This policy supersedes Administrative Policy 20 originally issued February 28, 1986 and all of its subsequent revisions as well as the NCTD Policy Incorporating U.S. Department of Transportation Drug and Alcohol Use Regulations which was adopted by the North San Diego County Transit Development Board by Resolution 94-13 on November 3, 1994.
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DRUG & ALCOHOL POLICY, PROGRAM AND PROCEDURES

I FORMAT

This policy is designed to set forth the District’s Drug and Alcohol policy, program, and procedures incorporating both District policies as well as those policies that comply with the Federal Transit Administration (FTA) of the U.S. Department of Transportation regulations set forth in 49 CFR Part 655 and 49 CFR Part 40 as amended, as well as the District’s Drug Free Workplace policy and program. In light of the fact this policy applies to all employees of the District, policies that are specific to NCTD employees are identified in italic typeface; policies that are specific to DOT regulations are identified in regular typeface.

II POLICY

This policy supercedes Administrative Policy 20 originally issued February 28, 1986 and all of its subsequent revisions as well as the NCTD Policy Incorporating U.S. Department of Transportation Drug and Alcohol Use Regulations which was adopted by the North San Diego County Transit Development Board by Resolution 94-13 on November 3, 1994.

This policy outlines the North County Transit District’s standards for drug and alcohol use for District personnel. The District is dedicated to providing safe, dependable, and economical transportation services to our transit system passengers. The District also recognizes that our most valuable resource is our employees and it is our goal to maintain a healthy, safe, satisfying work environment that promotes personal opportunities for growth. To achieve these objectives the District must maintain a drug and alcohol free workplace.

In meeting these goals, it is the District’s policy to:

A. Assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner;

B. Create a workplace environment free from the adverse effects of drug and alcohol abuse or misuse;

C. Prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances at any time;

D. Encourage employees to seek professional assistance any time personal problems, including alcohol or drug use, adversely affect their ability to perform their assigned duties; and

E. Administer required U.S. DOT and FTA alcohol and drug testing regulations to help meet these goals.
III APPLICABILITY

A. Individuals Subject to Drug and Alcohol Testing

The drug and alcohol testing required under this policy will apply to any person, including applicants, or transferees, who perform a safety-sensitive function as defined herein.

Volunteers are also covered under FTA testing requirements, only if they operate a vehicle that requires a commercial driver’s license, or if the volunteer performs a safety-sensitive function and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity.

For purposes of this policy, a “safety-sensitive function” includes:

1. Operating a revenue service vehicle, including when not in revenue service;
2. Operating a non-revenue service vehicle, when required to be operated by a holder of a commercial Driver’s License;
3. Dispatch or controlling movement of a revenue service vehicle;
4. Maintaining a revenue service vehicle or equipment used in revenue service.
5. Carrying a firearm for security reasons.
6. Supervisors or other management staff who perform safety sensitive duties.

An individual is considered to be performing a safety-sensitive function during any period in which he/she is actually performing, ready to perform, or immediately available to perform such functions.

In light of the above listed safety-sensitive functions, the requirements in this policy specifically apply to individuals (also referred to as “covered or safety-sensitive” employees) who work in the following positions:

- Assistant Certified Transit Trainer
- Bus Servicer I, II
- Certified Transit Instructor
- Coach Operator Trainees
- Coach Operator (part time and full time)
- Dispatcher Superintendent
- Dispatcher Supervisor
- Division Superintendent
- Fleet Maintenance Trainer
- Manager of Fleet Maintenance
- Mechanic Assistant
- Mechanic I, II – Body Repair
- Fleet Maintenance Shift Supervisor I, II
- Storeroom Supervisor
- Superintendent of Technical Instruction
- Transit Supervisor I, II

Participation in the District’s Drug and Alcohol testing program is a requirement of each safety sensitive employee, and, therefore, a condition of employment.

B. Contractors

Contractors may be subject to the requirements of DOT regulations if they provide services for the District consistent with a specific understanding or arrangement, which can be evidenced by
a written agreement or an informal arrangement that reflects an ongoing relationship between the parties. As a result, the District will ensure that any contractors who perform safety sensitive functions within the scope of this policy and the regulations certify their compliance with the requirements of 49 CFR Part 655.

IV ILLEGAL DRUGS, LEGAL DRUGS AND ALCOHOL

A. Illegally Used Controlled Substances or Drugs

The sale, offer to sell, purchase, use, manufacture, transfer or possession of illegal drugs or substances, or legal prescription drugs illegally obtained or not used as specifically prescribed is prohibited.

Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs.

Additionally, no employee shall bring drug paraphernalia onto District property or into District equipment or vehicles.

Violation of the above rules will result in disciplinary action, up to and including termination.

Illegal controlled substances or drugs mean any drug which is not legally obtained or which is legally obtainable, but has not been legally obtained. This term includes the substances identified in Schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. § 812), and as further defined by 21 C.F.R. Sections 1300.11 through 1200.15.

The five substances required to be tested for by the DOT under 49 C.F.R. Part 655 are:

1. Marijuana
2. Amphetamines
3. Opiates
4. Cocaine
5. Phencyclidine (PCP)

See Appendix D for fact sheets developed by the FTA regarding the above drugs.

Please be aware that a covered employee may be randomly tested for prohibited drug use anytime while on duty.

The District reserves the right to test for substances in addition to the above five required by the DOT when the District conducts a drug screen on a separate urine specimen collected under the District’s authority.

B. Legal Drugs

The use of legal drugs at a level, or in a manner, combination or quantity which impedes an employee’s ability to perform the job is prohibited and may lead to disciplinary action, up to and including termination. Legal drugs include both prescription, prescribed for that individual and used in a manner consistent with that prescription, and non-prescription medications.
It is the employee’s responsibility to ensure that any legal drugs allow safe performance of work duties. Employees in a safety sensitive position must report to their immediate supervisor or dispatcher the use of any substance that they have been informed, or which carries a warning label, that mental functioning, motor skills, or judgment may be impaired by the use of the medication. Prior to performing safety sensitive duties, the employee must provide medical substantiation from the employee’s prescribing physician that the employee may continue to perform safety sensitive work while taking the prescribed medication or document any work restrictions placed on the employee while such medication is being taken. See Article VIII for specific procedures relating to prescription drug use notification.

C. Alcohol

The possession or use of alcohol on District property, including District vehicles, or while on duty or in uniform, is prohibited. The concentration of alcohol is expressed in terms of grams of alcohol per 210 liters of breath, or breath alcohol concentration (“BAC”), as measured by an evidential breath testing device.

District policy and the FTA regulations prohibit the following conduct pertaining to the use of alcohol and safety sensitive positions:

1. Alcohol concentration –FTA regulations prohibit reporting for duty, remaining on duty, and performing a safety-sensitive function while having a BAC of 0.02 or greater. District policy exceeds the FTA regulation in this regard and prohibits an employee with BAC above 0.00 from performing any safety-sensitive functions.

2. On duty use – using alcohol while performing safety-sensitive functions.

3. Pre-duty use – using alcohol within four hours prior to performing a safety sensitive function.

4. On call use – using alcohol when “on call.”

5. Use following an accident – using alcohol for eight hours following an accident, unless the employee has first undergone a post-accident alcohol test.

6. Refusal to submit – refusing to submit to any alcohol test required under this policy.

Although alcohol is a legal substance, abuse or misuse may have a significant effect on an employee’s personal life, health and work. Federal requirements provide authorization for testing for alcohol and taking appropriate action on the findings regardless of the method of ingestion (i.e. medication). An alcohol fact sheet with the effects of alcohol misuse and signs and symptoms of an alcohol problem provided by the FTA is included as Appendix D.

Methods of intervening when an alcohol problem is suspected includes, but is not limited to, confrontation and either referral to a management representative, human resources representative and/or the District’s Employee Assistance Program. Such methods will be discussed during formal training of both covered employees and supervisors.

V PROHIBITED CONDUCT

A. Reporting for Duty

All employees of the District must report for work with no illegal drugs or drug metabolites or
alcohol in their bodies. Employees must not have illegal drugs or metabolites in their bodies at any time. Employee prohibitions pertaining to alcohol consumption are described in Article IV, Section C in this policy. Compliance with these rules is considered an essential job qualification for all employees.

B. Alcohol Restrictions

Employees testing positive for alcohol at any level (greater than 0.00 BAC) will be immediately removed from service for that shift, and be subject to discipline pursuant to Article IX of this policy, even though DOT regulations only require employees who test positive with a BAC of 0.02 or greater be immediately removed from performing safety sensitive functions. Employees who test positive for alcohol with a BAC of 0.04 or greater will be provided with an SAP referral (as described in Article XVIII of this policy) and subject to discipline, up to and including termination, even for a first offense.

C. Illegal Drug Restrictions

DOT regulations require employees testing positive for illegal drugs or drug metabolites at or above the minimum thresholds established in the DOT regulations (49 CFR Part 40) be immediately removed from safety sensitive functions and provided with an SAP referral (as described in Article XVIII of this policy). A positive test will result in discipline, up to and including termination, even for a first offense.

D. Prescription Drug Restrictions

Employees are prohibited from taking prescription drugs that are not being used in the prescribed manner, or are being used in such a manner as to potentially impair the employee in the performance of their duties. Covered employees found in violation of this section will be subject to discipline, up to and including discharge, even for a first offense. Specific procedures for notifying the District when a safety sensitive employee is using prescription medication are outlined in Article VIII and utilizing the Prescription Drug Notification Form found in Appendix E.

E. Knowledge of Prohibited Conduct

If the District has actual knowledge that an individual has engaged in any conduct prohibited above, such individual will not be permitted to perform or continue to perform safety-sensitive functions and will be subject to drug and alcohol testing under the District’s authority or may be subject to reasonable suspicion testing under FTA authority as discussed in Article VI, Section C of this policy.

F. Criminal Drug Conviction Notification

Safety sensitive employees are required to immediately notify their Department Manager of any criminal drug conviction as required by the Drug Free Workplace Act of 1988. The District will then notify the Federal Transit Administration of the above conviction within ten days of the employee’s notification to the Department Manager.

