

UNIVERSITY OF WYOMING
EMPLOYEE NOTIFICATION LETTER

Name: _____ Date: _____

Employee ID: _____ Job title: _____

In accordance with the University of Wyoming's Drug and Alcohol Program, please be advised that you have been placed in the pool of employees subject to the drug/alcohol testing procedures as mandated by the Federal Department of Transportation.

Attached is a copy of the University of Wyoming Drug and Alcohol Policy (amended 3/22/19) for drivers covered under DOT regulations. Your signature below certifies that you have received a copy of the policy. Please sign and return this form to your supervisor/trainer*. Please contact Paul Kunkel or Elizabeth Whitt at 307-766-9800 if you have any questions.

Paul Kunkel
Manager, Transit & Parking Services

Signature of Employee

***Supervisor/Trainer - Submit copy of Notification Letter to:**

Elizabeth Whitt
Asst Mgr, Transit & Parking Services
1000 E. University Ave, Dept 4313
Campus



Policy Adopted on 7/1/11

Amended 3/22/19

Drug and Alcohol Policy

DOT Regulated Employees

(FTA/FMCSA)

University of Wyoming

1000 E. University Ave

Laramie, WY 82071

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Glossary of Acronyms

BAC - Breath alcohol concentration

BAT - Breath Alcohol Technician

CFR - Code of Federal Regulations

COC - Chain of Custody form

CMV- Commercial Motor Vehicle

CPL - Conforming products list

DHHS - Department of Health and Human Services

DOT - Department of Transportation

EAP - Employee Assistance Program

EBT- Evidential breath testing (device)

FMCSA- Federal Motor Carrier Safety Administration

FTA - Federal Transit Administration

GC/MS - Gas chromatography/mass spectrometry

MIS - Management Information System

MRO - Medical Review Officer

NHTSA- National Highway Traffic Safety Association

NTSB - National Transportation Safety Board

PCP - Phencyclidine

QAP - Quality assurance plans (for EBT's)

RSPA- Research and Special Programs Administration

SAP - Substance Abuse Professional

UW – University of Wyoming

Glossary of Terms

Accident means an occurrence associated with the operation of a revenue service vehicle even when not in revenue service in revenue service or which requires a Commercial Drivers License to operate, if as a result—

- (1) A person dies;
- (2) An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or,
- (3) One or more vehicles incurs disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, disabling damage means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

Adulterated specimen. A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

Alcohol Concentration is expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath testing device.

Canceled Test is a drug test that has been declared invalid by a Medical Review Officer. A canceled test is neither positive nor negative.

Covered Employee means an employee who performs a safety-sensitive function including an applicant or transferee who is being considered for hire into a safety-sensitive function (See Attachment A for a list of covered employees), and other employees, applicants, or transferee that will not perform a safety-sensitive function but falls under the policy.

Designated Employer Representative (DER) An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

Department of Transportation (DOT) Department of the federal government which includes the US Coast Guard, Federal Transit Administration, Federal Railroad Administration, Federal Highway Administration, Federal Motor Carrier Safety Administration, Research and Special Programs, and the Office of the Secretary of Transportation.

Dilute specimen. A specimen with creatinine and specific gravity values that are lower than expected for human urine.

Disabling damage means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

Evidentiary Breath Testing Device (EBT) A Device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on the National Highway Traffic Safety Administration (NHTSA) conforming products list.

Medical Review Officer (MRO) means a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

Negative Dilute. A drug test result which is negative for the five drug/drug metabolites but has a specific gravity value lower than expected for human urine.

Negative test result for a drug test means a verified presence of the identified drug or its metabolite below the minimum levels specified in 49 CFR Part 40, as amended. An alcohol concentration of less than 0.02 BAC is a negative test result.

Non-negative test result is a test result found to be adulterated, substitute, invalid, or positive for drug/drug metabolites.

Performing (a safety-sensitive function) means a covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

Positive test result for a drug test means a verified presence of the identified drug or its metabolite at or above the minimum levels specified in 49 CFR Part 40, as amended. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC or greater.

Prohibited drug means marijuana, cocaine, opiates, amphetamines, or phencyclidine at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

Revenue Service Vehicles include all transit vehicles that are used for passenger transportation service or that require a CDL to operate. Include all ancillary vehicles used in support of the transit system.

