

STORER TRANSIT SYSTEMS

FTA

Drug and Alcohol Policy and Procedures
Adopted as of May 2025

Zero Tolerance

[In accordance with the U.S. Department of Transportation
Federal Regulations Title 49 Part 40, 655]

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Storer Transit Systems
FTA Drug and Alcohol Testing Policy

1.0 Policy

Storer Transit Systems provides a safe, dependable service to its clients. Storer Transit Systems employees are our most valuable resource. This policy is inclusive of all agreements for Transit services for which Storer Transit Systems is under contract. It is our policy (1) to take appropriate action to assure that employees are not impaired in their ability to perform their assigned duties in a safe, productive and healthy manner; (2) to promote and maintain drug and alcohol-free environment for all employees and the general public; and (3) to prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances.

To achieve the goal of a substance-free workplace, this policy incorporates two integrated components.

1.1 Prevention through education and training:

Education and training will communicate and clarify this policy to all safety sensitive employees, assist employees in recognizing substance abuse problems and in finding solutions to those problems.

1.2 Detection, deterrence, and enforcement:

Federal regulations require that all safety sensitive employees will be subject to reasonable suspicion, post-accident, random, return to duty and follow-up drug and alcohol testing. Applicants for a safety sensitive position will not be eligible for those positions unless they undergo and pass a pre-employment drug test. As a "zero tolerance" employer, any positive drug or alcohol tests will result in a termination of employment.

This Policy was adopted by Storer Transit Systems May 16, 2025



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Drug and Alcohol Testing Policy FTA

A. PURPOSE

Storer Transit Systems provides public transit and paratransit services for the residents of several counties throughout California. Part of our mission is to ensure that this service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol to promote the health and safety of employees and the general public. In keeping with this mission, Storer Transit Systems declares that the unlawful manufacture, distribution, dispense, possession, or use of controlled substances or misuse of alcohol is prohibited for all employees.

Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991. This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates urine **or oral fluid** drug testing and breath alcohol testing for safety-sensitive positions and prohibits performance of safety sensitive functions when there is a positive test result, or test refusal. The U.S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine, **oral fluid** and breath specimens.

Any provisions set forth in this policy that are included under the sole authority of Storer Transit Systems and are not provided under the authority of the above-named Federal regulations are underlined. Tests conducted under the sole authority of Storer Transit Systems will be performed on non-USDOT/Company Authority forms and will be separate from USDOT testing in all respects.

B. APPLICABILITY

This Drug and Alcohol Testing Policy applies to all safety-sensitive employees (full or part time) when performing safety sensitive duties. Storer Transit Systems employees that do not perform safety-sensitive functions may be covered under this policy under the sole authority of Storer Transit Systems.

A safety-sensitive function is operation of public transit service including the operation of a revenue service vehicle (whether or not the vehicle is in revenue service), maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, dispatchers or persons controlling the movement of revenue service vehicles and any other transit employee who operates a non-revenue vehicle that requires a Commercial Driver's License to operate. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment used in revenue service. Supervisors are only safety sensitive if they perform one of the above functions. Volunteers are considered safety sensitive and subject to testing if they are required to hold a CDL or receive remuneration for service in excess of actual expense.

C. DEFINITIONS

Accident: An occurrence associated with the operation of a transit vehicle even when not in revenue service, if as a result-

- 1) An individual dies;
- 2) An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or
- 3) One or more vehicles incur disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, disabling damage means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative.

Adulterated specimen: A specimen that has been altered, as evidence by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

Alcohol Concentration: Expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under 49 CFR Part 40.

Aliquot: A fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.

Canceled Test: A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which is cancelled. A canceled test is neither positive nor negative.

Confirmatory Drug Test: A second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or metabolite.

Confirmatory Validity Test: A second test performed on a different aliquot of the original urine or oral fluid specimen to further support a validity test result.

Covered Employee Under FTA Authority: An employee who performs a safety sensitive function including an applicant or transferee who is being considered for hire into a safety-sensitive function.

Covered Employee Under Company Authority: An employee, applicant or transferee that will not perform a safety-sensitive function as defined by FTA but is included under the company's own authority.

Designated Employer Representative (DER): An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

Department of Transportation (DOT): Department of the federal government which includes the Federal Transit Administration, Federal Railroad Administration, Federal Motor Carriers Safety Administration, Pipeline & Hazardous Materials Safety Administration, for purposes of 49 CFR Part 40, the United States Coast Guard, in the Department of Homeland Security, is considered to be a DOT agency for drug testing purposes and the Office of the Secretary of Transportation.

Dilute Specimen: A urine specimen with creatinine and specific gravity values that are lower than expected for human urine.

Disabling damage: Damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs, Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative.

Evidentiary Breath Testing Device (EBT): A device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on ODAPC's website at <https://www.transportation.gov/odapc>.

Initial Drug Test: (Screening Drug Test) The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

Initial Specimen Validity Test: The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid.

Invalid Result: The result reported by an HHS certified laboratory in accordance with the criteria established by the HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

Laboratory: Any U.S. laboratory certified by HHS under the National Laboratory Certification program as meeting standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.

Limit of Detection (LOD): The lowest concentration at which a measurand can be identified, but (for quantitative assays) the concentration cannot be accurately calculated.

Limit of Quantitation: For quantitative assays, the lowest concentration at which the identity and concentration of the measurand can be accurately established.

Medical Review Officer (MRO): A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

Negative Dilute: A drug test result which is negative for the five drug/drug metabolites but has creatinine and specific gravity values that are lower than expected for human urine.

Negative result: The result reported by an HHS certified laboratory to an MRO when a specimen contains no drug, or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen. An alcohol concentration of less than 0.02 BAC is a negative test result.

Non-negative test result: A urine specimen that is reported as adulterated, substitute, invalid, or positive for drug/drug metabolites.

Oral Fluid Specimen: An oral fluid specimen is collected from the donor's oral cavity and is a combination of physiological fluids produced primarily by the salivary glands.

