## Appendix H to Part 40 – DOT Drug and Alcohol Testing Management Information System

## (MIS) Data Collection Form

The following form is the MIS Data Collection form required for use to report calendar year MIS data.

[68 FR 43952, July 25, 2003, as amended 75 FR 8528, February 25, 2010; 82 FR 52247, November 13, 2017]

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

		I OF IK									0	OMB No. 210			
I. Employer: Company Name:										For	m DOT F 1	385 (Rev. 5	5/2008)		
Doing Business As (l	DBA) Name	(if applica	able):												
Address:									E-	mail:					
Name of Certifying Official:					Signature:										
Telephone: ()Prepared by (if different):				Date Certified: Telephone: ()											
C/TPA Name and Te Check the DOT agency FMCSA – Motor Ca FAA – Aviation: Ce PHMSA – Pipeline: FRA – Railroad: Te USCG – Maritime: FTA – Transit II. Covered Employees: (B) Enter Total Number (C)Employee	for which yearrier: DOT a ertificate # (i (Check) Ga otal Number of Vessel ID # (A) Enter ' er of Employ	ou are rej #: f applicab s Gatherin of observe (USCG- c Total Nu	porting M le): ng Gas T ed/docume or State-Iss mber Safe ories:	IS data; a	and comp Owner- ion Ga 219 "Rule ive Emple	olete the in operator: Plaus Distribu e G" Obse oyees In A	nformati YE n / Regis titionT ervations All Empl If y and eac	on on that : S No tration # (if ransport Ha for covered	same line O Exem applicabl azardous I l employe (If n ories: iple employ . Take that ategory and	as appro npt Y. e): iquids es: nore than yee categor filled-in for d complete	priate: ES I Transport one vesse ries, comple	l, list sepa	s I		
III. Drug Testing Data	1	2	3	4	5	6	7	8	9	10	11	12	13		
	, st		5						Refusal Results						
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results		
Pre-Employment											1				
Random															

IV. Alcohol Testing Dat	a:	1	2	3	4	5	6	7	8	9	
TOTAL											
Follow-Up											
Return-to-Duty											
Reasonable Susp./Cause											
Post-Accident											
Random											

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

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