

# Alcohol and Drug Testing Requirements

## Applicability

Drivers required to have a commercial drivers license (CDL) are subject to the controlled substance and alcohol testing rules. This requirement extends to those drivers currently covered by the rule, including interstate and intrastate truck and motor coach operations.

This includes commercial motor vehicles operated by:

- For-hire and private companies
- Federal, State, local, and tribal governments
- Church and civic organizations
- Apiarian industries

## Exemptions

- Drivers exempt from commercial driver's license requirements by their issuing State
- Active duty military personnel

## Types of alcohol and controlled substance tests

**Pre-employment:** No employer shall allow a driver to perform a safety sensitive function until they have received the negative controlled substance test result.

**Post-Accident:** As soon as practicable following an accident involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol and controlled substances each surviving driver: Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or Who receives a citation under State or local law for a moving traffic violation arising from the accident, if the accident involved: Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

**Random:** Companies are to randomly test drivers at a minimum annual percentage rate of 10% of the number of drivers for alcohol testing, and 50% for controlled substances testing. The random alcohol test must be performed immediately prior, during or immediately after a driver is about to, or has performed a safety sensitive function as defined in Section 382.107. All drivers must have an equal chance of being selected.

**Reasonable Suspicion:** An employer shall require a driver to submit to an alcohol and/or controlled substance test when the employer has reasonable suspicion to believe that the driver has violated the prohibitions concerning alcohol and/or controlled substances. The employer's determination that reasonable suspicion exists to require the driver to undergo an alcohol and/or controlled substances test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The required observations shall be made by a supervisor or company official who is trained in accordance with 382.603.

**Return-to-Duty:** Each employer shall ensure that before a driver returns to duty requiring the performance of a safety-sensitive function after engaging in conduct prohibited by subpart B of this part concerning alcohol or controlled substances, the driver shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 and/or the driver shall undergo a return-to-duty controlled substances test with a result indicating a verified negative result for controlled substances use.

**Follow-up:** The Substance Abuse Professional will establish a follow-up testing plan. The employer must ensure that the follow-up testing plan is carried out. A minimum of six tests must be conducted in the first 12 months, and the driver may be subject to this test for a maximum of 60 months.

**Retention of records**

**Five Years:**

- Alcohol test results indicating a Breath Alcohol Concentration (BAC) of 0.02 or greater
- Verified positive drug test results
- Refusals to submit to required alcohol and drug tests
- Driver evaluations and referrals
- Required calibration of Evidential Breath Testing (EBT) devices
- A copy of each calendar year summary required by 382.403.

**Two Years:**

- Records related to the collection process

**One Year:**

- Negative and canceled controlled substance test results
- Alcohol test results indicating a BAC of less than 0.02

**Indefinite Period:**

- Education and training records

**Location of Records**

All required records shall be maintained in a secure location with limited access, and shall be made available for inspection by an authorized representative of the Federal Motor Carrier Safety Administration.

**Supervisor training/Driver awareness**

Every motor carrier shall provide educational materials explaining the requirements of the regulations as well as the employer's policies regarding alcohol misuse and controlled substances abuse. At a minimum, detailed discussions should include:

- The identity of the person designated to answer drug and alcohol questions
- Which drivers are subject to these requirements, what behavior is prohibited, and clarification of what a "safety sensitive function" is.
- The circumstances under which a driver will be tested, and the procedures that will be used for testing.
- Explanations of the requirement that a driver submit to the testing, as well as what constitutes a driver's refusal to submit to testing.
- The consequences for drivers who have violated the testing requirements.
- Information concerning the effects of alcohol misuse, and controlled substances abuse on health, work, and personal life.

**Inquiries to previous employers**

A motor carrier, with the driver's written authorization, shall inquire about the following information on a driver from the driver's previous employers for a period of two years preceding the driver's date of application:

- Alcohol tests with a result of 0.04 alcohol concentration or greater;
- Verified positive controlled substances test results;
- Refusals to be tested;
- Other violations of drug and alcohol regulations; and
- Documentation of completion of return-to-duty requirements.

**Applicant's previous pre-employment tests**

A motor carrier must ask an applicant about previous pre-employment tests or refusals where the applicant did not obtain a job, during the two years preceding the applicant's date of application. If the applicant had any positive tests or refusals, the applicant must have documented completion of the return-to-duty process.

It is not required to complete either the "FMCSA Controlled Substance and Alcohol Testing MIS Data Collect Report" form or the "EZ" version of the form contained in this section unless you have received official notification from the Federal Motor Carrier Safety Administration.



## U.S. Department of Transportation (DOT) Alcohol Testing Form

*(The instructions for completing this form are on the back of Copy 3)*

**Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN**

A: Employee Name \_\_\_\_\_  
(Print) (First, M.I., Last)

B: SSN or Employee ID No. \_\_\_\_\_

C: Employer Name \_\_\_\_\_  
Street \_\_\_\_\_  
City, ST ZIP \_\_\_\_\_

DER Name and Telephone No. \_\_\_\_\_  
DER Name \_\_\_\_\_ DER Phone Number \_\_\_\_\_

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

Affix  
Or  
Print  
Screening Results  
Here

Affix  
With  
Tamper Evident Tap

**STEP 2: TO BE COMPLETED BY EMPLOYEE**

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Month Day Year

Affix  
Or  
Print  
Confirmation Result  
Here

Affix  
With  
Tamper Evident  
Tape

**STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN**

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT    DEVICE: SALIVA BREATH\* 15-Minute Wait: Yes No

SCREENING TEST: *(For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alcohol Technician's Company \_\_\_\_\_ Company Street Address \_\_\_\_\_  
(PRINT) Alcohol Technician's Name (First, M.I., Last) \_\_\_\_\_ Company City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Alcohol Technician

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Month Day Year

Affix  
Or  
Print  
Additional Results  
Here

Affix  
With  
Tamper Evident  
Tape

**STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER**

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Month Day Year

**COPY 1 – ORIGINAL – FORWARD TO THE EMPLOYER**

**PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)**

Public reporting burden for this collection of information is estimated to average: 1 minute/employee, 4 minutes/Breath Alcohol Technician. Individuals may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to U.S. Department of Transportation, Drug and Alcohol Policy and Compliance, Room 10403, 400 Seventh St., SW, Washington, D.C. 20590 or Office of Management and Budget, Paperwork Reduction Project, Room 3001, 725 Seventeenth St., NW, Washington, D.C. 20503.

**BACK OF PAGES 1 and 2**

**INSTRUCTIONS FOR COMPLETING THE U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL TESTING FORM**

**NOTE:** Use a ballpoint pen, press hard, and check all copies for legibility.

**STEP 1** The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to print the employee's name and check the box identifying the reason for the test.

**NOTE:** If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

**STEP 2** Instruct the employee to read, sign, and date the employee certification statement in STEP 2.

**NOTE:** If the employee refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative.

**STEP 3** The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the ATF. For a breath testing device capable of printing, the information may be part of the printed record.

**NOTE:** Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information in the space provided, in a tamper-evident manner (e.g., tape), or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with DOT regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

After conducting the alcohol confirmation test, affix the printed information in the space provided, in a tamper-evident manner (e.g., tape), or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

**STEP 4** If the employee has a breath alcohol confirmation test result of 0.02 or higher, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

**NOTE:** If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher.

Forward Copy 1 to the employer. Give Copy 2 to the employee. Retain Copy 3 for BAT/STT records.

**BACK OF PAGE 3**