G. Disciplinary Action

See Article IX of this policy for specific disciplinary action for violations of this policy.
VI TESTING CIRCUMSTANCES

A. Notice

B. Pre-employment/ Pre-Transfer Drug Testing

**Before performing any alcohol or drug test required by this policy, the District will notify the individual being tested that the test is being required pursuant to District Policy and/or FTA regulations.**

All candidates for employment with the District and current employees applying for a transfer to safety-sensitive positions, will be required to pass a drug test. Any prospective employee refusing to submit to this test will not be hired by the District. An applicant may not be hired and will not be permitted to perform a safety-sensitive function until a verified negative drug test result is received by the District. Any prospective employee testing positive for illegal drugs or metabolites will be rejected from further consideration for employment with the District. An employee may not transfer from a non-safety sensitive function to a safety-sensitive function until the employee takes a pre-employment drug test administered under this part with a verified negative result. Any current employee being tested pursuant to a transfer to a safety sensitive position that tests positive will be subject to discipline as prescribed in Article IX of this policy.

A covered employee or applicant who has not performed a safety-sensitive function for 90 consecutive calendar days regardless of the reason and has not been in the District’s random selection pool, shall take a pre-employment drug test with a verified negative result before being permitted to perform any safety-sensitive duties.

When a covered employee or applicant has previously failed or refused a pre-employment drug test administered under this part, the employee must provide NCTD proof of having successfully completed a referral, evaluation and treatment plan as described in 49 CFR 655.62 and 49 CFR Part 40, Subpart O.

*None of the information in this policy to be construed as an exception to the District’s Zero Tolerance Drug Policy.*

C. Reasonable Suspicion Alcohol and Drug Testing

Whenever the District has reasonable suspicion to believe that an employee has used a prohibited drug or has violated any alcohol prohibition contained in this policy, it will require the employee to submit to a drug and/or alcohol test. However, any such suspicion must be based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. These observations must be made by one management representative who has received appropriate training in detecting the signs and symptoms of drug and alcohol use and will be documented by that individual in a report. Any management representative who makes a determination that reasonable suspicion exists to require an employee to submit to an alcohol and/or drug test will not be permitted to conduct the breath alcohol test on that individual or serve as the urine collector for the employee’s drug test.

An employee is reasonably suspected of prohibited drug use or alcohol misuse when a trained management representative can determine that reasonable suspicion exists based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee. A supervisor(s), or other
company official(s) who is trained in detecting the signs and symptoms of drug use and alcohol misuse (as described in Article XVIII, Section B of this policy) must make the required observations.

1. Reasonable Suspicion Testing

A reasonable suspicion alcohol test will only be required if the reasonable suspicion observations are made just before, during, or after the period of the work day that the employee is required to be in compliance with this policy. The District will therefore only direct an employee to undergo reasonable suspicion alcohol testing while the employee is performing their assigned work, is just about to perform their assigned work, or has just ceased performing their assigned work. The District can direct an employee to undergo reasonable suspicion drug testing any time an employee is on duty.

If a reasonable suspicion alcohol test is not administered within two hours following the reasonable suspicion determination, the District will document the reasons why the test was not promptly administered. If the test is not administered within eight hours following the reasonable suspicion determination, the District will no longer attempt to administer an alcohol test and will document the reasons for its inability to do so.

Notwithstanding the above testing requirements, no employee may report for duty or remain on duty if the employee is demonstrating signs of being impaired by alcohol and/or drug use, as shown by the behavioral, speech and performance indicators. The FTA requires that an employee performing a safety sensitive function who is found to have a breath alcohol concentration of 0.02 or greater and/or a verified positive drug test result must be immediately removed from safety-sensitive duties. See Article IX, Sections A and B for actions resulting from specific drug and alcohol test results.

2. Transportation of Employees

In any reasonable suspicion testing circumstance, a District representative will transport the individual to an appropriate collection facility and await the completion of the collection procedure. The District representative will then transport the individual back to the District’s premises, where a family member or other individual will transport the individual home. In the event no such individual is available, the District will contact a taxi to transport the employee home at the District’s expense. If the employee refuses to comply with any of these procedures and attempts to operate their own vehicle, the District will take appropriate efforts to discourage the employee from doing so, up to and including contacting local law enforcement officials. Should the employee receive only an alcohol breath test which is determined to be negative (alcohol concentration level is 0.00), the employee will be returned to their regular work assignment if appropriate.

3. Reasonable Suspicion - Post Test Procedures

The District will not take any disciplinary action against an employee based solely upon observations of the employee’s behavior and appearance unless the employee has refused to submit to a required test.

The District requires that an employee who is required to submit to a reasonable suspicion controlled substance and/or alcohol test of this policy not be assigned to operate any District vehicle and/or perform safety sensitive functions pending the outcome of such test. The District’s policy is that such employee will be placed on paid administrative leave pending the results of the drug and/or alcohol testing.
A negative test result must be received for each reasonable suspicion test conducted on an employee. Only then will the employee be promptly returned to their former work unless the employee is held out of service for other concurrent purposes.

An employee who fails a drug and/or alcohol test will be subject to discipline up to and including discharge (see Article IX, Sections A and B) and referred to a Substance Abuse Professional.

D. Post-Accident Testing

1. FTA Post Accident Policy

Any covered employee operating a District vehicle, whether the vehicle is in revenue service or not, who is involved in an accident and any other covered employee whose performance could have contributed to the accident based upon the best information available at the time of the determination, will be required to submit to a drug and alcohol test under FTA regulations if any of the following occur:

a. Fatality.

b. Non-fatality. If an individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident.

c. Disabling damage. When a vehicle incurs disabling damage as a result of the occurrence and is transported away from the scene by a tow truck or the transit vehicle is removed from revenue service.

Disabling damage means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs, including damage to motor vehicles that could have been driven, but would have been further damaged if so driven. Disability damage does not include: damage which can be remedied temporarily at the scene of the accident without special tools or parts; tire disablement without other damage even if no spare tire is available; headlamp or taillight damage; damage to turn signals, horn, or windshield wipers which makes them inoperative.

NOTE: For non-fatal and disabling damage accidents, a covered employee may be discounted from testing if the District determines, using the best information available at the time of the decision, that the covered employee’s performance can be completely discounted as a contributing factor to the accident.

2. District Post Accident Policy

In addition to the circumstances under which a FTA drug and alcohol test is required, the District, under its own policy, requires post accident testing in additional circumstances.

Any employee operating a District vehicle, whether the vehicle is in revenue service or not, who is involved in an accident where the vehicle comes in contact with another vehicle, person, or object, will be tested under the District’s policy if any of the following occur:

a. There is a determination by the supervisor on the scene that an injury has occurred, but such injury did not require transport to a medical facility.
b. There is damage to the vehicle or property, unless the supervisor on the scene determines, using the best information available at the time of the decision, that the employee’s performance can be completely discounted as a contributing factor to the accident. The employee would not be sent for a drug and alcohol test if the damage is very minor (e.g. clipped mirrors, minor clearance accidents, broken mirror glass, or a small scrape or paint transfer, unless it is part of a pattern).

It should be noted that the supervisor on the scene will be making an initial assessment of the employee’s potential culpability in the accident for purposes of the drug and alcohol test pursuant to this Policy. The actual chargeability of the accident rests with the Accident Review Board following a more detailed and extensive review of all of the facts involving the accident that may not have been available, or considered, by the supervisor at the time of the initial decision regarding the drug screen.

2. Post Accident Procedures

Employees are prohibited from using alcohol for eight hours following any accident or until the required post-accident alcohol test is administered, whichever occurs first. Every effort will be made to conduct a post-accident alcohol test as soon as possible. In the event an alcohol test is not administered within two hours following an accident, the District will prepare and maintain a record stating the reasons why the test was not promptly administered. If an alcohol test is not administered within eight hours following an accident, the District will make no further effort to administer an alcohol test and document the reasons why the test was not administered within eight hours.

Every effort will be made to conduct a post-accident drug test as soon as possible. In the event a drug test is not administered within 32 hours following an accident, the District will cease its attempts to administer any further testing and document the reasons why the drug test was not administered.

Employees involved in accidents must remain readily available for testing, including notifying the District of their location if they leave the scene of the accident before testing, and will be considered to have refused to submit to testing if they fail to do so. This requirement will not, however, require the delay of necessary medical attention for injured people following an accident or 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.

The District requires that an employee who is required to submit to a post-accident controlled substance and/or alcohol test under the regulations not be assigned to operate any District vehicle and/or perform safety sensitive functions pending the outcome of such tests. The District’s policy is that such employee will be placed on paid administrative leave pending the results of the tests.

A negative test result must be received for each post-accident test conducted on an employee. Only then will the employee be promptly returned to their former work assignment unless the employee is held out of service for other concurrent purposes.

E. Random Testing

Both the District and the FTA believe that random drug and alcohol testing is an essential
part of any program seeking to ensure a drug and alcohol free mass transportation system. All safety sensitive employees will therefore be required to submit to random drug and alcohol testing.

The District will conduct random drug and alcohol tests at an annual percentage rate of covered employees as required by the FTA. Current minimum FTA random testing rates are equal to 50% of safety sensitive employees per year for drugs and 10% a year for alcohol. The FTA may change these annual testing rates as permitted by 49 CFR 655.45.

The random selection process will be completely objective and anonymous utilizing a scientifically valid method of selection such as a random number table or a computer based random number generator matched with employees' social security numbers, payroll numbers, or other comparable identifying numbers. The tests will be unannounced and the dates for the test will be reasonably spread throughout the course of each month and year and occur throughout the various work shifts. All covered employees will have an equal chance of being tested each time random selections are made, regardless of the number of the employee’s previous selections, if any. Therefore, it is possible for an employee to be tested multiple times in a calendar year. There is no discretion on the part of the District in the selection process and notification of individuals for testing.

