



**Administrative Regulations Office of the Mayor**  
**Title: SUBSTANCE ABUSE POLICY**  
**A.R.: 4053 Effective Date: December 1, 2021, Page 1 of 49**  
**Supersedes: Substance Abuse Policy A.R: 4053 DATED: July 1, 2021**  
***(Revised based on testing sites and Updated DER)***

**APPENDIX A**

**SUBSTANCE ABUSE POLICY PERSONNEL AND SERVICES**

The following individuals are responsible for administration of the City's Substance Abuse Policy and each of its Sections & Sub-Parts and may be contacted for information regarding the Policy.

**Tyrome Alexander, Director**

Department of Human Resources City of  
Richmond 900 East Broad Street, Room 902  
Richmond, VA 23219  
Telephone Number - (804) 646-3250  
Fax Number - (804) 646- 6856

**Shaletha A. Dyson, Deputy Director, Sr.**

Department of Human Resources  
900 East Broad Street, Room 902  
Richmond, Virginia 23219  
Telephone Number (804)646-7523  
Fax Number - (804) 646-6856

Additionally, persons covered under PHMSA regulations may contact:

Daniel Rifenburgh  
Director of Richmond Gas Works  
400 Richmond Highway  
Richmond, VA 23224  
(804) 646-8307

\*\*\*\*\*

For purposes of this Policy, the Director of Human Resources shall designate a senior manager/executive in Human Resources to be the APM & DPD for the City of Richmond government.



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## **APPENDIX B**

### **ALCOHOL TESTING PROCEDURES EVIDENTIAL BREATH TESTING (EBT) PROCEDURES**

#### **1 – SCOPE**

The evidential breath testing procedure set forth in this appendix address all the requirements as set forth in 49 CFR, Part 40, and specifies the required form and disposition of such testing forms.

#### **2 - ALCOHOL TESTING FORM AND LOGBOOK**

The BAT shall utilize the Breath Alcohol Testing form. The alcohol-testing form must comply with the provisions as contained in 49 CFR, Part 40, with regard to the information that must be contained on the form. The form must address the specific requirements contained in § 40.59.

The City and its EMS contractors may utilize a form that is directly generated by an EBT and may omit the space for affixing a separate printed result to the testing form. The form shall provide triplicate or three consecutive identical copies with copy 1 (white copy) being retained by the APM in HRER, copy 2 (green copy) shall be provided to the employee, and copy 3 (blue copy) shall be retained by the BAT.

The medical provider shall use a logbook in conjunction with any EBT used for screening tests that does not meet the requirements listed in the AMPP.

The breath alcohol testing form may include such additional information as may be required for billing or other legitimate purposes necessary to the testing, provided that personal identifying information on the individual (other than the social security number or employee identification number) may not be provided.

#### **3 - BREATH TESTING LOCATIONS**

The City shall ensure that there are sufficient breath testing sites or that the availability of BATs are located within a reasonable proximity to various work locations.

Testing shall be conducted in a location that affords visual and aural privacy to the employee being tested. The location shall prevent unauthorized personnel from seeing or hearing test results. All necessary equipment, personnel, and materials for conducting the alcohol testing shall be provided at the testing site.

A mobile collection facility, such as a van that is equipped for alcohol testing, that meets the requirements set forth in the AMPP may be utilized.

No unauthorized persons shall be permitted access to the testing site when the EBT remains unsecured, or in order to prevent such individuals from seeing or hearing a test result.



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In some circumstances, the City may have to conduct alcohol testing outdoors at the scene of an accident that does not meet the requirements as specified in post-accident provisions of the AMPP; therefore, the BAT shall provide the necessary visual and aural privacy to the employee to the greatest extent practicable.



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**ALCOHOL TESTING PROCEDURES**

The BAT shall supervise only one employee's use of the EBT at a time. The BAT shall not leave the alcohol testing site while the testing process is in progress.

**4 - BREATH ALCOHOL TESTING PREPARATIONS**

When an employee arrives at the alcohol testing site, the BAT shall ensure that the individual is positively identified as the employee selected for alcohol testing (e.g., through presentation of photo identification or identification by the department's representative). If the employee's identity cannot be established, the BAT shall not proceed with the alcohol test. If the employee requests, the BAT shall show proper identification to the employee.

The BAT shall explain the alcohol testing process to the employee.

If the employee fails to arrive at the assigned time, the BAT should contact the APM to obtain guidance on any action to be taken.

**5 - SCREENING TEST PROCEDURES**

The BAT shall begin the alcohol testing process by completing Step I on the Alcohol Breath Testing form. The employee shall then complete Step 2 by signing the certification. Refusal by the employee to sign the certification shall be regarded as a refusal to take the alcohol test.

The BAT shall select an individually sealed mouthpiece and it shall be opened in full view of the employee and attached to the EBT in accordance with the manufacturer's instructions.

The BAT shall instruct the employee to blow forcefully into the mouthpiece for at least 6 seconds or until the EBT instrument indicates that an adequate amount of breath has been obtained.

