

FTA Drug Abuse and Alcohol Misuse Testing Program Subrecipient Program Compliance Checklist

Agency/Organization Name: _____
 Type(s) of Funding Received by Organization: _____
 Applicable Grant #(s): _____
 Date of Compliance Review: _____
 Date of Policy on file: _____
 Agency's Drug and Alcohol Testing Program Manager _____
 Agency's Designated Employee Representative: _____

<i>Ref</i>	<i>Policy Statement - Does the policy statement included:</i>	<i>Yes</i>	<i>No</i>
655.12(a)			
655.12(a)	1) A statement describing your organization's policy on prohibited drug use and alcohol misuse in the workplace?	_____	_____
655.15(a)	2) The identity of the person, office, branch, and/or position designated to answer employee questions about your organization's anti-drug use and alcohol misuse programs?	_____	_____
655.15(b)	3) The categories of employees who are subject to FTA Drug and Alcohol testing requirements?	_____	_____
655.15(c)	4) Specific information concerning the behavior and conduct prohibited by the FTA regulations?	_____	_____
655.15(d)	5) The specific circumstances under which a covered employee will be tested under the FTA regulations?	_____	_____
655.15(e)	6) The procedures that will be used to:		
↓	a) Test for the presence of illegal drugs or alcohol misuse?	_____	_____
↓	b) Protect the employee's privacy?	_____	_____
↓	c) Protect the integrity of the drug and alcohol testing process?	_____	_____
↓	d) Safeguard the validity of the test results?	_____	_____
↓	e) Ensure that the test results are attributed to the correct employee?	_____	_____
655.15(f)	7) The requirement that an employee must submit to drug and alcohol testing administered in accordance with FTA regulations?	_____	_____
655.15(g)	8) A description of the kind of behavior that constitutes:		
↓	a) A refusal to take a drug or alcohol test?	_____	_____
↓	b) A statement that such a refusal constitutes a violation of your organization's policy?	_____	_____
655.15(h)	9) The consequences for:		
↓	a) An employee who has a confirmed positive drug test?	_____	_____
↓	b) An employee who has a confirmed alcohol test with an alcohol concentration of 0.04 or greater?	_____	_____
↓	c) An employee who refuses to submit to a drug or alcohol test?	_____	_____
↓	d) Do those consequences include the requirement that, in the case of a confirmed positive test or refusal, the employee be removed immediately from the safety-sensitive function and be evaluated by a substance abuse professional?	_____	_____
↓	10) The consequences for a covered employee who is found to have an alcohol concentration of 0.02 or greater but less than 0.04?	_____	_____

		<i>Yes</i>	<i>No</i>
655.15(i)	11) A distinction between what portions of your organization's drug and alcohol testing program are operated under your own authority than those that are required under FTA regulations?	_____	_____
655.16	<i>Policy Dissemination</i>		
↓	1) Was written notice of your organization's anti-drug and alcohol misuse policies and procedures provided to:		
↓	a) Every covered employee?	_____	_____
↓	b) Representatives of the employee organizations (unions)?	_____	_____
↓	c) Do you have documentation on file evidencing the dissemination of the notice?	_____	_____
40.25	<i>Pre Employment Administrative Requirements</i>		
40.25(a)	1) Did you request the following information from the employee's/applicant's previous employers covering the prior 2 years	_____	_____
40.25(b)	a) Did the employee/applicant have any Alcohol tests with a result of .04 or greater?	_____	_____
↓	b) Did the employee/applicant have a verified positive drug tests?	_____	_____
↓	c) Did the employee ever refuse to be tested (including adulterated or substituted results)?	_____	_____
↓	d) Did the employee/applicant have any other violations of the DOT drug and alcohol testing regulations	_____	_____
40.25(d)	2) Did your organization refrain from placing the employee/applicant in safety sensitive duty until the information was received?	_____	_____
↓	a) If no, do you have documentation on file that reflects your good faith efforts to obtain the information?	_____	_____
40.25(e)	3) Did you receive information from previous employers that indicated the employee/applicant had violated the DOT drug and alcohol testing regulations?	_____	_____
↓	a) If yes, was the person hired?	_____	_____
↓	• If yes, did you receive documentation that shows the employee is in compliance with the return to duty process?	_____	_____
40.25(j)	4) Do you ask applicants if they have ever tested positive or refused to test on any pre-employment drug or alcohol tests?	_____	_____
		_____	_____
		_____	_____
	<i>Contracted Services</i>		
40.15	1) Service Agents (C/TPA's) - Do you use a service agent to perform any of the tasks needed to comply with the USDOT and FTA drug and alcohol regulations? If yes,	_____	_____
	a) Who is your service agent? _____		
	b) What tasks does the service agent perform for you? _____		
40.15(b)	c) Have you reviewed the service agent's procedures to ensure they are in compliance with 49 CFR Part 40 and Part 655?	_____	_____
	• When was the review completed? _____		
	• Were there any compliance problems? _____		
	• If yes, did you conduct a follow up review?	_____	_____
	(i) When? _____		

