U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

I. Emplo									•	•	ort:							C)MB N	lo. 210:	5-0529	
	any Name:																					
	g Business As (I																					
	Address:Name of Certifying Official:																					
	Telephone: ()																					
	Prepared by (if different):																					
	A Name and Tel																					
Check the FMC FAA RSPA FRA USCO FTA	e DOT agency SA – Motor Ca – Aviation: Ce A – Pipeline: (C – Railroad: To G – Maritime: '	for wharrier: Intertificate Check) (tal Nun Vessel	ich y DOT e # (if Gas C nber (ID # (ou are rep #: f applicabl Gathering_ of observed (USCG- or	e): _ Gas d/docu	Trai imer	nsmissio nted Part ued):	and comp Owner- n_ Gas D 219 "Rule	operat F istribu G" O	tor: (Plan ition bser	forma circle Regis Tra vations	one strat insp s fo	n on that s YES or tion # (if ap ort Hazard r covered e	NO Deplicable ous Liqued mployee (If me	e as a Exem): ids_ es:	appro npt (C	o pria Circle nspor	nte: e One) rt Car	YE	S or Dioxio	NO de	
(B) Ente	r Total Numbe	er of En	nploy	yee Catego	ories:																	
(C) Employee Category						Total Number of Employees in this Category					ar fo	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	g Testing Data:	1		2	3		4	5	6		7		8 v for each s	eparate 6		0		11	12)	13	
			2]			L	<u> </u>	<u> </u>		,	•			Refusal 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	Iore Drugs	Positive For Marijuana	Positive For Cocaine	Positive For	7	Positive For Opiates		Positive For Amphetamines	Adulterated	Substituted		"Shy Bladder" ~ With No Medical Explanation		Other Refusals To	Submit 10 Testing	Cancelled Results	
Type of Test		Z Å Å 2,		N N	> 2	4 Z								- Ā		īs S.,		≱⊞ ŏ		Te N	<u>"</u>	
Pre-Empl	loyment																					
Random																						
Post-Acc	rident																					
Reasonab	ole Susp./Cause																					
Return-to	o-Duty																					
Follow-U	Jp																					
TOTAL																						
IV. Alco	hol Testing Da	ta:		1		2		3			4		5	6		7	7	8	8	9		
	la "				th		th			Number Of Confirmation Tests Results			Confirmation Tests With Results 0.04 Or Greater		Refusal I		Results					
Т	Type of Test			Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]				Screening Tests With Results 0.02 Or Greater				Number Of			Confirmation Tests With Results 0.02 Through 0.039	"Shy Lung" ~ With No Medical		Other Refusals To Submit To		Cancelled Results		
Pre-Employment			R S T			N M		σ, <u>π</u> , <u>C</u>	,	4	<u> </u>) L			, и		O L L			\dashv	
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