Safety-sensitive functions include (a) the operation of a transit revenue service vehicle even when the vehicle is not in revenue service; (b) the operation of a non-revenue service vehicle by an

employee when the operation of such a vehicle requires the driver to hold a Commercial Drivers License (CDL); (c) maintaining a revenue service vehicle or equipment used in revenue service; (d) controlling the movement of a revenue service vehicle; and (e) carrying a firearm for security purposes.

Substance Abuse Professional (SAP) means a licensed physician (medical doctor or doctor of osteopathy) or 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) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

Substituted specimen. A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with normal human urine.

Test Refusal The following are considered a refusal to test if the employee:

1. Fail to provide a breath or urine sample
2. Provide an insufficient volume without valid medical explanation
3. Adulterate or substitute a specimen
4. Fail to appear within a reasonable time
5. Leave the scene of an accident without just cause prior to submitting to a test
6. Leave the collection facility prior to test completion
7. Fail to permit an observed or monitored collection when required
8. Fail to take a second test when required
9. Fail to undergo a medical examination when required
10. Fail to cooperate with any part of the testing process
11. Fail to sign Step 2 of alcohol test form
12. Once test is underway, fail to remain at site and provide a specimen
13. Or the MRO verifies that you provided an adulterated/substituted sample.

Verified negative test means a drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

Verified positive test means a drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

Validity testing is the evaluation of 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.

Purpose of Policy

This policy complies with 49 CFR Part 655, as amended, 49 CFR Part 40, as amended, and 49 CFR Part 382, as amended. All drug and alcohol testing is conducted in accordance with these regulations.

All covered employees are required to submit to drug and alcohol tests as a condition of employment.

Copies of Part 382, 655, and 40 are available in the Transit & Parking Services office and can be found on the internet at the Office of Drug & Alcohol Policy & Compliance's website <http://www.dot.gov/ost/dapc/index.html>.

Covered Employees

This policy applies to every employee whose position falls under jurisdiction of DOT, specifically the FTA and FMCSA at the University of Wyoming; every employee performing a "safety-sensitive function" as defined herein, and any person applying for such positions.

Under Federal Motor Carrier Safety Association (FMCSA), an employee is performing a safety sensitive function if they are:

- Driving a commercial motor vehicle which requires the driver to have a commercial driver's license (CDL)
- Inspecting, servicing, or repairing any commercial vehicle
- Waiting to be dispatched to operate a commercial motor vehicle
- Performing all other functions in or upon a commercial motor vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments being loaded or unloaded
- Performing driver requirements associated with an accident
- Repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle

Under Federal Transit Authority (FTA), you are safety-sensitive employee if you perform any of the following:

- Operation of a revenue service vehicle (for profit), in or out revenue service
- Operation of a non-revenue vehicle requiring a CDL
- Controlling movement or dispatch of a revenue service vehicle
- Maintenance (including repairs, overhaul and rebuilding) of a revenue service vehicle or equipment used on a revenue service vehicle

Covered employee means a person, including an applicant or transferee, who performs or will perform a safety-sensitive function.

See **Attachment A** for a list of covered positions by job title.

Contact Person

Any questions regarding this policy or any other aspect of the drug and alcohol DOT program should contact the following representative:

Drug & Alcohol Program Managers:

Name: Paul Kunkel
Title: Manager, Transit & Parking Services
Address: 1000 E. University Ave., Dept 4313
Laramie, WY 82071
Phone: 307-766-9802
Fax: 307-766-9804
Email: paul.kunkel@uwyo.edu

OR

Name: Elizabeth Whitt
Title: Assistant Manager, Transit & Parking Services
Address: 1000 E. University Ave., Dept 4313
Laramie, WY 82071
Phone: 307-766-9805
Fax: 307-766-9804
Email: elizabeth.whitt@uwyo.edu

Medical Review Officer:

Name: University Services
Contact Name: Dr. Terri Hellings
Address: 2837 Southampton Road
Philadelphia, PA 19154
Phone: 215-637-6800 or 800-624-3784
Fax: 215-637-6998

Laboratory Information:

Name: Medtox Laboratories

Substances Abuse Professional:

Name: Jeremy Senn
Main Office Location: 7251 W. 20th St
Unit M-2
Greeley, CO 80634
Additional Office: Cheyenne, WY
Phone: 970-691-1726

Prohibited Substances

The following substances are prohibited by the DOT at levels above the minimum thresholds specified in 49 CFR Part 40, as amended. The University of Wyoming prohibits the use of these drugs including, but are not limited to:

- Marijuana
- Cocaine
- Amphetamines (i.e. racemic amphetamine, dextroamphetamine and methamphetamine)
- Opiates (i.e. heroin, morphine, codeine)
- Semi-synthetic opioids (i.e. hydrocodone, oxycodone, hydromorphone, oxymorphone)
- Phencyclidine (PCP)
- Alcohol
- Ecstasy (MDMA)

Testing Procedure

All testing will be conducted as required in 49 C.F.R. Part 40, as amended.