If the EBT does not meet the requirements of the AMPP, the BAT shall show the employee the result displayed on the EBT. The BAT shall record the displayed result, test number, testing device, serial number of the testing device, time and quantified result in Step 3 of the form. The BAT shall record in the logbook the test number, date of the test, name of the BAT, location, and quantified test result. The employee shall then initial the logbook entry.

If the EBT provides a printed result but does not print the results directly onto the form, the BAT shall show the employee the result displayed on the EBT. The BAT shall then affix the test result printout to the breath alcohol test form in the designated space. The result shall be secured in such a manner that will provide clear evidence of removal, such as the use of tamper-evident tape.

If the EBT prints the test result directly onto the alcohol form, then the BAT shall show the employee the



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result displayed on the EBT.

If the result of the screening alcohol test is a breath alcohol concentration of less than 0.02, the BAT shall date the form and sign the certification in Step 3 of the form. The employee shall then sign the certification and fill in the date in Step 4 of the form. If the employee does not sign the certification in Step 4 or does



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not initial the logbook entry for a test, it shall not be considered a refusal to be tested. In this event, the BAT shall note the employee's failure to sign or initial in the "Remarks" section of the form.

If a test result printed by the EBT does not match the displayed result, the BAT shall note the disparity in the "Remarks" section. Both the BAT and the employee shall initial or sign the notation. The alcohol test is invalid and the APM and the employee shall be so advised.

At this point, no further testing is authorized. The BAT shall transmit the result of less than 0.02 to the APM or other designated representative in a confidential manner. The City shall receive and store the information so as to ensure that confidentiality is maintained as required in the AMPP.

If the result of the screening test is an alcohol concentration of 0.02 or greater, then the BAT shall perform a confirmation test. If the confirmation test will be conducted by a different BAT, then the BAT who conducts the screening test shall complete and sign the form and log entry. The BAT will upon completion of the alcohol test, provide the employee with Copy 2 of the breath alcohol testing form.

**6 - CONFIRMATION TEST PROCEDURES**

When a BAT other than the one who conducted the screening test is required to conduct the confirmation test, the new BAT will require the employee to provide positive identification such as photo ID card or identification by a representative. The BAT will, upon request of the employee being tested, provide such identification.

The BAT shall instruct the employee not to eat, drink, put any object or substance in his mouth and, to the extent possible, and not belch during the waiting period just prior to the confirmation test being conducted. This waiting period shall begin with completion of the screening test and shall not be less than 15 minutes, but must be within 20 minutes of the completion of the screening test. The BAT shall explain to the employee that the reason for this is to prevent any accumulation of mouth alcohol leading to an artificially high reading and that it is for the benefit of the employee to comply with these instructions. The BAT shall also explain that the test will be conducted at the end of the required waiting period, even if the employee has disregarded the instructions. Should the BAT become aware that the employee has not complied with the instructions as provided, the BAT shall note the observations in the "Remarks" section of the form.

When a BAT other than the one who conducted the screening test is required to conduct the confirmation test, the new BAT shall initiate a new Breath Alcohol Testing form. The BAT shall then complete Step 1 on the form and the employee shall then complete Step 2 by signing the certification. If the employee should choose not to sign the certification, the BAT shall then make an appropriate notation in the "Remarks" section indicating the employee's refusal to take the alcohol test. The BAT shall note in the "Remarks" section that a different BAT conducted the screening test.



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The BAT shall open, in the presence of the employee, a new individually-sealed mouthpiece and attach the mouthpiece to the EBT in accordance with the manufacturer's instructions. The BAT will then instruct the employee to blow forcefully into the mouthpiece for at least 6 seconds or until the EBT indicates that an adequate amount of breath has been obtained.



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The BAT shall ensure, prior to the confirmation test being administered to the employee, that the EBT shall register 0.00 on an air blank. If the reading is greater, the BAT shall conduct one more air blank. Should the EBT again register greater than 0.00, the testing shall not proceed using that EBT. An EBT taken out of service because of failure to perform an air blank accurately shall not be used for testing until a check of external calibration is conducted and the EBT is found to be within the accepted tolerance limits. Alcohol testing using another EBT may proceed.

In the event that the screening and confirmation test results are not identical, the confirmation test result shall be deemed to be the final result on which disciplinary action is taken in order to comply with the requirements of the AMPP and any applicable federal requirements.

If the EBT provides a printed result but does not print the results directly onto the form, the BAT shall show the employee the result displayed on the EBT. The BAT shall then affix the test result printout to the breath alcohol test form in the designated space. The result shall be secured in such a manner that will provide clear evidence of removal, such as the use of tamper-evident tape.

If the EBT prints the test result directly onto the alcohol form, then the BAT shall show the employee the result displayed on the EBT.

After the confirmation test is completed, the BAT shall date the form and sign the certification in Step 3 of the form. The employee shall then be instructed to sign the certification and fill in the date in Step 4. If the employee should elect not to sign the certification or to provide his initials in the logbook entry for the test conducted, it shall not be considered as a refusal to be tested. The BAT shall then note the employee's failure to sign or initial the logbook entry in the "Remarks" section of the testing form.

If a test result printed by the EBT does not match the displayed result, the BAT shall note the disparity in the "Remarks" section. Both the BAT and employee shall initial or sign the notation on the testing form. The test shall be considered "invalid" and the APM and the employee shall be so advised.

