



16721  
NMC Guidance Document 03-04  
21 December 2004

From: Commanding Officer, U. S. Coast Guard National Maritime Center  
To: Distribution

Subj: DRUG TESTING REQUIRED TO OBTAIN A MARINER'S CREDENTIAL

Ref: (a) Title 46, Code of Federal Regulations (46 CFR), Part 16 - Chemical Testing  
(b) Title 49, Code of Federal Regulations, Part 40 - Procedures for Transportation  
Workplace Drug and Alcohol Testing Programs

1. PURPOSE. This document provides Regional Examination Centers (RECs) with guidance for accepting evidence of a satisfactory drug test for mariners applying for credentials.
2. ACTION.
  - a. Commanding Officers of marine safety units with an REC shall apply this guidance document. Vessel operators, maritime labor organizations, individual mariners, and maritime training institutions will find this information useful.
  - b. Individual applicants can follow this document to meet the requirements of references (a) and (b). This guidance does not replace the applicable legal requirements. This guidance is not intended to, nor does it impose, legally-binding requirements on any party.
3. DISCUSSION.
  - a. An applicant for a mariner's credential who must undergo a physical examination must also pass a drug screen for five prohibited substances. An applicant may meet that requirement by:
    - (1) Passing a chemical test for dangerous drugs required by reference (a) within six months previous to the date of application with no subsequent positive chemical tests during the remainder of the six-month period; or
    - (2) Being subject to a random testing program required by 46 CFR 16.230 for at least 60 of the 185 days previous to the date of application and did not fail or refuse to participate in a chemical test for dangerous drugs required by this part.

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- b. The Coast Guard only accepts one drug screen, the Department of Transportation five drug screening (DOT 5 panel) shown in the table below. The table shows an example of a laboratory test report an REC may receive, showing the cut-off levels. The report may also include a statement indicating that the laboratory conducted the test in accordance with 49 CFR Part 40 (DOT) or the guidelines of the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). Only a laboratory accredited by SAMHSA can process tests. RECs should not accept other drug screens or tests processed at other than a SAMHSA approved laboratory.

<b>Drug/Drug Class</b>	<b>Screen Test Cut-Off*</b>	<b>Confirmation Test Cut-Off*</b>
Marijuana (THC)	50	15
Cocaine	300	
Cocaine		150
Benzoyllecgonine		150
Amphetamines	1,000	
Methamphetamine		500
Amphetamine		500
Opiates	2,000	
Morphine		2,000
Codeine		2,000
6-Monoacetylmorphine (Heroin)		10
Phencyclidine (PCP)	25	25

\*All values are expressed as nanograms/ml (ng/ml)

- c. RECs may accept documentation as evidence of a negative drug test as described below:
- (1) Copy 2 of the Federal Drug Testing Custody and Control Form with the NEGATIVE block checked in step 6 and the original signature or stamped signature of the Medical Review Officer (MRO) present. The MRO's registration number is not required on this form. Enclosure (1) includes an example of this document;
  - (2) A completed Coast Guard Form CG-719P – DOT/USCG Periodic Drug Testing Form with an original MRO signature or stamped MRO signature (only for a true negative drug test). The MRO must also include the name of the MRO's qualifying organization and his or her registration number. Enclosure (2) provides an example of this document;
  - (3) A letter on letterhead stationary from an MRO, employer, sponsoring organization, consortium or third party administrator with an original signature of the individual certifying the test result. A corporate seal may be embossed over the signature of the person signing the letter; however, this is not a regulatory requirement but is acceptable. Check the embossed corporate name to ensure that it matches the name of the company of the letterhead. Enclosure (3) is a sample of such a letter;