A covered employee notified of his/her selection for random testing must proceed to the test site immediately. If a covered employee is performing a safety sensitive function at the time of the employee’s notification of a random test requirement, the employee must cease performing the safety sensitive function and proceed to the testing site as soon as possible.

A covered employee will only be required to submit to a random alcohol test if they are performing a safety sensitive function, about to perform a safety sensitive function, or have just ceased performing a safety sensitive function. A covered employee may be randomly tested for drugs anytime while on duty.

VII REFUSAL TO SUBMIT TO REQUIRED DRUG AND/OR ALCOHOL TEST

An employee who refuses to submit to an alcohol and/or drug test will be prohibited from continuing to work and be subject to discipline as outlined in Article IX of this policy. Refusal to submit to an alcohol and/or drug screen constitutes a violation of this policy and DOT testing regulations (see 49 CFR 40.191 and 40.261) and includes the following conduct:

A. Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by NCTD, is a refusal to test. A refusal action is also failing to submit to any required test, either verbally or by the employee’s physical absence.

B. Inability to provide sufficient quantity of breath or urine for the test, without a valid medical explanation (see Article XIII, Section B for alcohol and Article XV, Section B for controlled substances);

C. Engaging in conduct that clearly obstructs the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process), including the refusal to sign the ATF certification at Step 2 as required under this policy by DOT, or by the District;

D. Failing to remain readily available for testing, including failure to notify the District of the employee’s location if the employee leaves the scene of an accident, when an individual is involved in an accident as defined in this policy;
E. MRO reports a verified adulterated or substituted drug test result;

F. Failure to remain at the testing site until the testing process is complete for drug and/or alcohol tests. This is not a refusal to test for pre-employment tests, if the individual leaves the testing site before the testing process commences (i.e., before receiving the specimen collection cup from the collector);

G. Failure to undergo a medical examination or evaluation for drug and alcohol testing as directed by the MRO or the designated employer representative. 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;

H. Failure to permit monitoring or observation under drug testing;

I. Fail or decline to take a second test as directed by the collector or employer.

VIII PRESCRIPTION DRUG POLICY AND PROCEDURES

A. Policy

No employee may work in a safety sensitive position while taking medication that may impair the employee’s ability to perform their job duties in a safe manner.

B. Procedure

Each employee who is performing safety sensitive work must notify their individual supervisor, dispatcher or manager of any prescription drug that contains a label, or otherwise indicates that the medication may impair the employee’s ability to perform their regular duties in a safe manner, or has been notified by a medical practitioner that the medication may impair the employee’s ability to perform their regular duties. In such an event, the employee and their prescribing physician must complete and sign the District’s Prescription Drug Notification Form (see Appendix E) prior to the employee being authorized to work in a safety sensitive position. Written notification from the prescribing physician on the physician’s letterhead and signed by the physician that provides the information required in the Prescription Drug Notification Form may be acceptable in lieu of the Prescription Notification Form. Failure to comply with this provision may result in loss of wages or guarantee and/or a charge of absence without leave. As such, the employee may be subject to discipline as outlined in Article IX of this policy.

C. Non-Prescription Medication

Employees are to use good judgment in the use of over-the-counter (non-prescription) medication with respect to their work assignment. Employees should review potential physical effects of the over-the-counter medication prior to reporting for duty. Although there is no specific requirement for reporting the use of over-the-counter medication, employees are encouraged to consult with their physician to ensure they can perform their safety sensitive job duties while taking the medication.

IX DISCIPLINARY MEASURES

A. Alcohol

DOT requires that no employer shall permit a covered employee tested under the provisions of
49 CFR 655, subpart E who is found to have an alcohol concentration of 0.02 to 0.039 to perform or continue to perform safety-sensitive functions, until:
1. The employee’s alcohol concentration measures less than 0.02; or
2. the start of the employee’s next regularly scheduled duty period, but not less than eight hours following administration of the test.
A covered employee with a confirmed alcohol test result of 0.04 or greater shall cease performing a safety-sensitive position and will be provided with an SAP referral as described in Article XVII of this policy.

DISTRICT POLICY

Employees who test positive for alcohol following both the initial and confirmatory breath test will be subject to the following disciplinary measures:

<table>
<thead>
<tr>
<th>Result</th>
<th>First Offense</th>
<th>Second Offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00 – 0.039</td>
<td>Immediate removal from service and serve a five working day unpaid suspension. Letter of Warning to be placed in employee’s file and employee to be required to seek assistance from the EAP with confirmation from the EAP that the employee was counseled, and completed any recommended program.</td>
<td>Discharge. Employee offered assistance through a Substance Abuse Professional in accordance with this policy; however this offer of assistance will not mitigate the discharge.</td>
</tr>
<tr>
<td>0.04 - &gt;</td>
<td>Discharge. Employee offered assistance through a Substance Abuse Professional in accordance with this policy; however this offer of assistance will not mitigate the discharge.</td>
<td></td>
</tr>
</tbody>
</table>

B. Illegal Drugs

An employee who tests positive for illegal drugs or illegally obtained or misuse of prescription drugs shall be subject to discharge on a first offense.

C. Prescription Drugs

An employee who is determined to have performed a safety sensitive function while taking a prescription drug that is found to impair the employee’s ability to perform their job safely and who did not previously notify the District pursuant to the provisions contained in this policy shall be found to be in violation of this policy and subject to discharge on the first offense.

An employee who fails to provide the proper documentation of a medication as required in this policy, but is determined by the MRO not to be impaired, or the MRO determines the employee’s use of the medication is proper and pursuant to their physician’s instructions and does not have the potential to impair their ability to perform their job, may be disciplined for not providing the proper documentation.

An employee who is notified of the need for proper documentation regarding a prescription drug will be prohibited from work until such documentation, either by a completed Prescription Drug Notification Form or other documentation from the prescribing physician, is returned. An employee who fails to provide such documentation by the next business day may be considered absent without leave and subject to discipline for such absence.
D. Refusal to Comply with Request for Drug/Alcohol Test

Refusal to comply with a request for either a drug and/or alcohol test pursuant to this policy, and as further outlined in Article VII, will be considered the same as a positive result and subject the employee to discharge on the first offense.

E. Adulteration/Substitution of Specimen

A specimen that has been determined by the MRO to be adulterated/substituted (see Article XIV, Section D), is a refusal to test as stated in 49 CFR 40.191(b) and shall be considered a positive test and subject the employee to discharge on the first offense.

F. Failure to Cooperate

If the employee refuses to cooperate during the collection/testing process as specified in Article VII of this policy the collection site person will inform the District representative and document the employee’s conduct on the DOT or District Drug Testing Custody and Control form. Employees are expected to exercise good faith and cooperate during the collection process. Failure to cooperate as outlined herein and pursuant to Article XV.I. will subject the employee to discipline up to and including discharge, independent and regardless of the results of any subsequent drug test.

G. Criminal Drug Conviction Notification

Safety sensitive employees are required to immediately notify their Department Manager of any criminal drug conviction, including DUI. Failure to comply with this requirement may result in discipline up to and including discharge.

X VOLUNTARY DRUG PROGRAM AND RETURN TO WORK AGREEMENT

An employee who desires assistance for a personal drug and/or alcohol problem, prior to being requested by the District to submit to a drug and/or alcohol test, may notify their supervisor, manager or a Human Resources Department staff member for a confidential referral to the Employee Assistance Program. The District will consider this request confidential and no disciplinary action will be taken on the first occasion. To qualify for this confidential program, the employee must agree to the following which shall be placed in writing and signed by all parties involved:

A. Agreement to enter into and successfully complete a drug treatment program prescribed by an Employee Assistance Program (EAP) Counselor or Substance Abuse Professional (SAP).

B. Comply with all directions given by the EAP Counselor, or SAP, including, but not limited to, attendance at all required meetings.

C. Sign a limited authorization for release of information that enables the EAP Counselor, or SAP, to report the employee’s progress and any violations of this agreement to a designated District representative.

D. Successfully pass a drug and alcohol screen prior to returning to work.

E. Comply with the follow-up testing requirements set forth in Article XVIII, Section C.3 of this policy.
XI  SEARCHES

NCTD, under its authority maintains its right to search lockers and other District property, including vehicles, as established in the North County Transit District Handbook for Employees, and the right upon reasonable suspicion to search persons, personal property, and vehicles located on District property when the District believes that this policy has been violated.

XII  ALCOHOL TESTING METHODOLOGY

A. Testing Personnel

1. Breath Alcohol Technician

   All alcohol testing required under this policy will be carried out by a Breath Alcohol Technician (BAT) trained to proficiency in the operation of the Evidential Breath Testing Device (EBT) being used by the District for alcohol testing and in the alcohol testing procedures as stated in 49 CFR Part 40 as required herein. The BAT will be required to meet the requirements in 49 CFR 40.211 and 40.213 and provide documents to the District that demonstrates competence in the operation of the specific EBT used for testing on District employees.

2. Screening Test Technician

   The District does not utilize a Screening Test Technician (STT) in the performance of breath alcohol testing nor does the District utilize a non-evidential screening device.

3. Law Enforcement Officer

   Law enforcement officers who have been certified by state or local governments to conduct breath alcohol testing will be considered qualified as BATs or STTs under this policy. However, in order for a test conducted by such an officer to be accepted under this policy, that officer must have been certified by a state or local government to use the EBT or non-evidential alcohol screening device that was used for the test.

   The results of a blood, urine, or breath test for the use of prohibited drugs or alcohol misuse, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section provided such a test conforms to the applicable Federal, State, or local testing requirements, and that the test results are obtained by the employer. Such test results may be used only when the employer is unable to perform a post-accident test within the required period noted in Section 655.44(a) and (b).

B. Alcohol Testing Devices

1. Evidential Testing Device (EBT)

   The District will only use an EBT that is included by the National Highway Traffic Safety Administration on its conforming products list for Evidential Breath Testing Devices. The EBT is the primary testing device used by the District for evidential testing of breath. For confirmatory breath tests, the District will use an EBT that is capable of providing a printed result of each breath test in triplicate (or three consecutive identical copies). This device will assign a unique and sequential number to each completed test. The EBT will also be able to distinguish alcohol from acetone at the 0.02 alcohol concentration level and will test an air blank prior to each collection of breath and
performing an external calibration check.