		<i>Yes</i>	<i>No</i>
40.17	2) Do you receive information from your C/TPA without significant delay?	_____	_____
40, C-E	3) Urine Collection Facilities		
	a) What collection sites are used by your organization? _____		
655.45	b) Do these collection facilities allow for testing at all hours of your service?	_____	_____
40.35	c) Have you provided the name of your DER to each collection facility?	_____	_____
40.33	d) Have the collection site personnel received the required training?	_____	_____
	• Does your organization have documentation evidencing the training?	_____	_____
	e) Has your organization conducted an on-site review of the collection facility(s) to ensure they are in compliance with DOT drug and alcohol testing regulations?	_____	_____
	• If yes, Date of review: _____		
	• Were there any findings?	_____	_____
	(i) If yes, did you conduct a follow-up review?	_____	_____
	(ii) Date of follow-up review: _____		
	(iii) Were the issues resolved?	_____	_____
40, F	4) Laboratories		
	a) What laboratory does your organization use? _____		
40.81	b) Do you have documentation that shows the laboratory is certified, by HHS, under the National Laboratory Certification Program?	_____	_____
40.103	c) Does your organization or your TPA submit blind specimens to the lab?	_____	_____
40.105	• Have any of the results shown different results than expected?	_____	_____
40.105(a)	• If yes, did you or your TPA investigate the issue?	_____	_____
40.105(b-c)	(i) What steps were taken to resolve this issue? _____		

40.107	d) Have you or your TPA reviewed the laboratory?	_____	_____
	• If yes, were there any compliance problems?	_____	_____
	(i) If yes, did you conduct a follow up review?	_____	_____
	(ii) Date of follow up review _____		
40, G	5) Medical Review Officer (MRO)		
	a) Who is your MRO _____		
40.121(a)	b) Does the MRO have the proper credentials?	_____	_____
40.121(b)	c) Does the MRO possess the required basic knowledge?	_____	_____
40.121(c-d)	d) Has the MRO completed the required training?	_____	_____
40.121(e)	e) Do you have documentation on file to evidence the above?	_____	_____
	f) Have you or your TPA conducted a review of the MRO?	_____	_____
	• If yes, were there any compliance problems?	_____	_____
	(i) If yes, did you conduct a follow up review?	_____	_____
	(ii) Date of follow up review _____		
Part 40, J-N	6) Blood Alcohol Technicians and Screening Test Technicians		
	a) Who are your BATs or SSTs? _____		
40.213	b) Have they received the required training?	_____	_____
	c) Do you have documentation on file evidencing their training?	_____	_____
40.231	d) What devices are used by your BAT's or SST's? _____		

		<i>Yes</i>	<i>No</i>
	e) Have you conducted a review of the BAT's or SST's practices and procedures? If yes, date: _____	_____	_____
	• Were there any compliance problems?	_____	_____
	(i) If yes, did you conduct a follow up review?	_____	_____
	(ii) Date of follow up review _____	_____	_____
Part 40, O	7) Substance Abuse Professional		
	a) Who is your SAP? _____		
40.281(a)	b) Does the SAP have the proper credentials?	_____	_____
40.281(c)	c) Has the SAP completed the completed the required training?	_____	_____
	• Do you have documentation on file to evidence the training?	_____	_____
	d) Have you conducted a review of the SAP's practices and procedures? If yes, date: _____		
	• Were there any compliance problems?	_____	_____
	(i) If yes, did you conduct a follow up review?	_____	_____
	(ii) Date of follow up review _____	_____	_____
655.14	<i>Employee Education and Training</i>		
655.14(a)	1) Does your organization display and distribute, to every covered employee:	_____	_____
↓	a) Information material?	_____	_____
↓	b) Community service hot-line telephone number for employee assistance (if available)?	_____	_____
655.14(b)1	2) Do covered employees receive at least 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment?	_____	_____
655.14(b)2	3) Do supervisors and other employees, authorized to make reasonable suspicion determination, receive:	_____	_____
↓	a) At least 60 minutes of training on the physical, behavioral, and performance indicators of probable drug use?	_____	_____
↓	b) At least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse?	_____	_____
	<i>Testing Requirements</i>		
655.21(a)	1) Does your organization's program include testing under the following		
&	circumstances?		
655.31(a)	a) Pre-employment (required for drug, optional for alcohol)	_____	_____
↓	b) Post-accident	_____	_____
↓	c) Reasonable suspicion	_____	_____
↓	d) Random	_____	_____
↓	e) Return to duty/follow-up	_____	_____
655.21(b)	2) Does your organization ensure that the test includes detection of the following drugs?		
↓	a) Marijuana	_____	_____
↓	b) Cocaine	_____	_____
↓	c) Opiates	_____	_____
↓	d) Amphetamines	_____	_____
↓	e) Phencyclidine	_____	_____
655.21(c)	3) Is the use of the substances, identified above, prohibited at all times?	_____	_____