The BAT shall transmit all alcohol testing results to the APM or other designated City representative in a confidential manner. All communications by BATs shall be to the APM or designee only and may be provided in writing, in person, or by telephone or electronic means. The BAT shall ensure that immediate transmission of test results to HR is conducted in order to prevent the employee from performing any covered functions.

Should the initial transmission not be accomplished in writing, but via telephone notification, the APM or designee shall establish a mechanism to verify the identity of the BAT providing the information. The BAT shall follow the initial transmission by providing to the APM or designee the City's copy of the breath alcohol testing form. The test results shall be stored in such a manner so as to protect the confidentiality of





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the results and to eliminate the disclosure of information to unauthorized persons.

**7 - REFUSALS TO TEST AND UNCOMPLETED TESTS**

Refusal by an employee to complete and sign Step 2 of the breath alcohol testing form, to provide breath, to provide an adequate amount of breath, or to otherwise cooperate with the testing process in a way that



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prevents the completion of the test, shall be noted by the BAT in the "Remarks" section of the form. The testing process shall be dismissed and the BAT shall immediately notify the APM or designee without delay.

If a screening or confirmation test cannot be completed or if an event occurs to invalidate the test, the BAT shall, if practicable, begin a new screening or confirmation test using a new breath alcohol testing form with a new sequential test number.

**8 - INADEQUATE AMOUNT OF BREATH**

If the employee is unable, or alleges that he is unable, to provide a sufficient amount of breath to permit a valid breath test because of a medical condition, the BAT shall again instruct the employee to attempt to provide an adequate amount. If the employee refuses to make the attempt, the BAT shall immediately inform the APM.

If the employee attempts and fails to provide an adequate amount of breath, the BAT shall so note in the "Remarks" section of the testing form and shall immediately inform the APM. The APM shall direct the employee to obtain, as soon as practical after the attempt, an evaluation from a licensed physician who is acceptable to the City concerning the employee's medical ability to provide an adequate amount of breath.

If the physician determines, in his reasonable medical judgment, that a medical condition has or could have precluded the employee from providing an adequate amount of breath, the employee's failure to provide an adequate amount of breath shall not be deemed as a refusal to take an alcohol test. The physician shall provide to the APM a written statement for the basis of his conclusion.

If the physician, in his reasonable medical judgment, is unable to make the determination that a medical condition has precluded the employee from providing an adequate amount of breath, the employee's failure to provide an adequate amount of breath shall be regarded as a refusal to take a test. The physician shall provide a written statement for the basis of his conclusion to the APM.

**9 - INVALID TESTS**

A breath alcohol test shall be **invalid** under the following circumstances:

- The EBT does not pass its next external calibration check. This invalidates all test results of 0.02 or greater on tests conducted since the last valid external calibration test. This would not invalidate any negative tests conducted.
- The BAT does not observe the minimum 15-minute waiting period prior to conducting the



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confirmation test.

- The BAT does not perform an air blank of the EBT before a confirmation test, or an air blank does not result in a reading of 0.00 prior to the administration of an alcohol test.



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- The BAT does not sign the breath alcohol testing form.
- The BAT fails to note in the "Remarks" section of the form that the employee has failed or refused to sign the form following the recording or printing on or attachment to the form of the test results.
- An EBT fails to print a confirmation test result.
- The sequential test number or alcohol concentration displayed on the EBT is not the same as the sequential test number or alcohol concentration on the printed result.

**10 - ALCOHOL TESTING EQUIPMENT**

The City's Employee Medical Services (EMS) provider shall use only approved evidential breath testing (EBTs) devices for conducting the alcohol testing.

(a) Screening Devices

The City's EMS provider shall utilize a logbook to record information relative to screening alcohol tests, if the EBT being utilized does not have:

- capabilities to be attached independently or by direct link to a separate printer, print a result in triplicate (or three consecutive identical copies) of each breath test;
- capabilities to assign a unique and sequential number to each completed test so that the number can be read by the breath alcohol technician (BAT) and the employee before each test and be printed out on each copy of the result;
- capabilities of printing out the manufacturer's name of the device, serial number and time of the test.

A logbook shall be used for each device that does not meet the above criteria and the logbook shall include the following information: test number; date of test; name of BAT; location of test; test result; and initials of the employee taking each test.

(b) Confirmation Devices

The City's Employee Medical Services provider shall utilize an EBT for confirmation testing that has the required capabilities. The EBT shall also be able to distinguish alcohol from acetone, be capable of testing an air blank prior to each collection of breath, and performing an external calibration.

(c) NHTSA Conforming Products List



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All devices that will be used by the City's Employee Medical Services provider for alcohol testing shall be National Highway Transportation Safety Administration (NHTSA) approved evidential breath testing (EBT) devices. NHTSA has model specifications for evidential breath testing devices and periodically publishes an updated Conforming Products List, which states which devices have met NHTSA standards.



