



**CENTRAL OREGON INTERGOVERNMENTAL COUNCIL
CASCADE EAST TRANSIT
DRUG AND ALCOHOL POLICY**

Subject to Federal Drug and Alcohol Testing

Approved by the COIC Executive Committee September 4, 2014

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INTRODUCTION

The Central Oregon Intergovernmental Council Cascades East Transit (COIC-CET) performs a vital service to our communities. Cascades East Transit is committed to providing and maintaining a safe and healthy work environment for its employees and a safe and dependable transportation system for the public. The use of drugs and/or alcohol can adversely affect the ability to perform safely and may constitute a threat to the health and safety of the public, employees and to the efficient operation of the Cascade East Transit. Therefore, COIC-CET shall establish a work environment where its employees are free from the effects of drugs and/or alcohol.

OBJECTIVE

The Central Oregon Intergovernmental Council Cascades East Transit (COIC-CET) is committed to providing and maintaining a safe and healthy work environment for its employees and a safe and dependable transportation system for the public. The use of drugs and/or alcohol can adversely affect the ability to perform safely and may constitute a threat to the health and safety of the public and other COIC-CET employees and to the efficient operation of COIC-CET. Therefore, COIC-CET shall establish a work environment where its employees are free from the effects of drugs and/or alcohol.

It is the intent of this policy to achieve a drug and alcohol free workforce in the interest of the health and safety of employees and the public, to enhance worker productivity and safety, and to encourage employees to seek assistance and treatment for drug and/or alcohol related problems before such problems affect performance and safety.

This policy is also intended to comply with all applicable federal regulations governing drug and alcohol misuse prevention programs in the transit industry. In 1994, the Department of Transportation published rules mandating the establishment of drug and alcohol abuse prevention programs and of alcohol and drug testing of safety-sensitive employees (49 CFR, Part 655). 49 CFR Part 40 governs the procedures for transportation workplace Drug and Alcohol Testing Programs.

Any provisions set forth in this policy that are included under the sole authority of COIC-CET and are not provided under the authority of the above named Federal regulations are underlined. Provisions set forth in the Drug-Free Workplace Act (49 CFR Par 29) are delineated in *italics*. Tests conducted under the sole authority of COIC-CET will be performed on non-DOT forms and will be separated from DOT testing in all respects.

The objectives of this policy are to:

- Maintain a safe, drug and alcohol free transportation system
- Maintain safe, efficient working conditions for COIC-CET employees
- Maintain COIC-CET's compliance with applicable Federal regulations
- Encourage COIC-CET's employees to seek help with problems related to drugs and alcohol.

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APPLICATION

This policy applies to all covered employees as defined herein. Covered employees shall include applicants for employment in positions that require the performance of a safety-sensitive function, contractors (except maintenance contractors) performing a safety-sensitive function for COIC-CET, and volunteers who operate a vehicle for COIC-CET. Covered employees include those who are incumbents in the positions listed in Attachment B which is attached hereto. Participation in COIC-CET's Drug and Alcohol program is a requirement of each safety sensitive employee, and therefore, is a condition of employment.

EMPLOYEE ASSISTANCE

It is the purpose of this policy to provide assistance to covered employees who experience personal problems, including problems involving drug use and/or alcohol misuse, which may adversely affect job performance and/or result in activity that is in violation of this policy. Covered employees are encouraged to voluntarily seek assistance in dealing with emotional, physical, or mental health problems, including drug use and/or alcohol misuse.

If a covered employee requests assistance from COIC-CET for a drug and/or alcohol problem, before the problem affects job performance, he/she will not jeopardize his/her employment solely by requesting assistance to deal with a drug and/or alcohol problem. However, if a covered employee does not seek treatment for a drug and/or alcohol problem, and it is found that his/her performance is being affected and/or his/her actions violate this policy, the covered employee may be subject to discipline, up to and including termination.

PROHIBITED CONDUCT

The COIC-CET expects and requires that all covered employees to report to work in an appropriate mental and physical condition to work safely and effectively. No covered employee shall report to work or engage in work while having the presence of alcohol, illegal drugs, or any other disabling or controlled substance in his/her system. A breath alcohol concentration level of 0.02 or greater or a verified positive result on a drug test will be considered to be evidence of the presence of alcohol or a prohibited drug in one's system. Compliance with this policy is a condition of employment. Any violation of this policy may subject the covered employee to discipline, up to and including termination.

Covered employees are prohibited from engaging in the *possession, sale, transporting, distribution, manufacture or* use of alcohol, illegal drugs or any other disabling or controlled substance at any time while on duty and/or on COIC premises, which includes COIC owned or operated vehicle(s) or facilities.

Federal Transit Administration (FTA) regulation 49 CFR Part 655, "Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations," prohibits a covered employee from performing a safety-sensitive function while having a breath alcohol concentration level of 0.02 or greater. In addition, a covered employee must not consume alcohol while performing a safety-sensitive function and must not consume alcohol four (4) hours prior to performing a safety-sensitive function and up to eight (8) hours following an accident or until the covered employee undergoes a post-accident drug and/or alcohol test, whichever occurs first. FTA regulation 49 CFR Part 655, "Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations," prohibits the use and ingestion of prohibited drugs at all times, as amended by 49 CFR Part 40.

Prohibited Substances:

- Marijuana

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- Cocaine
- Amphetamines
- Opiates
- Phencyclidine

Federal regulations require COIC-CET to test for prohibited drug use and alcohol misuse for FTA-covered employees. Participation in COIC-CET's drug and alcohol testing program is a condition of employment for all covered employees. A covered employee who refuses to submit to a drug or alcohol test will be in violation of this policy and may be subject to discipline, up to and including termination.