Oxidizing Adulterant: A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or metabolites or affects the reagents in either the initial or confirmatory drug test.

Performing (a safety sensitive function): A covered employee is performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

Positive result: The result reported by an HHS certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations.

Prohibited drug: Identified as marijuana, cocaine, opioids, amphetamines, or phencyclidine, at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

Reconfirmed: The result reported for a split specimen when the second laboratory is able to corroborate the original result reported for the primary specimen.

Rejected for Testing: The result reported by an HHS-certified laboratory or (for urine) HHS-certified IITF when no tests are performed for a specimen because of a fatal flaw or unrecovered correctable error.

Revenue Service Vehicles: All transit vehicles that are used for passenger transportation service.

Safety-sensitive functions: Employee duties identified as: (a) the operation of a transit revenue service vehicle even when the vehicle is not in revenue service; (b) the operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a Commercial Driver's License (CDL); (c) maintaining a revenue service vehicle or equipment used in revenue service; (d) controlling the movement of a revenue service vehicle and (e) carrying a firearm for security purposes.

Safety Sensitive Employees: applies to all safety-sensitive Storer Transit employees, including paid part time employees who perform or could be called upon to perform any transit related safety-sensitive functions for both drug and alcohol testing, *this policy applies to off-site lunch periods or breaks* when an employee is scheduled to return to work.

Split Specimen Collection: A collection in which the urine collected is divided into two separate bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

Substance Abuse Professional (SAP): A licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, state licensed or certified marriage and family therapist, or drug and alcohol counselor (certified by an organization listed at <https://www.transportation.gov/odapc/sap>) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

Substituted specimen Collection (for Urine): A urine specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.

Split Specimen Collection (for Oral fluid): A collection in which two specimens [primary (A) and split (B)] are collected, concurrently or serially, and independently sealed in the presence of the donor; or a collection in which a single specimen is collected using a single collection device and is subdivided into a primary (A) specimen and a split (B) specimen, which are independently sealed in the presence of the donor.

Test Refusal: The following are considered a refusal to test if the employee:

- 1) Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer.
- 2) Fails to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
- 3) Fails to attempt to provide a urine or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations. An employee who does not provide a urine or breathe specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
- 4) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of your provision of a specimen.
- 5) Fails to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.
- 6) Fails or declines to take a second test the employer or collector has directed you to take.
- 7) Fails to undergo a medical examination or evaluation, as directed by the MRO, or as directed by the DER.
- 8) Fails to cooperate with any part of the testing process.
- 9) If the MRO reports that there is verified adulterated or substituted test result.
- 10) Failure or refusal to sign Step 2 of the alcohol testing form.
- 11) Failure to follow the observer's instructions during an observed collection including instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- 12) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
- 13) Admit to the collector or MRO that you adulterated or substituted the specimen.
- 14) Fail to remain readily available following an accident.

Vehicle: A bus, electric bus, van, automobile, rail car, trolley car, trolley bus, or vessel. A public transit vehicle is a vehicle used for public transportation or for ancillary services.

Verified negative test: A drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

Verified positive test: A drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

Validity testing: The evaluation of the specimen to determine if it is consistent with normal human urine. Specimen validity testing will be conducted on all urine specimens provided for testing under DOT authority. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

D. EDUCATION AND TRAINING

Every covered employee will receive a copy of this policy and will have ready access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.

All supervisory personnel or company officials who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

E. PROHIBITED SUBSTANCES

- 1) **Prohibited substances** addressed by this policy include the following.
 - a. Illegally Used Controlled Substance or Drugs Under the Drug-Free Workplace Act of 1988 any drug or any substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opioids, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Also, the medical use of marijuana, or the use of hemp related products, which cause drug or drug metabolites to be present in the body above the minimum thresholds is a violation of this policy.
 - b. Federal Transit Administration drug testing regulation (49 CFR Part 655) requires that all employees covered under FTA authority be tested for marijuana, cocaine, amphetamines, opioids, and phencyclidine as described in Section H of this policy. Employees that may be covered under company authority will also be tested for

these same substances. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.

- c. **Legal Drugs:** The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to a Storer Transit Systems supervisor, and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her safety sensitive functions.
- d. **Alcohol:** The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances containing alcohol in a manner which violates the conduct listed in this policy is prohibited. A random, follow up or reasonable suspicion alcohol test can only be performed on a covered employee under 49 CFR Part 655 just before, during, or just after the performance of safety sensitive job functions. Under Storer Transit Systems authority, a non-DOT alcohol test can be performed any time a covered employee is on duty.

F. PROHIBITED CONDUCT

- 1) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 CFR Part 40, as amended.
- 2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline for not fulfilling his/her on-call responsibilities.
- 3) The Transit Department shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
- 4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater regardless of when the alcohol was consumed.
 - a. An employee with a breath alcohol concentration which measures 0.02-0.039 is not considered to have violated the USDOT-FTA drug and alcohol regulations, provided the employee hasn't consumed the alcohol within four (4) hours of performing a safety-sensitive duty. However, if a safety-sensitive employee has a breath alcohol concentration of 0.02-0.039, USDOT-FTA regulations require the employee to be removed from the performance of safety-sensitive duties until:
 - i. The employee's alcohol concentration measures less than 0.02; or
 - ii. The start of the employee's next regularly scheduled duty period, but not less than eight hours following administration of the test.
- 5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- 6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.
- 7) Storer Transit Systems, under its own authority, also prohibits the consumption of alcohol at all times the employee is on duty, or anytime the employee is in uniform.

- 8) Consistent with the Drug-free Workplace Act of 1988, all Storer Transit employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the workplace including Transit Department premises and transit vehicles.

G. DRUG STATUTE CONVICTION

Consistent with the Drug Free Workplace Act of 1998, all employees are required to notify the management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in Section Q of this policy.

