INSTRUCTIONS FOR ONLINE REPORTING OF DOT FMCSA DRUG AND ALCOHOL TESTING RESULTS

The Federal Motor Carrier Safety Administration (FMCSA) collects drug and alcohol testing results in order to quantify the incidence of drug and alcohol abuse in the commercial motor vehicle industry; this data is used to determine FMCSA's random drug and alcohol testing rates for the next year.

Each year FMCSA collects data from a random sample of companies with fewer than 1,000 drivers, and from all companies with 1,000 or more drivers.

FMCSA notifies companies of reporting requirements by email (and physical mail if email bounces back undeliverable). Your notification includes a username and password that allows you to complete the required summary report online (or using a downloadable form). All interstate and intrastate commercial motor vehicle operators (including owner-operators) are required to participate in a U.S. Department of Transportation (DOT) drug and alcohol program.

You must complete your report or provide the appropriate response to the notification by March 15, 2017.

Note: If you encounter technical problems with the site, please call 617-494-6336.

Instructions: Employer Section



Log on to <u>https://damis.dot.gov</u> by entering the user name and password provided in your notification; then select "enter data".

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ease enter your data in each of the five sed ab. Navigate to different sections by clicking	tions below. Completed sections will be denoted with a check mark on the section the section tab, or by clicking the button(s) at the bottom of the screen.	
Employer Information 🧹 Covered Employ	ees 🖌 Drug Testing Data 🖌 Alcohol Testing Data 🖌 Wrap Up	
I. Employer		
Company Name:	Your Company Name	
Doing Business As (DBA) Name (if applicable);	
Address:	123 Address Road	
<u>City</u> :	Metropolis	
State:	Pennsylvania V	
Zip Code:	12345	
<u>E-Mail</u> :	JDoe@YourComapany.com	
Disposition Code:		
Name of Certifying Official: Phone (and extension):	555-555-1234	
Prepared by (if different):		
Phone (and extension):		
Consortium/Third Party Administrato (C/TPA) (if applicable):		
Phone (and extension):		
You are reporting MIS data to: FMCSA - Mo	tor Carrier 5	
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	>> Covered Employees	
	Privacy	Policy
	Paperwork Reduction Act	t Notice
	(as required by 5 CFR 13	20.21)

Enter your company's name, "doing business as" name (if applicable), address, and email.

2 Enter the name and complete telephone number of the company official certifying the accuracy of the report and the date that the person certified the report. The company official cannot be a service agent (e.g., representative of a consortium or third party administrator). A service agent can prepare the report, but a company official (e.g., safety officer or other authorized company representative) must certify the accuracy of the report by submitting it.

If someone other than the certifying official completed the D&A testing form, enter that person's name and phone number.

If you use a Consortium/Third Party Administrator (C/TPA), please enter the name and phone number.

5 Please verify FMCSA is typed in. This may be auto-filled.

6 Please enter your company's DOT#.

- If you are the only employee at the company, please select "yes" for owner-operator. If you have more than one employee, please select "no".
- 8 If you are operating vehicles that require CDLs on the public roads in intrastate or interstate commerce, please select "no" for exempt. In addition, an owner-operator is required to be registered in a consortium. (A consortium is a DOT random pool comprised of many different companies.) Please make sure you have the consortium name and phone number listed in the drug and alcohol testing report if you are an owner-operator.

Instructions: Employer Section

Status Logout Instructions Lease enter the total number of employees in each employee category below. Enter a zero for any employee category for which you ave no employees. Employer Information Covered Employees Drug Testing Data Alcohol Testing Data Wrap Up Interport Category Orug Testing Data Alcohol Testing Data Wrap Up Interport Category Orug Testing Data Alcohol Testing Data Wrap Up Interport Category O Total Number of Employees in this Category: Imployee Information < Imployee Information < >> Drug Testing Data Privace Imployee Information Employee Information < >>> Drug Testing Data Imployee Information < >>> Drug Testing Data Imployee Information < >>> Drug Testing Data >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	U.S. Department of Transportation	Drug & Alcohol Testin gement Information S	g ystem	ederal Motor Carrier Safety Administration F. M. C. S. A Karker or die bester
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				(as required by 5 CFR 1320.21)

Safety sensitive categories are job positions that require participation in a drug and alcohol testing program. FMCSA has only one safety-sensitive category, which is "drivers". Anybody that operates a vehicle that requires a commercial driver's license on public roads in intrastate or interstate commerce, including a part-time or occasional employee, is considered a driver. For example, if the number of drivers varied for your company during 2016, you will need to calculate the average number of positions throughout the year.

> A selection period reflects how often a motor carrier conducts random draws among drivers for testing – typically monthly or quarterly. If you conduct quarterly random draws, you would need to determine the number of drivers in your company during each quarter. For example, if your company had 30 drivers in quarter 1, 20 drivers in quarter 2, 40 drivers in quarter 3, and 25 drivers in quarter 4, you would divide the total of 115 drivers by 4 – resulting in an average of 28.75. Always round up the average results. Therefore, in this instance, the average number of driving positions to be entered is 29.

