.

(c) The exceptions contained in § 390.3(f) of this subchapter do not apply to this part. The employers and drivers identified in § 390.3(f) of this subchapter must comply with the requirements of this part, unless otherwise specifically provided in paragraph (d) of this section.

(d) Exceptions. This part shall not apply to employers and their drivers:

(1) Required to comply with the alcohol and/or controlled substances testing requirements of part 655 of this title (Federal Transit Administration alcohol and controlled substances testing regulations); or

(2) Who a State must waive from the requirements of part 383 of this subchapter. These individuals include active duty military personnel; members of the reserves; and members of the national guard on active duty, including personnel on full-time national guard duty, personnel on part-time national guard training and national guard military technicians (civilians who are required to wear military uniforms), and active duty U.S. Coast Guard personnel; or

(3) Who a State has, at its discretion, exempted from the requirements of part 383 of this subchapter. These individuals may be:

(i) Operators of a farm vehicle which is:

(A) Controlled and operated by a farmer;

(B) Used to transport either agricultural products, farm machinery, farm supplies, or both to or from a farm;

(C) Not used in the operations of a common or contract motor carrier; and

(D) Used within 241 kilometers (150 miles) of the farmer's farm.

(ii) Firefighters or other persons who operate commercial motor vehicles which are necessary for the preservation of life or property or the execution of emergency governmental functions, are equipped with audible and visual signals, and are not subject to normal traffic regulation.

(4) Who operate "covered farm vehicles," as defined in 49 CFR part 390.5.

**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.

**Confirmed drug test** - A confirmation test result received by an MRO from a laboratory.

**Consortium/Third-party administrator (C/TPA)** - A service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to employers. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members. C/TPAs are not “employers” for purposes of this part.

**Designated employer representative (DER)** - An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this part. Service agents cannot act as DERs.

**DOT (The Department, DOT agency)** - These terms encompass all DOT agencies, including, but not limited to, the United States Coast Guard (USCG), the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Pipeline and Hazardous Materials Safety Administration (PHMSA), and the Office of the Secretary (OST). These terms include any designee of a DOT agency.

**Drugs**-The drugs for which tests are required under this part and DOT agency regulations are marijuana, cocaine, amphetamines, phencyclidine (PCP), and opioids.

**Employee** - Any person who is designated in a DOT agency regulation as subject to drug testing and/or alcohol testing. The term includes individuals currently performing safety-sensitive functions designated in DOT agency regulations and applicants for employment subject to pre-employment testing. For purposes of drug testing under this part, the term employee has the same meaning as the term “donor” as found on CCF and related guidance materials produced by the Department of Health and Human Services.

**Employer** - A person or entity employing one or more employees (including an individual who is self-employed) subject to DOT agency regulations requiring compliance with this part. The term includes an employer's officers, representatives, and management personnel.

**FMCSA** – Federal Motor Carrier Safety Administration

**MRO** – Medical Review Officer

**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 cutoff concentration for the drug or drug class and the specimen is a valid specimen.

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

**Positive result** - The result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations.

**Primary specimen** - In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing. The primary specimen is distinguished from the split specimen, defined in this section.

**Split specimen** - In drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

**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).

**Stand-down** - The practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test result.

**Substance Abuse Professional (SAP)** - A person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

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



## **Prohibited Conduct Under DOT Regulations and Drug/Alcohol Policy**

Engaging in any of the following conduct will **immediately** subject a driver to being removed from safety-sensitive functions [382.501], and discipline up to and including immediate termination.

