

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): _____
 Address: _____ E-mail: _____
 City: _____ State: _____ Zip Code: _____
 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:

___ 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): _____
 ___ RSPA – Pipeline: (Check) Gas Gathering ___ Gas Transmission ___ Gas Distribution ___ Transport Hazardous Liquids ___ Transport Carbon Dioxide ___
 ___ FRA – Railroad: Total Number of observed/documentated 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)

Employee Category	Total Number of Employees in this Category

If you have multiple employee categories, complete Sections I 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:

Type of Test	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	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	Refusal Results				Cancelled Results
	Adulterated	Substituted	"Shy Bladder" – With No Medical Explanation	Other Refusals To Submit to Testing									
Pre-Employment													
Random													
Post-Accident													
Reasonable Susp./Cause													
Return-to-Duty													
Follow-up													
TOTAL													

IV. Alcohol Testing Data:

Type of Test	1	2	3	4	5	6	7	8	9
	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 Greater	Refusal Results		Cancelled Results
	"Shy Lung" – With No Medical Explanation	Other Refusals To Submit to Testing							
Pre-Employment									
Random									
Post-Accident									
Reasonable Susp./Cause									
Return-to-Duty									
Follow-up									
TOTAL									

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Title 18, USC Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements of representations in any matter within the jurisdiction of any agency of the United States.