If you conduct monthly random draws (or more frequent random draws), add the total number of drivers for all selection periods, and then divide by the number of selection periods to get the average number of drivers. Thus, for monthly random draws, you would add all drivers, and then divide by 12 for the average number of drivers.

D Enter the total (or total average) number of drivers.

1) Enter the total (or total average) number of drivers again.

Instructions: Drug Testing Data Section

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Instructions													
Please enter drug testing data for each employee category even if you have no employees in a category. All fields must be completed.													
TIP: Click 'Set blanks to zero' to fill all empty fields with a zero.													
Employer Information 🗸 Covered Employees 🖌 Drug Testing Data 🖌 Alcohol Testing Data 🖌 Wrap Up													
Employee Categories:													
YOU MUST FILL IN	N EACH	CATEGO	RY TO (OMPLET	E THIS	PORTIC	ON OF T	HE REPO	ORTING.				
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🗸 Complete 🔹	Driver												
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	1	2	3	4	5	6	7	8	4	10	11	12	13
	Total Number									<u>Refusal F</u>	<u>Results</u>		
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Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0
Random	0	0	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Suspicion	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-up	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0
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 Pre-employment testing (column 1). This column is the total for columns 2-12; the system will complete it automatically, so skip to column 2 to begin entering data.

2 In column 2, enter the number of verified negative results.

3 In column 3, enter the number of positive results.

4 If your company had any positive test results, you must enter the totals in columns 4 through 8 for each drug for which DOT requires testing (e.g., Marijuana, Cocaine, etc.). Columns 4 through 8 must equal the value you entered in column 3. For example, if you indicated that you had 5 positive results, you must ensure that columns 4 through 8 add up to 5.

If there are zeros for all columns, please use the button at the bottom that will fill the remaining columns with zeros for this row. Please follow the same procedure for the remaining 5 columns (pertaining to refusals).

- For column 11, enter the number of donors who did not provide an adequate specimen in 3 hours, and went through the Shy Bladder procedure, but were determined by the medical review officer to not have a valid medical condition that precluded giving an adequate specimen. This is considered a refusal per <u>49 CFR §</u> <u>40.193 (d) (2) (i).</u>
- For column 12, enter the appropriate number of refusals, based on refusal information in <u>49 CFR § 382.107</u> and <u>§ 49 CFR 40.191</u>. In addition, <u>What</u> <u>Employers Need to Know about DOT</u> <u>Drug and Alcohol testing on pages 25</u> through 27, lists the deciding official for each refusal situation.

Instructions: Alcohol Testing Data Section

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A green check mark	will appear n	ext to the cate	gory name wh	en it has beer	n completed.						with ze
	Driver										proced
IV. Alcohol	Testing	<u>Data</u> : [D	river]								of DOT
	1 Total # Of	2	3	4	5	6	7	8	<u> </u>		
Type of Test	Screening Test Results	Screening	Screening	Number Of	Confirmation	Confirmation	Refuse	I Results	Consultant	4	For col
	[Should equal the sum of	Results Below	Results 0.02 Or Greater	Confirmation Tests Results	Results 0.02 Through 0.039	Results 0.04 Or Greater	With No	Other Refusals	Results	L	refusal
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Pre-employment testing (column 1): this is the total for columns 2, 3, 7, and 8, and will be populated by the system. Skip to column 2 to begin entering data

You must enter a number for columns 2 through 9.

If there are zeros for all these columns, please see the button at the bottom that will fill the remaining columns with zeros. Please follow the same procedures for the remaining 5 types of DOT alcohol tests.

For column 7, enter the number of refusals for Shy Lung, based on 49 CFR § 40.265 (B).

For column 8, enter the number of refusals, per <u>49 CFR § 40.261</u>.

Instructions: Wrap Up Section

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Data was submitted by paper. Click here to receive a confirmation by e-mail Data was submitted by paper. Print and/or Save a copy of your MIS submittal * Click the "Data was signed" box if the submitted data was signed. January V 12 V 2016 V Data was signed Click there to receive a confirmation by e-mail Print and/or Save a copy of your MIS submittal * Data was signed Click the "Data was signed" January V 12 V 2016 V Data was signed Data was signed Alcohol Testing Data <	mployer Information	Covered Employe	es 🧹 Drug Testing	g Data 🧹 🛛 Alcoh	ol Testing Data	🗸 🛛 Wrap Up	
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You will be prompted with an error notice to correct any problems with your submission.

 Once your data makes it through data validation without errors, a dialog box will pop up, asking you to certify the results, provide your electronic signature, and submit your data. Then select the "okay" button to complete your report submission.

You will then get an option to receive an email confirmation of your completed submission. Click on the link to receive email confirmation.