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: _____ Address: Name of Certifying Official: ________Signature: _______ Telephone: () Date Certified: Prepared by (if different): Telephone: (____) 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: FMSCA – 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): RSPA – 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: If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy ete Sections II (C), III,

В)	Enter Total Number of Employee Categories:							
C)	Employee Category	Total Number of Employees in this Category						
				1				

					in this	Category		for e		yee categor	y and con	iplete Secti category.
m.	Drug Testing Da	ita:	2	3	4	5	6	7	8	9	10	11
		, at st				1					Refusa	l Results
		nber Of Te should equal f Columns 1, and 12]	Vegative	Positive For One O	ve For 1ana	ve For	ve For	ve For	ve For tetamines	pa	id.	ider" ~ Medical on

III. Drug Testing Da	ata: 1	2	3	4	5	6	7	8	9	10	11	12	13
	# 6	7			1	1		<u> </u>	<u> </u>	Refusa	l Results	~~	
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2 3 9 10 11 and 121	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Employment													
Random													
Post-Accident								-					
Reasonable Susp./Cause						 							
Return-to-Duty						 -							
Follow-Up													
TOTAL													
IV. Alcohol Testing	Data:	1	2		3	l.,	4	5	6		7	8 9	
	l Number Of	ening Test Ilts [Should equal um of Columns 7, and 8]	ening Tests With		ening Tests With dts 0.02 Or		irmation Tests	firmation Tests Results 0.02 ugh 0.039	irmation Tests Results 0.04 Or	Lung" ~ B	anation anation results are results and results are re	ing ing selled Results	

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re-E	mployment												
lando	om												
ost-A	Accident												
easo	nable Susp./Cause												
letun	n-to-Duty					1		<u> </u>					
ollov	v-Up												
OTA	\L												
'. A	lcohol Testing D	ata:	1	2	3		4	5	6	-	,	8	9
			****		T -	<u>-</u>				Re	fusal Resu	lts	
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or	Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or	"Shy Lung" ~	Explanation Other Refusals	Testing	Cancelled Results
	Pre-Employment								, i				
	Random												
	Post-Accident												
	Reasonable Susp./C	ause							1				
	Return-to-Duty												
	Follow-Up										1		
	TOTAL												