

FTA Drug and Alcohol Program Compliance Checklist

Agency Name: [Click here to enter text.](#)
Date of Review: [Click here to enter text.](#)
Date of Policy: [Click here to enter text.](#)
DAPM/DER: [Click here to enter text.](#)

Reference		
655.16	Policy Dissemination	
	1) Was written notice of your organization's anti-drug and alcohol misuse policies and procedures provided to:	
	a) Every covered employee?	Y <input type="checkbox"/> N <input type="checkbox"/>
	b) Representatives of the employee organizations (unions)?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
	c) Do you have documentation on file evidencing the dissemination of the notice?	Y <input type="checkbox"/> N <input type="checkbox"/>
40.25	Pre-Employment Administrative Requirements	
40.25(a)	1) Did you request the following information from the employee's/applicant's previous employers covering the prior 2 years	
	2) Did the employee/applicant work for a USDOT regulated employer in the previous 2 years?	Y <input type="checkbox"/> N <input type="checkbox"/>
40.25(b)	a) Did the employee/applicant have any Alcohol tests with a result of .04 or greater?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	b) Did the employee/applicant have a verified positive drug tests?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	c) Did the employee ever refuse to be tested (including adulterated or substituted results)?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	d) Did the employee/applicant have any other violations of the DOT drug and alcohol testing regulations	Y <input type="checkbox"/> N <input type="checkbox"/>
40.25(d)	3) Did your organization refrain from placing the employee/applicant in safety sensitive duty until the information was received?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	a) If no, do you have documentation on file that reflects your good faith efforts to obtain the information?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.25(e)	4) Did you receive information from previous employers that indicated the employee/applicant had violated the DOT drug and alcohol testing regulations?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
↓	a) If yes, was the person hired?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> • If yes, did you receive documentation that shows the employee is in compliance with the return to duty process? 	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.25(j)	5) Do you ask applicants if they have ever tested positive or refused to test on any pre-employment drug or alcohol tests?	Y <input type="checkbox"/> N <input type="checkbox"/>
Contracted Services		
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,	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
	Who is your service agent?	Click here to enter text.

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	What tasks does the service agent perform for you?	Click here to enter text.
40.15(b)	a) Have you reviewed the service agent's procedures to ensure they are in compliance with 49 CFR Part 40 and Part 655?	Y <input type="checkbox"/> N <input type="checkbox"/>
	<ul style="list-style-type: none"> When was the review completed? 	
	<ul style="list-style-type: none"> Were there any compliance problems? 	Y <input type="checkbox"/> N <input type="checkbox"/>
	<ul style="list-style-type: none"> If yes, did you conduct a follow up review? 	
	(i) When?	
40.17	2) Do you receive information from your C/TPA without significant delay?	Y <input type="checkbox"/> N <input type="checkbox"/>
40, C-E	Urine Collection Facilities	
	What collection sites are used by your organization?	Click here to enter text.
655.45	a) Do these collection facilities allow for testing at all hours of your service?	Y <input type="checkbox"/> N <input type="checkbox"/>
40.35	b) Have you provided the name of your DER to each collection facility?	Y <input type="checkbox"/> N <input type="checkbox"/>
40.33	c) Have the collection site personnel received the required training?	Y <input type="checkbox"/> N <input type="checkbox"/>
	<ul style="list-style-type: none"> Does your organization have documentation evidencing the training? Tracked on Records Review Sheet 	Y <input type="checkbox"/> N <input type="checkbox"/>
	d) 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?	Y <input type="checkbox"/> N <input type="checkbox"/>
	<ul style="list-style-type: none"> If yes, Date of review: 	
	<ul style="list-style-type: none"> Were there any findings? 	Y <input type="checkbox"/> N <input type="checkbox"/>
	(i) If yes, did you conduct a follow-up review?	Y <input type="checkbox"/> N <input type="checkbox"/>
	(ii) Date of follow-up review	
	(iii) Were the issues resolved?	Y <input type="checkbox"/> N <input type="checkbox"/>
40, F	Laboratories	
	What laboratory does your organization use?	Click here to enter text.
40.81	e) Do you have documentation that shows the laboratory is certified, by HHS, under the National Laboratory Certification Program?	Y <input type="checkbox"/> N <input type="checkbox"/>
40.103	f) Does your organization or your TPA submit blind specimens to the lab? <i>(Only required for agencies with over 2000 covered employees)</i>	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.105	<ul style="list-style-type: none"> Have any of the results shown different results than expected? 	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.105(a)	<ul style="list-style-type: none"> If yes, did you or your TPA investigate the issue? 	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.105(b-c)	What steps were taken to resolve this issue?	Click here to enter text.
40.107	g) Have you or your TPA reviewed the laboratory?	Y <input type="checkbox"/> N <input type="checkbox"/>
	<ul style="list-style-type: none"> If yes, were there any compliance problems? 	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
	(i) If yes, did you conduct a follow up review?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
	(ii) Date of follow up review	