2. Non-Evidential Alcohol Screening Device

In the event the District elects to use a non-evidential screening device to perform any alcohol screen test required by the DOT alcohol testing regulations, it will only use a non-evidential alcohol screening device included by the National Highway Traffic Safety Administration on its conforming products list for non-evidential screening devices. Non-evidential screening devices will not be used for confirmation alcohol tests, which must be conducted using EBTs as provided in 49 CFR Part 40, Subpart C as amended.

C. Alcohol Testing Site

The District will use an alcohol testing site that affords visual and aural privacy to the individual being tested sufficient to prevent unauthorized persons from seeing or hearing test results. The alcohol testing site will be secure and no unauthorized persons will be permitted access to it at any time when testing is being conducted or when the EBT remains unsecured.

In unusual circumstances (e.g., when it is essential to conduct a test outdoors at the scene of an accident) a test may be conducted at a place other than the designated testing facility, but the District or the BAT will ensure that visual and aural privacy is provided to the greatest extent practicable.

D. Breath Alcohol Testing Form

The District will only use a Federal Breath Alcohol Testing Form prescribed by the DOT for use with EBTs and non-evidential testing devices when the test is required under DOT regulations.

XIII ALCOHOL TESTING PROCEDURES

A. Screening and Confirmation Testing

All DOT required alcohol testing conducted under this policy will be done in accordance with the procedures outlined in 49 CFR Part 40, as amended. These same procedures will be followed for District required alcohol testing except as noted. After providing photo identification to the BAT or STT, the employee and the BAT/STT will complete the DOT Breath Alcohol Testing Form or the District’s Breath Alcohol Testing Form as applicable. Any employee who refuses to sign the Breath Alcohol Testing Form (ATF) Step 2 as stated in 40 CFR 40.261(a)(6) will be considered to have refused the test. The employee will follow the BAT/STTs instructions and provide a breath sample for the initial test.

DOT requirements state that a screening test result of less than 0.02 BAC is a negative result. However, under District policy, any DOT or District policy test result greater than 0.00 BAC is considered a positive test. If the test result is a BAC of 0.00, the test is considered negative and the process is complete.

Although under DOT requirements a BAC test result less than 0.02 does not require a confirmation test, under District policy if the screening alcohol test result is greater than 0.00 BAC, a confirmation test, using an EBT capable of printing the test results will be conducted after a waiting period of 15 minutes. Note: if a DOT screening test result is greater than
0.00 but less than 0.02 BAC, the District will conduct a confirmatory test using non-DOT testing paperwork.

Prior to confirmatory testing for DOT and District tests, the employee is instructed by the BAT during this waiting period, not to take anything by mouth or to the extent possible, not to belch. A confirmation test will be completed no earlier than 15 minutes but no later than 30 minutes from the original test. The purpose of the waiting period is to ensure that no residual mouth alcohol is present for the confirmation test. If the confirmation test is above 0.00 alcohol concentration, the BAT will immediately notify the District representative and the employee will remain at the testing site until provided transportation home. For DOT test results of 0.04 BAC or greater, the BAT will direct the employee to sign Step 4 on the ATF. The BAT will then complete and sign the Breath Alcohol Testing Form and a copy of the form, including the test results, will be provided to the employee. The results will then be provided to the Manager of Human Resources. If the employee refuses to sign Step 2 or Step 4, the BAT must document this refusal on the “Remarks” line of the ATF.

B. Inability to Provide a Sample

If the employee is unable to provide, or alleges he/she is unable to provide a breath sufficient to permit a valid breath test because of a medical condition, the BAT shall again instruct the employee to provide an adequate amount of breath. If the employee cannot provide an adequate breath sample, the BAT shall discontinue the testing process, notify the District representative, and the employee must be evaluated by a physician designated by the District and acceptable to the MRO within 5 days. The physician shall determine if there is a medical condition or diagnosis that prevents the employee from providing an adequate breath sample. If the physician is unable to document a medical condition or diagnosis responsible for the employee’s failure to provide an adequate sample, it is considered a refusal to test which will subject the employee to disciplinary action pursuant to Article IX of this Policy.

C. Invalid Alcohol Test Results

Alcohol results greater than 0.00 breath alcohol concentration on the confirmation test are deemed invalid if certain critical errors or omissions occur in the testing process. The reasons for the cancellation of a breath alcohol test result are as follows:

1. Failure of the EBT on the next external calibration check.

2. Less than 15 minutes elapsed between conducting screening and confirmation tests.

3. Omission of an air blank prior to a confirmatory test, or failure of the EBT on an air blank (any air blank reading other than 0.00 BAC) before the confirmation test.

4. No printed EBT result.

5. For a screening or confirmation test conducted, the sequential test number and/or breath alcohol concentration displayed on the EBT is not the same as the sequential test number and/or breath alcohol concentration on the printed result.

If an event occurs during the testing process or an error is discovered that would invalidate a test result, the employee shall be subject to repeat the testing process as directed by the BAT.
**XIV  CONTROLLED SUBSTANCE TESTING METHODOLOGY**

All drug testing will be conducted under DOT 49 CFR Part 40 requirements; however DOT Federal drug testing custody and control forms will only be used when conducting tests required by FTA regulations.

A. Laboratory Analysis

All urine specimens tested for drugs under this policy will be analyzed at a laboratory certified by the Department of Health and Human Services (DHHS). The laboratory selected by the District for testing conducted under this policy is listed at Appendix B.

B. Initial Screening

All specimens will be tested for the drug or drug classes listed in this policy using an immunoassay screen approved by the Food and Drug Administration. The immunoassay screen will use cut-off levels established by the DHHS to eliminate negative specimens from further consideration. Any presumptive positive test will be subject to confirmation through an additional, more precise testing methodology.

C. Confirmatory Tests

Any urine specimen identified as positive on the initial screen will be confirmed by a second analytical procedure which uses a different chemical technique and procedure. Gas chromatography/mass spectrometry (GC/MS) methodology will be used to conduct the confirmation analysis. GC/MS analysis will use cut-off levels as specified in 49 CFR Part 40 established by the DHHS for confirmation. Any specimen that does not contain drug or drug metabolites above the GC/MS confirmation cut-off levels will be reported by the laboratory as negative.

D. Specimen Adulteration, Substitution, or Dilution

When appropriate, the laboratory may conduct analysis to determine if a specimen has been adulterated, substituted, or diluted. Tests include, but are not limited to, specific gravity, creatinine, and pH. In addition, the laboratory may conduct analyses to identify or detect adulterants added to a urine specimen. If the laboratory identifies an adulterant in a specimen, the laboratory will report to the MRO that the specimen is adulterated. An MRO verified result of substituted or adulterated will result in discipline pursuant to Article IX of this Policy.

E. Laboratory Reporting of Results

The laboratory will report all test results to the Medical Review Officer (MRO). The reporting of test results must be by confidential, secure electronic (not telephone), hard copy transmission or courier. The laboratory will send to the MRO a copy of the custody and control form bearing the test results. Test results will be reported as: negative; positive (with the name of the drug(s) identified); negative dilute, positive dilute (with the name of the drug(s) identified), invalid; rejected for testing; specimen adulterated, or substituted. The laboratory shall only report quantitative levels of positive results to the MRO upon the specific request of the MRO.

F. Specimen Retention and Storage

Negative specimens will be destroyed and discarded by the DHHS certified laboratory after
results are reported to the MRO. Positive, adulterated, substituted and invalid specimens will be retained in secured, long-term frozen storage in accordance with HHS requirements as specified in 49 CFR 40.99

Within the one-year period, the MRO, the employee, the employer, or a DOT agency may request in writing that a specimen be retained for an additional period of time. If the District receives such a request, the District will comply. If no such request is received the specimen will be discarded at the end of the year.

If a split specimen has not been sent to another laboratory for testing, the specimen will be retained for the same period of time, and under the same storage conditions, as the primary specimen is maintained.

G. Split Specimen Analysis

When a second laboratory receives a split specimen from the laboratory that conducted the confirmation analysis of the original specimen (A), the laboratory will conduct the analysis of the split specimen (B) using GC/MS methodology. The specimen will be reported as a “reconfirmation of the drug(s)” if there is any detectable presence of the drug(s); GC/MS cut off levels do not apply. The results of the split specimen analysis are reported to the MRO. The split specimen will be retained in long-term frozen storage for a minimum of one year by the laboratory that conducted the split specimen analysis, or longer if litigation concerning the test is pending. For additional information, see Article XV. Section F and Article XVI. Section F.

XV CONTROLLED SUBSTANCES TESTING PROCEDURES

All drug testing will be conducted under DOT requirements in accordance with the procedures outlined in 49 CFR Part 40, as amended, except as specifically noted, regardless of whether the test is deemed to fall under DOT regulations or District policy. An employee directed to undergo a drug screen will be notified whether the drug screen is pursuant to DOT regulations or District policy.

A. Urine Specimen Collection

Any person requested to undergo a drug test will be required to provide a minimum of 45 milliliters (mL) of urine at a designated collection site. In order to ensure integrity of the specimen collection procedure, a standard DOT approved Drug Testing Custody and Control Form will be used for all DOT required drug screens. This form will be completed by the employee and the specimen collector and will be forwarded along with the urine sample to a designated laboratory. The MRO, employee, collector, and District representative also receive a copy of the DOT Federal drug Testing Custody and Control form. District required drug screens will use a separate non-DOT testing form.

All urine specimens will be collected in a clean single-use collection container securely wrapped until used. Once the employee provides the collector with a urine specimen of at least 45 ml, the collector will pour the specimen into two bottles (primary and split). The specimen bottles will be sealed with tamper-evident tape/label by the collector in the employee’s presence. The seals will then be dated by the collector and initialed by the employee.