Pre-Employment Testing

FTA Procedures: A negative pre-employment drug test result is required before an employee can first perform safety-sensitive duties.

A pre-employment test is required for covered employees who are away from work for more than 90 consecutive calendar days, are removed from the random testing pool, and plan to return to a safety-sensitive function.

When a covered employee or applicant has previously failed or refused a DOT pre-employment drug and/or alcohol test, the employee must provide proof of having successfully completed a referral, evaluation and treatment plan meeting DOT requirements.

FMCSA Procedures: A negative pre-employment drug test result is required before an employee can first perform safety-sensitive duties.

An employer is not required to administer a pre-employment drug test if:

- (1) The driver has participated in a drug testing program that meets the requirements of this part within the previous 30 days; and
- (2) While participating in that program, either:
 - (i) Was tested for drug within the past 6 months (from the date of application with the employer); or
 - (ii) Participated in the random drug testing program for the previous 12 months (from the date of application with the employer); and
- (3) The employer ensures that no prior employer of the driver of whom the employer has knowledge has records of a violation of this part or the drug use rule of another DOT agency within the previous six months.

Reasonable Suspicion Testing

The University of Wyoming shall conduct a drug and/or alcohol test when The University of Wyoming has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse.

The determination that reasonable suspicion exists shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee. A supervisor(s), or other company official(s) who is trained in detecting the signs and symptoms of drug use and alcohol misuse must make the required observations.

The University of Wyoming may direct a covered employee to undergo reasonable suspicion testing for alcohol only while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions.

If an alcohol test is not administered within two hours following the determination to conduct a reasonable suspicion test, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight hours following the determination to test, cease attempts to administer an alcohol test and update the record with the reasons for not administering the test.

A written record shall be made of the observations leading to an alcohol or drug reasonable suspicion test, and signed by the supervisor or company official who made the observations, within 24 hours of the observed behavior or before the results of the alcohol or drug tests are released, whichever is earlier.

Following a reasonable suspicion test (either FTA or FMCSA), a covered employee will be removed from safety-sensitive duties and placed on paid administrative leave until test results are returned with a negative result.

Post-Accident Testing- FMCSA

FMCSA Procedures: The following FMCSA-covered employees shall be subject to post-accident alcohol and drug testing under the following circumstances:

(a) As soon as practicable following an accident involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol for each of its surviving drivers:

(1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or

(2) Who receives a citation within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:

(i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or

(ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(b) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for drugs for each of its surviving drivers:

(1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or

(2) Who receives a citation within thirty-two hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:

(i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or

(ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(c) The following table notes when a post-accident test is required to be conducted.

Type of Accident Involved	Citation issued to Commercial Vehicle Driver?	Alcohol and drug test required
i. Human fatality	YES	YES
	NO	YES
ii. Bodily injury and immediate medical treatment away from the scene	YES	YES
	NO	NO
iii. Disabling damage to any motor vehicle requiring tow away	YES	YES
	NO	NO

1. If a post-accident alcohol test is not administered within two (2) hours following an accident, the supervisor of the employee shall prepare and maintain on file a record stating the reasons the test was not properly administered. If a test is not administered within eight (8) hours after the accident, the supervisor shall cease attempts to have the alcohol test administered and prepare and maintain on file a record stating the reasons the test was not done within said eight (8) hours.
2. If a post-accident drug test is not administered within 32 hours of the accident, the supervisor shall cease attempts to have the drug test administered and prepare and maintain on file a record stating the reasons the test was not done within said 32 hours.
3. An employee subject to post-accident testing shall remain readily available for such testing, including notifying his/her supervisor of his/her location if he/she leaves the accident scene. An employee who fails to do so shall be deemed to have refused to submit to testing. Nothing herein shall be construed to require the delay of necessary medical attention for the injured or to prohibit an employee from leaving the accident scene. An employee who fails to do so shall be deemed to have refused to submit to testing. Nothing herein shall be construed to require the delay of necessary medical attention for the injured or to prohibit an employee from leaving the accident scene for the time period required to obtain emergency assistance.