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40, G		Medical Review Officer (MRO)	
	h) Who is your MRO?	Click here to enter text.	
40.121(a)	i) Does the MRO have the proper credentials?	Y <input type="checkbox"/>	N <input type="checkbox"/>
40.121(b)	j) Does the MRO possess the required basic knowledge?	Y <input type="checkbox"/>	N <input type="checkbox"/>
40.121(c-d)	k) Has the MRO completed the required training?	Y <input type="checkbox"/>	N <input type="checkbox"/>
40.121(e)	l) Do you have documentation on file to evidence the above?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	m) Have you or your TPA conducted a review of the MRO?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	• If yes, were there any compliance problems?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	(i) If yes, did you conduct a follow up review?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	(ii) Date of follow up review		
Follow up:			
Part 40, J-N		Blood Alcohol Technicians and Screening Test Technicians	
	Who are your BATs or SSTs?	Click here to enter text.	
40.213	n) Have they received the required training?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	o) Do you have documentation on file evidencing their training?	Y <input type="checkbox"/>	N <input type="checkbox"/>
40.231	What devices are used by your BAT's or SST's?	Click here to enter text.	
	p) Have you conducted a review of the BAT's or SST's practices and procedures? If yes, date?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	• Were there any compliance problems?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	(i) If yes, did you conduct a follow up review?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	(ii) Date of follow up review		
Part 40, O		Substance Abuse Professional	
	Who is your SAP?	Click here to enter text.	
40.281(a)	q) Does the SAP have the proper credentials?	Y <input type="checkbox"/>	N <input type="checkbox"/>
40.281(c)	r) Has the SAP completed the completed the required training?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	• Do you have documentation on file to evidence the training?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	s) Have you conducted a review of the SAP's practices and procedures? If yes, date?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	• Were there any compliance problems?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	(i) If yes, did you conduct a follow up review?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	(ii) Date of follow up review		
655.14		Employee Education and Training	
655.14(a)	1) Does your organization display and distribute, to every covered employee:		
↓	a) Information material?	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	b) Community service hot-line telephone number for employee assistance (if available)?	Y <input type="checkbox"/>	N <input type="checkbox"/>

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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?	Y <input type="checkbox"/>	N <input type="checkbox"/>
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?	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	b) At least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Do you have documentation verifying which employees received training?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Testing Requirements			
655.21(a) & 655.31(a)	1) Does your organization's program include testing under the following circumstances?		
↓	a) Pre-employment (required for drug, optional for alcohol)	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	b) Post-accident	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	c) Reasonable suspicion	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	d) Random	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	e) Return to duty/follow-up	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.21(b)	2) Does your organization ensure that the test includes detection of the following drugs?		
↓	a) Marijuana	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	b) Cocaine	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	c) Opiates	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	d) Amphetamines	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	e) Phencyclidine	Y <input type="checkbox"/>	N <input type="checkbox"/>
	f) MDMA (i.e. Ecstasy)	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.21(c)	3) Is the use of the substances, identified above, prohibited at all times?	Y <input type="checkbox"/>	N <input type="checkbox"/>
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?	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.31(a)	b) Are covered employees prohibited from using alcohol within 4 hours prior to performing safety sensitive functions?	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.33(b)	c) On-Call status:		
655.33(b)	<ul style="list-style-type: none"> Are on-call employees prohibited from consuming alcohol during the on-call period? 	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.33(b)1	<ul style="list-style-type: none"> 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? 	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.33(b)2	<ul style="list-style-type: none"> Do you require an alcohol test if an on-call employee acknowledges alcohol use but claims the ability to perform safety sensitive functions? 	Y <input type="checkbox"/>	N <input type="checkbox"/>

