Drug & Alcohol Program Record Keeping
(Best Practices)
March 2017
Delivered by Diana Byrnes, CSAPA

Webcast agenda

Introduction

Identity of records to maintain

Best practices for filing/maintaining records

USDOT & FTA required record retention
Why is good record-keeping important?

- Drug and alcohol testing program “paper-trails” are key to defending the actions employers take following test results
  - Retesting, termination, suspension, etc.
- Record retention is a requirement under USDOT and FTA rule
  - Audit preparedness
  - Annual MIS reporting needs
  - Succession planning

Confidentiality

- Records are required to be maintained in a confidential manner
  - Access to testing records must be limited to the Designated Employer Representative (DER) and designate “back-up”
- Best practice:
  - Locked filing cabinet
  - Locked office
  - Files not combined with other personnel records
Records to maintain

Records related to policy and training

- Current policy and the history of policy revisions
- Documentation that all covered employees received policy
- Documentation that all covered employees were provided at least the minimum education required (655.14)
- Documentation that all company officials authorized to make reasonable suspicion testing referrals have received at least the minimum training required

- Training materials, name(s) of trainers, sign-in-sheets, agenda and all other documents related to training
Records related to service agents

- Service agent contracts (such as TPA)
- List of collection sites and alcohol test technicians available for use
- Documentation that collectors and BATs meet DOT qualification training requirements, per 40.33

Records related to testing events

1. Pre-employment
2. Random
3. Post-accident
4. Reasonable Suspicion

- SAP Process
  - Return to Duty & Follow-up tests
Pre-employment Folder

- Signed consent form if employee had DOT employers within the previous 2 years
- Good faith efforts to obtain D&A background checks
- Documentation of date of hire & date of performance of first safety-sensitive function (behind-the-wheel training)
- Testing paperwork for each test performed*

Random Folder

For each testing period within the calendar year:

- Documentation of employee update provided to service agent generating random selections
- Random selection lists
- Testing paperwork for each test performed*
- Documentation of reason that a selected employee was not tested during the entire testing period
Post-accident

- Decision & documentation form demonstrating that the event met the threshold for testing
- Documentation of reason for delays in alcohol testing beginning 2 hours after accident (if applicable)
- Documentation of reason for failing to conduct testing within testing windows (if applicable)
- Testing paperwork for each test performed*

Post-Accident Folder

Reasonable Suspicion

- Documentation form completed by the trained supervisor who made the determination to test
- Copy of referring supervisor’s training documentation for reasonable suspicion
- Testing paperwork for each test performed*

Reasonable Suspicion Folder
Violating Employee Folder
Return-to-Duty & Follow-Up

Testing Paperwork Checklist:
- Documentation of Reason for test
- Completed "Testing Notification Form"
- Employer copy of the Custody and Control form
- Employer copy of the Alcohol Testing Form
- MRO verified drug test result report
- Memorandum of Record for corrected flaws (if applicable)
Random Selection List

Post-accident Decision and Documentation form

Post-Accident Testing Determination & Decision Form for FTA Authorized Testing

Date ___________________________ Time: _________ AM/PM

Employee(s) involved: __________________________________________ (please use proper name)

Supervisor’s Description of the Accident:

1. Was the event the result of the operation of a vehicle? Yes _______ No _______
   (If no, FTA drug and alcohol testing is prohibited)

2. Was there a fatality? Yes _______ No _______
   (If yes, FTA drug and alcohol testing is required)

3. If there was NO fatality, answer the following two questions:
   A. Did any individual involved in the accident suffer bodily injury and immediately receive medical treatment away from the scene of the accident? Yes _______ No _______
   B. Did any other vehicle involved in the accident sustain disabling damage, which required the vehicle to be transported away from the scene by a tow truck or other vehicle? Yes _______ No _______

If you answered no to both A & B, testing is prohibited. If you answered yes to either A or B, can the actions of the operator or any other covered employee on the vehicle be completely discounted as a contributing factor? Yes _______ No _______

If you have discounted the covered employee’s actions, you must provide your reason: __________________________

If you have not discounted the covered employee’s actions, you must provide your reason: __________________________
Reasonable Suspicion Documentation form
**US/DOT FTA Testing Notification Form**

### Section 1: FTA Covered Employer Information

<table>
<thead>
<tr>
<th>Employer:</th>
<th>ABC Transit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of DER:</td>
<td>Diana Bynes</td>
</tr>
<tr>
<td>Street Address:</td>
<td>6281 Bus Loop Avenue</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Tampa, FL 33333</td>
</tr>
<tr>
<td>Phone:</td>
<td>813-555-1212</td>
</tr>
<tr>
<td>Fax:</td>
<td>813-555-1515</td>
</tr>
<tr>
<td>MRO:</td>
<td>Dr. Getkeper</td>
</tr>
<tr>
<td>Street:</td>
<td>1111 MRO Street</td>
</tr>
</tbody>
</table>

### Section 2: Donor/Employee Information

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>John P. Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee SSN:</td>
<td>123-45-6789</td>
</tr>
<tr>
<td>Notification Date:</td>
<td>October 18, 2010</td>
</tr>
<tr>
<td>Notification Time:</td>
<td>a.m./p.m.</td>
</tr>
<tr>
<td>Expected arrival time at collection site:</td>
<td></td>
</tr>
<tr>
<td>Attention Collector:</td>
<td>If donor arrived late you must revalidate specific authorization from the MRO to proceed with collection. Employer may deem the delay a refusal to test.</td>
</tr>
<tr>
<td>Supervisor Signature:</td>
<td></td>
</tr>
<tr>
<td>Employee Signature:</td>
<td></td>
</tr>
<tr>
<td>Collection Site Address and Telephone #:</td>
<td>LabCorp/ 3000 Urine Luck Lane / Tampa FL 813-555-1616</td>
</tr>
</tbody>
</table>
### Section 2: Testing Information
Testing to be conducted under the authority of FTA.

<table>
<thead>
<tr>
<th>Reason for Test</th>
<th>Urine Collection</th>
<th>Observed Collection</th>
<th>Breath Alcohol Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Employment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Random</td>
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<tr>
<td>Post Accident</td>
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<tr>
<td>Reasonable Suspicion</td>
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<tr>
<td>Return to Duty</td>
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<tr>
<td>Follow-Up</td>
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</tbody>
</table>

**Attention BAT:** Notify DER immediately if confirmation result is over .02.
Fax negative results of alcohol tests to DER at fax number provided.
Thank you!
Diana Byrnes, CSAPA
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