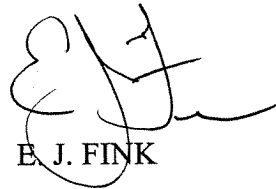
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- (4) A report of a drug screen received from another Federal agency. Before accepting the report, RECs must verify the test results by contacting that agency.
- d. A report may occasionally list the test as NEGATIVE-DILUTE. This occurs when the tests for creatinine and specific gravity indicate a possible attempt to alter the test results by ingesting large quantities of water to dilute the urine specimen. If the test results are NEGATIVE-DILUTE, the Coast Guard shall require another urine specimen from the mariner using the observed-collection methods. A second negative-dilute test is acceptable upon documentation from the MRO that this was the second negative-dilute test and that the specimen was collected by direct observation procedures. Enclosures (1) and (4) are examples of such a report.
- e. When an REC receives a report of a drug screen with any result other than NEGATIVE or NEGATIVE-DILUTE, lock the mariners record in the Merchant Mariner Licensing and Documentation system (MMLD): (1) If the test results are for a mariner holding any mariner's credentials, refer the information to the investigation department. (2) Enter disqualifying information in MMLD for original credential applicants.
- f. Civilian applicants may provide evidence of being subject to random drug testing in accordance with 46 CFR 16.220(c)(2). RECs may accept evidence in the form of a letter from:
  - (1) A marine employer, a sponsoring organization, a consortium, or third party administrator certifying to the mariner's participation. Enclosure (5) is a sample letter. A pilotage association is considered a sponsoring organization for a drug testing program for its associated pilots. If the REC questions the authenticity of the letter, the District Drug and Alcohol Program Inspector (DAPI) shall contact the issuer for a review, and audit the program, if necessary;
  - (2) Employers other than marine employers who conduct random drug testing programs who follow the DOT regulations. These letters must be reviewed by the REC for authenticity and to verify the testing rate of their random drug testing program. Random drug testing required by other DOT modal agencies may be conducted at different rates. The applicant should provide documentation that the required random rate is at least 50% for the letter to be acceptable; or
  - (3) A Federal agency stating that the employee participated in a random drug testing program. These letters may be accepted if the REC receives verification by the drug testing program administrator of the other agency. The agency program administrator must also show to the REC that the testing rate is not less than 50%. The applicant should provide written documentation from the agency that the required random rate is at least 50%. Within the Department of Transportation, the Federal Motor Carrier Safety Administration and the Federal Transit Administration are the only agencies that currently meet the standard required by the Coast Guard.

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- g. Active duty military personnel (including reservists) or personnel released from active duty may document participation in a random drug testing program with a letter on official letterhead stationary signed by the individual's Commanding Officer or authorized designee. Military personnel and former military personnel must have served on active duty for at least 60 days within the 185 days preceding the date of application to qualify under these provisions. Enclosure (6) shows a sample of such a letter. Military personnel who have been on active duty for less than 60 days must pass a drug test.
- h. RECs shall not accept letters as proof of a drug test from organizations that represent themselves as a maritime union hiring hall or as a maritime union. Union members should request a letter from their Medical Review Officer (MRO) when they need a drug test certification to apply for a mariner's credential. Enclosure (7) provides an example of a typical request letter.
- 1. You may find additional information about the requirements for drug testing at



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**<http://www.uscg.mil/stcw/index.htfl>**

- End:
- (1) Federal drug testing custody and control form (step 6)
  - (2) Sample CG 719P -DOT/USCG periodic drug testing form
  - (3) Sample letter report of drug test results
  - (4) Sample letter report of 2<sup>nd</sup> occurrence of negative-dilute drug test results
  - (5) Sample letter report of mariner subject to random drug testing
  - (6) Sample letter report of military person subject to random drug testing
  - (7) Sample letter request for MRO letter from maritime union member

Dist: Commandant (G-MSO) (G-MOC) (G-MOA); Area Commanders (Am); All District Commanders (in); All RECs

# FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM (Step6)

## EXAMPLE 1: Negative Test Result

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

<i>In accordance with applicable Federal requirements, my determination/verification is:</i>			
<input checked="" type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE	<input type="checkbox"/> TEST CANCELLED	<input type="checkbox"/> REFUSAL TO TEST BECAUSE:
<input type="checkbox"/> DILUTE			<input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED
REMARKS _____			
<b>X</b> _____	MRO signature or stamp	MRO printed name here	_____/_____/_____ Date (Mo./Day/Yr.)
	Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	

## EXAMPLE 2: Negative Dilute Test Result

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

<i>In accordance with applicable Federal requirements, my determination/verification is:</i>			
<input checked="" type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE	<input type="checkbox"/> TEST CANCELLED	<input type="checkbox"/> REFUSAL TO TEST BECAUSE:
<input checked="" type="checkbox"/> DILUTE			<input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED
REMARKS _____			
<b>X</b> _____	MRO signature or stamp	MRO printed name here	_____/_____/_____ Date (Mo./Day/Yr.)
	Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	