Any person requested to undergo a drug test will be provided a copy of written specimen collection procedures which must be followed by the individual and the collection site personnel.
B. Insufficient Volume or inability to provide a sample

If the employee is unable to provide sufficient quantity (minimum of 45 mL of urine) the original specimen will be discarded if applicable. The employee must remain at the collection site and/or under direct supervision, and provide the minimum quantity of urine within three hours of the first unsuccessful attempt. The employee cannot drink more than 40 ounces of fluid during the three hour period. If the employee cannot produce the minimum quantity within the three hour limit, the employee will be referred for a medical examination to be performed within 5 days by the District’s physician. The medical physician will provide the Medical Review Officer (MRO) with a statement indicating whether or not the insufficient specimen was the result of a genuine medical condition. The MRO will notify the employer in writing of the medical examination conclusion. If there is no medical explanation for the insufficient specimen, the test is regarded as a refusal to be tested. See Article IX for disciplinary action.

C. Specimen Collection Sites

The District will designate specimen collection sites/facilities. The facilities will have the personnel, materials, equipment and supervision necessary to provide collection in accordance with 49 CFR Part 40.

A direct supervisor of an employee will not be permitted to serve as the urine collector for that employee’s drug test.

Procedures shall provide for the collection site to be secure. If a collection site facility is dedicated solely to urine collection, it shall be secure at all times. If a facility cannot be dedicated solely to drug testing, the portion of the facility used for testing shall be secured during the drug testing. A facility normally used for other purposes, such as a public rest room or hospital examining room, may be secured by visual inspection to ensure other persons are not present and undetected access is not possible.

D. Chain of Custody and Collection Control

To the maximum extent possible, collection site personnel shall keep the individual’s specimen bottle within sight both before and after the individual has urinated. After the specimen is collected, it shall be properly sealed and labeled. The chain-of-custody block on the appropriate DOT or District Drug Testing Custody and Control form shall be executed by authorized personnel upon receipt of the specimen. This form shall be used for maintaining control and accountability of each specimen from the point of collection to shipment/transportation of the specimen.

E. Observed Collections

Collection procedures in 49 CFR Part 40 require that urine specimens to be provided by the individual in private, unless there is reason to believe that the individual may have tampered with, adulterated, or substituted the specimen, as determined by the following criteria:

1. The employee has presented a urine specimen that falls outside the normal temperature range of 90 – 100 degrees F.

2. The test result for the last urine specimen provided by the employee (i.e., on a previous occasion) as determined by the laboratory and confirmed by the MRO as negative-dilute with a creatinine concentration greater than or equal to 2mg/dL but less than or equal to
5mg/dL. The MRO will instruct the District to immediately require the employee to submit to a second specimen collection under direct observation as required by 49 CFR 40.197(b)(1).

3. The collector observes donor conduct clearly and unequivocally indicating an attempt to substitute or adulterate the sample (e.g., substitute urine in plain view, blue dye in specimen presented, etc.).

Collection shall occur under the direct observation of a same gender collection site person based upon the circumstances described above.

If the sample is being collected from an employee in need of medical attention (e.g. as part of a post-accident test given in an emergency medical facility), necessary medical attention shall not be delayed in order to collect the specimen. Specimens will not be collected from deceased, comatose or otherwise unresponsive employees.

F. Specimen Integrity and Identity

The District, the employee and the collection site shall take appropriate precautions to preserve the integrity of the urine specimen by ensuring that it is not tampered with, adulterated, diluted, or substituted during the collection procedure and that the urine specimen tested is that of the person from whom it was collected. Collection site personnel will be responsible for maintaining the integrity of the specimen collection and transfer process, but employees are expected to cooperate with collection site personnel and to exercise good faith in conjunction with specimen collection procedures.

G. Split Specimen Collection

There must be a sufficient volume (minimum of 45 milliliters) of each specimen to allow for it to be subdivided (primary and split), secured and labeled in the presence of the tested individual and retained in a secured manner to prevent the possibility of tampering. The split specimen will allow an individual the opportunity to request a retest of the specimen by an appropriate laboratory in accordance with this policy.

The employee must request the MRO to perform a split sample test within 72 hours after being notified of the positive test results of the drug screen by the MRO. The 72 hour time limit may be waived if the MRO concludes there was a legitimate explanation for failure to request the split sample test within the 72 hour period. For additional information, see Article XIV, Section G, and Article XVI, Section F in this policy.

H. Transportation to Laboratory

Collection site personnel shall arrange to ship the collected specimens to the drug testing laboratory. The specimens shall be placed in a container designed to minimize the possibility of damage during shipment and those containers shall be securely sealed to eliminate the possibility of undetected tampering with the specimen and/or form. The collection site person shall ensure that the chain of custody documentation is enclosed in each container sealed for shipment to the drug testing laboratory.

I. Failure to Cooperate

Any employee required to provide a urine sample may be asked to sign a consent or release form authorizing the collection of the specimen, analysis of the specimen for designated controlled substances, and release of the results to the employer. The
employee will not be required to waive liability with respect to negligence on the part of any person participating in the collection, handling or analysis of the specimen or to indemnify any person for the negligence of others.

If the employee refuses to cooperate during the collection/testing process as specified in Article VII of this policy the collection site person will inform the District representative and document the employee’s conduct on the DOT or District Drug Testing Custody and Control form. Employees are expected to exercise good faith and cooperate during the collection process and failure to do so will subject the employee to discipline up to and including discharge, as outlined in this policy, independent and regardless of the results of any subsequent drug test. See Article IX. Section F for specific disciplinary action resulting in an employee’s failure to cooperate.

XVI CONTROLLED SUBSTANCE TEST RESULTS

A. Medical Review Officer (MRO)

All (DOT and District Policy) positive and negative test results will be reported by the DHHS certified laboratory to a Medical Review Officer (MRO). The MRO will be a licensed physician with knowledge of substance abuse disorders who has appropriate medical training to interpret and evaluate an individual’s confirmed positive test result together with his or her medical history and any other relevant biomedical information. The MRO will review and consider possible alternative medical explanations for the positive test result as well as the chain of custody to ensure that it is complete and sufficient on its face. The District will designate an MRO for its controlled substance testing program. The designated MRO is listed in Appendix A.

B. Medical Review Officer Responsibilities

The MRO will perform the following functions on behalf of the District:

1. Review the results of drug testing before they are reported to the District;

2. Review and interpret each confirmed positive test result to determine if there is an alternative medical explanation for the confirmed positive test result. The MRO will follow the below steps:

   a. Conduct a medical interview with the individual tested;

   b. Review the individual’s medical history and any relevant biomedical factors;

   c. Review all medical records made available by the individual tested to determine if a confirmed positive test resulted from legal use of medication;

   d. Require, if necessary, that the original specimen be reanalyzed to determine the accuracy of the reported test result;

   e. Verify that the laboratory report and assessment are correct.

3. Notify employee of confirmed positive test result.

4. Provide employee an opportunity to discuss/explain the confirmed test result.

5. Notify the District of verified results.
6. Inform employee of right to request a split sample testing.

7. Process employee’s request for a split sample test, if requested by the employee.

8. Notify the District when a split sample test is requested.

9. Notify the District of use of other performance deteriorating substances by a safety sensitive employee.

10. On a confirmed positive, adulterated, substituted or invalid test result, the employee is contacted directly by the MRO to discuss the test results. Once the MRO verifies the test result, the District will be informed of the test result in accordance with 49 CFR 40.131(a).

11. Maintain all necessary records.

12. Inform employee when medical information may be released.

C. Action on Positive Test Results

Prior to making a final decision to verify a positive test result for an individual, the MRO will give the individual an opportunity to discuss the test result. The MRO will, therefore, contact the individual directly, on a confidential basis, to determine whether the individual wishes to discuss the test result. A staff person, under the MRO’s supervision, may make the initial contact and a medically licensed or certified staff person may gather information from the individual. Except as provided below, the MRO will talk directly with the individual before verifying a test as positive.

If, after making and documenting all reasonable efforts to contact the individual, the MRO is unable to reach the individual directly, the MRO will contact the NCTD Manager of Human Resources who will direct the individual to contact the MRO as soon as possible. If it becomes necessary to reach the individual through a District official, the official will utilize procedures to ensure, to the maximum extent practicable, the requirement that the individual contact the MRO is held in confidence.

If, after making all reasonable efforts, the District is unable to contact the employee, the District will place the employee on temporary medically unqualified status or on a leave of absence without pay.

The MRO may verify a test as positive without having communicated directly with an individual about the results in three circumstances:

1. If the individual expressly declines the opportunity to discuss the test;

2. If the designated District representative has successfully made and documented a contact with the individual and instructed the individual to contact the MRO, and more than five days have passed since the individual was successfully contacted; or

3. If neither the MRO nor the District has successfully contacted the employee, after making and documenting all reasonable efforts within 10 days of the date the MRO received the confirmed test result from the DHHS certified laboratory.

If a test is verified as positive because of an individual’s failure to contact the MRO, the
individual will have the opportunity to provide the MRO with evidence documenting that serious illness, injury or other circumstances unavoidably prevented him/her from timely contacting the MRO. The MRO, on the basis of such information may reopen the verification and allow the individual to present information concerning a legitimate explanation for the confirmed positive test. If the MRO concludes that there is a legitimate explanation, the MRO will declare the test to be negative.

In verification of an opiate positive result, the MRO may require that the employee submit to a medical examination by a District designated physician acceptable to the MRO. The purpose of the examination is to determine if there is clinical evidence of unauthorized use of an opiate substance. An employee’s refusal to undergo the medical examination will result in a positive test result as stated in Article VII of this policy.

D. Medical Review Officer Determinations

If the MRO determines, after appropriate review, that there is a legitimate medical explanation for the confirmed positive drug test result other than the unauthorized use of a prohibited drug, the MRO will report the test as negative.