H. TESTING REQUIREMENTS

- 1) Analytical urine or **oral fluid** drug testing and breath testing for alcohol will be conducted as required by 49 CFR Part 40 as amended. All employees covered under FTA authority shall be subject to testing prior to performing a safety-sensitive duty, for reasonable suspicion, following an accident, and random as defined in Section K, L, M, and N of this policy, and return to duty/follow-up. Any employees that may be covered under company authority will also be subject to testing for reasonable suspicion, post-accident, random and return to duty/follow-up using non-DOT testing forms.
- 2) A drug test can be performed any time a covered employee is on duty. A reasonable suspicion, follow-up and random alcohol test can only be performed just before, during, or after the performance of a safety-sensitive job function. Under the authority of Storer Transit Systems, Non-DOT alcohol test can be performed any time a covered employee is on duty.
- 3) All covered employees will be subject to urine drug testing and breathe alcohol testing as a condition of ongoing employment with Storer Transit Systems. Any safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty and subject to discipline as defined in Section Q of this policy.

I. DRUG TESTING PROCEDURES

- 1) Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.
- 2) The drugs that will be tested for include marijuana, cocaine, opioids (codeine, morphine, heroin, hydrocodone, hydromorphone, oxycodone and oxymorphone), amphetamines (including methamphetamine and ecstasy), and phencyclidine. After the identity of the donor is checked using picture identification, a urine **or oral fluid** specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a Federal Drug Testing Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a HHS certified laboratory. An initial drug screen and validity test will be conducted on the primary urine **or oral fluid** specimen. For those specimens that are negative, a confirmatory Gas Chromatography/Mass

Spectrometry (GC/MS) or Liquid Chromatography/Mass Spectrometry (LC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS or LC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.

- 3) The test results from the HHS certified laboratory will be reported to a Medical Review Officer. A Medical Review Officer (MRO) is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employee's medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to Storer Transit Systems. If a legitimate explanation is found, the MRO will report the test result as negative.
- 4) If the test is invalid without a medical explanation, a retest will be conducted under direct observation. Employees do not have access to a test of their split specimen following an invalid result.
- 5) Any covered employee who questions the results of a required drug test may request that the split sample be tested. The split sample test must be conducted at a second HHS-certified laboratory. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made to Medical Review Officer within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to documentable facts that were beyond the control of the employee. Storer Transit will ensure that the cost for the split specimen is covered in order for a timely analysis of the sample, however **Storer Transit Systems** will seek reimbursement for the split sample test from the employee.
- 6) If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled.
- 7) The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary is positive, it will be retained in frozen storage for one year and the split specimen will also be retained for one year. If the primary is positive, the primary and the split will be retained for longer than one year for testing if so requested by the employee through the MRO, or by the employer, by the MRO, or by the relevant DOT agency.
- 8) **Observed Collections:** Consistent with 49 CFR Part 40, as amended, collection under direct observation (by a person of the same gender **if applicable**) with no advance notice will occur if:

- a. The laboratory reports to the MRO that a specimen is invalid, and the MRO reports to Storer Transit Systems that there was not an adequate medical explanation for the result;
- b. The MRO reports to Storer Transit Systems that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed;
- c. The collector observes materials brought to the collection site or the employees conduct clearly indicates an attempt to tamper with a specimen;
- d. The temperature on the original specimen was out of range;
- e. The laboratory reported to the MRO that the specimen was negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, and the MRO reported the specimen as negative-dilute and that a second collection must take place under direct observation (see Section 40.197 (b)(1);
- f. Anytime the employee is directed to provide another specimen because the original specimen appeared to have been tampered with;
- g. All follow-up tests; or
- h. All return-to-duty tests

J. ALCOHOL TESTING PROCEDURES

- 1) Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA) approved Evidential Breath testing device (EBT) operated by a trained Breath Alcohol Technician (BAT). A list of approved EBTs can be found on ODAPC's Web page for "Approved Evidential Breath Measurement Devices". Alcohol screening tests may be performed using a non-evidential testing device (Alcohol screening device (ASD) which is also approved by NHSTA. A list of approved ASDs can be found on ODAPC's Web page for "Approved Screening Devices to Measure Alcohol in Bodily Fluids". If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test will be conducted no sooner than fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NHTSA-approved EBT operated by a trained BAT. The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.
- 2) An employee who has a confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The consequences of a positive alcohol test are described in Section Q of this policy. Even though an employee who has a confirmed alcohol concentration of 0.02 to 0.039 is not considered positive, the employee shall still be removed from duty for at least eight hours or for the duration of the workday whichever is longer and will be subject to the consequences described in Section

Q of this policy. An alcohol concentration of less than 0.02 will be considered a negative test.

- 3) Storer Transit Systems affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be canceled. Minor inconsistencies or procedural flaws that do not impact the test result will not result in a cancelled test.
- 4) The alcohol testing form (ATF) required by 49 CFR Part 40 as amended, shall be used for all FTA required testing. Failure of an employee to sign step 2 at the ATF will be considered a refusal to submit to testing.

K. PRE-EMPLOYMENT TESTING

All applicants for covered transit positions shall undergo urine **or oral fluid** drug testing test prior to performance of a safety-sensitive function.

- 1) All offers of employment for covered positions shall be extended conditional upon the applicant passing a drug test. An applicant will not be allowed to perform safety-sensitive functions unless the applicant takes a drug test with verified negative results.
- 2) An employee shall not be placed, transferred or promoted into a position covered under FTA authority or company authority until the employee takes a drug test with verified negative results.
- 3) If an applicant fails a pre-employment drug test, the conditional offer of employment shall be rescinded and the applicant will be provided a list of at least two USDOT qualified Substance Abuse Professionals. Failure of a pre-employment drug test will disqualify an applicant for employment for a period of at least one year. Before being considered for future employment the applicant must provide the employer proof of having successfully completed a referral evaluation and treatment plan as described in Section 655.62 of subpart G. The cost for the assessment and any subsequent treatment will be the sole responsibility of the applicant.
- 4) When an employee being placed, transferred, or promoted from a non-covered position to a position covered under FTA authority or company authority submits a drug test with a verified positive result, the employee shall be subject to disciplinary action in accordance with Section Q, herein.
- 5) If a pre-employment/pre-transfer test is cancelled, Storer Transit Systems will require the applicant to take and pass another pre-employment drug test.
- 6) In instances where a FTA covered employee does not perform any safety-sensitive functions for a period of 90 consecutive days or more regardless of reason, and is not in the random testing pool during that time the employee will be required to take a pre-employment drug test under 49 CFR Part 655 and have negative test results prior to the conduct of safety-sensitive job functions.
- 7) Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.
- 8) Applicants are required (even if ultimately not hired) to provide Storer Transit Systems with signed written releases requesting DOT drug and alcohol records from all previous, DOT-covered, employers that the applicant has worked for within the last two years. Failure to do so will result in the employment offer being rescinded. Storer Transit is required to ask all applicants (even if ultimately not hired) if they have tested positive or refused to test on

