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

Calendar Year Covered by this Report:

# Employer:

Company Name: Doing Business As (DBA) Name (if applicable):

Address:

E-mail:

Name of Certifying Official: Signature:

Telephone: ( )

Date Certified:

Prepared by (if different):

Telephone: ( )

C/TPA Name and Telephone (if applicable): ( )

## Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMCSA – Motor Carrier: DOT #:

Owner-operator: (circle one) YES or NO Exempt (Circle One) YES or NO

FAA – Aviation: Certificate # (if applicable):

Plan / Registration # (if applicable):

RSPA – Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA – Railroad: Total Number of observed/documented Part 219 “Rule G” Observations for covered employees:

USCG – Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.)

FTA – Transit

1. **Covered Employees**: **(A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:**

## (B) Enter Total Number of Employee Categories:

**Employee Category Total Number of Employees in this Category**

**If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.**

# Drug Testing Data:

1 2 3 4 5 6 7 8 9 10 11 12 13

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | Refusal Results | | | | Cancelled Results |
| Adulterated | Substituted | “Shy Bladder” ~ With No Medical Explanation | Other Refusals To Submit To Testing |
| Pre-Employment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Random |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Post-Accident |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reasonable Susp./Cause |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Return-to-Duty |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Follow-Up |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Alcohol Testing Data:

1 2 3 4 5 6 7 8 9

Results 0.02 Or

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Greater | Number Of Confirmation Tests Results | Confirmation Tests With Results 0.02  Through 0.039 | Confirmation Tests With Results 0.04 Or Greater | Refusal Results | | Cancelled Results |
| “Shy Lung” ~ With No Medical Explanation | Other Refusals To Submit To Testing |
| Pre-Employment |  |  |  |  |  |  |  |  |  |
| Random |  |  |  |  |  |  |  |  |  |
| Post-Accident |  |  |  |  |  |  |  |  |  |
| Reasonable Susp./Cause |  |  |  |  |  |  |  |  |  |
| Return-to-Duty |  |  |  |  |  |  |  |  |  |
| Follow-Up |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |  |

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2105-0529. The Department of Transportation estimates that the average burden for this report form is 1.5 hours. You may send comments regarding this burden estimate or any suggestions for reducing the burden to: U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, Room 10403, 1200 New Jersey Ave. SE, Washington, D.C. 20590; OR Office of Management and Budget, Paperwork Reduction Project, 1200 New Jersey Ave. SE, Washington, D.C. 20503.

Title 18, USC Section 1001, makes it a criminal offense subject to a maximum fine of $10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements of representations in any matter within the jurisdiction of any agency of the United States.