Post-Accident Testing - FTA

FTA Procedures: The following FTA-covered employees shall be subject to post-accident alcohol and drug testing under the following circumstances:

Fatal Accidents. As soon as possible following an accident involving the loss of human life, DOT drug and alcohol tests are conducted on all surviving covered employees. In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, is tested.

Non-Fatal Accidents. Post-accident testing is required if one of the following conditions is met,

- An accident results in injuries requiring immediate medical treatment away from the scene, and the covered employee contributed to the accident,
- or
- One or more vehicles receive disabling damage and have to be towed from the scene, and the covered employee contributed to the accident.

In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, is tested.

Disabling damage means damage which prevented the departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs.

Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, tail lights, turn signals, horn, or windshield wipers that makes them inoperative.

If an alcohol test is not administered within two (2) hours following the time of the accident, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight hours following the determination to test, cease attempts to administer an alcohol test and update the record with the reasons for not administering the test. The drug test should be taken as soon as possible. Cease attempts to collect the drug test after 32 hours.

If the decision not to administer a drug and/or alcohol test under this section shall be based on the employer's determination, using the best available information at the time of the determination that the employee's performance could not have contributed to the accident. Such a decision must be documented in detail, including the decision-making process used to reach the decision not to test.

Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

Following a post-accident test (either FTA or FMCSA), a covered employee will be removed from safety-sensitive duties and placed on paid administrative leave until test results are returned with a negative result.

Random Testing

Random drug and alcohol tests are unannounced and the dates for administering random tests are spread reasonably throughout the calendar year. Random testing must be conducted at all times of day when safety-sensitive functions are performed.

Testing rates will meet or exceed the minimal annual percentage rate set each year by the DOT Administrator. The current year testing rates can be viewed on line at <http://www.dot.gov/ost/dapc/rates.html>. The current FMCSA minimum testing requirement is to annually perform drug tests on 25% and alcohol tests on 10% of the average number of safety-sensitive employees. The current FTA minimum testing requirement is to annually perform drug tests on 50% and alcohol tests on 10% of the average number of safety-sensitive employees. Employers subject to more than one DOT agency drug and alcohol-testing rule may continue to combine covered employees into a single random selection pool. However, companies doing so must test at or above the highest minimum annual testing rates established by the DOT agencies under whose jurisdiction they fall.

The University of Wyoming will meet the standards set for FMCSA/FTA testing rates for safety-sensitive employees.

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 employees' Social Security numbers, payroll identification numbers, or other comparable identifying numbers. Under the selection process used, each covered employee shall have an equal chance of being tested each time selections are made.

Each employee selected for testing shall be tested during the selection period. A covered employee shall only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

Each covered employee who is notified of selection for random drug or random alcohol testing shall proceed to the test site immediately.

Test Refusal

You have refused to take a test if you:

1. Fail to provide a breath or urine sample
2. Provide an insufficient volume without valid medical explanation
3. Adulterate or substitute a specimen

4. Fail to appear within a reasonable time
5. Leave the scene of an accident without just cause prior to submitting to a test
6. Leave the collection facility prior to test completion
7. Fail to permit an observed or monitored collection when required
8. Fail to take a second test when required
9. Fail to undergo a medical examination when required
10. Fail to cooperate with any part of the testing process
11. Fail to sign Step 2 of alcohol test form
12. Once test is underway, fail to remain at site and provide a specimen
13. Or the MRO verifies that you provided an adulterated/substituted sample.

For pre-employment tests only, failure to appear, aborting the collection before the test commences, or failure to remain at site prior to commencement of test is NOT a test refusal.

Prohibited Conduct

- (1) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 DFR Part 40, as amended.
- (2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee must take an alcohol test, if the covered employee claims ability to perform his or her safety-sensitive function.
- (3) The supervisor shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
- (4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 or greater regardless of when the alcohol was consumed.
- (5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- (6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

Consequences

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee is immediately removed from safety-sensitive duties, referred to a substance abuse professional (SAP), and their employment terminated.

FTA Procedures: Following a BAC of 0.02 or greater, but less than 0.04 – the employee is immediately removed from safety sensitive duties for at least eight hours unless a retest results in the employee's alcohol concentration of less than 0.02. Absence will be considered unexcused and may result in disciplinary action specific to department.

FMCSA Procedures: Following a BAC of 0.02 or greater, but less than 0.04 – the employee is immediately removed from safety sensitive duties until the start of the driver's next regularly scheduled duty period, but not less than 24 hours following administration of the test. Absence will be considered unexcused and may result in disciplinary action specific to department.