PRESCRIPTION/OVER-THE-COUNTER DRUG USE

A covered employee may possess and use medically authorized prescriptions or over-the-counter drugs at work as long as the prescription or over-the-counter drug does not have disabling effects or otherwise affect the covered employee's fitness for duty or job performance. Covered employees must report the use of prescription or over-the-counter drugs, which could have a disabling effect or otherwise adversely affect the covered employee's fitness for duty or job performance to his or her immediate supervisor or the Transportation Manager. It is the covered employee's responsibility to determine from the physician, pharmacist, or other health care professional whether or not the prescribed or over-the-counter drugs could affect the covered employee's fitness for duty or impair job performance. Upon reporting the use of prescription or over-the-counter drugs, covered employees may be required to provide a written medical authorization to work from a physician. Failure to report the use of prescription or over-the-counter drugs which have disabling effects or otherwise affect the covered employee's fitness for duty while at work and failure to provide proper evidence of medical authorization to work may result in discipline, up to and including termination.

WORK PERFORMANCE

The presence or treatment of a substance abuse problem does not excuse a covered employee from meeting performance, safety, or attendance standards or following other COIC-CET instructions. In no circumstances may a covered employee invoke protection under this policy as a means to avoid disciplinary actions resulting from poor work performance or misconduct at work. A voluntary request for assistance will not shield a covered employee from disciplinary action resulting from on-the-job conduct or work performance. Covered employees remain responsible for their on-the-job conduct and work performance.

COVERED EMPLOYEE RESPONSIBILITY

The COIC-CET expects and requires the support of all covered employees in meeting its commitment to providing a drug and alcohol free work environment. Each employee who observes or has knowledge of a covered employee in a condition which impairs his/her ability to perform his/her job duties or who poses a serious hazard to the safety and welfare of others, has an assertive responsibility to report the information to his or her immediate supervisor or any other supervisor trained in reasonable suspicion (see procedures)..

SCHEDULED ON-CALL EMPLOYEES

Any covered employee who is scheduled to be on-call for a specific time period and who is required to report to work immediately upon notification, is considered a scheduled on-call employee. Scheduled on-call employees must not consume alcohol during their scheduled on-call shift and must not consume alcohol during the four (4) hours preceding their on-call shift.

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OFF DUTY EMPLOYEES

Any covered employee who is requested to report for duty when he or she is not regularly scheduled to work is considered an on-call covered employee. An on-call covered employee who is requested to report for duty less than four (4) hours prior to the requested report time must inform COIC-CET if he/she has consumed alcohol within four (4) hours of the requested report time.

If an on-call covered employee informs COIC-CET of his/her use of alcohol and claims he/she has the ability to safely perform his/her safety-sensitive function, the covered employee may be allowed to submit to a breath alcohol test. If the covered employee's breath alcohol concentration level measures less than 0.02, the covered employee will be allowed to perform his/her safety-sensitive function.

An on-call covered employee who informs COIC-CET of his/her use of alcohol and fails the breath alcohol test will not be permitted to report for duty and will not be considered to be in violation of this policy. If an on-call covered employee who does not inform COIC-CET of his/her use of alcohol and exhibits signs of alcohol misuse, he/she may be subject to reasonable suspicion testing. If the test indicates a breath alcohol concentration level of 0.02, or greater, he/she will be in violation of this policy.

A regularly scheduled covered employee or a covered employee who is given more than four (4) hours notice of the requirement to report for duty must not consume alcohol four (4) hours prior to performing a safety-sensitive function. The option of claiming ability to perform a safety-sensitive function and being tested to prove the ability does not apply.

TRAINING

All covered employees will receive training regarding the effects and consequences of substance abuse use on personal health and safety, and the work environment. Training will also be provided regarding the manifestations and behavioral cues indicating substance abuse. The training must be at least 60 minutes in length and include handouts.

All supervisors who will be responsible for determining when it is appropriate to administer reasonable suspicion drug and/or alcohol tests will receive training on the physical, behavioral, and performance indicators of probable drug use and alcohol misuse. The reasonable suspicion training must be at least 60 minutes for the alcohol program and 60 minutes for the drug program.

The service hotline numbers for drug and alcohol information and/or assistance is the Alcohol/Drug 24 Help Line at (800) 621-1646 for Oregon or (800) 562-1240 for Washington.

CONFIDENTIALITY AND RECORD RELEASE

The COIC-CET will maintain all records regarding the drug and/or alcohol testing of covered employees in a secure manner so that the disclosure of information to unauthorized persons does not occur. These records will be maintained separate from the employee's personnel file. COIC-CET will only release information regarding the drug and/or alcohol testing of covered employees to those individuals, and in those circumstances, as specified in the Federal regulations as follows:

- When an employee gives written instruction the employer may release information or copies of records regarding an employee's test results to a third party or subsequent employer;
- When due to a lawsuit, grievance, or proceeding initiated on behalf of the employee

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tested, the result must be released to the decision-maker in the case;

- When an employee provides a written request for copies of his/her records relating to the test(s);
- When an accident investigation is being performed by the National Transportation Safety Board (NTSB) and the post-accident test results are needed for the investigation;
- When records are requested by the Department of Transportation (DOT), any DOT agency with regulatory authority over the employer or any of its employees and to the state agency with regulatory oversight over COIC-CET in respect to grants of FTA funds.
- (Note: Requests for test results information by an unemployment service bureau can be granted, if the employee's dismissal was the result of a positive drug or alcohol test, because the request for unemployment benefits was initiated by the employee.)

EMPLOYER AND EMPLOYEE FINANCIAL RESPONSIBILITY

Except as otherwise provided herein, COIC-CET will be responsible for all costs directly associated with the drug and alcohol tests specified in this policy.

TESTING

Participation in COIC-CET's drug and alcohol testing program is a requirement of each covered employee. Applicants for employment in a safety-sensitive position, employees requesting transfer into a safety-sensitive position, and covered employees in a position that requires the performance of a safety-sensitive function are required to submit to drug and alcohol testing, as mandated by Federal regulations and COIC-CET policy, as a condition of employment with COIC-CET. The Department of Transportation (DOT) Regulation 49 CFR Part 40, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs," prescribes the testing methods that will be used.

All drug and alcohol testing will be conducted in a manner which assures a high degree of accuracy and reliability by using the techniques, chain of custody procedures, and equipment and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (HHS) and DOT.