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**ALCOHOL TESTING PROCEDURES**

**11 - BREATH ALCOHOL TECHNICIAN (BAT) GUIDANCE**

The City's Employee Medical Services provider breath alcohol technician (BAT) shall receive sufficient training and be certified to proficiency in the specific operation of the evidential breath testing (EBT) device he/she uses in the required alcohol testing procedures as outlined in the Substance Abuse Policy. These procedures include the following:

- Each BAT used by the EMS shall be able to demonstrate by successful completion of a course of instruction which, at a minimum, provides: training in the principles of EBT methodology, operation, and calibration checks; the fundamentals of breath analysis for alcohol content; and the procedures required for obtaining a breath sample; and interpreting and recording EBT results.
- The EMS provider shall ensure that only courses of instruction that are equivalent to the National Highway Traffic Safety Administration (NHTSA), as amended, model course may be used to train BATs to proficiency. Upon request to NHTSA, they will review a BAT instruction to determine equivalency.
- The EMS provider shall ensure that the course of instruction shall provide documentation that the BAT has demonstrated competence in the operation of the specific EBT(s) to be used.

The EMS provider shall ensure that any BAT who will perform an external calibration check of an EBT shall be trained to proficiency in conducting the check:

- On the particular model of the EBT to be used. The BAT training shall also include practical experience and demonstrated competence in preparing the breath alcohol simulator or alcohol standard and in the maintenance and calibration of the particular EBT.
- The EMS provider shall ensure the BAT(s) receives sufficient additional training to ensure proficiency concerning any new or additional devices or changes in technology for equipment used.
- The EMS provider or its designated agent, who are involved in conducting alcohol testing, shall establish documentation regarding the training and proficiency testing of any BAT it uses to test employees. The documentation shall be maintained in accordance with the requirements of federal regulations.



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**APPENDIX C**

**CONTRACTOR MONITORING PROCEDURES**

**1 –PHMSA-COVERED FUNCTIONS**

**A. GENERAL INFORMATION**

All contractors utilized by the City who operate under PHMSA mandates, shall be notified of the testing and reporting regulations as set forth in 49 CFR Parts 40 and 199. The City shall include in the contract of pipeline contractors a clause requiring testing, education, and training in accordance with Part 199 and Part 40 for covered functions.

**The City of Richmond, Department of Public Utilities shall designate an individual(s) to be responsible for the monitoring, compliance and recordkeeping functions associated with PHMSA contractor compliance.** This individual(s) shall work closely and cooperate fully with the City's APM/DPD.

**B. ALCOHOL COMPLIANCE**

**(1) OBJECTIVE**

In order to assure a contractor's compliance with DOT regulations, the following procedures will be followed in determining compliance with the alcohol misuse testing regulations as set forth in 49 CFR, Part 199 Subpart B and 49 CFR Part 40 Subpart C.

**(2) PROCEDURES FOR DETERMINING COMPLIANCE**

Qualifying Potential Contractor(s). Qualifications of the potential contractor as it pertains to alcohol testing policies/procedures will be assured by requesting the potential contractor to submit a copy of its AMPP for review and compliance with PHMSA/DOT regulations. After review of the AMPP is completed, written correspondence will be sent to the contractor to advise whether or not the AMPP plan is acceptable or in need of further additions, deletions, revisions or clarifying language. The review of the contractor plan shall be completed utilizing the criteria established in the PHMSA Alcohol Misuse Inspection form. Addendums made to the contractor's plan shall be attached to the previously submitted AMPP plan. Upon approval of the addendum, a letter of acceptance will be sent to the contractor.

Monitoring Contractor's Compliance. The contractor shall be required to provide information on their employees who will perform covered functions for the operator. This information may include the name and job title of employees who will perform any work or functions covered by Part 199 under that contract. A list of each contractor's covered employees will be distributed to appropriate City field management and job sites.



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Statistical Submission. All contractors will be required to submit AMPP testing statistical information on a periodic basis which may be based on the duration of the contract. This requirement will be conducted on a quarterly basis. The City may require a more frequent schedule for submission of data if a need for such statistics is determined.





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Statistical Record Retention. The City will maintain a complete file on each contractor's statistical drug testing data reports. The City shall make available these reports when requested by the PHMSA Administrator, designated representative, or representatives of those state agencies under which jurisdiction the City operates.

**C. DRUG COMPLIANCE**

**(1) OBJECTIVE**

In order to assure a contractor's compliance with DOT regulations, the following procedures will be followed in determining compliance with the anti-drug plan testing regulations as set forth in 49 CFR Parts 199 and 40.

**(2) PROCEDURES FOR DETERMINING COMPLIANCE**

Qualifying Potential Contractor(s). Qualifications of the potential contractor as it pertains to drug testing policies/procedures will be assured by requesting the potential contractor to submit a copy of its ADP for review and compliance with PHMSA/DOT regulations. After review of the ADP is completed, written correspondence to the contractor will advise it whether or not the plan is acceptable or in need of further additions, deletions, revisions or clarifying language. The review of the contractor plan shall be completed utilizing the criteria established in the PHMSA drug inspection form. Addendums made to the contractor's plan shall be attached to the previously submitted ADP. Upon approval of the addendum, a letter of acceptance will be sent to the contractor. The contractor would now be eligible for City contract work that would be covered under Part 199 and Part 40.