A second instance of a BAC test of between 0.02 and 0.04 will result in a referral to a SAP and termination of employment from the University of Wyoming.

Dilute Samples

Negative dilute – If a specimen test result is dilute negative University of Wyoming will not perform a retest, unless directed by the MRO. If the employee declines to take the retest, it is considered a test refusal.

Dilute negative results 2-5 mg/dl requires an immediate recollection under direct observation (see §40.155(c)).

Zero Tolerance

Per University of Wyoming policy, any employee who tests positive for drugs and/or alcohol (BAC of .04 or higher) or refuses to test will be referred to a SAP and terminated from employment.

Employee Admission of Alcohol and Drug Use

The University of Wyoming encourages employees to seek treatment voluntarily. Any employee who comes forth and notifies UW of an alcohol or chemical abuse problem will be offered assistance. This assistance will include a referral to the Substance Abuse Professional (SAP) at the employee's expense. Employees are encouraged but not mandated to follow the SAP's recommended treatment plan. An appropriate leave of absence may be granted for treatment and rehabilitation. Payment for treatment may be coordinated through the employee's health insurance provider. Employees who do not have health insurance coverage are responsible for the entire cost of any recommended treatment or rehabilitation services.

Voluntary requests for treatment must be made prior to any pending drug/alcohol test or disciplinary action. Employees will not be disciplined for requesting treatment, but will be expected to observe job performance standards and work rules as they apply to every employee. Confidentiality of

information will be maintained at all times, except as provided by law or expressly authorized by DOT regulations.

Prescription Drug Use

The appropriate use of legally prescribed drugs and non-prescription medication is not prohibited. It is, however, the employee's responsibility to inform the physician of the employee's job duties and determine from the physician, or other health care professional, whether or not the prescribed drug may impair their job performance or mental or motor function. It is the responsibility of the employees to remove themselves from service if they are unfit for duty.

Employees are required to report the use of medically authorized drugs or other substances that may create a direct threat by impairing job performance of safety-sensitive functions to his/her supervisor and provide proper written medical authorization to work from a physician.

Failure to report the use of such drugs or failure to provide proper evidence of medical authorization may result in disciplinary action.

Drug Free Work Place Act of 1988

The University of Wyoming complies with requirements set forth in the *Drug-Free Workplace Act of 1988*, and amendments thereto, plus applicable federal, state, and municipal laws. The unlawful uses, possession, production, manufacture, and distribution of alcohol and illegal drugs is strictly prohibited. Students, faculty, and staff, and visitors to the University are required to obey 1) federal, state, and municipal laws regarding alcohol, drugs, and controlled substances, and 2) UW policies regarding alcohol and illegal drugs, and to act reasonably to reduce the risks associated with use and abuse of these substances.

See UW Regulation 2-39 [University of Wyoming Alcohol and Other Drugs Policy](#) for more information

Employee and Supervisor Training

A. General

All safety sensitive employees will undergo a minimum of one hour of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training must also include manifestations and behavioral cues that may indicate prohibited drug use.

B. Supervisors and Managers

Supervisors and Managers that oversee safety sensitive employees will undergo a minimum of one hour of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and one hour of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probably alcohol misuse.

A list of job titles subject to these rules is contained in *Attachment A*.

Confidentiality

- A. Each individual's record of testing and results under this policy will be maintained private and confidential. Except as provided by law or expressly authorized by DOT regulations, the results of individual drug/alcohol tests will not be released to anyone without the specific, written consent of a safety-sensitive employee authorizing release of the information to an identified person. Prior to testing, the individual will be informed about who will be informed about who will receive test data (e.g., testing laboratory, MRO, Program Manager, Supervisor if removal from a safety-sensitive function is necessary).
- B. All written records will be stored in locked containers or in a secure location with access available only by the Program Managers and DOT upon request.
- C. Drug and alcohol testing and/or rehabilitation records shall only be released to subsequent DOT covered employers upon written consent from the covered employee. Then only the specific information requested by the employee shall be released.

Appendix A: Employee Information on the Effects of Drug and Alcohol Misuse

A. Effects of alcohol and drug on a person's health, work, and personal life include: Disruption of sleep; changes in eating patterns, commonly not eating as much and therefore, weight loss; mood swings; depression; increased physical ailments (i.e., headaches, colds, stomach problems); decreased motivation; withdrawal from family and friends; quicker to anger; neglects obligations and is not as attentive; does not handle stress; changes friends; excuses use of alcohol.