All drug and alcohol testing will be conducted in an environment, which affords maximum privacy practicable for the covered employee being tested. COIC-CET will adhere to all standards of confidentiality, maintaining the confidentiality of the covered employee throughout the drug and/or alcohol testing process.

The covered employee may be tested for controlled substances at any time during his/her work day, except pre-employment, and alcohol testing will be conducted just before, during or after performing safety sensitive functions.

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PRE-EMPLOYMENT

All applicants for employment in safety-sensitive positions or individuals requesting to be transferred or promoted into safety-sensitive positions must submit to and pass urine testing for drugs prior to being hired or assigned to a safety-sensitive position. Pre-employment tests are also required of any covered employee who has been away from work for more than ninety (90) consecutive calendar days and who has not been in the random pool during this period. In addition, all applicants or transferees are required to sign a release of information directed to previous DOT regulated employers that requires the provision of the individual's Drug and Alcohol testing records for the prior two years to COIC-CET. The applicant or transferee is required to inform the potential employer of any positive drug pre-employment tests or refused-to-test for pre-employment drug tests for any DOT regulated potential employer. If the applicant has a positive pre-employment drug test for another DOT regulated potential employer or a positive drug test for a DOT regulated employer the application will be rejected by COIC-CET to the maximum extent allowed by law.

Failure of a drug test will disqualify an applicant for employment or transfer to a safety-sensitive position. A verified positive result on a drug test is considered to be a failure of the drug test. A refusal-to-test is considered a failure of the drug test. (It is not a refusal if the applicant fails to appear for the test, delays a test, leaves the collection site prior to the commencement of the test. A refusal occurs once the collection process has started and there is a failure to complete the process.) An applicant who has failed a pre-employment drug test will be referred to a Substance Abuse Professional (SAP). An applicant who has failed a pre-employment drug test for COIC-CET or any drug and/or alcohol test for any other DOT regulated employer will be ineligible to submit another application for employment with COIC-CET to the maximum extent allowed by law.

A cancelled or invalid pre-employment test will result in COIC-CET requiring the submission of a second pre-employment test.

REASONABLE SUSPICION

Covered employees will be required to submit to urine testing for drugs and/or alcohol breath testing when there is a reasonable suspicion the covered employee is under the influence of a prohibited drug or has used alcohol in violation of COIC-CET's policy. The authorization to administer a reasonable suspicion test will be made by a supervisor trained to identify the signs and symptoms of drug use and alcohol misuse. The authorization will be based on the supervisor's specific, contemporaneous, observations concerning the appearance, behavior, speech, or body odors of the covered employee. Alcohol testing is authorized only if the observations required are made during, just preceding, or just after the period of the workday that the covered employee is required to be performing safety sensitive functions.

When a covered employee has been notified that he/she will be required to submit to reasonable suspicion drug and/or alcohol testing, he/she must report immediately to the collection site designated by COIC-CET. A COIC-CET staff person will transport and accompany the employee to the collection site and arrangements made for the employee to be transported safely home.

The alcohol test must be completed within two (2) hours of the observation, if not, the staff member shall continue to have the test conducted up to eight (8) hours following the observation. After eight (8) hours the attempt to test will cease.

If an alcohol test is not completed within the two (2) or eight (8) hour time periods, the staff member shall prepare and maintain on file a record stating the reasons the test was not administered within the appropriate time frames.

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The COIC-CET staff member initiating a reasonable suspicion test will be responsible for documenting the reasons for the suspicion and the facts or circumstances of the incident which precipitated the reasonable suspicion testing. All documents generated in connection with decisions to administer a reasonable suspicion drug and/or alcohol test will be maintained by the Designated Employer Representative (DER).

POST-ACCIDENT

Drug and alcohol testing is required of all surviving employees operating the vehicle at the time of an accident which meets the FTA's requirements for post accident drug and alcohol testing. Other covered employees shall be tested whose performance could have contributed to the accident, as determined by the DER, DAPM or Transportation Manager using the best information available at the time of the decision. In nonfatal accidents, drug and alcohol testing is required of all covered employees unless the involved covered employees' performance can be completely discounted as a causative or contributing factor.

An accident is defined as an occurrence associated with the operation of a vehicle in which:

- An individual dies (testing is always done if there is a fatality, even if the covered employee is determined not to have contributed to the accident), or
- An individual involved in the accident suffers a bodily injury and immediately receives medical treatment away from the scene of an accident, or
- One or more of the vehicles involved incurs disabling damage as a result of the occurrence and is transported away from the scene by a tow truck or other vehicle.

Following a fatal accident, each surviving covered employee operating the vehicle at the time of the accident must be tested. Covered employees not on the vehicle whose performance could have contributed to the accident must also be tested as determined by the DER, DAPM or Transportation Manager using the best information available at the time of the decision.

Following a nonfatal accident, any covered employee who is involved in and is operating the vehicle at the time of said accident will be subject to drug and alcohol testing unless COIC-CET determines, using the best available information at the time of the decision that said covered employee's performance could be completely discounted as a contributing factor to the accident. An occurrence associated with the operation of the vehicle means the accident or incident must be directly related to the manner in which the driver applies the brake, accelerates, or steers the vehicle. Operation of a vehicle does not include operation of the lift. An accident could be the result of a collision with another vehicle or pedestrian or could be associated with an incident that occurs on the vehicle without any contact with another vehicle (i.e., a passenger falls on the bus due to the manner in which the vehicle was operated).

Covered employees not on the vehicle whose performance could have contributed to the accident, as determined by the DER, DAPM or Transportation Manager using the best information available at the time of the accident will be subject to drug and alcohol testing.

Post-accident drug and alcohol tests must be performed as soon as possible. Drug tests must be performed within thirty-two (32) hours following the accident. Alcohol tests should be performed within two (2) hours following the accident and must be performed within eight (8) hours following the accident. If the covered employee to be tested was injured in the accident, the requirement to test for drugs and alcohol should not delay necessary medical attention, but said testing could be administered simultaneously to the covered employee receiving necessary medical attention.

