

# Parts 382 & 40

## **Alcohol and Drug Testing Requirements**

# Part 382 Alcohol and Drug Testing Requirements

## Applicability

Drivers required to have a commercial driver's 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 all 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

## Part 382 Definitions

### 382.107 Definitions

#### “Positive Drug and Alcohol Tests” –

- 1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- 2) Verified positive drug tests;
- 3) Refusals to be tested (including verified adulterated or substituted drug test results)

“Positive rate for random drug testing” – means the number of verified positive results for random drug tests conducted under this part plus the number of refusals of random drug tests required by this part, divided by the total number of random drug tests results (i.e., positives, negatives, and refusals) under this part.

“Refusal to submit (to an alcohol or controlled substance test)” - a driver (1) fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirement for breath testing, (2) fails to provide adequate urine for controlled substances testing without a valid medical explanation after he or she has received notice of the requirement for urine testing, or (3) engages in conduct that clearly obstructs the testing process.

“Safety-sensitive function” - any of those on-duty functions set forth in 395.2 On-Duty Time, paragraphs (1) through (6) as listed below:

- 1) All time at a carrier or shipper plant, terminal, facility, or other property, waiting to be dispatched, unless the driver has been relieved from duty by the employer.
- 2) All time inspecting equipment as required by the Federal Motor Carrier Safety Regulations (FMCSR's), or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time.
- 3) All time spent at the driving controls of a commercial motor vehicle.
- 4) All time, other than driving time, spent on or in a commercial motor vehicle (except for time spent resting in the sleeper berth).
- 5) All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded.
- 6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Additional definitions may be found in 49 CFR, Part 40 and Part 382.

## 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 of 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

mance of a safety-sensitive function after engaging in conduct prohibited by subpart B of this part concerning alcohol or controlled substances, the driver shall

Type of Accident Involved	Citation Issued to the CMV Driver	Test Must be Performed by Employer
i. Human fatality	YES	YES
	NO	YES
ii. Bodily injury with immediate medical treatment away from the scene	YES	YES
	NO	NO
iii. Disabling damage to any motor vehicle requiring tow away	YES	YES
	NO	NO

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 scientifically and randomly test drivers at a minimum annual percentage rate of 10% of the number of drivers for alcohol testing, and 25% for controlled substances testing. The random alcohol test must be performed prior, during or just 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 substance test must be based on specific, contemporaneous, articulate 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 Section 382.603 (Supervisor Awareness Training).

**Return-to-duty:** Each employer shall ensure that before a driver returns to duty requiring the perfor-

undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 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:** If a substance abuse professional has determined that a driver needs assistance for the misuse of alcohol, or for use of a controlled substance, an employer must ensure that the driver is subject to follow-up testing. A minimum of six tests must be conducted in the first 12 months, and the driver may only 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
- Required calibration of Evidential Breath Testing (EBT) devices

#### Two Years:

- Records related to the collection process and required training

**One Year:**

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

**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.

**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 a 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

**Supervisor Training**

Each employer shall ensure that all persons designated to supervise drivers receive at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes of training on controlled substances use. The training will be used by the supervisors to determine whether reasonable suspicion exists to require a driver to undergo testing under Section 382.307. The training shall include the physical, be-

havioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances. Recurrent training for supervisory personnel is not required. (382.603)

**Company Policy**

The FMCSA regulations require that a written policy on controlled substances use and alcohol misuse in the workplace be developed and that the policy be provided to every driver. The policy must incorporate the company's position and information on virtually all aspects of controlled substances use and alcohol misuse program (382.601). The following is a checklist of the items that should be included in a policy.