		<i>Yes</i>	<i>No</i>
655.21(c)	4) Requirements specific to Alcohol testing		
655.31(b)	a) Does your program prohibit covered employees with an alcohol concentration of 0.04 or greater from performing, or continuing to perform a safety-sensitive function?	_____	_____
655.31(a)	b) Are covered employees prohibited from using alcohol within 4 hours prior to performing safety sensitive functions?	_____	_____
655.33(b)	c) On-Call status:	_____	_____
655.33(b)1	• Are on-call employees prohibited from consuming alcohol during the on-call period?	_____	_____
655.33(b)2	• Do employees, in on-call status, have an opportunity to acknowledge the use of alcohol at the time he or she is called to report to duty and their inability to perform safety sensitive functions?	_____	_____
655.33(b)3	• Do you require an alcohol test if an on-call employee acknowledges alcohol use but claims the ability to perform safety sensitive functions?	_____	_____
655.34	d) Are covered employees prohibited from consuming alcohol for eight hours following an accident or until he/she undergoes a post accident alcohol test (which ever comes first)?	_____	_____
655.35(a) & 40.23(c)	e) If an employee tests positive with an alcohol concentration of between 0.02 and 0.04 is he/she removed from safety sensitive duty?	_____	_____
655.35(a)	f) After removing an employee, who with an alcohol concentration that falls between 0.02 and 0.04, do they refrain from returning him/her to safety sensitive duty until:	_____	_____
↓	• The alcohol concentration falls below 0.02?	_____	_____
↓	• The start of the employee's next regularly scheduled duty period but not less than eight hours following the administration of the test?	_____	_____
655.35(b)	g) Is any action taken, other than that listed in "e)" above, when an employee tests positive with an alcohol concentration of less than 0.04?	_____	_____
	• If yes, does your organization have legal authority to do so?	_____	_____

Conditions on Testing

655.41	1) Pre-employment testing		
↓	a) Drug testing:		
655.41(a)1	• Do you refrain from placing an employee/applicant into safety sensitive duty, for the first time, until after they receive a confirmed negative test result?	_____	_____
655.41(a)2	• If an employee/applicant has previously failed or refused a pre-employment drug test, do they require the employee to provide documentation evidencing that they have successfully completed an SAP referral, evaluation, and treatment plan?	_____	_____
655.41(b)	• Do they conduct a pre-employment test when transferring an employee from a non-safety sensitive function to a safety sensitive function?	_____	_____
655.41(c)	• When a pre-employment test is cancelled, do you require the employee/applicant to take another pre-employment drug test?	_____	_____