1. For any driver to use, possess, manufacture, sell, trade, offer for sale, offer to buy, or make arrangements to distribute illegal drugs, or to otherwise engage in the illegal use of drugs while at work or on company property.
2. For any driver to report to duty requiring the performance of safety-sensitive under the influence of alcohol (0.04 or greater), or any illegal drugs [382.201, 382.213]. It is also prohibited conduct to report to duty with an alcohol concentration of 0.02 or greater. [382.505]
3. For any driver to remain on duty that requires the performance of safety-sensitive functions, while under the influence of illegal drugs or alcohol. [382.213]
4. For any driver to use prescription drugs illegally or fail to inform the Company of the therapeutic drug to use that might adversely affect the driver's ability to perform or continue to perform a safety-sensitive function [382.213] (However, nothing in this policy precludes the appropriate use of legally prescribed medications.) Such prescription drugs brought to work should remain in the original labeled container and show both the prescribing doctor's SOLANO'S INC. and expiration date.
5. For a driver to ingest hemp food products or coca food products. (Recent studies indicate the ingestion of hemp seed oil and hemp food products can result in a positive test for marijuana.) In accordance with 40.151, a Medical Review Officer (CMRO) may not accept consumption of hemp products, coca teas, or medical marijuana as an excuse for a positive drug test.
6. For a driver use alcohol within four hours before performing a safety-sensitive activity. [392.207] The Company will provide an opportunity for each such on-call employee to acknowledge the use of alcohol at the time he/she is called to report for duty, and it is the employee's responsibility to inform his/her supervisor at the earliest possible time of any potential impairment from alcohol.
7. Refusal by a driver to submit to an alcohol or controlled substance test, including:
  - A. Failure to appear for any test (except a pre-employment test) within a reasonable time, but no longer than two hours of being ordered. This includes the failure of an employee (including an owner-operator) to appear for a test when called by a C/PTA [40.61 (a)].
  - B. Failure to remain on the testing site until the testing is complete. Provided that an employee who leaves the testing site before testing process commences [40.63 (c)] a pre-employment test is not deemed to have refused the test.

- C. Failure to provide a urine specimen for any drug test required by this part or DOT agency regulations. Provided that an employee who does not provide a urine specimen because he or she left the testing site before the testing process commences [140.63(c)] for a pre-employment test is not deemed to have refused the test; in the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen [40.67(i) and 40.69(g)].
  - D. Failure to provide a sufficient amount of urine when directed, and it has been determined, though a required medical evaluation, that there was no adequate medical explanation for the failure [40.193(d) (2)]
  - E. Failure or declines to take a second a second test the employer or collector has directed the driver to take.
  - F. Failure to undergo a medical examination or evaluation, as directed by the Medical Review Officer (CMRO) as part of the verification process, or as directed by the DER under [40.193(d)]. In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment.
  - G. Failure to cooperate with any part of the testing process (e.g.) refuses to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process.
  - H. Is reported by the CMRO as having a verified adulterated or substituted test result.
8. To receive a verified positive drug test [40.23(a)]
  9. To receive an alcohol test result of 0.04 or higher [40.23(c)]
  10. To refuse to submit to or remain readily available for a post-accident alcohol or controlled substances test required under [382.303], a random alcohol or controlled substances test required under [382.305], a reasonable suspicion alcohol or controlled substances test is required under [382.307], or a follow-up alcohol or controlled substances test required under [382.311][382.211]
  11. To submit, or attempt to submit, an adulterated, muted, or otherwise altered specimen, or substituting a specimen from another person [40.67]
  12. To use alcohol for eight hours following an accident under [382.303] or until he/she undergoes post-accident alcohol tests, whichever comes first. [382.209]
  13. For driver to engage in illicit drug use on or off duty. Engaging in any "Prohibited Conduct" as noted above will subject a driver to immediate removal from safety-sensitive functions and discipline, up to and including termination (unless otherwise restricted by state or local law or regulation)

## **Types of Testing to be Conducted:**

### **Compliance mandatory:**

Under 49 CFR Part 382 of the FMCSA Regulations it is mandatory that a driver submit to alcohol and controlled substance tests administered pursuant to those regulations.

All DOT testing for controlled substances and alcohol to be conducted in accordance with requirements of 49 CFR Part 40. These procedures are designed to protect the driver and the integrity of the testing process, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver.

### **1. Pre-Employment Tests:**

#### **Drug Testing:**

Before a new hire can perform any safety-sensitive functions or where a person transfers into a safety-sensitive function from elsewhere in the company, employer must have negative test results.

#### **Alcohol Testing:**

Pre-Employment alcohol tests are optional. Although if pre-employment alcohol testing is required by the employer, all employees that are subject to testing must be tested.

### **2. Random Tests:**

#### **Drug Testing:**

Unannounced random testing is required on a certain percentage of drivers each year. (DOT may change the testing rates for a given year). These random tests must be spaced reasonably throughout the year. A random selection must make sure each driver has an equal chance of being selected each time there is a selection. Testing can be done anytime the driver is working for the employer. Once the driver has been notified that he/she was selected for testing, they must proceed immediately to the collection site.