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The requirement to test for drugs and alcohol following an accident should in no way delay necessary medical attention for injured people or prohibit a safety-sensitive employee from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

Any covered employee involved in an accident must remain readily available for alcohol testing for up to eight (8) hours after the accident. Any covered employee involved in an accident must remain readily available for drug testing for up to thirty-two (32) hours after the accident. The covered employee is responsible for notifying COIC-CET of his or her location if he or she leaves the scene of the accident prior to submission to testing. Failure by the covered employee to remain readily available may be determined to be a refusal to submit to testing.

When a covered employee has been notified that he/she will be required to submit to post-accident drug and/or alcohol testing, he/she must report immediately to the collection site designated by COIC-CET.

Note: Post-accident drug and alcohol tests required by this policy are in addition to and/or separate from any tests conducted for law enforcement purposes.

RANDOM

All covered employees will be subject to random and unannounced drug and/or alcohol testing. When a covered employee has been notified that he/she has been selected for testing, he/she must report immediately to the collection site designated by COIC-CET. The dates for administering random tests are spread reasonably throughout the calendar year. Random testing shall be conducted at all times of day when safety-sensitive functions are performed. Random alcohol testing will only be conducted just before, during, and just after performing a safety sensitive function.

The selection of employees for random drug and alcohol testing shall be made by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with employee Social Security numbers, payroll identification numbers, or other comparable identifying numbers. Each covered employee shall have an equal chance of being tested each time selections are made and will remain in the random selection pool even after being tested. For example, it is possible for some covered employees to be tested several times in one year, and other covered employees not to be tested for several years. The FTA sets the testing rates for drugs and alcohol annually and COIC-CET will comply with those testing rates, as amended.

DRUG TESTING PROCEDURES

Drug testing will be conducted using laboratory testing of urine specimens for the following drugs, as amended by 49 CFR Part 40:

- Marijuana
- Cocaine
- Opiate
- Phencyclidine
- Amphetamines

All urine specimens will be collected at a collection site, designated by COIC-CET, which meets the guidelines established by the Department of Transportation under 49 CFR Part 40 as amended. The collection site personnel will be responsible for maintaining the integrity of the specimen collection and transfer process and for protecting the dignity and privacy of the covered

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employee providing the sample.

Chain of custody procedures, using DOT urine custody and control forms, will be used throughout the collection and analysis process to ensure that test results will be attributed to the correct covered employee. The DOT “Urine Custody and Control Form” (CCF) documents the chain of custody and is legal evidence that the reported test results apply to the donor.

At the collection site the testing should begin without undue delay. If you are also taking a DOT alcohol test, to the greatest extent practicable, the DOT alcohol test should be administered prior to the drug test. You are required to provide positive identification to the collector staff. You will be directed to remove outer clothing (e.g. coveralls, jacket, coat, and hat) and leave the clothing, along with purses, briefcases, backpacks, etc. with the collector. The collector will also request that you empty your pockets and display the items in your pockets. If there is nothing that can be used to adulterate a specimen, you will be allowed to place the items back in your pocket. If the collector finds anything that could be used to tamper with a specimen, the collector will determine if the item was brought into the collection site with the intent to tamper with the specimen. If the collector makes this determination, the collector must conduct a directly observed collection. If the collector determines the material was inadvertently brought to the collection site, (e.g. eye drops) the collector will secure and maintain it until the collection process is completed. Failure to comply with the collector’s instructions will be considered a refusal to test.

You are required to wash and dry your hands prior to the collection and cannot wash your hands again until the specimen has been given to the collector. You will be required to urinate into a collection cup or specimen bottle, supplied by the collection site, providing at least 45 milliliters (ml) of urine. If the collector observes conduct clearly indicating an attempt to tamper with a specimen (e.g. substitute urine in plain view or attempt to bring into the collection site an adulterant or urine substitute) the collector will require an immediate, directly observed collection. The collector will note the conduct on the CCF and contact the Drug and Alcohol Program Manager (DAPM).

The temperature of the specimen must be between 90 and 100 degrees F no later than four (4) minutes after the collection. If the temperature is outside the acceptable range then a new collection must be immediately conducted and it will be a directly observed collection. Both specimens will be sent to the lab for testing and the DAPM must be informed. If you refuse to provide a second specimen or refuse to provide the second specimen under direct observation, the first specimen will be discarded, the DAPM will be notified and it will be considered a refusal to test.

In addition, the collection site technician will visually examine the specimen for signs of tampering by looking for any unusual color, sediment or unusual odor. If the collector observes signs of tampering, a new collection must be immediately conducted and it will be a directly observed collection. Both specimens will be sent to the lab for testing and the DAPM must be informed. If you refuse to provide a second specimen or refuse to provide the second specimen under direct observation, the first specimen will be discarded, the DAPM will be notified and it will be consider a refusal to test. Collection site personnel will also be responsible for separating the specimen, in your presence, into two specimen bottles. One bottle shall contain thirty (30) ml of urine and will be used as the primary specimen. The second bottle shall contain at least fifteen (15) ml of urine and shall be used as the split specimen. Both bottles must be sealed and labeled in your presence. The labels must be printed with the same specimen identification number as the CCF. You will initial the labels verifying that the specimen is yours.

SHY BLADDER PROCEDURES

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You must be able to provide at least 45 ml of urine for a drug test. The collector will urge you to drink up to 40 ounces of fluid, distributed reasonably through a period of up to three (3) hours, or until you have provided a sufficient urine specimen. If you refuse to make an attempt to provide a new urine specimen, the collector will discontinue the collection and immediately notify the DAPM. This is considered a refusal to test. If you have not provided a sufficient specimen within three (3) hours of the first unsuccessful attempt to provide the specimen, the collector must discontinue the collection and notify the DAPM. The DAPM then is to consult with COIC-CET's Medical Review Officer (MRO) and then you will be directed to obtain within five (5) working days an evaluation from a licensed physician who is acceptable to the MRO and has expertise in medical issues related to your failure to provide a sufficient specimen. The physician is to determine if there is a medical condition that has, or with a high degree of probability could have, precluded you from providing a sufficient amount of urine. If the physician reports to the MRO that there was a medical condition that meets the above standard, the MRO will cancel the test. If the physician reports that there was no medical condition that meets the above standard, the MRO will determine that it was a refusal to test.