If the MRO determines, after appropriate review, that there is no legitimate medical explanation for the confirmed positive test results other than the unauthorized use of a prohibited drug, the MRO shall refer the individual tested to the District for further proceedings in accordance with this policy, report the test as positive, and provide the name of drug(s) detected.

If the MRO determines, based upon his/her review of the laboratory inspection reports, quality assurance and quality control data, and other drug test results, that a particular drug test result is scientifically insufficient for further action, MRO will conclude that the test is canceled.

If the MRO determines that a specimen is unsuitable for testing, MRO will cancel the test and will inform the District that another specimen must be collected immediately under direct observation.

If the MRO receives a laboratory report identifying the specimen as adulterated, substituted, or tampered the MRO will report the test as adulterated or substituted and inform the District that the employee has “refused to test”.

The District does NOT require a second specimen to be collected for an applicant/employee if the initial drug test result of the applicant/employee is reported by the MRO as a dilute negative (greater than 5 mg/dL creatinine concentration), except as stated in Article XV, Section E.2. of this policy.

E. Disclosure of Information

The MRO will not disclose to any third party, medical information provided by the individual to the MRO as part of the testing verification process, except as provided below:

1. The MRO may disclose such information to the District, Federal agency, or a physician responsible for determining the medical qualification of the employee under an applicable DOT regulation, as applicable if:

   a. DOT regulation 49 CFR 40.331 permits or requires such disclosure;
b. In the MRO’s reasonable judgment, the information could result in the employee being determined to be medically unqualified under DOT rule; or

c. In the MRO’s reasonable medical judgment, in a situation in which there is no DOT rule establishing physical qualification standards applicable to the employee, the information indicates that continued performance by the employee of his or her safety sensitive function could pose a significant safety risk.

2. Before obtaining medical information from the employee as part of the verification process, the MRO will advise the employee as required by 49 CFR 40.135 that the information may be disclosed to third parties as provided above.

F. Split Specimen Procedures

The MRO will notify each employee who has a verified positive test result that he/she has 72 hours in which to request a test of the split specimen. If the employee requests an analysis of the split specimen within 72 hours of such notice, the MRO will direct, in writing, the laboratory to provide the split specimen to another DHHS certified laboratory for analysis. The employee will not be allowed to request a reanalysis of the primary specimen. The District will pay for the retest.

If the analysis of the split specimen fails to reconfirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, or if the split specimen is unavailable, inadequate for testing, or untestable, the MRO will cancel the test and report the cancellation and the reasons for it to the DOT, the NCTD Manager of Human Resources and the employee. However, because some analytes deteriorate or are lost during freezing and/or storage, quantitation for a retest is not subject to a specific cutoff requirement, but must provide data sufficient to confirm the presence of the drug or metabolite. Retesting shall be in accordance with 49 CFR Part 40 Subpart H.

If an employee has not contacted the MRO within 72 hours, the employee may present the MRO with information documenting that serious illness, injury, inability to contact the MRO, lack of actual notice of the verified positive test, or other circumstances unavoidably prevented the employee from timely contacting the MRO. If the MRO concludes that there is a legitimate explanation of the employee’s failure to contact him/her within 72 hours, the MRO will direct that analysis of the split specimen be performed. For additional information, see Article XIV. Section G and Article XV. Section F.

XVII CONFIDENTIALITY AND RECORDKEEPING

A. Confidentiality

The District will maintain all records generated under this policy in a secure manner so that disclosure to unauthorized persons does not occur. Thus, the results of any tests administered under this policy and/or any other information generated pursuant to this policy will not be disclosed or released to anyone without the express written consent of the employee, except where otherwise required or authorized by law.

However, the laboratory or the District may disclose information, required to be maintained under this policy, to the employee, the District, or the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual, and arising from the results of an alcohol and/or drug test administered under this policy, or from the District’s determination that the employee engaged in conduct prohibited by this policy (including, but not limited to, a worker’s compensation, unemployment compensation, or other proceeding
relating to a benefit sought by the employee.)

B. Access to Facilities and Records

Upon written request by an employee, the District will promptly provide copies of any records pertaining to the employee’s use of alcohol or drugs, including any records pertaining to his or her alcohol or drug tests. Access to an employee’s records will not be contingent upon payment for records.

The District will also permit access to all facilities utilized and alcohol or drug testing documents generated in complying with the requirements of 49 CFR Parts 655 to the Secretary of Transportation, any DOT agency with regulatory authority over the employer or any of its covered employees, or to a State oversight agency. When requested by the National Transportation Safety Board as part of an accident investigation, the District will disclose information related to the District’s administration of a post accident alcohol and/or drug test administered following the accident under investigation.

Records will also be made available to an identified person or a subsequent employer upon receipt of a written request from an employee, but only as expressly authorized and directed by the terms of the employee’s written consent. The subsequent release of such information by the person receiving it will be permitted only in accordance with the terms of the employee’s consent.

XVIII EMPLOYEE ASSISTANCE PROGRAM/SUBSTANCE ABUSE PROFESSIONAL

A. Employee Education

The District will provide employees subject to this policy with education materials explaining the requirements of the Federal Transit Administration drug and alcohol regulations and the District policies and procedures for meeting them. In addition, employees will be provided with information concerning the effects of drug use and alcohol misuse on an individual’s health, work, and personal life; signs and symptoms of an alcohol or drug problem (the employee’s or a co-worker’s); and available methods of intervening when an alcohol or drug problem (the employee’s or co-worker’s) is suspected, including confrontation, referral to any employee assistance program and/or referral to management. This information will include the following:

1. Display and distribution of informational material.

2. Display and distribution of a community service hot-line telephone number for employee assistance.

Safety sensitive employees will receive at least 60 minutes of training of the effects and consequences of prohibited drug use on personal health, safety and the work environment and on the signs and symptoms which may indicate prohibited drug use.

Copies of this policy will be distributed to each employee currently working or subsequently hired by the District. Each employee will be required to sign a statement certifying that he or she has received a copy of same. The District will retain the original of the signed statement and provide a copy to the employee, if requested. The District will also provide this policy to Union officials who represent the District’s safety sensitive employees.

Any questions regarding the requirements of this policy should be directed to the program contact individual listed in Appendix A.
B. Supervisory Training

Any individual designated to determine whether reasonable suspicion exists to require a safety sensitive employee to undergo a drug or alcohol test under this policy will be required to receive at least 60 minutes of training on alcohol misuse and an additional 60 minutes of training on drug use. This training will cover the physical, behavioral, speech and performance indicators of probable alcohol misuse and prohibited drug use.

C. Referral, Evaluation and Treatment

1. Available Resources

Any employee who engages in conduct prohibited by this policy will be provided with information about the resources available for evaluating and resolving problems associated with the misuse of alcohol or prohibited drug use, including the names, addresses, and telephone numbers of substance abuse professionals and counseling and treatment programs. Please refer to Appendix A.

2. Substance Abuse Evaluation

Although an employee’s employment with the District may be terminated for a violation of this policy, employees will be advised to undergo an evaluation by an appropriate Substance Abuse Professional (SAP), who will determine what assistance the employee may need in resolving problems associated with alcohol misuse and/or prohibited drug use. This requirement will apply regardless of whether such conduct is discovered as a result of a positive drug or alcohol test, independent District knowledge, or a voluntary admission by the employee. The referral, evaluation and rehabilitation requirements outlined above do not apply to applicants who refuse to submit to or test positive in a pre-employment drug test.

3. Follow Up Testing

For employees who voluntarily admit to a drug or alcohol problem prior to being required to submit to a drug and alcohol test, the SAP shall determine the minimum frequency and duration of follow up testing. Safety sensitive employees shall be required to take a minimum of six follow up drug tests or six follow up breath alcohol tests, with verified negative results during the first 12 months after returning to duty. After that period of time, the SAP may recommend to the District the frequency and duration of testing, provided that the testing ends in 60 months from the return to duty. This does not relieve the safety sensitive employee from participating in the District’s random selection process after the employee returns to work.

4. Substance Abuse Professional (SAP)

For purposes of this policy, a Substance Abuse Professional (SAP) is defined as a licensed physician (M.D. or D.O.), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by NAADAC, ICRC, or NBCC) who has knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders. The SAP’s role is to evaluate the employee’s need for assistance in resolving problems related to alcohol or drug abuse, determine if the employee has complied with any recommended treatment or rehabilitation, and to determine a program of follow up testing as appropriate.
XIX PROGRAM MONITORING PROCEDURES

A. Blind Performance Testing Procedures

In order to further ensure the accuracy of test results and test procedures, the District – on its own authority - will utilize blind testing quality control procedures. Under these procedures, the District, or its designated agent, will submit for blind performance test a number of specimens equivalent to .01% of total specimens submitted. If reported results differ from expected on a proficiency specimen, the District and its designees will act in accordance with 49 CFR Part 40.105 and will notify the ODAPC.

B. Vendor Monitoring Procedures

To further ensure the accuracy of the testing procedures, the District will perform an on-site audit of vendors involved with the collection and testing of drugs and alcohol. The District will also audit the MRO and SAP to ensure DOT requirements are being followed. Such audits and reviews will be accomplished a minimum of once each year.

XX RECORDKEEPING AND REPORTING

A. Retention of Records

The District will maintain records relating to this policy as outlined in 49 CFR Parts 655 as amended. These records will be maintained in a secure location with controlled access for the specified periods of time, measured from the date of the document’s or data’s creation.