**Alcohol Testing:**

Unannounced random testing is required on a certain percentage of drivers each year. (DOT may change the testing rates for a given year). Random alcohol testing can only be done just before, during, or just after performing safety-sensitive functions. Once the driver has been notified that he/she was selected for testing, they must proceed immediately to the collection site.

**3. Post –Accident Testing:**

A post-accident test for controlled substances and alcohol must be performed when:

1. There is an accident where a life was lost.
2. The driver was **cited** for a moving traffic violation and there was an injury that was treated away from the scene of the accident.
3. The driver was **cited** for a moving traffic violation and one or more of the vehicles involved were required to be towed from the scene.

**Drug Testing:**

Post-accident drug testing shall be done within 32 hours or not done at all.

**Note:**

If no post –accident drug test is performed within the time allowed, the company must prepare a record with the information and reasons the tests were not done.

**Alcohol Testing:**

Post-Accident alcohol testing should be done within 2 hours of the accident. If it cannot be done within 8 hours it shall not be done. The driver who has been involved in an accident must remain readily available for post-accident alcohol testing. The driver shall not consume alcohol for (8) eight hours or until the post-accident alcohol test is performed, whichever comes first. Not remaining available for testing is considered a refusal to test and will be deemed a positive test.

**Note:**

If no post –accident alcohol test is performed within the time allowed, the company must prepare a record with the information and reasons the tests were not done. No post-accident testing should delay any medical treatment for anyone injured. The employer should give the driver the information to get medical attention and where to be tested. The Company reserves the right to conduct a Non-Dot post-accident drug and/or alcohol test under independent authority in circumstances where a DOT post-accident test is not required.

#### 4. **Reasonable Suspicion Testing:**

Drivers who appear to be under the influence of drugs or alcohol can be immediately tested. Employers must train CDL driver supervisors to detect the symptoms of driver impairment. The training required is one hour on the specific, contemporaneous, physical, behavioral, and performance indicators of probable drug use, and one hour on the specific, contemporaneous, physical, behavioral, and performance indicators of probable alcohol use. Documentation of driver's behavior and conduct must be prepared and signed by a witness within 24 hours of the observed behavior or before the test results are released, whichever comes first.

##### **Drug Testing:**

An employer shall require a driver to submit to a controlled substances test when the employer has reasonable suspicion to believe that the driver is under the influence of controlled substance. The employer's determination that reasonable suspicion exists to require the driver to undergo a controlled substances test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The observations may include indications of the chronic and withdrawal effects of controlled substances.

##### **Alcohol Testing:**

Alcohol testing is authorized by this section only if the observations required are made during, just preceding, or just after the period of the work day that the driver is required to be in compliance with this part. A driver may be directed by the employer to only undergo reasonable suspicion testing for alcohol while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions. If an alcohol test required by this section is not administered within two hours following the determination, the employer shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered.

If an alcohol test required by this section is not administered within eight hours following the determination, the employer shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test. The trained supervisor who made the observation and determination that reasonable suspicion testing should be done, may not conduct the alcohol test on the driver.

**Notwithstanding the absence of a reasonable suspicion alcohol test under this section, no driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while the driver is under the influence of or impaired by alcohol, as shown by the behavioral, speech, and performance indicators of alcohol misuse, nor shall an employer permit the driver to perform or continue to perform safety-sensitive functions, until:**

1. An alcohol test is administered and the driver's alcohol concentration measures less than 0.02; or
2. Twenty four hours have elapsed following the determination that there is reasonable suspicion to believe that the driver has violated the prohibitions in this part concerning the use of alcohol.
3. Except as provided in paragraph above in bold print, no employer shall take any action under this part against a driver based solely on the driver's behavior and appearance, with respect to alcohol use, in the absence of an alcohol test. This does not prohibit an employer with independent authority of this part from taking any action otherwise consistent with law.

**5. Return to Duty Testing:**

**Drug Testing:**

Required for drivers who tested positive, refused, or otherwise violated the prohibitions and who have completed the return-to-duty process with a DOT-qualified substance abuse professional. This test is directly observed, and a negative result is required before resuming driving duties.

**Alcohol Testing:**

Required for drivers who tested positive, refused, or otherwise violated the prohibitions and who have completed the return-to-duty process with a DOT-qualified substance abuse professional. The employee must have an alcohol test with an alcohol concentration of less than 0.02 before resuming performance of safety-sensitive duties.