Monitoring Contractor's Compliance. The contractor shall be required to provide information on their employees who will perform covered functions for the operator. This information will include the name and job title of employees who will perform any work or functions covered by 49 CFR Part 199 under that contract. A list of each contractor's covered employees will be distributed to appropriate City field management and job sites.

Statistical Submission. All contractors will be required to submit ADP testing statistical information on a periodic basis which may be based on the duration of the contract. This requirement will be conducted on a quarterly basis. The City may require a more frequent schedule for submission of data if a need for such statistics is determined.

**2 – REMAINING COVERED FUNCTIONS**

**A. GENERAL INFORMATION**



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All contractors performing direct business with the City, shall be notified of the penalty rules as set forth in the City's Substance Abuse Policy. All such contractors, including those persons operating in a personal services agreement/contract, shall abide by the provisions of the Substance Abuse Policy as it relates to the employment of any individual who has been dismissed by the City for violation of the Substance Abuse Policy.



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**The City of Richmond of Human Resources shall designate an individual(s) to be responsible for the monitoring, compliance and recordkeeping functions associated with this section of contractor compliance. This individual(s) shall work closely and cooperate fully with the City's APM/DPD.**

**B. ALCOHOL & DRUG COMPLIANCE**

**(1) OBJECTIVE**

In order to ensure a contractor's compliance with the City's Substance Abuse Policy, the following procedures will be followed in determining compliance with the alcohol misuse and drug testing regulations as set forth in this Policy.

**(2) PROCEDURES FOR DETERMINING COMPLIANCE**

Qualifying Potential Contractor (s). Qualifications of the potential contractor as it pertains to alcohol and drug testing policies/procedures will be ensured by requesting the potential contractor to submit an affidavit certifying that it does not employ nor will it employ any former City employee who has been dismissed for violation of the City's Substance Abuse Policy, until the time-frame for such employment bar is completed. After review of the affidavit is completed, written correspondence to the contractor will advise whether or not the information is acceptable or in need of further additions, deletions, revisions or clarifying language.

Monitoring Contractor's Compliance. The contractor shall be required to provide information on their employees who will contract for City functions. This information shall include the name and job title of employees who will perform any work or functions covered by that contract.



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**APPENDIX D**

**EMPLOYEE ASSISTANCE PROGRAM**

The City of Richmond contracts with a provider of employee assistance services. Services provided by this program are available to all employees of the City of Richmond.

The City's current Employee Assistance Program (EAP) provider is:

**CIGNA EMPLOYEE ASSISTANCE PROGRAM**

Telephone Number – 1-877-622-4327

Cigna Website Access Re: Employee Assistance Program  
First-time access: go to [myCigna.com](https://myCigna.com) and put in Employer ID: COR  
If already registered, go to EAP link under “Review My Coverage”



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**APPENDIX E**

**RECORDKEEPING PROCEDURES**

**1 - ALCOHOL RECORDS**

**A. GENERAL**

The APM shall maintain the alcohol testing records in accordance with the provisions set out in the Substance Abuse Policy. Records shall be maintained for the specified periods of time as required in 49 CFR, Parts 199, 382 and 40. In addition the City's Employee Medical Services (EMS) provider will maintain the alcohol testing records as specified in the Federal Regulations.

**B. RECORD RETENTION PROVISIONS**

The following types of records shall be maintained for a minimum period of five (5) years.

- Records of employee alcohol test results with results indicating an alcohol concentration of 0.02 or greater.
- Documentation of refusals to take required alcohol tests.
- Calibration documentation of each EBT used in alcohol testing, including records of the results of external calibration checks.
- Employee referrals and evaluations.
- MIS annual alcohol misuse report data.

The following types of records shall be maintained for a minimum period of two (2) years.

- Records related to the collection process (except calibration of EBT devices).
- Records related to training.
- Records of the inspection and maintenance of each EBT used in employee testing.
- Documentation of the City's EMS provider compliance with the Quality Assurance Plan (QAP) for each EBT it uses for alcohol testing under the AMPP.
- Records of the training and proficiency testing of each BAT used in employee testing.
- Logbooks used in conjunction with EBTs.

The following types of records shall be maintained for a minimum period of one (1) year.

- Records of all test results below 0.02.

**C. MAINTENANCE OF SPECIFIC TYPES OF RECORDS**

The following types of records related to the collection process shall be maintained:



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- Collection logbooks, if used.
- Calibration documentation of EBT devices.
- Documentation of BAT training.



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**APPENDIX E (continued)**  
**RECORDKEEPING PROCEDURES**

- Documents generated in connection with decisions to administer reasonable suspicion alcohol tests.
- Documents generated in connection with decisions to administer post-accident alcohol test.
- Documents verifying existence of a medical explanation of the inability of a covered employee to provide adequate breath for alcohol testing.

The following types of records related to test results:

- EMS copy of the alcohol test form, including the results of the test.
- Documents related to the refusal of any covered employee to submit to a required alcohol test.
- Documents presented by a covered employee to dispute the result of an alcohol test administered under the AMPP.

Records related to other violations outlined in the AMPP.

