

CONTROLLED SUBSTANCES and ALCOHOL USE AND TESTING

PROGRAM IMPLEMENTATION CHECKLIST

- Do you have at least one person familiar with the controlled substances and alcohol testing requirements?
- Do you have written company policies and procedures describing your company's alcohol and its implementation?
- Have you informed employees in writing of the company's substance use and abuse policy and its implementation?
- Have you provided educational materials relating to the effects of alcohol and controlled substance use and abuse to your affected employees?
- Have you identified which job positions need to be tested?
- Have you selected qualified personnel to implement and monitor your program?
- Does your program include testing for five prohibited substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP)?
- Have you established or contracted for a secure specimen collection site with appropriately trained personnel and clearly written procedures?
- Have you established or contracted with a certified laboratory to analyze specimens?
- Have you designated a qualified alcohol testing technician to conduct alcohol tests?
- Does your program include pre-employment controlled substance testing?
- Does your program include random, reasonable cause, post-accident, return to duty and follow-up testing for alcohol and controlled substances?
- Have you identified substance abuse professionals and rehabilitation resources for referral?
- Have you made arrangements for a minimum 120 minutes of training for supervisors required to make reasonable suspicion determinations?
- Have you made record keeping and reporting provisions? Do they protect the right to privacy and prevent unauthorized release of test results?

For additional assistance contact:

Utah Department of Transportation, Office of Motor Carriers
Federal Motor Carrier Safety Administration - Utah Division

(801) 965-4243
(801) 963-0096

Important FMCSA Websites

This page highlights links in question-and-answer format on specific subject matter most frequently requested by the public. The variety of topics featured can assist you in finding information you need to know about a particular Federal Motor Carrier Safety Administration program or activity. Please look for the question(s) you are interested in and go to the appropriate Website. We hope you find this information helpful.

- 1) What is the Federal Motor Carrier Safety Administration's official Website address?
www.fmcsa.dot.gov
- 2) How can I locate the nearest field office?
<http://www.fmcsa.dot.gov/aboutus/aboutus.htm>
- 3) What must I do to start a trucking business? <http://safersys.org/faq.aspx>
(Frequently Asked Questions)
- 4) Where can I obtain information about Federal safety regulations and interpretations?
<http://www.fmcsa.dot.gov/rulesregs/fmcsrhome.htm>
- 5) How do I obtain a DOT number?
http://safer.fmcsa.dot.gov/LIVEW/pkg_registration.prc_option
- 6) Where can I find descriptive statistics and analysis regarding the truck and bus industry? <http://ai.volpe.dot.gov/>
How can I obtain information about a motor carrier, broker, or freight forwarder's application, insurance and process agent?
<http://i-public.fmcsa.dot.gov/>
- 8) Where can I file forms and pay fees for registration, insurance, and fines?
<http://safer.fmcsa.dot.gov/>
- 9) How can I obtain a motor carrier's Profile?
http://www.safersys.org/csp_order.asp
- 10) Where can I find detailed information about a motor carrier's safety performance?
<http://ai.volpe.dot.gov/>
- 11) How can I change the name and address of my business online?
<http://safer.fmcsa.dot.gov/>
- 12) Where can I find carrier safety ratings, inspections, and accident summary data?
<http://www.safersys.org/companySnapshot.aspx>
- 13) How do I report safety violations?
<http://www.fmcsa.dot.gov/pdfs/saftviolationrpt.pdf> or call **1-888-368-7238**
- 14) Where can I find the latest information about safety programs?
<http://www.fmcsa.dot.gov/safetyprogs/saftprogs.htm>
- 15) How can I learn about the No-Zone program?
www.nozone.org
- 16) Where can I find consumer information about moving household goods?
www.fmcsa.dot.gov/factsfigs/movingq.htm
- 17) Where can I find information about the transportation of Hazardous Materials?
<http://hazmat.dot.gov> and <http://www.fmcsa.dot.gov/safetyprogs/hm.htm>
- 18) How can I obtain the latest research and analysis on truck and bus safety?
www.fmcsa.dot.gov and <http://ai.volpe.dot.gov/>
- 19) How do I challenge data shown on my profile?
<http://dataqs.fmcsa.dot.gov>
- 20) Where do I find a complaint form?
http://www.fmcsa.dot.gov/factsfigs/com_form.htm

REASONABLE SUSPICION OBSERVATION FORM
(STRICTLY CONFIDENTIAL)

EMPLOYEE NAME:

DATE/TIME OF INCIDENT:

SUPERVISOR #1 NAME:

SUPERVISOR #2 NAME:

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of a prohibited drug substance or alcohol. The supervisor(s) note all pertinent behavior and physical signs of symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of, a prohibited substance. Mark each applicable item on this form and any additional facts or circumstances which you have noted.

A. NATURE OF THE INCIDENT/CAUSE FOR SUSPICION

- 1. Observed/reported possession or use of a prohibited substance
 - 2. Apparent drug or alcohol intoxication
 - 3. Observed abnormal or erratic behavior
 - 4. Arrest or conviction for drug-related offense
 - 5. Evidence of tampering on a previous drug test
 - 6. Other (e.g., flagrant violation of safety regulations, serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) (please specify)
- _____
- _____
- _____

B. UNUSUAL BEHAVIOR

- 1. Verbal abusiveness
 - 2. Physical abusiveness
 - 3. Extreme aggressiveness or agitation
 - 4. Withdrawal, depression, mood changes, or unresponsiveness
 - 5. Inappropriate verbal response to questioning or instructions
 - 6. Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, confusion) (please specify)
- _____
- _____
- _____

REASONABLE SUSPICION OBSERVATION FORM

C. PHYSICAL SIGNS OR SYMPTOMS

- 1. Possessing, dispensing, or using controlled substance
- 2. Slurred or incoherent speech
- 3. Unsteady gait or other loss of physical control; poor coordination
- 4. Dilated or constricted pupils or unusual eye movement
- 5. Bloodshot or watery eyes
- 6. Extreme fatigue or sleeping on the job
- 7. Excessive sweating or clamminess to the skin
- 8. Flushed or very pale face
- 9. Highly excited or nervous
- 10. Nausea or vomiting
- 11. Odor of alcohol
- 12. Odor of marijuana
- 13. Dry mouth (frequent swallowing/lip wetting)
- 14. Dizziness or fainting
- 15. Shaking hands or body tremors/twitching
- 16. Irregular or difficult breathing
- 17. Runny sores or sores around nostrils
- 18. Inappropriate wearing of sunglasses
- 19. Puncture marks or "tracks"
- 20. Other (please specify)

D. WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted. Please note the date, times, and location of reasonable cause testing or note if employee refused test. Attach additional sheets as needed.

SIGNATURE OF SUPERVISOR #1

DATE/TIME

SIGNATURE OF SUPERVISOR #2

DATE/TIME

This form may be duplicated as needed by the original purchaser