a pre-employment test for a DOT covered employer within the last two years. If the applicant has tested positive or refused to test on a pre-employment test for a DOT covered employer, the applicant must provide Storer Transit proof of having successfully completed a referral, evaluation and treatment plan as described in Section 655.62 of subpart G.

L. REASONABLE SUSPICION TESTING

- 1) All Storer Transit covered employees will be subject to a reasonable suspicion drug and/or alcohol test when the employer has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse. Reasonable suspicion shall mean that there is objective evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse. Reasonable suspicion referrals must be made by one or more supervisors who are trained to detect the signs and symptoms of drug and alcohol use, and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or alcohol misuse. A reasonable suspicion alcohol test can only be conducted just before, during, or just after the performance of a safety-sensitive job function. However, under Storer Transit Systems authority, a NON-DOT reasonable suspicion alcohol test may be performed any time the covered employee is on duty. A reasonable suspicion drug test can be performed any time the covered employee is on duty.
- 2) A written record of the observations which led to a drug/alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor making the observation. This written record shall be submitted to Storer Transit Systems and shall be attached to the forms reporting the test results.
- 3) Storer Transit Systems shall be responsible for transporting the employee to the testing site. Supervisors should avoid placing themselves and/or others into a situation which might endanger the physical safety of those present. The employee shall be placed on administrative leave pending disciplinary action described in Section Q of this policy. An employee who refuses an instruction to submit to a drug/alcohol test shall not be permitted to finish his or her shift and shall immediately be placed on administrative leave pending disciplinary action as specified in Section Q of this policy.
- 4) When there are no specific, contemporaneous, articulable, objective facts that indicate current drug or alcohol use, but the employee (who is not already a participant in a treatment program) admits the abuse of alcohol or other substances to a supervisor in his/her chain of command, the employee shall be referred for assessment, and treatment consistent with Section Q of this policy. Storer Transit Systems shall place the employee on administrative leave in accordance with the provisions set forth under Section Q of this policy. Testing in this circumstance would be performed under the direct authority of the Storer Transit Systems. **Since the employee self-referred to management, testing under this circumstance would not be considered a violation of this policy or a positive test result under Federal authority.** However, self-referral does not exempt the covered employee from testing under Federal authority as specified in Sections L through N of this policy or the associated consequences as specified in Section Q.

M. POST ACCIDENT TESTING

FATAL ACCIDENTS - A covered employee will be required to undergo urine **or oral fluid** and breath testing if they are involved in an accident with a transit vehicle regardless of whether or

not the vehicle is in revenue service that results in a fatality. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision.

NON-FATAL ACCIDENTS - A post-accident test of the employee operating the public transportation vehicle will be conducted if an accident occurs and at least one of the following conditions is met:

- The accident results in injuries requiring immediate transportation to a medical treatment facility away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident; or
- One or more vehicles incurs disabling damage as a result of the occurrence and must be transported away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident.

In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, will be tested.

As soon as practicable following an accident, as defined in this policy, the transit supervisor investigating the accident will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the accident of the need for the test. The supervisor will make the determination using the Post-Accident Testing Chart and a Post-Accident Drug and Alcohol Test Decision Documentation Form. All Supervisors and Safety Officers will follow these procedures.

The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours of the accident for alcohol, and no longer than thirty-two (32) hours for drugs. If an alcohol test is not performed within two hours of the accident, the Supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within eight (8) hours, or the drug test within thirty-two (32) hours, attempts to conduct the test must cease and the reasons for the failure to test documented.

Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until he/she undergoes a post-accident alcohol test.

An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.

Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

In the rare event that Storer Transit Systems is unable to perform an FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), Storer Transit may use drug and alcohol post-accident test results administered by local law

enforcement officials in lieu of the FTA test. The local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with local law.

N. RANDOM TESTING

- 1) All covered employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees. Employees that may be covered under company authority will be selected from a pool of non-DOT covered employees.
- 2) The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year, day of the week and hours of the day.
- 3) The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates established by Federal regulations for those safety-sensitive employees subject to random testing by Federal regulations. The current random testing rates meet or exceed the minimal annual percentage rate set each year by the FTA Administrator for covered employees in the pool.
- 4) Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal chance of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of management in the selection.
- 5) Covered transit employees that fall under the Federal Transit Administration regulations will be included in one random pool maintained separately from the testing pool of employees that are not included solely under Storer Transit authority.
- 6) Random tests can be conducted at any time during an employee's shift for drug testing. Alcohol random tests can only be performed just before, during, or just after the performance of a safety-sensitive duty. However, under Storer Transit Systems authority, a non-DOT random alcohol test may be performed any time the covered employee is on duty. Testing can occur during the beginning, middle, or end of an employee's shift.
- 7) Employees are required to proceed immediately to the collection site upon notification of their random selection.

O. RETURN-TO-DUTY TESTING

Storer Transit Systems will terminate the employment of any employee that tests positive or refuses a test as specified in section Q of this policy. However, in the rare event an employee is reinstated with a court order or other action beyond the control of the transit system, the employee must complete the return-to-duty process prior to the performance of safety-sensitive functions.

