## U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM Calendar Year Covered by this Report:

I. Employer: Company Name:								,	•							OMB N	No. 210	5-052
Doing Business As (l	DBA) N	lame	(if applica	ble):_														
Address:										E-mail:								
Name of Certifying Official: Signa										re:								
Telephone: () Date Certifie																		
Prepared by (if differ	ent):										Telepl	none: (	)_					
C/TPA Name and Te Check the DOT agency FMCSA – Motor Co FAA – Aviation: Co RSPA – Pipeline: (Co FRA – Railroad: To USCG – Maritime: FTA – Transit II. Covered Employees	for wh arrier: I ertificate Check) ( otal Nun Vessel I	ich y DOT e # (i: Gas (i) nber (i)	ou are rep #: f applicable Gathering_ of observed (USCG- or	e): Gas d/doc	Trai umer e-Issi	nsmission nted Part ued):	Owner- 1_ Gas D 219 "Rule	opera I istribu G" O	tor: (c Plan / l ution_ bserva	rcle on Registra Trans Itions fo	e) YES or ation # (if ap port Hazard or covered e	NO I oplicable ous Liqu mployee (If mo	e <b>as ap</b> Exemp ): ids	oproj ot (Ci Tran	priate: ircle One sport Ca	e) YE	S or	NO detely.)
(B) Enter Total Number	er of Er	nplo	yee Catego	ories:														
Employee Category					Total Number of Employees in this Category					If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.								
III. Drug Testing Data	: 1		2	3		4	5	(	5	7	8	9	10		11	1:	2	13
	st	2]		<u> </u>									Ref	usal I	Results			
Total Number Of Test Results [Should equal		the sum of Columns 2, 3, 9, 10, 11, and 12] Verified Negative Results		Verified Positive Results ~ For One Or	More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For	PCF	Positive For Opiates	Positive For Amphetamines	Adulterated	Substituted		"Shy Bladder" ~ With No Medical Explanation		Submit To Testing	Cancelled Results
	T W	77	<i>&gt;</i> ∞	<u> </u>	N							<i>∀</i>	03	2	з > ш		N F	
Pre-Employment																		
Random																		
Post-Accident																		
Reasonable Susp./Cause																		
Return-to-Duty																		
Follow-Up																		
TOTAL																		
IV. Alcohol Testing Da	ta:		1		2		3			4	5	6		7		8	9	
					ч							_		Refi	usal Resu	ılts		
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]			Screening Tests With Results Below 0.02		Screening Tests With Results 0.02 Or Greater		Number Of Confirmation Tests		Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater		"Shy Lung" ~ With No Medical Explanation Other Refusals		To Submit To Testing	Cancelled Results		
Pre-Employment															+	`		$\dashv$
Random												1						_
Post-Accident												-	$\perp$					$\dashv$
												1	$\perp$					_
Reasonable Susp./	Cause											1						_
Return-to-Duty																		
Follow-Up																		
TOTAL						Ţ				_						1		

## PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2105-0529. The Department of Transportation estimates that the average burden for this report form is 1.5 hours. You may send comments regarding this burden estimate or any suggestions for reducing the burden to: U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, Room 10403, 400 Seventh Street, SW, Washington, D.C. 20590; OR Office of Management and Budget, Paperwork Reduction Project, 725 Seventeenth Street, NW, Washington, D.C. 20503.

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