B. Signs and symptoms of controlled substance use or alcohol misuse which could affect work performance include: Reporting to work late; calling in sick often; unauthorized absences; smell of alcohol on a person; taking long or frequent breaks; change in personality - more angry or less friendly; decreased motivation: an "I don't care" attitude; thinking and concentration not as sharp; more prone to accidents; forgetfulness; less attentive to appearance; appearing tired; sleeping on the job.

See Attached Fact Sheets for more information

Alcohol Fact Sheet

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for employment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Signs and Symptoms of Use

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils
- Sleepy or stuporous condition
- Slowed reaction rate
- Slurred speech (Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic")
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related).

Social Issues

- Two-thirds of all homicides are committed by people who drink prior to the crime.
- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.
- Forty percent of family court cases are alcohol problem related.

- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

The Annual Toll

- 24,000 people will die on the highway due to the legally impaired driver.
- 12,000 more will die on the highway due to the alcohol-affected driver.
- 15,800 will die in non-highway accidents.
- 30,000 will die due to alcohol-caused liver disease.
- 10,000 will die due to alcohol-induced brain disease or suicide.
- Up to another 125,000 will die due to alcohol-related conditions or accidents.

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

Amphetamine Fact Sheet

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

Description

- Amphetamine is sold in counterfeit capsules or as white, flat, double-scored "minibennies." It is usually taken by mouth.
- Methamphetamine is often sold as a creamy white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected, or snorted into the nose.
- Trade/street names include Biphedamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

Signs and Symptoms of Use

- Hyperexcitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure

- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior

Health Effects

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Withdrawal from the drug may result in severe physical and mental depression.

Workplace Issues

- Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.
- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. - The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Description

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.
- Cocaine Hydrochloride—"snorting coke" is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in veins. The effect is felt within **minutes and lasts 40 to 50 minutes** per "line" (about 60 to 90 milligrams). Common paraphernalia include a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw cap vial or folded paper packet containing the cocaine.
- Cocaine Base—a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within seven seconds. Common paraphernalia includes a "crack pipe" (a

small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp, or small butane torch for heating.

- Trade/street names include Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

Signs and Symptoms of Use

- Financial problems
- Frequent and extended absences from meetings or work assignment
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent nonbusiness visitors, delivered packages, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations, and irregular rhythm
- Hallucinations
- Hyperexcitability and overreaction to stimulus
- Insomnia
- Paranoia and hallucinations
- Profuse sweating and dry mouth
- Talkativeness

Health Effects

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than for other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years.
- Cocaine overdose was the second most common drug emergency in 1986—up from 11th place in 1980.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine frequently leads to workplace theft and/or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

Cannabinoids (Marijuana) Fact Sheet

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood- and perception-altering effects it produces.

Description

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil. It may also be sold in an oily liquid.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking "bongs" (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- Trade/street names include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Thai Sticks, Hash, and Hash Oil.

Signs and Symptoms of Use

- Reddened eyes (often masked by eyedrops)
- Slowed speech
- Distinctive odor on clothing
- Lackadaisical "I don't care" attitude
- Chronic fatigue and lack of motivation
- Irritating cough, chronic sore throat.

Health Effects

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

Pregnancy Problems and Birth Defects

- The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.

- Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver and water on the brain and spine.
- Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and causes other ophthalmic problems.

Mental Function

Regular use can cause the following effects:

- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as "acute brain syndrome," which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

Acute Effects

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic Paranoid reaction
- Unpleasant distortions in body image.

Workplace Issues

- The active chemical, THC, stores in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

Opiates (Narcotics) Fact Sheet

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

Description

- Natural and natural derivatives—opium, morphine, codeine, and heroin
- Synthetics—meperidine (Demerol), Hydrocodone, oxymorphone (Numorphan), and oxycodone (Percodan)
- May be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- Trade/street names include Smack, Horse, Emma, Big D, Dollies, Juice, Syrup, and China White.

Signs and Symptoms of Use

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting, and constipation
- Impaired respiration.

Health Effects

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

Social Issues

- There are over 500,000 heroin addicts in the U.S., most of whom are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

Workplace Issues

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

Phencyclidine (PCP) Fact Sheet

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

Description

- PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folded paper "packets."
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Trade/street names include Angel Dust, Dust, and Hog.