# SAMPLE CG 719P - DOT/USCG PERIODIC DRUG TESTING FORM

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-719P (Rev 7/02)	<h2 style="margin: 0;">DOT/USCG Periodic Drug Testing Form</h2>	OMB21150514  Page 1				
<p><b>INSTRUCTIONS:</b> This form MAY be used to satisfy the requirements for "Periodic Drug Testing" in accordance with Title 46 CFR 16.220. If you participate in a USCG "random or pre-employment drug test program," this form may not be necessary. (See page 2 for details).</p> <p><b>NOTE:</b> The cost of the drug test is the sole responsibility of the applicant, not the Coast Guard.</p>						
<p><b>Section I – Applicant Consent</b></p> <p>I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Department of Transportation procedures given in 49 CFR 40. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of the U.S. Criminal Code at Title 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both.</p>						
Name: (Last, First, Middle) of Applicant (Print or Type) <p style="text-align: center;">Doe, John</p>		Social Security Number <p style="text-align: center;">123-45-6789</p>				
X Signature of Applicant		Date <p style="text-align: center;">Feb. 4, 2004</p>				
<p><b>Section II – Name of SAMHSA Accredited Laboratory (Type or Print)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">SAMHSA Accredited Lab</td> <td style="text-align: center;">123 Main Street, Anytown, AS 12345</td> </tr> </tbody> </table>			Name	Address	SAMHSA Accredited Lab	123 Main Street, Anytown, AS 12345
Name	Address					
SAMHSA Accredited Lab	123 Main Street, Anytown, AS 12345					
<p><b>Section III – Medical Review Officer</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">                 DATE SPECIMEN COLLECTED:                  February 1, 2004             </td> <td>                 The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: (CIRCLE ONE)   <p style="text-align: center; font-size: 1.2em;">NEGATIVE</p> <p style="text-align: center;">POSITIVE/SUBSTITUTED/ADULTERATED or INVALID TEST (Test Cancelled)</p> <p style="text-align: center; font-size: 0.8em;">(Please complete the next block for all non-negative results)</p> </td> </tr> <tr> <td colspan="2">                 Specimen Analyzed For (DOT 5 Panel):                 <ul style="list-style-type: none"> <li>• Marijuana metabolite</li> <li>• Cocaine metabolites</li> <li>• Opiates metabolites</li> <li>• Phencyclidine</li> <li>• Amphetamines</li> </ul> </td> </tr> </table>			DATE SPECIMEN COLLECTED: February 1, 2004	The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: (CIRCLE ONE)  <p style="text-align: center; font-size: 1.2em;">NEGATIVE</p> <p style="text-align: center;">POSITIVE/SUBSTITUTED/ADULTERATED or INVALID TEST (Test Cancelled)</p> <p style="text-align: center; font-size: 0.8em;">(Please complete the next block for all non-negative results)</p>	Specimen Analyzed For (DOT 5 Panel): <ul style="list-style-type: none"> <li>• Marijuana metabolite</li> <li>• Cocaine metabolites</li> <li>• Opiates metabolites</li> <li>• Phencyclidine</li> <li>• Amphetamines</li> </ul>	
DATE SPECIMEN COLLECTED: February 1, 2004	The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: (CIRCLE ONE)  <p style="text-align: center; font-size: 1.2em;">NEGATIVE</p> <p style="text-align: center;">POSITIVE/SUBSTITUTED/ADULTERATED or INVALID TEST (Test Cancelled)</p> <p style="text-align: center; font-size: 0.8em;">(Please complete the next block for all non-negative results)</p>					
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<p><b>FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY:</b> (To be reported to the nearest USCG Marine Safety Office).</p> <p>This specimen is verified <b>POSITIVE</b> for _____.</p> <p>The specimen was identified as being <b>SUBSTITUTED</b> or containing the <b>ADULTERANT</b>: _____</p> <p>The test was <b>CANCELLED</b> because (insert reason): _____</p>						
<p>I certify that I meet the qualifications for a Medical Review Officer as outlined in Title 49 CFR 40.121. I have reviewed the results and determined that the applicant's verified test result is in accordance with Title 49 CFR 40 Subpart G.</p>						
<p><b>MEDICAL REVIEW OFFICER CONTACT INFORMATION:</b></p> Name: <u>John Doe, M.D.</u> Address: <u>144 Main Street</u> <u>Anytown, AS 12345</u>  Phone: <u>(123) 555-5555</u>		<p><b>MEDICAL REVIEW OFFICER AUTHORITY:</b></p> Name: (Printed) <u>John Doe</u>  Signature: <u>Original or Stamp Signature</u> <i>(MRO signature stamp is authorized for <u>negative</u> results only)</i>  Name of MRO Qualifying Organization: <u>MRO GROUP</u>  Registration Number Issued by Qualifying Organization: <u>AA99999AA</u>				
<p style="font-size: 0.8em;">"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number." "The Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-CIM), U. S. Coast Guard, 2100 2<sup>nd</sup> Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."</p>						

**SAMPLE LETTER REPORT OF DRUG TEST RESULTS**

NOTE: Wording does not have to follow exactly this format but the key elements that must be included are bolded.