WHEN AND HOW IS A DIRECTLY OBSERVED COLLECTION CONDUCTED?

Under normal circumstances the applicant or covered employee will be afforded compete privacy in the restroom for providing the urine sample. Certain situations do require the urine sample be provided under same gender direct observation. Those situations include:

- ◆ The temperature on the original specimen was out of range; or
- ◆ The original specimen appeared to have been tampered with (i.e. unusual color, odor, foam, etc); or
- ◆ The laboratory reported to the MRO that a specimen is invalid, and the MRO reported to the COIC there was not an adequate medical explanation for the result; or
- ◆ The MRO reported to COIC that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed; or
- ◆ The laboratory reported to the MRO that the specimen was negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5mg/dL, and the MRO reported the specimen to COIC as negative-dilute and a second collection must take place under direct observation; or
- ◆ All return-to-duty or follow-up drug tests.

When that occurs, the donor will be required to follow the observer's instructions to raise their clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if there is any type of prosthetic or other device that could be used to interfere with the collection process.

Refusing to permit an observed collection, possessing or wearing a prosthetic or other device that could be used to interfere with the collection process are considered a refusal to test and will constitute a verified positive drug test result.

The observer must be the same gender as the employee. The observer does not have to be a trained collector. Refusal to allow a directly observed collection that is required or permitted is a refusal-to-test.

RETURN TO DUTY AFTER SPECIMEN COLLECTION

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A covered employee who is required to submit to random or follow-up drug testing may be returned to duty immediately following specimen collection. If the covered employee is subject to random or alcohol testing, the covered employee's return to duty will be dependent upon the outcome of the breath alcohol testing.

A covered employee who is required to submit to a reasonable suspicion or post-accident drug test will not be permitted to return to duty and will be placed on a paid leave pending the receipt by COIC-CET of a verified test results.

DRUG TESTING LABORATORIES

All drug testing must be completed in a laboratory certified by the Federal Department of Health and Human Services (HHS) under the National Laboratory Certification Program. The laboratory will evaluate the specimen to determine if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted. Then, immunoassay screening will be used as the initial test for the testing of the primary specimen. If any prohibited drug registers above the cutoff level designated in the Federal regulations, a confirmation test using gas chromatography/mass spectrometry (GC/MS) will be conducted. Refer to Attachment C.

DRUG TEST RESULTS

All drug test results will be reported by the testing laboratory to a qualified MRO designated by COIC-CET. Laboratories report to the MRO the following results:

- Negative
- Negative – Dilute
- Rejected for Testing, With Remarks
- Positive – With Drug(S)/Metabolite(S) Noted
- Positive – With Drug(S)/Metabolite(S) Noted – Dilute
- Adulterated, With Remarks
- Substituted, With Remarks
- Invalid Result, With Remarks

MEDICAL REVIEW OFFICER (MRO) DUTY RELATED TO TEST RESULTS

When the MRO receives a confirmed positive, adulterated, substituted, or invalid test result from the laboratory, the MRO must contact the employee directly to determine if the employee wants to discuss the test result. The MRO must explain to the employee that if he/she declines to discuss test results, the MRO will verify the test as positive or as a refusal-to-test because of adulteration or substitution, as applicable.

The MRO or MRO staff must make reasonable efforts to contact the employee at the day and evening phone numbers the employee listed on the Control and Custody Form. Reasonable efforts include, as a minimum, three (3) attempts, spaced reasonably over a 24 hour period to reach the employee. If the MRO or the MRO's staff is unsuccessful in contacting the employee, the MRO will contact COIC-CET's DAPM and instruct the DAPM to have the employee contact the MRO. The DAPM must attempt to contact the employee immediately. If the DAPM is successful in contacting the employee, the employee is informed that he or she has 72 hours to contact the MRO. If the employee fails to contact the MRO, the failure to contact the MRO will result in a report of a

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positive test or a refusal-to-test, as applicable. If the MRO and DAPM have been unsuccessful in contacting the employee after ten (10) days from the time the MRO received the results from the laboratory, the MRO will report the test as positive or as a refusal-to-test because of adulteration or substitution, as applicable. The employee has sixty (60) days to present to the MRO verification documenting that serious illness, injury, or other circumstances prevented contact with the MRO or DAPM in the times provided. The MRO may reopen the verification process and allow the employee to present information whether there is a legitimate medical explanation for the results from the test. If the employee agrees to talk with the MRO, the MRO may determine that a medical evaluation may be needed to determine if there is a legitimate reason for the test results. The employee must comply with the request for further medical evaluation and failure to do so is equal to expressly declining to discuss the test result. The employee has the burden of proof that a legitimate medical explanation for the test results exists. Even if the employee proves that there is a legitimate medical explanation for the test results and the MRO determines the test result is negative, the MRO has a duty to inform the employer the medication the employee is taking makes the employee unfit for duty.

If the laboratory determines the specimen has been adulterated or substituted, the employee has the burden of proof to show the MRO that a legitimate explanation for the presence of an adulterant in the specimen or the creatinine and specific gravity findings for the specimen. For an adulterated specimen, the employee must demonstrate the adulterant entered the specimen through physiological means. For a substituted specimen, the employee must demonstrate that he or she did produce or could have produced urine, through physiological means, outside of the standards for creatinine and specific gravity of normal human urine.

The MRO or the employer is not responsible for arranging, conducting or paying for any studies, examinations or analysis to determine if a legitimate medical explanation exists. If the MRO believes that the employee's explanation may present a reasonable basis for concluding that there is a legitimate medical explanation, the MRO must direct the employee to obtain within five (5) days a further medical evaluation. The evaluation must be performed by a licensed physician acceptable to the MRO, with expertise in the medical issues raised by the employee's explanation. The MRO or employer is not responsible for finding or paying for a referral physician. However, upon request from the employee, the MRO must provide reasonable assistance to the employee to find a referral physician.