The following types of records related to referrals and evaluations:

- Records pertaining to a determination by a SAP concerning a covered employee's need for assistance.
- Records concerning a covered employee's compliance with the recommendations of the SAP.
- Records related to the MIS annual alcohol misuse testing data. The City shall submit the required alcohol misuse MIS testing data to PHMSA and FMCSA as prescribed by the regulations.

The following types of records related to education and training of employees and supervisors:

- Materials on alcohol misuse awareness, including a copy of the City's policy on alcohol misuse.
- Documentation of compliance with the requirements of Part 199.231 and Part 382.
- Documentation of training provided to supervisors for the purpose of qualifying the supervisors to make a determination concerning the need for alcohol testing based on reasonable suspicion.
- Certification that any training conducted under the AMPP be in compliance with the requirements of 49 CFR, Parts 199, 382 and 40.

## **2 - DRUG RECORDS**

### **A. GENERAL**

The DPD shall maintain the drug testing records in accordance with the provisions set out in the Substance Abuse Policy. Records shall be maintained for the specified periods of time as required in 49 CFR, Parts 199, 382 and 40. In addition, the City's Employee Medical Services (EMS) provider will



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maintain drug testing records as specified in the Federal Regulations.





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**RECORDKEEPING PROCEDURES**

**B. RECORD RETENTION PROVISIONS**

Records that demonstrate the collection process conforming to 49 CFR, Part 199 and Part 382, will be kept for a minimum of three (3) years by the program contractor.

Records of employee drug test results that show employees who had a positive test and the type of test (e.g., post-accident), and records that demonstrate rehabilitation, if any, must be kept for at least five (5) years, and include the following information:

- The function performed by each employee who had a positive drug test;
- The prohibited drugs that were used by an employee who had a positive drug test;
- The disposition of each employee who had a positive drug test or refused a drug test (e.g., dismissal, rehabilitation, removed from covered function, other).

Records of employee drug test results that show employees passed a drug test must be kept for at least one (1) year.

A record of the number of employees tested, by type of test (e.g., post-accident), must be kept for at least five (5) years.

Records confirming that supervisors and employees have been trained as required by federal regulations must be kept for at least three (3) years.

Information regarding an employee's drug test results or rehabilitation may be released only upon the written consent of the employee, except that such information must be released regardless of consent to the federal agency or the representative of a state agency upon request as part of an accident investigation. Statistical data related to drug testing and rehabilitation that is not name- specific and training records must be made available to FMCSA and PHMSA federal agencies or the representative of a state agency upon request.



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**APPENDIX F**

**SPECIMEN COLLECTION PROCEDURES**

**1 - POLICY**

The City's Employee Medical Services provider will provide collection of urine drug screens based on guidelines by the Department of Transportation Procedures for Transportation Workplace Drug Testing Programs. The EMS will send all Drug Screens to a NIDA-certified laboratory for testing based on DOT guidelines.

**2 - REFERENCES**

Federal Register, Volume 53, Number 224

Federal Register, Volume 59, Number 110

U.S. Department of Transportation's Specimen Collection Workbook. May, 1992

**3 - PROCEDURE**

**A. COLLECTION SITE SECURITY**

The following conditions will be maintained to ensure that the collection site is secured for the purpose of drug testing:

- Doors to the collection rooms (bathrooms) will remain locked at all times. Access codes will be limited to department staff responsible for urine sample collections.
- All collection rooms will be inspected for paraphernalia which could be used to tamper with or adulterate the urine sample at the beginning of each workday and randomly throughout the day.
- Bluing agent will be added to the toilet water.
- During the collection process, all water faucets will be secured by remote control switches operated by the collector outside the collection room.

**B. EMPLOYEE AND COLLECTOR IDENTIFICATION:**

- (1) The collector of the urine specimen will be a licensed medical professional or technician who has been instructed in the collection process.
- (2) All employees/donors will present valid photo identification at the time they are scheduled for the drug screening procedure. (driver's license, employee ID, and equivalent current official photo, or identification by the employer's representative.)



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- (3) If the employee/donor identity cannot be established, the collection site person shall not proceed with the collection.



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**APPENDIX F (continued)**

**SPECIMEN COLLECTION PROCEDURES**

**C. COLLECTION PROCEDURE:**

- (1) Complete Step I (A, B, C, D and E) on Chain of Custody form.
- (2) The employee/donor is directed to remove any unnecessary outer garments, such as a coat or jacket, which might conceal items or substances that could be used to tamper with or adulterate the urine specimen. The employee/donor is directed to leave all personal belongings, such as a purse or briefcase, with the outer garments. The employee/donor may retain his/her wallet.
- (3) The donor is instructed to wash his/her hands using soap from a dispenser outside the bathroom.
- (4) The water is then turned off from a remote control switch outside the bathroom.
- (5) A sealed split specimen sample COC box is handed to the donor for sample collection.
  - Collect an adequate amount of urine (45 ml. minimum).
  - If the amount of urine is less than 45 ml. the collection is void and the urine sample is discarded.
  - The donor is provided not more than 24 ounces of fluid and, after a period of up to two hours, is instructed to provide a complete sample using a fresh collection kit.
  - If, after another attempt to collect, the specimen is less than 45 ml. of urine, notify the employer and discard the urine.
- (6) Both the donor and the collector shall keep the specimen in full view at all times prior to its being sealed and labeled.
- (7) Check temperature. This must be done within four (4) minutes after collection. The collector shall also inspect the specimen to determine its color and look for any signs of contamination.
  - If temperature sensor is not within 90 - 100 degrees, record actual temperature with thermometer in aliquot. Fill out Step 2 on COC Form.
  - A donor may volunteer to have his/her temperature taken to provide evidence to counter the reason to believe the donor may have altered or substituted the specimen caused by the specimen's temperature falling outside the prescribed range.
- (8) Open sealed bottle in kit and pour off 15 ml. into it from the first bottle. This is now sample bottle B (split). Cap both bottles firmly.