## **6. Follow-Up Testing:**

### **Drug Testing:**

Required for drivers who tested positive, refused, or otherwise violated the prohibitions and who have completed the return-to-duty process with a DOT-qualified substance abuse professional, and have tested negative for a return-to-duty test. This testing is prescribed by the substance abuse professional for a minimum of 6 directly observed tests in 12 months, but can be extended an additional four years.

### **Alcohol Testing:**

Required for drivers who tested positive, refused, or otherwise violated the prohibitions and who have completed the return-to-duty process with a DOT-qualified substance abuse professional, and have tested negative for a return-to-duty test. This testing is prescribed by the substance abuse professional for a minimum of 6 directly observed tests in 12 months, but can be extended an additional four years.

## SUBSTANCES BEING TESTED

DOT drug tests are conducted using urine specimens. The urine specimens are analyzed for the following drugs/metabolites:

- Marijuana
- Cocaine metabolites
- Amphetamines
- Opioids
- Phencyclidine

To learn more about the effects of these and other drugs visit the following sites:

- Drugs and Human Performance Fact Sheet. National Highway Traffic Safety Administration (NHTSA) [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)
- Driving While You Are Taking Medications. National Highway Traffic Safety Administration (NHTSA) [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)
- Common Drugs of Abuse. National Institute for Drug Abuse (NIDA) [www.nida.nih.gov](http://www.nida.nih.gov)
- Drug Facts. Office of National Drug Control Policy (ONDCP) [www.whitehousedrugpolicy.org](http://www.whitehousedrugpolicy.org)
- Drug Facts. Office of National Drug Control Policy (ONDCP) [www.whitehousedrugpolicy.org](http://www.whitehousedrugpolicy.org)
- Prevention On-line. National Clearinghouse for Alcohol and Drug Information (NCADI) [www.health.org](http://www.health.org)

Prescription medicine and OTC drugs may be allowed, however, you must meet the following minimum standards:

- The medicine is prescribed to you by a licensed physician, such as your personal doctor.
- The treating/prescribing physician has made a good faith judgment that the use of the substance at the prescribed or authorized dosage level is consistent with the safe performance of your duties.
- The substance is used at the dosage prescribed or authorized .
- **While a minority of states allow medical use of marijuana, federal laws and policy do not recognize any legitimate medical use of marijuana. Even if marijuana is legally prescribed in a state, DOT regulations treat its use as the same as any other illicit drug.**
- If you are being treated by more than one physician, you must show that at least one of the treating doctors has been informed of all prescribed and authorized medications and has determined that the use of medications is consistent with the safe performance of your duties.



- Taking the prescription medication and performing your DOT safety-sensitive functions is not prohibited by agency drug and alcohol regulation. However, other DOT regulations may have prohibitive provisions, such as medical certifications.

**Remember:** Some agencies have regulations prohibiting use of specific prescription drugs, e.g. methadone, etc.... If you are using prescription or over-the-counter medication, check first with a physician, but do not to forget to consult your industry-specific regulations before deciding to perform safety-sensitive tasks.

### **EDUCATIONAL AND SAP INFORMATION**

At the end of this policy statement you will find information on the effects of alcohol and controlled substances and a list of Substance Abuse Professionals (SAP) who can help you. Unless otherwise covered by an Employee Assistance Program, medical benefits, state statutory requirements or other agreements, such consultation and treatment is at driver's expense.

## How Drug Testing is Conducted

Collector uses Federal Chain of Custody form (COC). Collector ensures that the SOLANO'S INC. and address of the HHS-certified Instrumental Initial Test Facility (IITF) or HHS-certified laboratory are on the top of the Federal CCF and the Specimen identification (I.D.) number on the top of the Federal CCF matches the Specimen I.D. number on the labels/seals. To complete the Chain of Custody form, the following steps are required:

### STEP 1:

- Collector ensures that the required information is in Step 1 on the COC. Collector enters a remark in the Step 2, of the COC, if Donor refuses to provide his/her SSN or Employee I.D. number.
- Collector makes sure donor has shown contents of his/her pockets and instructs donor to wash their hands.
- Collector gives collection container to Donor and instructs Donor to provide a specimen, a minimum of 45ml. Collector notes any unusual behavior or appearance of Donor in remarks line of Step 2 of the COC. If the Donor's conduct, at any time during the collection process, clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the remarks line in Step 2, on the COC, and takes action as required.