Signs and Symptoms of Use

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid heartbeat
- Dizziness

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.

There are four phases to PCP abuse.

- 1) The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common.
- 2) The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation.
- 3) The third phase is a drug-induced schizophrenia that may last a month or longer.
- 4) The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

Workplace Issues

- PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.

Ecstasy (MDMA) Fact Sheet

Ecstasy is the more common street name for 3,4-methylenedioxymethamphetamine, a highly addictive, illicit drug also known as MDMA, or “Molly.” This drug shares chemical structural similarities with both amphetamine and certain hallucinogens and elicits both stimulant and sensory altering effects.

MDMA is known by many names, including:

- X
- XTC
- Lover’s Speed
- Adam
- Eve
- Peace
- Clarity

Short Term Effects

Shortly after taking MDMA, the user may experience a range of effects due to the combination of stimulant and hallucinogenic properties. The acute effects of ecstasy can last anywhere from 3 to 8 hours. Potential effects include:

- Euphoria
- Heightened emotions
- Heightened sense of mental clarity
- Hallucinations
- Decreased appetite and thirst

MDMA can be dangerous in the short term and may cause:

- Hyperthermia
- Sweating
- Chills
- Raised blood pressure
- Elevated anxiety
- Nausea
- Blurred vision
- Involuntary clenching of the teeth
- Muscle tension
- Tremors
- Fainting
- Seizures

Other unexpected effects may occur if the ecstasy pills are adulterated with other substances like methamphetamine, caffeine, or ketamine. MDMA users are often unaware that the product sold on the street

frequently contains other substances that could be extremely dangerous when mixed with MDMA. Molly commonly contains additives such as cough medicine, bath salts, cocaine, caffeine, ephedrine, selegiline, and ketamine. In fact, at times, people will intend to buy ecstasy, but the purchased pills contain none of the substance at all. Effects will vary wildly from one instance of drug use to another. And mixing unknown additives with other drugs like alcohol or marijuana can significantly increase your risk of adverse side effects.

MDMA's intoxicating effects can last up to 8 hours. It's common for people to take another dose when the effects of the first begin to fade. For up to a week after using the drug, a person may experience any of the following side effects:

- Anxiety
- Depression
- Sleep problems
- Memory problems
- Suppressed appetite
- Lack of interest in sex or an inability to derive pleasure from it
- Impulsive behavior
- Aggression

While rare, ecstasy overdose may cause death from hyperthermia or heart, liver, or kidney failure.⁸ Because it masks the need for food, water, and rest while increasing temperature and level of physical activity, this substance has also been linked to severe dehydration. Because users may drink a lot of water to counteract the dehydration, they may develop a serious electrolyte imbalance or brain swelling due to water retention.⁸

Long-Term Effects

Because it enhances the release and activity of serotonin from certain neurons, MDMA is believed to deplete levels of serotonin throughout the brain. Because it plays an important role in pain, mood, sexual desire, and sleep, impaired serotonin neurotransmission can impart severe psychological after-effects and cognitive impairments for long periods even after use has ended. Without proper functioning of the neurotransmitters, conditions such as depression, anxiety, and insomnia are more likely to occur and may persist for long periods.

People who regularly use MDMA may suffer from enduring effects. Research shows that prolonged MDMA use can also lead to:

- Confusion
- Impaired ability to pay attention
- Increased impulsiveness
- Memory loss
- Lowered interest in sex
- Aggressive behavior

Is Ecstasy Addictive?

Although some report becoming addicted to MDMA, research evidence and clinician viewpoints on whether MDMA is addictive vary. Some studies show that rats will continue administering MDMA in a similar way to the way they self-administer cocaine, although to a lesser degree.

MDMA use may also lead to tolerance and physical dependence, common markers of addiction.

Someone with a growing tolerance to MDMA will need more and more to achieve the same level of effects. For example, a new user of ecstasy may take a single tablet, a semi-regular user may take several tablets, and a chronic user may take up to 25 tablets in a single session. Binge use or intense self-administration is sometimes referred to as “stacking” (taking many tablets at once) or “boosting” (taking dose after dose). Tolerance and binges are linked to higher rates of drug-related problems.

Chronic ecstasy use may also result in a physical dependence. Someone dependent on ecstasy could experience an uncomfortable withdrawal syndrome when not on the drug. Some MDMA users report withdrawal symptoms such as:

- Loss of appetite
- Fatigue
- Depression
- Problems concentrating

Repeated MDMA use may lead to compulsive using behaviors. Work, school, commitments, and relationships can easily become subordinate to the drug. Such a shift in priorities can mark the beginning of addiction, or a substance use disorder. People addicted to MDMA will be more likely to engage in dangerous, risky, or illegal activity to get more in spite of the possible repercussions.