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- (9) Seal containers with numbered bottle seals provided with the form. Specimen A should contain at least 30 ml. Collector dates both bottle seals. Donor initials both bottle seals. Place in COC bags and seal.



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**APPENDIX F (continued)**

**SPECIMEN COLLECTION PROCEDURES**

- (10) Have donor complete Step 4 and Copy 4 (pink page) of COC form. Instruct donor to read certification statement before printing and signing name.
- (11) Collector fills out Step 5 on Copy I. "Remarks" section can be used for comments, type of ID, suspicious behavior, or witness's signature if indicated.
- (12) Collector prints and signs name on RECEIVED BY line on the first line of Step 6, signs and prints name again under RELEASED BY line. Under RECEIVED BY, line 2, write COC box/AML Courier (or other delivery service used). Under PURPOSE of CHANGE write "ship specimen to lab."
- (13) Give DOT copy 5 (green) to donor. Place sealed specimens and top 3 copies of form in COC box. Place red security seal over opening and initial and date. Place box in secure area.

**4 - DIRECT OBSERVATION COLLECTION**

**A.** Direct observation collection may be conducted in the following circumstances:

- The donor has provided a specimen that falls outside the acceptable temperature range (90 - 100 degrees).
- The collector observes conduct clearly indicating an attempt to substitute or adulterate the sample (i.e., substitute urine in plain view, blue dye in specimen presented, adulterated substance in view).

**NOTE:** In both of the above described circumstances the collector must obtain, in advance of the direct observation collection, the review and concurrence of the collection site supervisor or the designated employer representative. The person directly observing the specimen collection shall be of the same gender.

**B.** The DOT regulations permit a subsequent collection to be collected under direct observation if:

- The last specimen provided by the donor (i.e., on a previous occasion) was determined by the laboratory to have a specific gravity of less than 1.003 and Creatinine concentration below 2.g/l.
- The donor has had a verified positive result on a previous drug test and is subject to return-to-duty or follow-up testing under DOT regulations.

**C.** The decision to conduct a direct observation collection in the two circumstances described above



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is made by the employer, not the collection site personnel. In these cases, it is the responsibility of the employer to notify the collection site personnel when a direct observation collection is warranted.



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**APPENDIX F (continued)**

**SPECIMEN COLLECTION PROCEDURES**

**5 - REPORTING AND REVIEWING OF RESULTS**

- (a) The Medical Review Officer (MRO) shall be a licensed physician with knowledge of substance abuse disorders.
- (b) The MRO will review and interpret confirmed positive test results. If the test of the first specimen bottle (bottle A) is verified positive by the MRO, the MRO shall report the result to HR.
- Prior to making a final decision to verify a positive test result of an individual, the MRO shall give the individual an opportunity to discuss the test results with him.
  - The MRO shall contact the individual directly, on a confidential basis, to determine whether the employee wishes to discuss the test results with him.
  - If, after making all reasonable efforts and documenting them, the MRO is unable to reach the individual directly, the MRO shall contact a designated management official who shall direct the individual to contact the MRO as soon as possible.
  - If, after making all reasonable efforts, the designated management official is unable to contact the employee, the employer may place the employee on temporary medically unqualified status or medical leave.
- (c) The MRO may verify a test as positive without having communicated directly with the employee about the test in two circumstances:
- The employee expressly declines the opportunity to discuss the test;
  - The designated employer representative has successfully made and documented a contact with the employee and instructed the employee to contact the MRO, and more than five (5) days have passed since the date the employee was contacted by the designated employer representative.

If a test is verified positive under the circumstances specified in subparagraph (c), 2<sup>nd</sup> bullet point, the employee may present to the MRO information documenting the serious illness, injury, or other circumstances which unavoidably prevented the employee from timely contacting the MRO. The MRO, on the basis of such information, may reopen the verification allowing the employee to present information concerning a legitimate explanation for the confirmed positive test. If the MRO concludes that there is a legitimate explanation, the MRO declares the test to be negative.





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**APPENDIX F (continued)**

**SPECIMEN COLLECTION PROCEDURES**

**6 - VERIFICATION FOR OPIOIDS**

Review for prescription medication. Before the MRO verifies a confirmed positive result for opioids, he or she shall determine that there is clinical evidence, in addition to the urine test, of unauthorized use of any opium, opioid or opium derivative (e.g., Morphine, Codeine). This requirement does not apply if the employer's GC/MS confirmation testing of opioids confirms the presence of 6 Monoacetylmorphine.