### STEP 2:

- Collector checks specimen temperature with 4 minutes after receiving the specimen from Donor and marks the appropriate temperature box in Step 2 of the COC. If the temperature is outside the acceptable range, Collector enters a remark in Step 2 on the COC and takes action as required.
- Collector inspects the specimen and notes any unusual findings in the remarks line in Step 2 on the COC, and takes action as required. Any specimen with unusual physical characteristics (e.g., unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing as required.
- Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the Federal Agency Collector takes action as required and enters remarks in Step 2 of the COC. If no specimen is collected by the end of the collection process, Collector checks the "None Provided" box, enters a remark in Step 2 on the COC, discards Copy 1, and distributes remaining copies as required.

- Collector checks the Split specimen collection box. If the collection is observed, Collector checks the “observed” box and enters a remark in Step 2.

STEP 3:

- Donor watches Collector pour the specimen from the collection container into the specimen bottles, place the caps on the specimen bottles, and affix the labels/seals on the specimen bottles.
- Collector dates the specimen bottle labels after placement on the specimen bottles.
- Donor initials the specimen bottle labels after placement on the specimen bottles.
- Collector turns to Copy 2 of the COC (Medical Review Officer Copy) and instructs the Donor to read and complete the certification statement in Step 5 of the COC (signature, printed SOLANO’S INC., date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in Step 2 of the COC on Copy 1.

STEP 4:

- Collector completes Step 4, on the COC, Copy 1 (signature, printed SOLANO’S INC., date, time of collection, and SOLANO’S INC. of delivery service), places the sealed specimen bottles and Copy 1 in a leak-proof plastic bag, seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.
- Donor is advised to list any prescription medications, on the back their copy of COC form, to provide to the Medical Review Officer, if needed.

Shipping/Positives/Confirmation Tests:

- The test is shipped to the Laboratory for a screening test to be performed on the primary sample. If this test is positive for controlled substances, a confirmation test is required.
- The confirmation test must use a specialized procedure call “gas chromatography mass spectrometry”.
- If the first test is positive, the Medical Review Officer (MRO) will notify you to find out if there is a medical reason for the drug use. If you can document why the substance is being taken and if the MRO finds it is a legitimate medical use, the test may be reported as negative to the employer.

- After being notified that the first test was positive, you have 72 hours to request a test of the “split” specimen. If you make this request, the split specimen is sent to another DHHS-certified laboratory for the test. Note: If you do not contact the MRO within 72 hours, but can prove to the MRO that you had a legitimate reason for not doing so, the MRO can re-open the verification allowing you to present information concerning whether there is a legitimate medical explanation for the confirmed test result.
- If the analysis of the split sample does not confirm the presence of a controlled substance, the MRO cancels the test and reports this to the DOT, the employer and to you.
- If the analysis of the split sample does confirm the presence of a controlled substance, the MRO reports to the employer a positive test result. Note: The removal from a safety-sensitive function as required by the DOT following a positive drug test is not delayed to await the results of the split specimen test.

### How Alcohol Testing is Conducted

1. All alcohol testing is done by a trained technician in a private setting where no one but you and the technician can see or hear the test results. A breath or saliva-testing device, approved by the DOT, must be used.
2. The technician will ask for your identification, you may ask for the technician's identification as well. You will be instructed to read, sign, and date the employee certification statement in step 2 of the alcohol testing form.
3. A screening test is done first. If a breath testing device is used, you must blow forcefully into the mouthpiece of the testing device. If a saliva testing device is used, you or the technician will insert the swab into your mouth and allow it to saturate with saliva. After the saliva is collected, the swab will be inserted into the testing device.
4. The technician must show you the test result on the breath or saliva testing device.
5. If the reading is less than 0.02, the technician will sign the certification and fill in the date on the form.
6. If the reading is 0.02 or over, a confirmation test must be done using an approved evidential breath testing device (EBT). The test must be done after 15 minutes but within 30 minutes of the first test. You will be asked not to eat, drink, belch, or put anything in your mouth, to ensure any mouth alcohol will be dissipated.
7. If the screening and confirmation test results are not the same, the confirmation test results are used.

**\*\*Note:** If you refuse to be tested or sign the testing form, the technician will immediately notify your employer/DER. This will be treated as a refusal to test and the driver must comply with the consequences.