B. Management Information System

The District will prepare and submit by March 15 of each year, a summary results report of all drug and alcohol testing performed under this policy as required by the FTA.
APPENDIX A
Individual Contacts

Any questions regarding the Drug and Alcohol Policy and Procedures, the Drug Free Workplace Program, or the Employee Assistance Program should be directed to:

Jane E. Arnold
Manager of Human Resources
810 Mission Ave.
Oceanside, CA  92054
(760) 967-2820
jarnold@nctd.org

Medical Review Officer (MRO)

Dr. Benjamin Gerson, M.D.
UNIVERSITY SERVICES
10551 Decatur Road, Ste. 200
Philadelphia, PA 19154
800-624-3784
Specific documentation regarding certification is on file in the Human Resources Department

Substance Abuse Professional (SAP)

Horizon Health
9370 Sky Park Court
Suite 140
San Diego, CA  92123
(800) 342-8111
Specific SAP qualified counselors are on file in the Human Resources Department
APPENDIX B
Vendor Agencies

A. Collection Sites

Drug Testing Network
958 Postal Way, Suite 6B
Vista, CA  92083

B. Laboratory

Quest Diagnostics
7600 Tyrone Ave.
Van Nuys, CA
Dr. Jambor, Laboratory Director

C. Employee Assistance/Substance Abuse Professionals

Horizon Health
9370 Sky Park Court
Suite 140
San Diego, CA  92123
(800) 342-8111
APPENDIX C

Drug Free Workplace Communication Policy

North San Diego County Transit District is dedicated to providing safe, dependable, and economical transportation services to our transit system passengers. North County Transit District Employees are our most valuable resource and it is our goal to provide a healthy, satisfying working environment, which promotes personal opportunities for growth. In meeting these goals, it is our policy to:

1. Assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner;

2. Create a workplace environment free from the adverse effects of drug and alcohol abuse or misuse;

3. Prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances;

4. To encourage employees to seek professional assistance anytime personal problems, including alcohol or drug use adversely affects their ability to perform their assigned duties; and

5. Administer required U.S. DOT alcohol and drug use regulations to help meet these goals.

To ensure all employees of North County Transit District understand the importance of working in an environment free from drug and alcohol abuse or misuse, the District has implemented the following steps of ongoing communications to employees:

1. Posters specifically stating that North County Transit District is a “drug free workplace” will be placed in the following areas of the District facilities:

   General Administration Office:  West Division Facility:  East Division Facility:
   Lobby/Reception Area  Maintenance Breakroom  Maintenance Breakroom
   Breakroom  Operations Breakroom  Operations Breakroom

2. Posters informing employees of the benefits offered through the Employee Assistance Program that specifically reference drug and alcohol related issues will be placed throughout the District work facilities.

3. Quarterly articles regarding drug and alcohol abuse or misuse will be placed in the bi-weekly “The District Link” that is distributed to all employees.

4. The District Drug and Alcohol Policy will be discussed during departmental staff meetings on a periodic basis and ongoing basis.

5. All new hire employees shall receive a copy of the District’s Drug and Alcohol Policy. Further, all employees will receive any revisions to the policy as they are approved. All safety sensitive related employees will undergo training pursuant to DOT regulations.
Attached please find Fact Sheets developed by the Federal Transit Administration regarding the following:

Drug Detection Periods

Alcohol
Amphetamines
Cocaine
Cannabinoids (Marijuana)
Opiates (Narcotics)
Phencyclidine (PCP)
**Drug Detection Periods**

Detection periods vary; rates of metabolism and excretion are different for each drug and use. Detection periods should be viewed as estimates. Cases can always be found to contradict these approximations.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Detection Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol (Ethanol)</td>
<td>12 – 24 hours</td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
</tr>
<tr>
<td>Amphetamine</td>
<td>2 – 4 days</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>2 – 4 days</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Benzoylecgonine</td>
<td>12 – 72 hours</td>
</tr>
<tr>
<td>Cannabinoids (Marijuana)</td>
<td></td>
</tr>
<tr>
<td>Casual Use</td>
<td>2 – 7 days</td>
</tr>
<tr>
<td>Chronic Use</td>
<td>Up to 30 days</td>
</tr>
<tr>
<td>Opiates</td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
<td>2 – 4 days</td>
</tr>
<tr>
<td>Hydromorphone (Dilaudid)</td>
<td>2 – 4 days</td>
</tr>
<tr>
<td>Morphine (for Heroin)</td>
<td>2 – 4 days</td>
</tr>
<tr>
<td>Phencyclidine (PCP)</td>
<td></td>
</tr>
<tr>
<td>Casual Use</td>
<td>2 – 7 days</td>
</tr>
<tr>
<td>Chronic Use</td>
<td>Up to 30 days</td>
</tr>
</tbody>
</table>
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 problems 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
Amphetamine Fact Sheet

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

Description

- Amphetamine is sold in counterfeit capsules or as white, flat, double-scored “mini-bennies.” It is usually taken by mouth.
- Methamphetamine is often sold as a creamy white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected, or snorted into the nose.
- Trade/street names include Biphetamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

Signs and symptoms of use

- Hyper-excitability, restlessness
- Dilated pupils
- Increased heart rate blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior.

Health Effects

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Withdrawal from the drug may result in severe physical and mental depression.

Workplace Issues

- Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.
- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.
Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Description

• The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.
• Cocaine Hydrochloride – “snorting coke” is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in veins. The effect is felt within minutes and lasts 40 to 50 minutes per “line” (about 60 to 90 milligrams). Common paraphernalia include a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw cap vial or folded paper packet containing the cocaine.
• Cocaine Base – a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within seven seconds. Common paraphernalia includes a “crack pipe” (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp, or small butane torch for heating.
• Trade/street names include Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

Signs and Symptoms of Use

• Financial problems
• Frequent and extended absences from meetings or work assignment
• Increased physical activity and fatigue
• Isolation and withdrawal from friends and normal activities
• Secretive behaviors, frequent non-business visitors, delivered packages, phone calls
• Unusual defensiveness, anxiety, agitation
• Wide mood swings
• Runny or irritated nose
• Difficulty in concentration
• Dilated pupils and visual impairment
• Restlessness
• Formication (sensation of bugs crawling on skin)
• High blood pressure, heart palpitations, and irregular rhythm
• Hallucinations
• Hyper-excitability and overreaction to stimulus
• Insomnia
• Paranoia and hallucinations
• Profuse sweating and dry mouth
• Talkativeness

Health Effects

• Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson’s disease could also occur.
• Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
• Strong psychological dependency can occur with one “hit” of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
• Treatment success rates are lower than for other chemical dependencies.
• Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years.
• Cocaine overdose was the second most common drug emergency in 1986 – up from 11th place in 1980.

**Workplace Issues**

• Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
• Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
• The high costs of cocaine use frequently lead to workplace theft and/or dealing.
• A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
• Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.
Cannabinoids (Marijuana) Fact Sheet

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood- and perception-altering effects it produces.

Description

• Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil. It may also be sold in an oily liquid.
• Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
• Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking “bongs” (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
• Trade/street names include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Thai Sticks, Hash, and Hash Oil.

Signs and Symptoms of Use

• Reddened eyes (often masked by eye drops)
• Slowed speech
• Distinctive odor on clothing
• Lackadasical “I don’t care” attitude
• Chronic fatigue and lack of motivation
• Irritating cough, chronic sore throat

Health Effects

General

• When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
• One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
• Marijuana is commonly contaminated with the fungus Aspergillus, which can cause serious respiratory tract and sinus infections.
• Marijuana smoking lowers the body’s immune system response, making users more susceptible to infection. The U.S. government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

Pregnancy Problems and Birth Defects

• The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
• Chronic smoking of marijuana in males causes a decrease in sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users.
• Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
• Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
• In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver and water on the brain and spine.
• Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the
use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant’s feet and hands.

- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and causes other ophthalmic problems.

**Mental Function**

Regular use can cause the following effects:

- Delayed decision making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long term negative effects on mental function known as “acute brain syndrome” which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition

**Acute Effects**

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic
- Paranoid reaction
- Unpleasant distortions in body image

**Workplace Issues**

- The active chemical, THC, stores in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.
**Opiates (Narcotics) Fact Sheet**

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

**Description**

- Natural and natural derivatives – opium, morphine, codeine, and heroin
- Synthetics – meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan)
- May be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- Trade/street names include Smack, Horse, Emma, Big D, Dollies, Juice, Syrup, and China White

**Signs and Symptoms of Use**

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting, and constipation
- Impaired respiration

**Health Effects**

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics’ effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

**Social Issues**

- There are over 500,000 heroin addicts in the U.S., most of who are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotics to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

**Workplace Issues**

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.
Phencyclidine (PCP) Fact Sheet

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

Description

- PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folded paper “packets”.
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Trade/street names include Angel Dust, Dust, and Hog.

Signs and Symptoms of Use

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid Heartbeat
- Dizziness

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.
- There are four phases of PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusion, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

Workplace Issues

PCP abuse is less common today than in recent years. It is also generally not used in a workplace setting because of the severe disorientation that occurs.
Attached please find the below listed forms to be used in the administration of the District’s Drug and Alcohol Policy:

- Post-Accident Testing Decision Report
- Post-Accident Test Summary
- Reasonable Suspicion Test Summary
- Prescription Drug Notification
- Substance Abuse Professional Referral
Post – Accident Testing Decision Report

Note: Accident does not necessarily mean collision. If an individual falls on a vehicle and needs to be taken to the hospital, an accident has occurred, and a post-accident test is required unless the driver can be discounted as a contributing factor.

Date of accident: ______________________  Time of accident: ______________________

Location of accident: ______________________

Driver of Vehicle: ______________________  Driver ID No.: ______________________

Uniform Traffic Crash Report Attached?