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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)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
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?	Y <input type="checkbox"/>	N <input type="checkbox"/>
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:		
↓	<ul style="list-style-type: none"> The alcohol concentration falls below 0.02? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> The start of the employee's next regularly scheduled duty period but not less than eight hours following the administration of the test? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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?	N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	<ul style="list-style-type: none"> If yes, does your organization have legal authority to do so? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Testing Conditions			
655.41	1) Pre-employment testing		
	a) Drug testing:		
655.41(a)1	<ul style="list-style-type: none"> 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? 	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.41(a)2	<ul style="list-style-type: none"> 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? 	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.41(b)	<ul style="list-style-type: none"> Do they conduct a pre-employment test when transferring an employee from a non-safety sensitive function to a safety sensitive function? 	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.41(c)	<ul style="list-style-type: none"> When a pre-employment test is cancelled, do you require the employee/applicant to take another pre-employment drug test? 	Y <input type="checkbox"/>	N <input type="checkbox"/>
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? 	Y <input type="checkbox"/>	N <input type="checkbox"/>
	<ul style="list-style-type: none"> If no, was the employee(s) retained in your random pool? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
655.42	b) Alcohol Testing – Does your organization conduct pre-employment alcohol testing? If yes:	N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
655.42(a)	<ul style="list-style-type: none"> Is the test conducted prior to placing the employee/applicant into a safety sensitive function? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
655.42(b)	<ul style="list-style-type: none"> Is the test required for all employees/applicants? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
655.42(c)	<ul style="list-style-type: none"> Is the test conducted after making a contingent offer of 	N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

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	employment?			
655.42(d)	<ul style="list-style-type: none"> Are all pre-employment alcohol tests conducted in accordance with 49 CFR Part 40? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
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? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.43	2) Reasonable Suspicion Testing			
655.43(b)	a) Have the employees authorized to make reasonable suspicion determinations received the required training?		Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	b) Have any reasonable suspicion tests been conducted? If yes,		Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> Was the employee who made the determination authorized and trained to make reasonable suspicion determinations? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	<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? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.43(c)	c) If a reasonable determination was made for alcohol consumption was the test conducted:	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> While the employee was performing a safety sensitive function? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> Just before the employee was to perform a safety sensitive function? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> Just after the employee has ceased performing a safety sensitive function? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.43(d)	<ul style="list-style-type: none"> Within two hours of the determination? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	(i) If no, is there documentation on file detailing the reasons the test was not conducted?	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
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:		Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> Was a post accident test conducted as soon as possible? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	(i) How long after the accident was the drug test			
↓	(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? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> Were other covered employees, who's actions may have contributed to the accident, tested? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.44(a)2	b) Non-Fatal Accidents – Were there any other accidents (as defined in 49 CFR Part 655.4)? If yes,		Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> Was a post accident test conducted as soon as possible? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	(i) How long after the accident was the drug test?			
↓	(ii) How long after the accident was the alcohol test?			
655.44(a)2	<ul style="list-style-type: none"> Were all covered employees operating the vehicle(s) involved in the accident tested? 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
↓	<ul style="list-style-type: none"> Were other covered employees, whose actions may have contributed to the accident, tested? If not, 	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>

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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?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
655.45	2) Random Testing	
655.45(a)	a) Were random drug tests performed on the equivalent of 25 percent of your organization's covered employees?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
↓	b) Were random alcohol tests performed on the equivalent of 10 percent of your organization's covered employees?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
655.45(e)	c) What procedures does your organization use for its random draw?	Click here to enter text.
655.45(g)	d) Are random tests conducted throughout your organization's hours of service?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
↓	e) Are random tests spread conducted at varying times during the month?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
655.45(h)	f) Are employees selected for random tests required to proceed to the testing facility immediately upon notification?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
655.46	2) Return to Duty Tests	
↓	d) Did any employees refuse to submit to a drug or alcohol test?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	e) Did any employees have a confirmed positive test result?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	f) If the answer to "a)" or "b)" above was yes:	
↓	• Was a return to duty test conducted?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	If not, why?	Click here to enter text.
40.301	If yes, did the employee complete the SAP process?	Y <input type="checkbox"/> N <input type="checkbox"/>
40.301(c)1	Does your organization have documentation to support this claim?	Y <input type="checkbox"/> N <input type="checkbox"/>
655.61	Test results	
40.21	1) Does your organization "Stand Down" employees prior to the MRO completing the verification process?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	a) If yes, were you granted a waiver by USDOT?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	b) Do you have documentation on file showing this waiver?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
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:	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	a) Was the employee immediately removed from safety sensitive duty?	Y <input type="checkbox"/> N <input type="checkbox"/>
655.62	b) Was the employee/applicant referred to a Substance Abuse Professional (SAP)?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	c) Did the employee complete the SAP recommendations?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	• Do you have documentation on file evidencing compliance with the SAP recommendations?	Y <input type="checkbox"/> N <input type="checkbox"/>
655.61(b)	d) Were return to duty and follow up tests conducted?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	If no, why?	Click here to enter text.