## Consequences of Violation

### **Refusal to be tested:**

Your refusal to submit to a drug or alcohol test is generally equivalent to testing positive to a drug or alcohol test. You must be immediately removed from performing safety-sensitive functions (e.g., driving CMVs) until successful completion of the return-to-duty process with a DOT-qualified substance abuse professional. Some refusals are determined by the medical review officer (49 CFR Part 40 Subpart G) and alcohol technicians (49 CFR Part 40 Subpart N). For others, the determination is the employer's responsibility.

### **Testing Positive to a Drug or Alcohol Test:**

Your employer is required to immediately remove you from performing safety-sensitive functions. You will not be permitted to return to DOT regulated safety-sensitive functions until you have:

- Undergone an evaluation by a Substance Abuse Professional (SAP). Your employer must provide you with a list of SAPs that you can use;
- Successfully completed any course, counseling or treatment prescribed by the SAP prior to returning to service;
- Undergone a follow up evaluation by the same SAP to determine your compliance with their recommendations; AND
- Provided a breath and/or urine specimen that tests negative for drugs and/or alcohol prior to returning to DOT regulated safety-sensitive functions.

You will also be subject to unannounced testing for drugs and/or alcohol at least 6 times during the first 12 months of active service with the possibility of unannounced testing for up to 60 months (as prescribed by the SAP).

## Drug and Alcohol Effects / Symptoms

### ALCOHOL

Alcohol, a central nervous system depressant, is the most widely abused drug. About half of all auto accident fatalities in this country are related to alcohol abuse.

**Facts:** A 12 ounce can of beer, a 5 ounce glass of wine, and a 1-1/2 ounce shot of hard liquor all contain the same amount of alcohol. Coffee, cold showers, and exercise do not quicken sobriety. Each 1-1/2 ounce of alcohol takes the average body about one hour to process and eliminate. Alcohol impairs almost every aspect of the brain's informational processing. As a result impaired drivers use only a small part of the information required for the safe operation of a vehicle. Results of many studies show that with as little as 0.02 breath alcohol content the ability to devote attention to the problems of driving are greatly reduced. Alcohol first acts on those parts of the brain that affect self-control and other learned behaviors. Low self-control often leads to the aggressive behavior associated with some people who drink. In large doses, alcohol can dull sensation and impair muscular coordination, memory, and judgment. Taken in larger quantities over a long period of time can damage the liver and heart and can cause permanent brain damage. On the average, heavy drinkers shorten their life span by about ten years.

**Signs and Symptoms:** Dulled mental process, odor of alcohol, slowed reactions, lack of coordination, sleepy or sluggish behavior, and slurred speech.

**Health Effects:** Cancer of liver and/or esophagus, heart attack, stroke, ulcers, hypertension, and brain damage.

**Other Effects:** Greatly impaired driving ability, reduced coordination and reflex action, impaired vision and judgment, inability to divide attention, and lowering of inhibitions.

**Overindulgence (hangover) can cause:** Headache, unclear thinking, nausea, unsettled digestion, and dehydration.

## **MARIJUANA**

Marijuana is also called grass, pot, weed, Mary Jane, Acapulca gold, joint, hemp, reefer roach, among other street names. Active chemical, (THC), Marijuana is one of the most misunderstood and under-estimated drugs of abuse. It alters the brains interpretation of incoming messages but doesn't depress the reaction of the central nervous system.

**Facts:** Marijuana alters the person's sense of time and reduces their ability to perform tasks requiring concentration, swift reactions, and coordination. The drug has a significant effect on a user's judgment, caution, and sensory/motor abilities. Marijuana remains in the body for up to 28 days or longer for chronic users. Mixing marijuana with alcohol or other depressant drugs can produce a multiplied effect, increasing your inability to drive safely. Marijuana has, in the past several years, had an increase in THC potency of 500% to 800%. This makes smoking 3 to 5 joints per week today like smoking 15 to 40 joints per week in 1978.

**Signs and Symptoms:** Slowed speech, red eyes, odor on clothes, lack of motivation, irritating cough, chronic sore throat.

**Health Effects:** Cancer, heart conditions, brain damage, lowering of immune system, aggravation of ulcers, lung irritations, respiration track and sinus infections caused by the fungus Aspergillus, a common contaminant of marijuana, and emphysema.