The MRO reviews the referral physician's findings and determines that there is or is not a legitimate medical explanation and either cancels the test or reports the test as a refusal to test. It is important to note that revised federal regulations in Part 40 do not allow the MRO to consider explanations of confirmed positive, adulterated or substituted test results that would not, even if true, constitute a legitimate medical explanation. For example, a claim of unknowingly eating a marijuana brownie is not a legitimate medical explanation for a positive test for marijuana, thus the MRO cannot consider the explanation. Refer to Attachment C.

POSITIVE DRUG TEST RESULTS AND REFUSAL TO TEST (ADULTERATED AND SUBSTITUTED SPECIMENS)

A covered employee who has a verified positive drug test result or a verified adulterated or substituted specimen will be immediately removed from his or her safety-sensitive position, referred to a SAP for evaluation and advised of resources available to evaluate and resolve problems associated with drug abuse. It is COIC-CET's policy that the covered employee who has a verified positive drug test or a verified adulterated or substituted specimen may be subject to termination.

SPLIT SPECIMEN TESTING

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If the MRO verified a drug test as positive for a drug or drug metabolite, or as a refusal-to-test because of adulteration or substitution, the employee must be notified of his/her right to have the split specimen tested. A covered employee will have 72 hours including holidays and weekends, from the time of notification to the employee by the MRO, or COIC-CET, whichever occurs first, in which to request that the split specimen be analyzed at a different HHS-approved laboratory. The covered employee will be responsible for paying the cost of the split sample testing. COIC-CET will, upon request of the employee, arrange to pay for the test of the split specimen, however, COIC-CET will deduct the cost of the test from his or her paycheck or otherwise seek recovery of the cost of the second test from the employee.

SPLIT SPECIMEN OUTCOMES

Reconfirmed: – The split specimen tested as a positive. The MRO informs the employee and the DAPM the second test confirmed the results of the first test. If an adulterated or substituted specimen is reconfirmed, the MRO reports a “refusal-to-test” to the employee and DAPM.

Failed to Reconfirm Drug(s)/Drug Metabolite(s) Not Detected: – The MRO reports to the employee and DAPM that both tests are cancelled.

Failed to Reconfirm Adulteration or Substitution Criteria Not Met: – The MRO reports to the employee and DAPM that both tests are cancelled.

Failed to Reconfirm Specimen Not Available for Testing: – The MRO reports to the employee and DAPM that both tests are cancelled. The MRO directs the DAPM to send the employee for immediate recollection under direct observation.

If the result of the test of the split specimen fails to confirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen or fails to confirm the finding of an adulterated or substituted specimen, the MRO will cancel the test, and report the cancellation and the reasons for it to COIC-CET, the covered employee, and DOT. The covered employee will be returned to duty and will be compensated for time or benefits lost as a result of the positive drug test result or the refusal-to-test due to adulteration or substitution. COIC-CET will reimburse the employee for the cost of the split sample testing. The request by a covered employee for an analysis of the split specimen will not delay the removal of the covered employee from his/her safety-sensitive position.

DILUTE RESULTS

A dilute test that is verified as a positive test for drugs or drug metabolites is still considered a positive test. A dilute test that is negative will be considered a negative test and will require no further action.

INVALID TESTS

If the laboratory reports to the MRO the test results are invalid or contained an unexplained interfering substance, the MRO will contact the employee. The MRO will ask for information related to medication(s) which may have interfered with the immunoassay test. If the employee provides information that is acceptable, the MRO cancels the test based on an invalid result. A retest would be necessary when a negative test result is required for pre-employment, return-to-duty or follow-up testing. If the MRO determines the employee’s explanation does not account for the result, the MRO contacts the DER and requires an immediate collection under direct observation. If the employee tells the MRO that he/she adulterated or substituted the specimen, then the MRO reports a refusal to test.

SPECIMEN REJECTED FOR TESTING

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If a specimen is rejected for testing as a result of a fatal or uncorrected flaw in the collection process or handling by the laboratory, the MRO will cancel the test. The MRO will notify the DER and another collection is only required if the employer is required to have a negative test result from a pre-employment test.

BREATH ALCOHOL TESTING PROCEDURES

All breath specimens must be collected through the use of an evidential breath testing device (EBT) approved by the National Highway Traffic Safety Administration (NHTSA). The breath alcohol tests will be conducted by a trained breath alcohol technician (BAT) at a site that provides visual and aural privacy to the covered employee being tested to the greatest extent practicable. Prior to the alcohol test the covered employee must sign a DOT Alcohol Testing Form (ATF) indicating that the covered employee is about to submit to an alcohol test and the identifying information in Step 1 on the ATF is correct. Failure to sign the ATF is considered a refusal-to-test.

The BAT will conduct an initial screening test, requiring the covered employee to blow forcefully into a disposable mouthpiece, attached to the EBT, for at least six (6) seconds or until an adequate amount of breath has been obtained. Following the initial screening test, the BAT will show the covered employee the result displayed on the EBT, or the printed result. If the result of the initial screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be conducted. The confirmation test will be conducted at least 15 minutes, but not more than 30 minutes after the completion of the initial screening test. The covered employee must remain in the presence of the BAT during the waiting period. The confirmation test will be conducted using the same procedures as the initial screening test. A new mouthpiece will be used. Before the confirmation test is administered, the BAT will conduct an air blank test on the EBT. If a BAT other than the one who conducted the screening test is to conduct the confirmation test, the new BAT and the covered employee will be required to sign and date a new breath alcohol testing form. If the results of the initial screening test and the confirmation test are not identical, the confirmation test result will be deemed to be the final result.

Following the completion of a breath alcohol test, the BAT and the covered employee will be required to sign and date the breath alcohol testing form certifying that the results shown belong to the covered employee being tested. The BAT will be responsible for transmitting all test results to the COIC-CET in a confidential manner.

If a covered employee attempts and fails to provide an adequate amount of breath, the BAT will note this on the alcohol testing form and notify COIC-CET's DER. The DER will direct the employee to obtain, within five (5) days an evaluation from a licensed physician, who is acceptable to the employer, who has expertise in the medical issues raised by the employee's failure to provide a sufficient specimen.