1. Was there loss of life as a result of this accident? (Yes, Requires Testing - No exceptions)
   - Yes [ ]
   - No [ ]

2. Did an individual suffer a bodily injury and immediately receive medical treatment away from the scene of the accident?
   (Yes - Requires Testing unless question 4 applies)  (No - Requires no testing under FTA authority)
   - Yes [ ]
   - No [ ]

3. Was there disabling damage to any of the vehicles involved?  Disabling damage means damage which precludes the departure of any vehicle from leaving the scene of the occurrence in its usual manner in daylight after simple repairs; or damage to any vehicle that could have been operated but which have further damaged the vehicle if so operated. Disabling damage does not include damage that could be remedied temporarily at the scene of the occurrence without special tools or parts; tire disablement even if no spare tire is available; or damage to headlights, tail lights, turn signals, horn, or windshield wipers that makes them inoperative.
   - Yes [ ]
   - No [ ]

4. Can the driver or any other covered employee on the vehicle be completely discounted as a contributing factor to the accident?  Note: If you discount the driver as a contributing factor, it should be well documented. Even if you answer No, under FTA regulations you must also meet the criteria questions 1, 2, and/or 3 to require testing.
   - Yes [ ]
   - No [ ]

5. If drug and alcohol testing is required, can the performance of any other safety sensitive employees (e.g., maintenance personnel, dispatcher, etc.), whose performance may have contributed to the accident (as determined by the transit agency at the time of the accident), be completely discounted as contributing to the accident?  Even if you answer No, under FTA regulations you must also meet the criteria questions 1, 2, and/or 3 to require testing. List other employees tested on back of form.
   - Yes [ ]
   - No [ ]

6. Did you perform a drug and/or alcohol test?  If No, complete #6 and sign and submit a report.
   Name of Supervisor making this determination ______________________
   Time Employee was informed of this determination ______________________
   - Yes [ ]
   - No [ ]

7. Decision to Test: FTA Authority [ ]  Company Authority [ ]

8. Was an alcohol test performed within 2 hours?  If Yes, Date & Time ______________________
   If No, Why Not: ______________________
   - Yes [ ]
   - No [ ]

9. If no alcohol test was performed and more than eight hours elapsed from the time of the accident, please explain: ______________________
   - Yes [ ]
   - No [ ]

10. Was a drug test performed within 32 hours?  If Yes, Date & Time ______________________
    If No, Why Not: ______________________
    - Yes [ ]
    - No [ ]

11. Did the driver leave the scene of the accident without just cause?
    IF Yes, please explain: ______________________
    - Yes [ ]
    - No [ ]
POST ACCIDENT TEST SUMMARY

The below listed employee is required to submit to a drug and alcohol screening test pursuant to either DOT regulations or District Policy as indicated below:

<table>
<thead>
<tr>
<th>Name of Employee:</th>
<th>Name of Supervisor requesting test:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date of Accident:</th>
<th>Time of Accident:</th>
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<table>
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<tr>
<th>Location of Accident:</th>
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</table>

Check One:

☐ DOT

Any safety sensitive employee operating a District vehicle who is involved in an accident and any other covered employee whose performance could have contributed to the accident based upon the information available at the time of the determination, will be required to submit to a drug and alcohol test under DOT guidelines if any of the following occur:

A. Fatality.
B. Non-fatality. If an individual has suffered bodily injury and immediately receives medical treatment away from the scene of the accident.
C. Disabling damage. When a vehicle incurs disabling damage as a result of the occurrence and is transported away from the scene by a tow truck or the transit vehicle is removed from revenue service. Disabling damage means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner after simple repairs, including damage to motor vehicles that could have been driven, but would have been further damaged if so driven. Disability damage does not include: damage which can be remedied temporarily at the scene of the accident without special tools or parts; tire disablement without other damage even if no spare tire is available; headlamp or taillight damage; damage to turn signals, horn, or windshield wipers which makes them inoperative.

☐ DISTRICT POLICY (Non DOT)

a. There is a determination by the supervisor on the scene that an injury has occurred, but such injury did not require transport to a medical facility.

b. There is damage to the vehicle or property, unless the supervisor on the scene determines, using the best information available at the time of the decision, that the employee's performance can be completely discounted as a contributing factor to the accident. The employee would not be sent for a drug and alcohol test if the damage is very minor (e.g. clipped mirrors, minor clearance accidents, broken mirror glass, or a small scrape or paint transfer, unless it is part of a pattern).

It should be noted that the supervisor on the scene will be making an initial assessment of the employee’s potential culpability in the accident for purposes of the drug and alcohol test pursuant to this Policy. The actual chargeability of the accident rests with the Accident Review Board following a more detailed and extensive review of all of the facts involving the accident that may not have been available, or considered, by the supervisor at the time of the initial decision regarding the drug screen.

Was the alcohol test conducted more than 2 hours from the time of the accident?  Yes  No
If yes, please explain:

If no alcohol test was conducted because more than 8 hours elapsed from the time of the accident, please explain:

If no drug test was conducted because more than 32 hours elapsed from the time of the accident, please explain:

Signature of Supervisor requesting test:  Date:
**REASONABLE SUSPICION TEST SUMMARY**

[ ] The below employee is in a safety sensitive position and the test is pursuant to **DOT Regulations**.

[ ] The below employee is **NOT** in a safety sensitive position and the test is pursuant to **District Policy**.

<table>
<thead>
<tr>
<th>Name of Employee:</th>
<th>Name of Observing Supervisor Requesting Test:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation Date:</td>
<td>Observation Time:</td>
</tr>
<tr>
<td>Location of Observation:</td>
<td></td>
</tr>
</tbody>
</table>

**Circumstances of Observation (attach additional sheets if necessary):**

**Objective Facts Identified (attach additional sheets if necessary):**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Appearance</th>
<th>Speech</th>
<th>Odor</th>
<th>Other</th>
</tr>
</thead>
</table>

**Type of Test to be Administered:**

[ ] Drug  [ ] Alcohol

**POLICY**

Whenever the District has reasonable suspicion to believe that an employee has used a prohibited drug or has violated any alcohol prohibition contained in this policy, it will require the employee to submit to a drug and/or alcohol test. However, any such suspicion must be based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. These observations must be made by one management representative who has received appropriate training in detecting the signs and symptoms of drug and alcohol use and will be documented by that individual in a report. Any management representative who makes a determination that reasonable suspicion exists to require an employee to submit to an alcohol or drug test will not be permitted to conduct the breath alcohol test on that individual or serve as the drug collection site person for the employee’s drug test.

An employee is reasonably suspected of prohibited drug use or alcohol misuse when a trained management representative can: substantiate specific behaviors that may indicate drug use or alcohol misuse; identify job performance problems that may indicate prohibited drug use or alcohol misuse; and must actually observe physical indications of prohibited drug use or alcohol misuse.

**Was the alcohol test conducted more than 2 hours from the time of the observation?**  
[ ] Yes  [ ] No

If yes, please explain:

If no alcohol test was conducted because more than 8 hours elapsed from the time of the observation, please explain:

If no drug test was conducted because more than 32 hours elapsed from the time of the observation, please explain:

**Signature of Supervisor requesting test:**  
**Date:**
**PRESCRIPTION DRUG NOTIFICATION**

Each Safety Sensitive employee shall complete this form for each prescription medication that is identified as having the potential to impair the employee’s ability to perform their job in a safe manner. Such employee must present this completed form to their supervisor or dispatcher prior to returning to their safety sensitive position. Failure to provide this notification or failure to comply with the District’s Drug and Alcohol Policy including the prescription drug policy may result in termination of employment.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Job Title</td>
<td></td>
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<tr>
<td>Department</td>
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</table>

**TO BE COMPLETED BY TREATING PHYSICIAN:**

I understand that the above employee is in a safety sensitive position and may be required to operate heavy equipment and/or District vehicles up to a 40 ft bus in or out of revenue service.

I have prescribed a medication that has been identified as having the potential to impair the employee’s ability to perform their job in a safe manner. The employee will be taking this medication during the time period listed below:

<table>
<thead>
<tr>
<th>Date Medication Started:</th>
<th>Date Medication Ends:</th>
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</thead>
</table>

This is to certify that I have discussed the side effects of this medication with the above listed employee as it may relate to their safety-sensitive responsibilities while taking the above medication. I have informed the employee that they:

- [ ] May not operate heavy equipment, machinery or District vehicles at any time while taking the above medication. Employee may return to their safety sensitive position on ____________________________ (date)
- [ ] Have no restrictions while taking this medication.
- [ ] May operate heavy equipment, machinery or District vehicles while taking the above medication under the following conditions:
  - [ ] The medication is not taken within _____ hours of reporting for work
  - [ ] Other restrictions as noted below:_______________________________________________________
  - ______________________________________________________________________________________

<table>
<thead>
<tr>
<th>Prescribing Physician (please print name)</th>
<th>Address</th>
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</table>

Signature of Prescribing Physician

Physician's Telephone Number

I understand these restrictions as they relate to the above medication and certify that I will comply with the above as documented by my physician. I further understand that I am responsible to remove myself from my safety sensitive position at any time I do not feel I can perform my job in a safe manner, in which case I will notify my supervisor or dispatcher immediately.

<table>
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<tr>
<th>Employee Signature:</th>
<th>Date:</th>
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</table>
A Substance Abuse Professional (SAP) is a licensed physician (M.D. or D.O.), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by NAADAC, ICRC, or NBCC) who has knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders. The SAP’s role is to evaluate the need for assistance in resolving problems associated with alcohol misuse and/or prohibited drug use. Contact information for Substance Abuse Professionals available through the District’s Employee Assistance Program provider, Horizon Health, can be obtained by calling 1-800-342-8111.

I acknowledge that I have received a SAP referral from North County Transit District pursuant to U.S. Department of Transportation Drug and Alcohol Use Regulations and the District’s Drug and Alcohol Policy.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Employee Signature</th>
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<th>Date</th>
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</table>
DATE:

Name of Employee
Mailing Address

Dear _____:

The FTA (49 CFR Part 655)/District drug and/or alcohol test which was conducted on (date    ) resulted in a verified positive test result. Under the District's Substance Abuse Program, you are advised of the following resource that is available for evaluating and resolving problems associating with prohibited drug use and alcohol misuse.

**Employee Assistance / Substance Abuse Professional (SAP)**
Horizon Health
9370 Sky Park Court, Suite 140
San Diego, CA  92123
(800) 342-8111

Sincerely,

Drug and Alcohol Program Manager

Note: For testing conducted under FTA testing authority, applicants/employees with a positive test result must be provided with information on a 49 CFR Part 40 qualified SAP.
I acknowledge receipt of NCTD’s Drug and Alcohol Policy, Program and Procedures and understand that I am held responsible for complying with the provisions of the Policy as a condition of my employment.

Print Name

Employee Signature

Date