All covered employees who previously tested positive on a drug or alcohol test or refused a test, must test negative for drugs, alcohol (below 0.02 for alcohol), or both and be evaluated and released by the Substance Abuse Professional before returning to work. Following the

initial assessment, the SAP will recommend a course of rehabilitation unique to the individual. The SAP will recommend the return-to-duty test only when the employee has successfully completed the treatment requirement and is known to be drug and alcohol free and there are no undo concerns for public safety. The SAP will determine whether the employee returning to duty will require a return-to-duty drug test, alcohol test, or both.

P. FOLLOW-UP TESTING

Covered employees that have returned to duty following a positive or refused a test will be required to undergo frequent, unannounced drug and/or alcohol testing following their return-to-duty test. The follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP reflecting the SAP's assessment of the employee's unique situation and recovery progress. Follow-Up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate and in addition to the random, post-accident, reasonable suspicion and return-to-duty testing. In the instance of a self-referral or a management referral, the employee will be subject to non-USDOT follow-up tests and follow-up testing plans modeled using the process described in 49 CFR, Part 40, as amended. However, all non-USDOT follow-up tests and all paperwork, associated with an employee's return-to-work agreement that was not precipitated by a positive test result (or refusal to test) does not constitute a violation of the Federal regulations and will be conducted under company authority and will be performed using non-DOT testing forms.

Q. RESULT OF DRUG/ALCOHOL TEST

- 1) Any covered employee that has a verified positive drug test, an alcohol test result of 0.04 or above, or a test refusal will be removed from his/her safety sensitive position, informed of educational and rehabilitation programs available and provided a list of at least two (2) USDOT qualified Substance Abuse Professionals (SAP) for assessment, and will be terminated.
- 2) Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.
- 3) Refusal to submit to a drug/alcohol test shall be considered equivalent to a positive test result and a direct act of insubordination and shall result in termination and referral to a SAP. A test refusal includes the following circumstances:
 - a. Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer
 - b. Fails to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
 - c. Fails to provide a urine **or oral fluid** or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations. An employee who does not provide a urine **or oral fluid** or breathe alcohol specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
 - d. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of your provision of a specimen.
 - e. Fails to provide a sufficient amount of urine, **oral fluid** or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.

- f. Fails or declines to take a second test the employer or collector has directed you to take.
 - g. Fails to undergo a medical examination or evaluation, as directed by the MRO, or as directed by the DER.
 - h. Fails to cooperate with any part of the testing process.
 - i. If the MRO reports that there is verified adulterated or substituted test result.
 - j. Failure or refusal to sign Step 2 of the alcohol testing form.
 - k. Failure to follow the observer's instructions during an observed collection including instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
 - l. Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
 - m. Admit to the collector or MRO that you adulterated or substituted the specimen.
 - n. Fail to remain readily available following an accident.
- 4) An alcohol test result of 0.02 or greater but less than 0.04 BAC shall result in the removal of the employee from duty for eight hours or the remainder of the work day whichever is longer. The employee will not be allowed to return to safety-sensitive duty for his/her next shift until he/she submits to a NON-DOT alcohol test with a result of less than 0.02 BAC. If the employee has an alcohol test result of >0.02 to $\leq$ 0.039 two or more times within a six month period, the employee will be removed from duty and referred for an assessment and treatment consistent with Section Q of this policy.
- 5) In the instance of a self-referral or a management referral, disciplinary action against the employee shall include:
- a. Mandatory referral for an assessment by an employer approved counseling professional for assessment, formulation of a treatment plan, and execution of a return to work agreement.
 - b. Failure to execute, or remain compliant with the return-to-work agreement shall result in termination from Storer Transit employment.
 - c. Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; the employee is cooperating with his/her recommended treatment program; and, the employee has agreed to periodic unannounced follow-up testing as defined in Section P of this policy.
 - d. Refusal to submit to a periodic unannounced follow up drug/alcohol test shall be considered a direct act of insubordination and shall result in termination. All tests conducted as part of the return-to-work agreement will be conducted under company authority and will be performed using non-DOT testing forms.
 - e. A self-referral or management referral to the employer's approved counseling professional that was not precipitated by a positive test result does not constitute a violation of the Federal regulations and will not be considered as a positive test result in relation to the progressive discipline defined in Section Q of this policy.
 - f. Periodic unannounced follow-up drug/alcohol test conducted as a result of a self-referral or management referral which results in a verified positive shall be

considered a positive test result in relation to the progressive discipline defined in Section Q of this policy.

- g. A Voluntary Referral does not shield an employee from disciplinary action or guarantee employment with Storer Transit.
 - h. A Voluntary Referral does not shield an employee from the requirement to comply with drug and alcohol testing.
- 6) Failure of an employee to report within five days a criminal drug statute conviction for a violation occurring in the workplace shall result in termination.

R. GRIEVANCE AND APPEAL

The consequences specified by 49 CFR Part 40.149 (c) for a positive test or test refusal are not subject to arbitration.

S. PROPER APPLICATION OF THE POLICY

Storer Transit Systems is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including termination.

T. INFORMATION DISCLOSURE

- 1) Drug/Alcohol testing records shall be maintained by the Drug and Alcohol Program Manager and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without express written consent of the tested employee.
- 2) The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. Employees may not have access to SAP follow-up testing plans.
- 3) Records of a verified positive drug/alcohol test result shall be released to the Drug and Alcohol Program Manager, and other transit system management personnel on a need-to-know basis.
- 4) Records will be released to a subsequent employer only upon receipt of a written request from the employee.
- 5) Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test. The records will be released to the decision maker in the proceeding.
- 6) Records will be released to the National Transportation Safety Board during an accident investigation.
- 7) Information will be released in a criminal or civil action resulting from an employee's performance of safety-sensitive duties, in which a court of competent jurisdiction determines that the drug or alcohol test information is relevant to the case and issues an order to the employer to release the information. The employer will release the information to the decision maker in the proceeding with a binding stipulation that it will only be released to parties of the proceeding.