Attachment A: Covered Positions by Job Title

Employee positions that require a CDL to perform job tasks and are covered by FMCSA:

Charter/Bus Driver
Construction Laborer (if performing duties that require CDL)
Construction Laborer II
Heavy Equipment Operator
Manager, General Labor *
Materials Handler/Hazmat Spec
Hazardous Materials Specialist
Mechanic, Master (PPL Only)
Sanitation Truck Operator
Supervisor, Hazardous Materials *
Assistant Farm Manager, Research & Extension

Employee positions that are covered by FTA:

Operate Vehicles Critical To The Safety of the Traveling Public

Bus Driver
Charter/Bus Driver
Trainer, Transit & Parking Services *
Demand Response Driver
Dispatcher

Dispatch or Control Revenue Service Vehicles

Transit Supervisor, Transit & Parking Services *

Maintain Vehicles or Equipment Critical to the Safety of the Traveling Public

Manager, Transit Shop *
Mechanic, Transit Bus
Mechanic, (Transit & Parking Services)

Supervisory management positions requiring reasonable suspicion and post-accident training (not in drug and alcohol pool):

Deputy Director, Facilities Services
Manager, Transit & Parking Services
Assistant Manager, Transit & Parking Services
Deputy Risk Manager, Facilities Engineering
Director, Research & Extension

* Supervisor position also requires reasonable suspicion and post-accident training

Attachment B: Release of information from previous employers

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Attachment C: Safety Performance History Records Request

SIDE 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ First, M.I., Last _____ hereby authorize: _____ Social Security Number _____
 Date of Birth _____
 Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)

To: _____
 Prospective Employer: _____
 Attention: _____ Telephone: _____
 Street: _____
 City, State, Zip: _____

In compliance with §40.25(g) and §31.23(f), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential email address: _____

Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §31.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
 Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____

If there is no safety performance history to report, check here sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Signature: _____ Title: _____ Date: _____

PREVIOUS EMPLOYER REMOVE CARBON BEFORE COMPLETING SIDE 2

SIDE 2

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here fill in the dates of employment from _____ to _____ complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____ YES NO

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? YES NO

2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO

3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO

4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO

5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. YES NO

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone
 Other _____

Date: _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employee

- Remove Ply 3
- Remove the adjacent carbon
- Complete SECTION 4a on Ply 3
- Send Ply 1 and 2 to the Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Remove the carbon
- Turn form over to APPLICANT SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain Ply 2
- Return Ply 1 to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employee

- Record receipt of the information
- Retain Ply 1

Attachment D: Notification of Drug/Alcohol Test

DRUG/ALCOHOL TEST NOTIFICATION

COMPANY NAME

University of Wyoming
1000 E. University Ave. Dept. 4313
Laramie, WY 82071
(307) 766-9805

TESTING FACILITY

Advance Medical Services
409 Bradley Street Suite 3
Laramie, WY 82072
(307) 755-1507

EMPLOYEE INFORMATION**EMPLOYEE NAME:** [Click here to enter text.](#)**W NUMBER:** Not yet assigned.**TESTING INFORMATION****DOT-TYPE:** FTA FMCSA**MedTox Account #:** 9166429**TEST TYPE:** Drug Breath Alcohol**REASON:** Pre-Employment Random Reasonable Suspicion
 Return to Duty Post Accident Other: [Click here to enter text.](#)**NOTES:**

There are no notes.

INSTRUCTIONS

- 1) Employee and supervisor sign, date, and time stamp upon notification.
- 2) The employee must bring this notification form along with a driver's license to the testing facility.
- 3) The employee must not consume any food, tobacco, gum, or mints upon notification.
- 4) The employee should drink adequate fluids in preparation for the drug screening.
- 5) Upon notification, the employee must report immediately to the testing facility.
- 6) The employee CANNOT leave the testing facility until proper collection is completed.
(Please note that test data will be reviewed by AMS, the Medical Review Officer, and Program Managers.)

Employee Printed Name Employee Signature Date & Time of Notification

Supervisor Printed Name Supervisor Signature Date & Time of Notification

Section to be completed by AMS & returned to the University of Wyoming

Time employee reported to AMS: _____

Printed AMS Employee Name Signature Date