		<i>Yes</i>	<i>No</i>
655.41(d)	<ul style="list-style-type: none"> • Does your organization require an employee, not performing safety sensitive functions for 90 or more consecutive days, to submit to a pre-employment drug test? 	_____	_____
↓			
655.42	<ul style="list-style-type: none"> • If no, was the employee(s) retained in your random pool? 	_____	_____
655.42(a)	b) Alcohol Testing – Does your organization conduct pre-employment alcohol testing? If yes: <ul style="list-style-type: none"> • Is the test conducted prior to placing the employee/applicant into a safety sensitive function? 	_____	_____
655.42(b)	<ul style="list-style-type: none"> • Is the test required for all employees/applicants? 	_____	_____
655.42(c)	<ul style="list-style-type: none"> • Is the test conducted after making a contingent offer of employment? 	_____	_____
655.42(d)	<ul style="list-style-type: none"> • Are all pre-employment alcohol tests conducted in accordance with 49 CFR Part 40? 	_____	_____
655.42(e)	<ul style="list-style-type: none"> • Is a test result of less than 0.02 received prior to placing the employee into safety sensitive duty? 	_____	_____
655.43	2) Reasonable Suspicion Testing		
655.43(b)	a) Have the employees authorized to make reasonable suspicion determinations received the required training?	_____	_____
↓			
↓	b) Have any reasonable suspicion tests been conducted? If yes, <ul style="list-style-type: none"> • Was the employee who made the determination authorized and trained to make reasonable suspicion determinations? 	_____	_____
↓	<ul style="list-style-type: none"> • Was the determination based on specific, current, and describable observations concerning the appearance, behavior, speech, or body odors of the employee? 	_____	_____
655.43(c)	c) If a reasonable determination was made for alcohol consumption was the test conducted: <ul style="list-style-type: none"> • While the employee was performing a safety sensitive function? 	_____	_____
↓	<ul style="list-style-type: none"> • Just before the employee was to perform a safety sensitive function? 	_____	_____
↓	<ul style="list-style-type: none"> • Just after the employee has ceased performing a safety sensitive function? 	_____	_____
↓	<ul style="list-style-type: none"> • Within two hours of the determination? 	_____	_____
655.43(d)	<ul style="list-style-type: none"> (i) If no, is there documentation on file detailing the reasons the test was not conducted? 	_____	_____
↓			
655.44	3) Post Accident Testing		
655.44(a)1	a) Fatal Accidents - Were there any accidents involving the loss of human life? If yes: <ul style="list-style-type: none"> • Was a post accident test conducted as soon as possible? 	_____	_____
↓	<ul style="list-style-type: none"> (i) How long after the accident was the drug test? _____ 		
↓	<ul style="list-style-type: none"> (ii) How long after the accident was the alcohol test? _____ 		
↓	<ul style="list-style-type: none"> • Were all surviving covered employees operating the vehicle(s) involved in the accident tested? 	_____	_____
↓	<ul style="list-style-type: none"> • Were other covered employees, who's actions may have contributed to the accident, tested? 	_____	_____
655.44(a)2	b) Non-Fatal Accidents – Were there any other accidents (as defined in 49 CFR Part 655.4)? If yes, <ul style="list-style-type: none"> • Was a post accident test conducted as soon as possible? 	_____	_____
↓	<ul style="list-style-type: none"> (i) How long after the accident was the drug test? _____ 		
↓	<ul style="list-style-type: none"> (ii) How long after the accident was the alcohol test? _____ 		

		<i>Yes</i>	<i>No</i>
655.44(a)2	<ul style="list-style-type: none"> • Were all covered employees operating the vehicle(s) involved in the accident tested? 	_____	_____
↓	<ul style="list-style-type: none"> • Were other covered employees, who's actions may have contributed to the accident, tested? If not, 	_____	_____
655.44 (d)	(i) Do you have documentation on file that shows that the employees' actions can be completely discounted as a causing factor to the accident?	_____	_____
655.45	2) Random Testing	_____	_____
655.45(a)	a) Were random drug tests performed on the equivalent of 50 percent of your organization's covered employees?	_____	_____
↓	b) Were random alcohol tests performed on the equivalent of 10 percent of your organization's covered employees?	_____	_____
655.45(e)	c) What procedures does your organization use for its random draw? _____	_____	_____
655.45(g)	d) Are random tests conducted throughout your organization's hours of service?	_____	_____
↓	e) Are random tests spread conducted at varying times during the month?	_____	_____
655.45(h)	f) Are employees selected for random tests required to proceed to the testing facility immediately upon notification?	_____	_____
655.46	3) Return to Duty Tests	_____	_____
↓	a) Did any employees refuse to submit to a drug or alcohol test?	_____	_____
↓	b) Did any employees have a confirmed positive test result?	_____	_____
↓	c) If the answer to "a)" or "b)" above was yes:	_____	_____
↓	<ul style="list-style-type: none"> • Was a return to duty test conducted? 	_____	_____
↓	(i) If not, why? _____	_____	_____
40.301	(ii) If yes, did the employee complete the SAP process?	_____	_____
40.301(c)1	(iii) Does your organization have documentation to support this claim?	_____	_____
655.61	<i>Test results</i>	_____	_____
40.21	1) Does your organization "Stand Down" employees prior to the MRO completing the verification process?	_____	_____
↓	a) If yes, were you granted a waiver by USDOT?	_____	_____
↓	b) Do you have documentation on file showing this waiver?	_____	_____
655.61(a) & 40.23	2) Did any employees or applicants have a confirmed positive test result for drugs or alcohol (.04 or greater); or refuse to submit to a test? If yes:	_____	_____
↓	a) Was the employee immediately removed from safety sensitive duty?	_____	_____
655.62	b) Was the employee/applicant referred to a Substance Abuse Professional (SAP)?	_____	_____
↓	c) Did the employee complete the SAP recommendations?	_____	_____
↓	<ul style="list-style-type: none"> • Do you have documentation on file evidencing compliance with the SAP recommendations? 	_____	_____
655.61(b)	d) Were return to duty and follow up tests conducted?	_____	_____
↓	<ul style="list-style-type: none"> • If no, why? _____ 	_____	_____
40.23(b)	3) Did your organization receive any test results that were verified adulterated?	_____	_____
↓	a) If yes, did you treat the result as a refusal to test?	_____	_____