- 8) Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.
- 9) Records will be released if requested by a Federal, State or local safety agency with regulatory authority over Storer Transit or the employee.
- 10) If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 as amended necessary legal steps to contest the issuance of the order will be taken.
- 11) In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

U. REVISIONS TO THE POLICY AND PROGRAM.

This policy and program is subject to revision as determined by the DAPM and as changes are made the Department of Transportation / ODAPC.

V. STORER TRANSIT SYSTEMS CONTACTS

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s):

Maryann E. Myers, HR/Compliance Manager / Drug and Alcohol Program Manager (DAPM)
(209) 609-8755 / (209) 609-8755

Tracy McKee: Designated Employer Representative (DER) (719) 354-8762

Joe Perry: Safety Officer / (209) 758-7929

W. MEDICAL REVIEW OFFICERS (MRO)

Donald Bucklin, MD-MRO

Dana Carasig, MD-MRO

APPENDIX A

ALCOHOL AND DRUG EFFECTS

49 CFR Part 655 mandates that all employees be provided with training material discussing the effects of alcohol and controlled substance use on an individual's health, work, and personal life.

This attachment is intended to help individuals understand the personal consequences of substance abuse.

ALCOHOL

Although used routinely as a beverage for enjoyment, alcohol can also have a negative physical and mood-altering effects when abused. These physical or mental alterations in a driver may have serious personal and public safety risks.

Health Effects

An average of three or more servings per day of beer (12 oz.), whiskey (1 oz.), or wine (6 oz.) over time may result in the following health hazards:

- * Dependency
- * Fatal liver disease
- * Kidney disease
- * Pancreatitis
- * Ulcers
- * Decreased sexual functions
- * Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- * Spontaneous abortion and neonatal mortality
- * Birth defects

Social Issues

- * 2/3 of all homicides are committed by people who drink prior to the crime.
- * 2-3% of the driving population are legally drunk at any one time. This rate doubles at night and on weekends.
- * 2/3 of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- * The separation and divorce rate in families with alcohol dependency problems is 7 times the average.
- * 40% of family court cases are alcohol related.
- * Alcoholics are 15 times more likely to commit suicide.
- * More than 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are alcohol related.
- * Over 17,000 fatalities occurred in 1993 highway accidents, which alcohol related. This was 43% of all highway fatalities.
- * 30,000 people will die each year from alcohol caused liver disease.
- * 10,000 people will die each year due to alcohol-related brain disease or suicide.

- * Up to 125,000 people die each year due to alcohol-related conditions or accidents.

Workplace Issues

- * It takes one hour for the average person (150 pounds) to process one serving of alcohol from the body.
- * Impairment can be measured with as little as two drinks in the body.
- * A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

ALCOHOL'S TRIP THROUGH THE BODY

Mouth and Esophagus: Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

Stomach and Intestines: Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamin, folic acid, fat, vitamin B1, vitamin B12, and amino acids.

Bloodstream: 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reduction of red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

Pancreas: Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease dies during the first attack. Pancreatitis can destroy the pancreas and cause the lack of insulin thus resulting in diabetes.

Liver: Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of liver cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

Heart: Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

Urinary Bladder and Kidneys: Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

Sex Glands: Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

Brain: The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive incoordination: confusion, disorientation, stupor, anesthesia, coma, death.

Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

DRUGS

Marijuana

The common name for a crude drug made from the chopped leaves, stems and flowering tops of a plant called Cannabis Sativa. The active ingredient in marijuana (THC) is stored in body fat and is retained for days to weeks after use.

Immediate Effects

Reddened eyes
Increased heart rate
Dry mouth and throat

Chronic and Long-Term Effects

Reduction in efficiency of the respiratory, cardiovascular, reproductive and immunological systems
Impaired short-term memory
Altered sense of time
Slowed reaction time
Reduced ability to concentrate
Impaired motor skills
Addiction

Effects on Driving

A person operating a motor vehicle while using marijuana is likely to experience:

- * Impaired reaction time – Reaction time is increased, and braking time is slowed. Thinking and reflexes are slowed, making it difficult to respond to sudden, unexpected events.
- * Impaired short-term memory – The learning process is slowed. Remembering a sequence of numbers or memorizing and following a series of directions becomes difficult.
- * Reduced concentration – Inability to display continuous attention or process complex information occurs. There is difficulty with complex decisions.
- * Impaired tracking – The act of following a moving stimulus is significantly and consistently diminished. Tracking can be affected up to ten hours after use.
- * Distorted time and distance sense – The ability to perceive accurately the passage of time is adversely affected. The user typically over-estimates the time that has elapsed.
- * Lack of control of vehicle velocity and proper positioning – Responding to wind gusts, driving through curves, and maintaining speed and proper following distance is impeded.
- * Lengthened glare recovery and blurred/double vision.
- * Distorted visual and depth perception – Confusion is created about traffic movement and appropriate drivers response.

Cocaine

A powerful stimulant drug extracted from the leaves of the Erythroxylon coca plant. It is the most powerful central nervous system stimulant known to mankind. (Crack is a form of cocaine).

Immediate Effects

Euphoria

Dilated pupils

Increase in blood pressure, heart rate, respiration rate, and body temperature

Chronic and Long-Term Effects

Short attention span

Irritability, anxiety and depression

Seizure and heart attack

Loss of appetite and sleeplessness

Psychological problems and dependence

Hallucinations of touch, sight, taste, and/or smell

Effects on Driving

A person operating a motor vehicle while using cocaine is likely to experience:

- * Lapses in attention and concentration – Driving awareness is adversely affected regardless of the amount used.
- * Aggressive behavior – The result manifestations are anger and hostility toward other drivers as well as impatience and inappropriate risk-taking. The driver often overreacts to minor traffic irritations.
- * Tendency to overreact and overcompensate – Acceleration, braking, shifting, ect., are affected by over stimulated reflexes.
- * Impaired motor coordination – A decrease in hand-steadiness and eye/hand coordination affects proper driving response.
- * Periods of loss of consciousness – This is the result of fatigue due to lack of sleep and food.
- * False sense of alertness and security – Drivers become overly confident in driving judgment and skill. This affects their ability to perceive impending danger.
- * Convulsions, seizures, cardiac arrest and/or stroke – These effects can obviously result in a collision.
- * Distorted vision and difficulty in seeing – The pupils are so dilated that sunlight or bright head lights cause pain and discomfort. Glare recovery is also affected.
- * Auditory and visual hallucinations as well as cocaine psychosis – Changes in perception are experienced. The driver is out of touch with reality and loses sight of where he is going.
- * Profound depression, anxiety, irritability, and restlessness – Cocaine is a fast acting drug. The euphoria ends in less than an hour. The user is more depressed after using cocaine than before use. The higher the “high” the lower the “low”.

