U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM Calendar Year Covered by this Report: \_\_\_ I. Employer: Company Name: Doing Business As (DBA) Name (if applicable): \_\_\_\_\_ E-mail: \_\_\_\_\_ Name of Certifying Official: Signature: Date Certified: Telephone: (\_\_\_\_)\_\_\_ \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_ Prepared by (if different): \_\_\_\_ C/TPA Name and Telephone (if applicable): \_ Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate: \_\_\_\_FMCSA - Motor Carrier: DOT #: \_\_\_\_\_\_Owner-operator: (circle one) YES or NO Exempt (Circle One) YES or NO FAA - Aviation: Certificate # (if applicable): \_\_\_\_\_\_Plan / Registration # (if applicable): \_\_\_\_\_\_PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide \_\_\_\_\_ FRA – Railroad: Total Number of observed/documented Part 219 "Rule G" Observations for covered employees: USCG – Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.) FTA - Transit II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: (B) Enter Total Number of Employee Categories: **(C)** If you have multiple employee categories, complete Sections I **Employee Category Total Number of Employees** in this Category and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category. **III. Drug Testing Data**: 3 7 9 2 4 5 8 12 13 10 11 Refusal Results the sum of Columns 2, 3, 9, 10, 11, and 12] Results [Should equal Fotal Number Of Test Results ~ For One Or Amphetamines Verified Negative Results "Shy Bladder" ~ With No Medical Other Refusals To Cancelled Results Verified Positive Positive For PCP Positive For Cocaine Positive For Positive For Positive For Marijuana More Drugs Explanation Opiates Adulterated Substituted Submit To Testing Type of Test Pre-Employment Random Post-Accident Reasonable Susp./Cause Return-to-Duty Follow-Up TOTAL IV. Alcohol Testing Data: 2 3 5 6 9 Refusal Results Results [Should equal Screening Tests With Results 0.02 Or Screening Tests With Results Below 0.02 With Results 0.04 Or the sum of Columns Confirmation Tests Confirmation Tests Confirmation Tests "Shy Lung" ~ With No Medical Cancelled Results With Results 0.02 Fotal Number Of Other Refusals To Submit To Phrough 0.039 Screening Test 3, 7, and 8] Explanation Number Of Greater Greater Type of Test Pre-Employment Random Post-Accident Reasonable Susp./Cause Return-to-Duty Follow-Up

TOTAL

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