		Yes	No
40.23(e)	4) Did your organization receive any test results that indicated the specimen was dilute?	_____	_____
	a) If yes, was the dilute test result positive or negative? _____	_____	_____
40.197(a)	• If verified positive, was the test treated as other positive tests?	_____	_____
40.197(b)	• If verified negative, did you require the employee to be re-tested?	_____	_____
40.197(c)	(i) Are all employees treated in this manner?	_____	_____
40.23(f)	5) Did you receive any test results indicating that the specimen was invalid? If yes,	_____	_____
↓	a) Did you direct the employee to submit another test under direct observation?	_____	_____
↓	b) Did you attach any other consequences?	_____	_____
↓	c) Was the employee given advance notice?	_____	_____
↓	d) Did you indicate the same type of test as the original on the CCF?	_____	_____
40.23(f)	6) Did you receive any cancelled tests? If yes,	_____	_____
↓	a) Was a negative test required (pre-employment, return to duty, follow up)	_____	_____
	If yes,	_____	_____
↓	• Was the employee/applicant directed to immediately submit to another test?	_____	_____
		_____	_____
655.71 & 40.333	<i>Records control and retention</i>		
655.71(a)	1) Where are your testing records kept? _____		
↓	2) Is this a secure location?	_____	_____
↓	a) Who has access to the records? _____	_____	_____
655.71(c)	3) What types of records are maintained by your organization?		
655.71(c)1	a) Records related to the collection process	_____	_____
↓	• Collection log books (if used)	_____	_____
↓	• Documents relating to the random selection process	_____	_____
↓	• Documents generated in connection with a decision to administer a reasonable suspicion test	_____	_____
↓	• Documents generated in connection with a decisions on post accident tests	_____	_____
↓	• MRO documents verifying existence of a medical explanation for inadequate urine or breath	_____	_____
655.71(c)2	b) Records related to test results	_____	_____
↓	• The employer copies of the chain of custody form	_____	_____
↓	• Documents related to test refusals	_____	_____
↓	• Documents from employee disputing the test results	_____	_____
655.71(c)3	c) Records related to SAP referral	_____	_____
↓	• Employee/applicant referral	_____	_____
↓	• Return to duty	_____	_____
↓	• Follow up tests	_____	_____
↓	• Employee's/Applicant's entry into and successful completion of the SAP recommended treatment program	_____	_____

		<i>Yes</i>	<i>No</i>
655.71(c)4	d) Employee Training records		
↓	• Training materials on drug and alcohol awareness	_____	_____
↓	• Awareness training – Names, dates, and times of training	_____	_____
↓	• Reasonable suspicion training	_____	_____
↓	• Certification that the training complies with 49 CFR Part 655	_____	_____
655.71(b)	4) How long do you retain the records?		
↓	a) Five Years	_____	_____
↓	• Verified positive test results	_____	_____
↓	• Documentation of test refusals	_____	_____
↓	• Employee referrals to SAP	_____	_____
↓	• Copies of the annual MIS report	_____	_____
↓	b) Two Years		
↓	• Records related to the collection process	_____	_____
↓	• Documentation of employee training	_____	_____
↓	c) One Year		
↓	• Records of negative test results	_____	_____
40, P	5) Confidentiality	_____	_____
40.321	a) Have you released any employee drug and alcohol testing information to anyone without the written permission of the employee?	_____	_____
↓	• If yes, what were the circumstances that surrounded the release of information? _____		

↓	• Did you receive written consent from the employee authorizing you to release the information?	_____	_____
655.72	MIS Reports	_____	_____
↓	1) Do you submit your annual MIS report to WSDOT in a timely manner?	_____	_____
↓	2) Did the reports contain all of the required information?	_____	_____