Opioids

Opioids (codeine, morphine, heroin, hydrocodone, hydromorphone, oxycodone and oxymorphone) are substances that act on opioid receptors to produce morphine-like effects. Medically they are primarily used for pain relief, including anesthesia.

Immediate Effects

Relaxation and induced sleep

Reduction of pain

Decrease in size of pupils

Cold, moist and bluish skin

Chronic and Long-Term Effects

Restlessness, nausea and vomiting
Breathing slows down, and death may occur
User may go “on the nod” going back and forth from feeling alert to drowsy
Loss of appetite
Addiction even with occasional use
Infections of the heart lining and valves, skin abscesses, and congested lungs
Infections from non-sterile solutions, illness such as liver disease, tetanus, serum hepatitis and
AIDS from use of needles

Effects on Driving

A person operating a motor vehicle while using Opioids is likely to experience:

- * Effects of intoxication – These effects are similar to those produced by alcohol abuse.
- * False sense of security – This state of mind will cause the driver to take more chances and risks.
- * Euphoric high followed by a period of stuporous inactivity – The driver daydreams while in this state of mind. Attention is not given to the road conditions and/or traffic situations. This subsequently creates the probability of a collision.
- * Difficulty in focusing – The pupils are so constricted (pinpoint size) that vision is impaired.
- * Visual distortion – Blurred and/or double vision occurs as it does with any depressant drug.
- * Loss of consciousness – This is due to extreme fatigue and drowsiness.
- * Coma – This creates an obvious safety risk.

Amphetamines

Drugs which are central nervous system stimulants used to increase alertness and physical activity. In pure form they are yellowish crystals that are manufactured into tablets or capsules. The three amphetamines include: Amphetamine, Dextroamphetamine and Methamphetamine (free based methamphetamine is called ICE).

Immediate Effects

Increased heart rate and respiration
Increased blood pressure
Dilated pupils
Dry mouth

Chronic and Long-Term Effects

Sweating, headache, blurred vision, and dizziness
Decreased appetite
Sleeplessness and anxiety
Rapid or irregular heartbeat
Tremors
Loss of coordination
Physical collapse
Depression
Addiction and brain damage
Amphetamine psychosis: hallucinations, delusions, or paranoia

Effects on Driving

(Very similar to the effects of Cocaine/Crack, except intensity decrease and duration increases.)

A person operating a motor vehicle while using amphetamines is likely to experience:

- * Over-estimation of performance capabilities – Driver takes more risks as the result of this attitude.
- * A likelihood of being more accident-prone – Actual driving records indicate that drivers who take amphetamines are more accident-prone.
- * Anxiety, irritability and frequent overreaction – Minor irritations effect inappropriate driver reactions.
- * Extreme mental and physical fatigue – This occurs during the “down” period. During this time the driver is unable to concentrate and make sound judgments.
- * Food and sleep deprivation – Leads to inappropriate increased vehicle speed. Amphetamine psychosis can also result in: the driver is out of touch with reality and does not know where he/she is going.
- * Impaired motor coordination – Responses necessary for hand/eye coordination are impaired.
- * Stimulant drugs (including cocaine) – Used to combat fatigue and keep driver awake, make the driver edgy, less coordinated and more likely to be involved in traffic collisions.

A DRIVER WHO USES STIMULANTS IS FOUR TIMES MORE LIKELY TO BE INVOLVED IN A COLLISION THAN A NON-USER

Phencyclidine (PCP)

PCP was first developed as an anesthetic in the 1950's and was taken off the market because it sometimes caused hallucinations. Most often called “angel dust”, it is available in various forms: a white crystal-like powder, a tablet or capsule.

Immediate Effects

Increased heart rate and blood pressure
Flushing, sweating, dizziness and numbness

Chronic and Long-Term Effects

Stimulation (speeding up) of body functions (may also act as a depressant, pain killer, anesthetic, or hallucinogenic drug)
Change in user's perception of own body and other forms
Changes in speech, muscle coordination and vision
Slowing of body movements
Dulled sense of touch and pain
“Spacing out” of time
Drowsiness, convulsions and coma (effects of large doses)
Death from repeated convulsions, heart and lung failure or ruptured blood vessels in the brain
Signs of paranoia, fearfulness and anxiety
Flashbacks or PCP psychosis

Effects on Driving

The driver using this drug is extremely dangerous on the road. Its effects are varied and so bizarre that the dangers are unpredictable.

A person operating a motor vehicle while using PCP is likely to experience:

- * A feeling of owning the road and he/she is the superior being on the road.
- * Sense of invulnerability and power thus takes more risks on the road.

- * Aggressive behavior caused from the drug – The driver becomes hostile and violent with very little patience and no fear of death.
- * Auditory and visual hallucinations which create the likelihood of the driver reacting to something not there, that results in a collision.
- * Visual distortion – Blurred and/or double vision can occur
- * Convulsions, coma and/or death, loss of perception of time.
- * Impaired coordination and dull senses.