BREATH ALCOHOL TEST RESULTS

If the results of the breath alcohol test are below 0.02, the covered employee may be returned to work immediately, unless he or she is also required to be tested for drugs under reasonable suspicion, return-to-duty or post accident testing.

COIC-CET, according to FTA, prohibits a covered employee, while having an alcohol concentration of 0.04 or greater, from performing or continuing to perform a safety sensitive function. A confirmed alcohol concentration of 0.02 or greater will be considered a positive breath alcohol test result and a violation of COIC-CET's policy. (FTA and DOT consider 0.04 and higher as a positive result, however, COIC-CET has adopted a zero tolerance policy for alcohol use and considers 0.02 or higher as a positive test result). The BAT must immediately notify the DER of any

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results that are 0.02 and higher. If the results of the breath alcohol test are 0.04 or greater, the covered employee will be immediately removed from his or her safety-sensitive position, referred to a SAP for evaluation and advised of the resources available to evaluate and resolve problems associated with alcohol misuse. If the results of the breath alcohol test are 0.02 or greater, then under COIC-CET authority, the covered employee will be immediately removed from his or her safety-sensitive position, referred to a licensed substance abuse counselor for evaluation and advised of the resources available to evaluate and resolve problems associated with alcohol misuse. It is COIC-CET's policy that the covered employee who has a confirmed breath alcohol of 0.02 or greater may be subject to termination.

A covered employee with a breath alcohol concentration level of 0.02 or greater will be provided transportation to his/her residence. If the covered employee insists on driving, law enforcement will be notified.

REFUSAL TO SUBMIT TO A TEST

A refusal to test is a positive test result. Any covered employee who refuses to submit to a drug or alcohol test will be considered to be in violation of this policy and may be discharged from employment from COIC-CET. Employee behavior that constitutes a refusal to test includes, but is not limited to, the following, or 49 CFR Part 40.191 and 40.261 as amended:

1. Fail to appear for any test within a reasonable time as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so.;
2. Fail to remain at the testing site until the testing process is complete*;
3. Fail to provide a urine specimen or an adequate amount of saliva or breath, for any drug or alcohol test required by this procedure or DOT regulations*;
4. In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of the specimen provided;
5. Fail to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure to provide;
6. Fail or decline to take an additional drug test the employer or collector has directed you to take;
7. Fail to undergo a medical examination or evaluation as directed by the MRO as part of the "shy bladder" verification process, or as directed by the DER/DAPM for verification of the "shy lung" process;
8. Fail to cooperate with any part of the testing process (e.g., refuse to empty your pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector, fail to remove unnecessary outer clothing).
9. For an observed collection, fail to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
10. Possess or wear a prosthetic or other device that could be used to interfere with the collection process.

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11. Admit to the collector or MRO that you adulterated or substituted the specimen.
12. For alcohol testing, fail to sign step 2 of the ATF.
13. Leaving the scene of an accident without a valid reason before the tests have been conducted.
14. If the MRO reports there is a verified adulterated or substituted test result.

* For pre-employment tests, failure to appear in the allotted time or leaving prior to starting the collection process is not a refusal under federal regulations, but is a violation under COIC-CET's authority and is subject to disciplinary action up to and including discharge.

A refusal to submit to an alcohol test is considered a positive test under DOT and FTA regulations.

Discipline

The FTA regulations do not mandate any specific disciplinary action; all discipline is applied under COIC-CET's authority and discretion. Compliance with COIC-CET's Drug and Alcohol Policy is a condition of employment for all covered employees. Covered employees will be immediately terminated for:

- A positive drug and/or alcohol test;
- A refusal to submit to a drug and/or alcohol test as defined in this policy;
- A conviction of any drug or alcohol related crimes;
- Engaging in the possession, sale, transporting, distribution, manufacture or use of alcohol, illegal drugs or any other disabling or controlled substance at any time while on duty and/or on COIC premises, which includes COIC owned or operated vehicle(s) or facilities.;

Covered employees who are discharged as a result of violating the Drug and Alcohol policy will be given information about treatment programs available in the community and referred to a Substance Abuse Professional (SAP) for evaluation. Refer to Attachment C.

ADDITIONAL INFORMATION

Questions about this policy or COIC-CET's testing program can be directed to the Drug and Alcohol Program Manager. Refer to Attachment C.

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ATTACHMENT A
Central Oregon Intergovernmental Council
Cascades East Transit
Drug and Alcohol Policy

TERMS AND DEFINITIONS:

Alcohol:	As defined by the FTA, the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl or isopropyl alcohol. As defined by COIC-CET, alcohol means any alcoholic beverage containing more than one half of one percent alcohol by volume, and every liquid or solid, patented or not, containing alcohol, and capable of being consumed by a human being.
Adulterated Specimen:	A specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.
Alcohol Use:	The consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.
Breath Alcohol Technician (BAT):	An individual who instructs and assists individuals in the alcohol testing process and operates an EBT.
Chain of Custody:	Procedures to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition. These procedures require that a DOT drug testing control and custody form be used at the time of collection to receipt by the laboratory and that upon receipt by the laboratory (an) appropriate chain of custody form(s) account(s) for the sample within the laboratory.
Confirmatory Drug Test:	A second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or drug metabolite.
Controlled Substance:	As defined by COIC-CET, controlled substance means any drug or its immediate precursor classified in Schedules I through V under the Federal Controlled Substances Act, 21 USC Sections 811 to 812, as modified under ORS 475.035. The use of the term “precursor” in this subsection does not control and is not controlled by the use of the term “precursor” in ORS 475.940, 475.950, and 475.955. In addition, manufactured drugs recognized by health and law enforcement agencies that are not included in Schedules I through V under the Federal Controlled Substances Act, 21 USC Sections 811 to 812, as modified under ORS 475.035 are considered to be controlled substances.
Covered employee:	Any employee who is employed in a position covered by this policy. Said positions are listed in Attachment B attached hereto.