**Other Effects:** Driving ability impaired for at least 4 to 6 hours after smoking one "joint" (cigarette), restlessness, inability to concentrate, increased pulse rate and blood pressure, rapidly changing emotions and erratic behavior, impaired memory, dulling of attention, hallucinations, fantasies and paranoia, reduction or temporary loss of fertility.



## COCAINE

Cocaine is a stimulant drug, which increases heart rate and blood pressure. As a powder, cocaine is inhaled (snorted), ingested, or injected. It is known as “coke”, “snow”, “nose candy”, and “lady”. Cocaine is also used as free-base cocaine known as “crack” or “rock”, which is smoked. It acquired its name from the popping sound heard when it is heated.

**Facts:** The number of cocaine overdose deaths has tripled in the past few years. Treatment success rates are lower for cocaine than other drugs. Crack cocaine has the strongest mental dependency of any known drug. Strong psychological dependency can occur with one hit of crack. The crack high is reached in 4 to 6 seconds and lasts about 15 minutes. The most dangerous effects of crack are that it can cause vomiting, rapid heartbeat, tremors and convulsive movements. All of this muscle activity increases the demand for oxygen, which can result in a cocaine-induced heart attack. Since the heat regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing, and heartbeat are depressed leading to death. Cocaine is used medically as a local anesthetic. The entire central nervous system is energized by cocaine. Heart rate and blood pressure are elevated. The brain experiences exhilaration caused by a large release of neuro-hormones associated with mood elevation.

**Signs and Symptoms:** Runny nose, fatigue, anxiety and agitation, insomnia, sweating and dry mouth, high blood pressure, heart palpitations, irregular heartbeat, dilated pupils.

**Health Effects:** High blood pressure and high heart rate may cause spasms in the vessels of the heart or brain leading to stroke and/or heart attack. Mental dependency on crack cocaine occurs within days and may upset the chemical balance of the brain, causing the aging process to speed up. Death due to overdose is rapid and the effects are not easily overcome with medical aid.

**Other Effects:** Rush of pleasurable sensations, heightened, but momentary, feeling of confidence, strength and endurance, accelerated pulse, blood pressure and respiration, impaired driving ability, paranoia, which can trigger mental disorders in users prone to mental instability, talkativeness, hallucinations, wide mood swings, increased physical activity, repeated snorting/sniffing, compulsive behavior.

## **AMPHETAMINES and METHAMPHETAMINES**

Amphetamines and Methamphetamines are drugs that stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general physical activity. Some common street names for amphetamines are “speed”, “uppers”, “black beauties”, “bennies”, “wake-ups”, “football”, and “dexies”. Some common names for methamphetamines are “ice”, “crank”, “crystal”, “meth”, “glass”, “go fast”, “zip” and in the smoke-able form “LA”.

**Facts:** Amphetamines are usually sold in a tablet form and methamphetamines are in a powder, which can be snorted or injected. Both were widely used for weight reduction and mood elevation by prescription and now are very limited medically. They are abused for the sense of energy and the mental exhilaration. Even small, infrequent doses can produce toxic effects in some people. Restlessness, anxiety, mood swings, panic, heart beat disturbances, paranoid thoughts, hallucinations, convulsions, and coma have been reported. Long term users often have acne resembling measles, trouble with their teeth, gums and nails, and dry, dull hair. Heavy, frequent doses can produce brain damage resulting in speech disturbances.

**Signs and Symptoms:** Hyper-excitability, anxiety, restlessness, profuse sweating, rapid breathing, dilated pupils, body tremors, difficulty in focusing eyes.

**Health Effects:** Coma, convulsions, high blood pressure, brain damage, and high doses may cause toxic psychosis resembling schizophrenia.

**Other Effects:** Loss of appetite, confusion, panic, impaired driving ability, headache/dizziness, talkativeness, short term insomnia, paranoid thoughts.

## OPIOIDS

Opioids are narcotics including codeine, heroin, morphine, and many other synthetic drugs used to reduce pain, and depress body functions. Common street names are "horse", "china white", "sugar", "morph", "brown", "harry", and "dope".

**Facts:** Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal, and cannot be obtained with a physician's prescription. Most medical problems are caused by the uncertain dosage level, use of unsterile needles, contamination of the drug, or combination of a narcotic with other drugs. These dangers depend on the specific drug, its source, and the way it is used.

