## 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 0.02Through 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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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.