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Designated Employer Representative (DER) or Drug and Alcohol Program Manager (DAPM):	An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this part. Service agents cannot act as DERs. The employer's representative that is responsible for administering the employer's DOT and FTA drug and alcohol testing program.
Department of Transportation (DOT):	The U.S. Department of Transportation which oversees the rules regarding the Drug and Alcohol Testing programs of the operating agencies, e.g. the FTA, etc.
Federal Transit Administration (FTA):	An operating agency of the U.S. Department of Transportation. The FTA has specific rules that a recipient of Federal Transportation funds must follow regarding the requirements for a drug and alcohol testing program.
Initial Drug Test (Screening Drug Test):	The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.
Initial Specimen Validity Test:	The first test used to determine if a urine specimen is adulterated, diluted, substituted or invalid.
Invalid Drug Test:	The result reported by an HHS-certified laboratory in accordance with the criteria established by HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for specific drug or specimen validity test.
Laboratory:	Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.
Limit of Detection (LOD):	The lowest concentration at which a measurand can be identified, but (for quantitative assays) the concentration cannot be accurately calculated.
Limit of Quantification:	For quantitative assays, the lowest concentration at which the identity and concentration of the measurand can be accurately established.
Medical Review Officer:	A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program that has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test results together with his/her medical history and any other relevant biomedical information.
Negative Result:	The result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration of the drug or drug class and the specimen is a valid specimen.
Over-The-Counter-Drugs/Medications:	Those drugs/medications which are legally available without a prescription.
Performing a Safety-Sensitive Function:	A covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually

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	performing, ready to perform, or immediately available to perform such functions.
Positive Result:	The result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations.
Prescription Drugs/Medications:	Those drugs/medications which are used in the course of medical treatment and have been prescribed and authorized for use by a licensed practitioner/physician or dentist.
Reconfirmed:	The result reported for a split specimen when the second laboratory is able to corroborate the original result reported for the primary specimen.
Rejected for Testing:	The result reported by an HHS-certified laboratory when no tests are performed for specimen because of a fatal flaw or a correctable flaw that is not corrected.
Safety-Sensitive Function:	Any of the following duties: <ul style="list-style-type: none"> • Operating a revenue service vehicle, including when not in revenue service; • Operating a non-revenue service vehicle, when required to be operated by a holder of a Commercial Driver’s License; • Controlling dispatch or movement of a revenue service vehicle; • Maintaining (including repairs, overhaul, and rebuilding) a revenue service vehicle or equipment used in revenue service except for contractors to Section 5311 (Formerly Section 18) transit agencies; • Carrying a firearm for security purposes;
Safety Sensitive Positions:	A position or job category that requires the performance of a safety-sensitive function. A list of safety-sensitive positions at COIC-CET, as defined by the Federal regulations and COIC-CET policy, is attached to this policy as Attachment B.
Split Specimen Collection:	A collection in which the urine collected is divided into two separate specimen bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).
Substance Abuse Professional:	A licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse). All must have knowledge of and clinical experience in the diagnosis and treatment of controlled substances-related disorders.

ATTACHMENT B
Central Oregon Intergovernmental Council
Cascades East Transit
Drug and Alcohol Policy

This policy shall be applied to the following positions. The following positions perform safety-sensitive functions

SAFETY-SENSITIVE POSITIONS

- Driver (including On-Call, Seasonal and Part-Time)
- Dispatcher
- Vehicle Washer/System Maintenance
- Lead Vehicle Washer/System Maintenance
- Field Supervisor – Bend
- Field Supervisor – Rural
- Lead Mechanic
- Mechanic
- CET Operations Manager
- CET Dispatch & Call Center Supervisor

ATTACHMENT C

Program Manager and Service Agents

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s).

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s).

COIC-CET Drug and Alcohol Program Manager

Name: Jane Foote

Title: HR Manager

Address: 334 NE Hawthorne Ave., Bend OR 97701

Telephone Number: 541-548-9537

Medical Review Officers

Name: Dr. Paul Scheider, MD, Dr. George W. Go, MD

Title: Medical Review Officer

Firm: Paragon MRO

Address: 9370 SW Greenburg Rd, Ste. 200, Portland, OR 97223

Telephone Number: 503-977-3225

Substance Abuse Professional

Name: David Stetson

Title: LCSW

Address: 2775 SW 17th St., Redmond OR 97756

Telephone Number: 541-771-2324

HHS Certified Laboratory Primary Specimen

Name: Legacy MetroLab, Dr. David Roberts, PhD

Address: 1225 NE 2nd Ave., Portland, OR 97232

Telephone Number: 503-413-5030

HHS Certified Laboratory Split Specimen

Name: Pathology Associates Medical Laboratory

Address: 110 W. Cliff Ave., Spokane WA 99204

Telephone Number: 509-755-8600

Consortium/Third Party Administrator (C/TPA)

Name: Deb Bliven

Title: Program Manager

A WorkSAFE Service, Inc.

1696 Capitol St NE, Salem, OR 97301

Telephone Number: 503-391-9363

Central Oregon Intergovernmental Council

Cascade East Transit

ACKNOWLEDGEMENT OF EMPLOYER'S DRUG AND ALCOHOL POLICY

I, _____, the undersigned, hereby acknowledge that I have received a copy of the Cascade East Drug and Alcohol Policy mandated by the U. S. Department of Transportation, Federal Transit Administration for all covered employees who perform a safety-sensitive function. I understand this policy is required by 49 CFR Parts 40 & 655, as amended, and has been duly adopted by the governing board of the employer. Any provisions contained herein which are not required by 49 CFR Parts 40 & 655, as amended, that have been imposed solely on the authority of the employer are designated as such in the policy document.

I further understand that receipt of this policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained therein. I will seek and get clarifications for any questions from the employer contact person listed in the policy. I also understand that compliance with all provisions contained in the policy is a condition of my employment.

I further understand that the information contained in the approved policy dated September 4, 2014 is subject to change, and that any such changes, or addendum, shall be disseminated to me in a manner consistent with the provision of 49 CFR Parts 40 & 655, as amended.

Employee Signature

Date

Witness Signature

Date