**Signs and Symptoms:** Impaired coordination, impaired vision, impaired mental alertness, mood changes, constricted pupils.

**Health Effects:** High risk of **hepatitis** and **HIV** due to sharing needles. Narcotics decrease pain, allowing the user to injure themselves and fail to seek medical attention. Using narcotics with any other depressant drug or alcohol increases the chance of a fatal overdose.

**Other Effects:** Impaired driving ability, sleeplessness and drug craving, drowsiness followed by sleep, constipation, depression and apathy, nausea and vomiting.

## PHENCYCLIDINE (PCP)

Phencyclidine or PCP, also called “angel dust”, “rocket fuel”, “super kools”, and “killer weed” was developed as a surgical anesthetic in the late 1950s. Later, due to its unusual side effects on humans, it was restricted to use as a veterinary anesthetic and tranquilizer. Today it has no lawful use and is no longer legally manufactured.

**Facts:** PCP scrambles the brain’s internal stimuli and alters how users see and deal with their environment. Routine activities like driving and walking become very difficult. Low doses induce a rush, sometimes associated with a feeling of numbness. Increased doses produce an excited, confused state including any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, and convulsions. PCP acts as both a depressant and a hallucinogen, and sometimes as a stimulant. PCP is less common today than in the past.

**Signs and Symptoms:** Impaired driving ability, profuse sweating, severe confusion and agitation, thick and slurred speech, muscle rigidity, impaired coordination.

**Health Effects:** PCP becomes more potent in use with any of the depressant drugs, including alcohol, which increases the chance of fatal overdose. The extreme effects of PCP on the mind and the anesthetic effect on the body make it a high probability for overdose and accidents.

**Other Effects:** Memory loss, dizziness, rapid heartbeat, extreme mood change, convulsions, poor concentration, disorientation.

## **OVER THE COUNTER AND PRESCRIPTION MEDICATION**

Many of the prescriptions and over the counter medications have warnings about the use of equipment and driving while taking them. They may interfere with the Drug and Alcohol Regulations so check with your physician about any side effects or problems these medicines may cause. Make sure to read and follow the directions on any over-the-counter drug you use. Remember they are **DRUGS** and may affect your work. Make sure to tell your doctor what you do for a living, they can prescribe something that won't affect your ability to drive safely. Repeated drug and alcohol use can lead to addiction that is hard to overcome without help. They both will have a devastating effect on your health, your personal life, and your job if you abuse them.

If you are concerned about your or someone else's drug or alcohol abuse, here is a list of who to contact for help.

### **Where to go for help:**

Siskiyou County Behavioral Health: Phone 1-800-842-8979 [www.co.siskiyou.ca.us](http://www.co.siskiyou.ca.us)

Alcoholic Anonymous Northern CA Intergroup: Phone 530-225-8955

Narcotics Anonymous: Phone 1-818-773-9999 [www.na.org](http://www.na.org)

Al-Anon: Phone 1-888-425-2666 [www.al-anon.org](http://www.al-anon.org)

800 Cocaine: Phone 1-800-559-9503 [www.800cocaine.com](http://www.800cocaine.com)

National Council on Alcoholism & Drug Dependence: Phone 1-800-622-2255 [www.ncadd.org](http://www.ncadd.org)

Addiction Recovery Center in Medford OR: Phone 1-541-779-1282

Addiction Recovery Center in Medford OR: Website [www.addictionsrecovery.org](http://www.addictionsrecovery.org)

Onarheim Services: (For more options and information) Phone 530-842-1395

The alcohol and drug rules requires that your company advise you of the resources available for treatment, the rules do not, however, require an employer to pay for rehabilitation or to hold your job open for you. How these issues are handled depends on your company's policy.

Local DOT Approved Substance Abuse Professionals

Frank Cardoza  
P.O. Box 411  
Grenada, CA 96038  
Phone: 530-598-0569

Siskiyou Addiction Services  
Aimee Von Tungeln, MA, CADC II, SAP  
304 Yama Street  
Yreka, CA 96097  
Phone: 530-340-3869

Tony Mills  
108 Siskiyou Avenue  
Mt. Shasta, CA 96067  
Phone: 530-925-2188

Christine Wright  
Wright Education Services  
2660 Victor Avenue  
Redding, CA 96002  
Phone: 530-223-5122

Kent Heyward  
107 East Main Suite 1  
Medford, OR 97051  
Phone: 541-941-2159