MRO Services  
800 Main Street  
Timbuctoo, CA 95977

**DATE:** \_\_\_\_\_

US Coast Guard Regional Examination Center  
144 Main Street  
Anytown, AS 12345

This is to certify that \_\_\_\_\_ **name** \_\_\_\_\_, SSN: \_\_\_\_\_, took a \_\_\_\_\_ **insert periodic, random, or pre-employment** drug test on \_\_\_\_\_ **date** \_\_\_\_\_. The test was done in accordance with the requirements in **46 CFR Part 16**. The results of the drug test are \_\_\_\_\_ **insert test results as received from MRO** \_\_\_\_.\*

\*(NOTE: If negative, process. If non-negative, process according to test results with negative dilute recollected using observed collection technique, all others reported to OCMI)

**The name and street address of the SAMHSA Accredited Laboratory is:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The name, address and phone number of the DOT qualified MRO is:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of the MRO qualifying organization:** \_\_\_\_\_

**Qualifying Organization Registration Number:** \_\_\_\_\_

If there are any questions, please contact us at \_\_\_\_\_

**SAMPLE LETTER REPORT OF 2<sup>ND</sup> OCCURRENCE OF NEGATIVE-DILUTE  
DRUG TEST RESULTS**

NOTE: Wording does not have to follow exactly this format but the key elements that must be included are bolded.

MRO Services  
800 Main Street  
Timbuctoo, CA 95977

**DATE:** \_\_\_\_\_

US Coast Guard Regional Examination Center  
144 Main Street  
Anytown, AS 12345

This is to certify that **\_\_\_ name \_\_\_\_\_**, **SSN: \_\_\_\_\_**, took a **\_\_\_ insert periodic, random, or pre-employment \_\_\_** drug test on **\_\_\_ date \_\_\_**. The test was done in accordance with the requirements in **46 CFR Part 16**. The results of the drug test are **Negative Dilute**. **This is the second occurrence for this individual. This test was collected using direct observed collection methods.**

**The name and street address of the SAMHSA Accredited Laboratory is:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The name, address and phone number of the DOT qualified MRO is:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of the MRO qualifying organization:** \_\_\_\_\_

**Qualifying Organization Registration Number:** \_\_\_\_\_

If there are any questions, please contact us at \_\_\_\_\_



**SAMPLE LETTER ABOUT PARTICAPATION IN A  
RANDOM DRUG TESTING PROGRAM**

**This letter may be submitted by an employer, MRO, sponsoring organization, consortium  
or third party administrator on behalf of an individual.**

NOTE: Wording does not have to follow exactly this format but the key elements that must be included are bolded.

Charter Boat Services  
800 Main Street  
Timbuctoo, CA 95977

**DATE:** \_\_\_\_\_

US Coast Guard Regional Examination Center  
144 Main Street  
Anytown, AS 12345

This is to certify that **\_\_ name \_\_**, SSN: \_\_\_\_\_, has been **subject to random drug testing in accordance with 46 CFR Part 16.230 for a minimum of 60 days out of the past 185 days of the date of this letter. This individual has not failed nor refused any Federal/Coast Guard required drug test.**

If there are any questions, please contact us at \_\_\_\_\_

**SAMPLE LETTER REPORT OF A MILITARY PERSON SUBJECT TO RANDOM  
DRUG TESTING**

**This example letter is submitted only by a military organization for active duty personnel  
including reserve personnel on active duty.**

NOTE: Wording does not have to follow exactly this format but the key elements that must be included are bolded.

USS Neversail (NS-1)  
FPO San Francisco, CA 95977

**DATE:** \_\_\_\_\_

US Coast Guard Regional Examination Center  
144 Main Street  
Anytown, AS 12345

This is to certify that **\_\_\_\_\_ name \_\_\_\_\_**, SSN: **\_\_\_\_\_**, has been **subject to random drug testing while on active duty with the U.S. Armed Forces. This member has been on continuous active duty since \_\_\_\_\_ date \_\_\_\_\_.** This individual has not failed nor refused any drug test.

If there are any questions, please contact \_\_\_\_\_ at  
\_\_\_\_\_.

/s/ Commanding Officer or designee

**MARITIME UNION REQUEST LETTER FOR DRUG TEST**

This is a sample of the type of letter used by many maritime unions for their members to request drug test information. This request letter should be on union letterhead and directed to the medical review officer for the maritime union. The MRO’s response letter must be on MRO/Corporate letterhead.

**REQUEST FOR MRO REPORT  
FOR SUBMISSION TO THE U.S. C.G. REGIONAL EXAM CENTER**

NAME: \_\_\_\_\_

Mailing Address:

SS#: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ MRO corporate name \_\_\_\_

\_\_\_\_ address \_\_\_\_

\_\_\_\_\_

Attn: \_\_\_\_\_ (Name of person to whom letter should be directed to, if known)

I am requesting a “Department of Transportation/U.S.C.G. Periodic Drug Testing Form (CG-719P – MRO report) to take to the U.S.C.G. Regional Examination Center to renew my document. I took a \_\_\_\_\_ **Union Name** \_\_\_\_\_ drug test on \_\_\_\_\_ **date** \_\_\_\_\_ at \_\_\_\_\_ **location** \_\_\_\_\_. The SPECIMEN ID No. is \_\_\_\_\_ **number** \_\_\_\_\_.

Please mail the report to me at the above address. Thank you for your assistance in this matter.

Sincerely,

\_\_\_\_\_  
Member’s Signature