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40.23(b)	3) Did your organization receive any test results that were verified adulterated?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	a) If yes, did you treat the result as a refusal to test?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.23(e)	4) Did your organization receive any test results that indicated the specimen was dilute?	Y <input type="checkbox"/> N <input type="checkbox"/>
	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?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.197(b)	• If verified negative, did you require the employee to be re-tested?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.197(c)	(i) Are all employees treated in this manner?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.23(f)	5) Did you receive any test results indicating that the specimen was invalid? If yes,	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	a) Did you direct the employee to submit another test under direct observation?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
↓	b) Did you attach any other consequences?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
↓	c) Was the employee given advance notice?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
↓	d) Did you indicate the same type of test as the original on the CCF?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
40.23(f)	6) Did you receive any cancelled tests? If yes,	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	a) Was a negative test required (pre-employment, return to duty, follow up) If yes,	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
↓	• Was the employee/applicant directed to immediately submit to another test?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
655.71 & 40.333	Records control and retention	
655.71(a)	Where are your testing records kept?	Click here to enter text.
↓	1) Is this a secure location?	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	Who has access to the records?	Click here to enter text.
655.71(c)	2) What types of records are maintained by your organization?	
655.71(c)1	a) Records related to the collection process	
↓	i) Collection log books (if used)	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	ii) Documents relating to the random selection process	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	iii) Documents generated in connection with a decision to administer a reasonable suspicion test	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
↓	iv) Documents generated in connection with a decisions on post accident tests	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	v) MRO documents verifying existence of a medical explanation for inadequate urine or breath	Y <input type="checkbox"/> N <input type="checkbox"/>
655.71(c)2	b) Records related to test results	
↓	i) The employer copies of the chain of custody form	Y <input type="checkbox"/> N <input type="checkbox"/>
↓	ii) Documents related to test refusals	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>

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	iii) Documents from employee disputing the test results	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.71(c)3	c) Records related to SAP referral			
	i) Employee/applicant referral	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	ii) Return to duty	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	iii) Follow up tests	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	iv) Employee's/Applicant's entry into and successful completion of the SAP recommended treatment program	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
655.71(c)4	d) Employee Training records			
	i) Training materials on drug and alcohol awareness		Y <input type="checkbox"/>	N <input type="checkbox"/>
	ii) Awareness training – Names, dates, and times of training		Y <input type="checkbox"/>	N <input type="checkbox"/>
	iii) Reasonable suspicion training		Y <input type="checkbox"/>	N <input type="checkbox"/>
	iv) Certification that the training complies with 49 CFR Part 655		Y <input type="checkbox"/>	N <input type="checkbox"/>
655.71(b)	3) How long do you retain the records?			
	a) Five Years			
	i) Verified positive test results	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	ii) Documentation of test refusals	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	iii) Employee referrals to SAP	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	iv) Copies of the annual MIS report		Y <input type="checkbox"/>	N <input type="checkbox"/>
	b) Two Years			
	i) Records related to the collection process		Y <input type="checkbox"/>	N <input type="checkbox"/>
	ii) Documentation of employee training		Y <input type="checkbox"/>	N <input type="checkbox"/>
	c) One Year			
	i) Records of negative test results		Y <input type="checkbox"/>	N <input type="checkbox"/>
40, P	Confidentiality			
40.321	a) Have you released any employee drug and alcohol testing information to anyone without the written permission of the employee?	N/A <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	<ul style="list-style-type: none"> If yes, what were the circumstances that surrounded the release of information? Click here to enter text. 			
655.72	MIS Reports			
	1) Do you submit your annual MIS report to WSDOT in a timely manner?		Y <input type="checkbox"/>	N <input type="checkbox"/>
	2) Did the reports contain all of the required information?		Y <input type="checkbox"/>	N <input type="checkbox"/>