Post-Accident Check List

- | | |
|---|---|
| <p>1. Can you discount the driver?
Yes___ No___</p> <p>2. Can you discount the dispatcher?
Yes___ No___</p> <p>3. Can you discount the mechanic?
Yes___ No___</p> <p>4. Can you discount the bus washer?
Yes___ No___</p> <p>5. Can you discount the supervisor?
Yes___ No___</p> <p>6. Can you discount the safety officer?
Yes___ No___</p> | <p>1. _____
_____</p> <p>2. _____
_____</p> <p>3. _____
_____</p> <p>4. _____
_____</p> <p>5. _____
_____</p> <p>6. _____
_____</p> |
|---|---|

Other forms that must be filled out:

- | | |
|--|---|
| <p>1. DMV Insurance Information-Form SR-1
Yes___ No___</p> <p>2. STS Accident Report-(National)
Yes___ No___</p> <p>3. Donald's Report
Yes___ No___</p> <p>4. Were pictures taken and diagram made?
Yes___ No___</p> <p>5. Statements given by Witness / Passenger

Yes___ No___</p> <p>6. Traffic Accident File Number
(Specific agency traffic collision report)
Yes___ No___</p> <p>7. Driver Statement
Yes___ No___</p> <p>8. Drug and Alcohol Testing Forms
Yes___ No___</p> | <p>1. _____
_____</p> <p>2. _____
_____</p> <p>3. _____
_____</p> <p>4. _____
_____</p> <p>5. _____
_____</p> <p>6. _____
_____</p> <p>7. _____
_____</p> <p>8. _____
_____</p> |
|--|---|

**STORER Transportation Service
Post-Accident Discount Assessment**

Accident Report Number: _____

Location of Accident: _____

Accident Date: _____ **Time:** _____

Report Date: _____ **Time:** _____

Name of Employee: _____

Identification Number: _____

Position: _____

Result of Accident: ☐ **Fatality**
(check all that apply) ☐ **Disabling Damage* to One or More Vehicles**
☐ **Injury Requiring Immediate Transport to Medical Facility**

Can you discount the employee? ☐ **Yes** ☐ **No**

If No, Explain: _____

Decision to Test:	DOT Authority	☐ Yes	☐ No
	FTA Authority	☐ Yes	☐ No
	Company Authority	☐ Yes	☐ No

Type of Test: ☐ **Drug** ☐ **Alcohol**

Supervisor Making Determination: _____

Notification of Test: **Date** _____ **Time** _____

Test Conducted: Alcohol Drug **Date** _____ **Date** _____ **Time** _____ **Time** _____

Storer Post Accident Testing Chart

(All Divisions)

Updated: 12.2020

	Transit Division All Transit & DAR Drivers	Charter Division All Drivers	School Bus Division	
			Drivers of 15 or more Pass. Buses	Drivers of 14 or less Pass. Buses
Start Here ↓ <u>Was there a fatality?</u> If Yes - Go to Action 1 If No - Go to Step 2	FTA Action 1: Must test driver ASAP (within 8 hours for alcohol & 32 hours for drugs). *Document IMPORTANT NOTE: If other SS Employees * could have contributed to the accident you must test them as well.	DOT/FMCSA Action 1: Must test driver ASAP (within 8 hours for alcohol ** & 32 hours for drugs.) *Document *If a required alcohol test is not administered within 2 hours following the accident, document why.	DOT Action 1: Must test driver ASAP (within 8 hours for alcohol ** & 32 hours for drugs.) *Document *If a required alcohol test is not administered within 2 hours following the accident, document why.	Non-DOT No Testing Required, *Document.
	Step 2: <u>Was anyone immediately transported to a medical treatment facility?</u> If Yes - Go to Action 2 If No - Go to Step 3	Action 2: Can you completely the driver as a contributing factor in this accident? If No - Go to Action 1 If Yes - Go to Action 3 IMPORTANT NOTE: If other SS Employees * could have contributed to the accident you must test them as well.	Action 2: Was a citation issued to the driver within 8 hours of the accident? If Yes - Go to Action 1 If No - Go to step 3.	No Testing Required, *Document.
	Step 3: <u>Was there any disabling damage to any vehicle & can you completely discount the driver as a contributing factor in this accident?</u>	Yes - disabling damage and I cannot discount the driver - Go to Action 1 Yes- disabling damage and I can discount the driver - Go to Step 4 No disabling damage to any vehicle - Go to Step 4	Was a citation issued to the driver within 8 hours of the accident? If Yes - Go to Action 1 If No - Go to Action 3	No Testing Required, *Document.
	Step 4 Federal Testing Prohibited *Document. END	Action 3: No testing required, *Document. End	Action 3: No testing required, *Document. End	No Testing Required, *Document.

* SS Employee = Safety Sensitive Employee (i.e. dispatcher, mechanic, supervisor, etc.)

* Document = Reasons why employees were tested or not tested. Include date and time of testing and an explanation if testing wasn't done within the testing period

After Hours Drug & Alcohol Testing

**DNT Health Check
400 12th St #23
Modesto, Ca
95364**



**Business Phone
209-492-9549**

**Nathan Ramos Cell
209-613-2883**

**Business Fax
209-492-9473**

**Dee Paule Cell
209-606-7195**

Alternate – Mobile / After Hours Testing Companies

USA Mobile Drug Testing

Kevin Wiedman, Owner

kwiedeman@USAMDT.com

www.USAMDT.com/EastBay

USA Mobile Drug Testing of the East Bay

Anyone ~ Anytime ~ Anywhere

4847 Hopyard Road, Suite 4-424

Pleasanton, CA 94588

Office 925-336-1397

Fax 888-908-6129

Nor Cal Drug and Alcohol Testing

870 West Onstott Road, Suite A

Yuba City, Ca 95991

(530) 315-0491

tom@norcaldrug.com

Brenda Lerma

5209 Amaro Way

Salida, CA 95368

(209) 604-3921

brendalerma13@gmail.com

San Joaquin County
Dellena Hoyer
Stockton Satellite Office
916-231-4640

Stanslaus County
Central Psychology Services
Daniel Bruce
2020 Standiford Ave
Modesto, Ca 95350
(209) 529-2084

Yuba Sutter County
Dellena Hoyer
2715 K Street, Suite 200
Sacramento, CA 95816
Yuba City Satellite Office Available