**Policy Components Required by the Controlled Substances and Alcohol Rule (382.601)**

- Overview (suggested but not required)
- Categories of drivers subject to testing
- Participation as a requirement of employment
- Required hours of compliance
- Prohibited behavior
- Circumstances for testing
- Behavior that constitutes a refusal to submit to a test
- Consequences for drivers with an alcohol concentration of 0.02 or greater but less than 0.04
- Testing procedures
- Consequences of use of controlled substances and misuse of alcohol
- Identity of contact person
- Effects of alcohol and controlled substances

**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 three years preceding the driver's date of application. Section 391.23(e)(1)

If you are an employer from whom information is requested under 40.25(b), you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry. Section 40.25(h):

- Alcohol tests with a result of 0.04 alcohol concentration or greater
- Verified positive controlled substances test results and
- Refusals to be tested
- Other violations of DOT agency drug and alcohol testing regulations
- With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).  
If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

### **Consortium Information**

MoDOT Motor Carrier Services Division does not endorse any consortium. You are reminded that your company is responsible for drug and alcohol testing compliance. Evaluate carefully any company retained to provide consortium or laboratory testing services. Some companies provide more limited services. Be sure that the company selected provides all the services you need to ensure full compliance with the regulations.

To locate a consortium, you may contact one of the many associations dealing with the commercial motor vehicle industry, a hospital, a clinic to provide you with the name of a consortium or a simple search on the internet for DOT drug and alcohol testing.

A web site that may be beneficial as a resource for one of the many associations is [www.dot.gov](http://www.dot.gov), go to Safety, Drug and Alcohol Safety.

**Section I** To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A**

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II** To be completed by the previous employer and transmitted by mail or fax to the new employer:

**II-A** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes \_\_\_\_ No \_\_\_\_
2. Did the employee have verified positive drug tests? Yes \_\_\_\_ No \_\_\_\_
3. Did the employee refuse to be tested? Yes \_\_\_\_ No \_\_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes \_\_\_\_ No \_\_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? Yes \_\_\_\_ No \_\_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record)*

**II-B** Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

*NOTE EXCEPTION: Employers covered under FMCSA regulations must seek three years of previous testing records.*

# Observed Behavior - Reasonable Cause Record

Employee Name \_\_\_\_\_

Identification Number \_\_\_\_\_

Observation Date \_\_\_\_\_

Location \_\_\_\_\_

Street

City

State

Zip

## Cause For Suspicion

1) Presence of Drugs and/or Drug Paraphernalia (specify) \_\_\_\_\_

- 2) Appearance
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Normal                     | <input type="checkbox"/> Flushed                             | <input type="checkbox"/> Puncture Marks   |
| <input type="checkbox"/> Disheveled                 | <input type="checkbox"/> Bloodshot Eyes                      | <input type="checkbox"/> Profuse Sweating |
| <input type="checkbox"/> Dry-mouth Symptoms         | <input type="checkbox"/> Runny Nose/Sores                    | <input type="checkbox"/> Tremors          |
| <input type="checkbox"/> Dilated/Constricted Pupils | <input type="checkbox"/> Inappropriate wearing of sunglasses |   |
| <input type="checkbox"/> Other _____                |  |   |

- 3) Behavior/ Speech
- |                                      |                                     |                                     |                                 |
|--------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Normal      | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Slurred    | <input type="checkbox"/> Silent |
| <input type="checkbox"/> Confused    | <input type="checkbox"/> Slowed     | <input type="checkbox"/> Whispering |                                 |
| <input type="checkbox"/> Other _____ |                                     |                                     |                                 |

- Awareness
- |   |                                   |                                      |                                   |
|---|-----------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Normal               | <input type="checkbox"/> Confused | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Euphoria |
| <input type="checkbox"/> Lethargic            | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Disoriented |                                   |
| <input type="checkbox"/> Lack of Coordination |                                   |                                      |                                   |
| <input type="checkbox"/> Other _____          |                                   |                                      |                                   |

- 4) Motor Skills Balance
- |                                      |                                  |                                  |                                     |
|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Normal      | <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling | <input type="checkbox"/> Staggering |
| <input type="checkbox"/> Other _____ |                                  |                                  |                                     |

- Walking & Turning
- |                                      |                                  |  |
|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Normal      | <input type="checkbox"/> Swaying | <input type="checkbox"/> Arms Raised for Balance |
| <input type="checkbox"/> Stumbling   | <input type="checkbox"/> Falling | <input type="checkbox"/> Reaching for Support    |
| <input type="checkbox"/> Other _____ |                                  |  |

5) Other Observed Actions or Behavior (specify) \_\_\_\_\_

## Witnessed By

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

### NOTE

This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 391.99(d)).