**7 – NEGATIVE DRUG TEST RESULTS – REQUIRED REVIEW BY MRO – 49 CFR PART 40, SECTION 40.127**

The MRO, must do the following with respect to negative drug test results received from a laboratory, prior to verifying the result and releasing it to the DER:

- (a) Review Copy 2 of the CCF to determine if there are any fatal or correctable errors that may require the MRO to initiate corrective action or to cancel the test (see §§ 40.199 and 40.203).
- (b) Review the negative laboratory test result and ensure that it is consistent with the information contained on the CCF.
- (c) Before a negative test result is reported, the MRO must have in his/her possession the following documents:
  1. Copy 2 of the CCF, a legible copy of it, or any other CCF copy containing the employee's signature; and
  2. A legible copy (fax, photocopy, image) of Copy 1 of the CCF or the electronic laboratory results report that conveys the negative laboratory test result.
- (d) If the copy of the documentation provided to the MRO by the collector or laboratory appears unclear, the MRO must request that the collector or laboratory send him/her a legible copy.
- (e) On Copy 2 of the CCF, the MRO must place a check mark in the "Negative" box (Step 6), provide his/her name, and sign, initial, or stamp and date the verification statement.
- (f) Report the result in a confidential manner (see §§ 40.163–40.167).
- (g) Staff under the direct, personal supervision of the MRO may perform the administrative functions of this section for, but only the MRO can cancel a test. If a laboratory-confirmed negative result is cancelled, the MRO must check the "Test Cancelled" box (Step 6) on Copy 2 of the CCF, make appropriate annotation in the "Remarks" line, provide his/her name, and sign, initial or stamp and



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date the verification statement.

1. On specimen results that are reviewed by the MRO staff, the MRO is responsible for assuring the quality of their work.



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**APPENDIX F (continued)**

**SPECIMEN COLLECTION PROCEDURES**

2. The MRO is required to personally review at least 5 percent of all CCFs reviewed by his/her staff on a quarterly basis, including all results that required a corrective action. However, the MRO need not review more than 500 negative results in any quarter.
3. The MRO must, as a minimum, include the CCF, negative laboratory test result, any accompanying corrective documents, and the report sent to the employer. The MRO must correct any errors that he/she discovers. The MRO must take action as necessary to ensure compliance by his/her staff with this part and document the corrective action. The MRO must attest to the quality assurance review by initialing the CCFs that you review.
4. The MRO must make these CCFs easily identifiable and retrievable by him/her for review by DOT agencies.

[65 FR 79526, Dec. 19, 2000, as amended at 66 FR 41951, Aug. 9, 2001]

**8 – QUALITY ASSURANCE REVIEW REQUIRED OF MRO - 49 CFR PART 40.123**

The MRO has the following basic responsibilities:

- (a) Acting as an independent and impartial “gatekeeper” and advocate for the accuracy and integrity of the drug testing process.
- (b) Providing a quality assurance review of the drug testing process for the specimens under his/her purview. This includes, but is not limited to:
  1. Ensuring the review of the CCF on all specimen collections for the purposes of determining whether there is a problem that may cause a test to be cancelled (see §§ 40.199–40.203). An MRO are not required to review laboratory internal chain of custody documentation. No one is permitted to cancel a test because the MRO has not reviewed this documentation;
  2. Providing feedback to employers, collection sites and laboratories regarding performance issues where necessary; and
  3. Reporting to and consulting with the ODAPC or a relevant DOT agency when the MRO wishes DOT assistance in resolving any program issue. As an employer or service agent, the MRO is prohibited from limiting or attempting to limit the MRO's access to DOT for this purpose and from retaliating in any way against an MRO for discussing drug testing issues with DOT.
- (c) The MRO must determine whether there is a legitimate medical explanation for confirmed positive, adulterated, substituted, and invalid drug tests results from the laboratory.



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- (d) While the MRO provide medical review of employees' test results, this part does not deem that the MRO has established a doctor-patient relationship with the employees whose tests he/she reviews.



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- (e) The MRO must act to investigate and correct problems where possible and notify appropriate parties (e.g., HHS, DOT, employers, service agents) where assistance is needed, (e.g., cancelled or problematic tests, incorrect results).
- (f) The MRO must ensure the timely flow of test results and other information to employers.
- (g) The MRO must protect the confidentiality of the drug testing information.
- (h) The MRO must perform all your functions in compliance with this part and other DOT agency regulations.

[as amended 82 FR 52245, November 13, 2017]

**9 - RE-ANALYZES AUTHORIZED**

- (a) Should any questions arise as to the accuracy or validity of a positive test result, only the MRO is authorized to re-analyze of the original sample and such retests are authorized only at laboratories certified by DHHS. The MRO shall authorize a re-analysis of the original sample if requested to do so by the employee within 72 hours of the employee having received actual notice of the positive test. If the retest is negative, the MRO shall cancel the test.
- (b) Only the donor may request, through the MRO, that the second specimen bottle (Bottle B) be tested in a DHHS certified lab for presence of the drug for which a positive result was obtained in the test of the first specimen bottle (Bottle A). The MRO shall honor such a request if it is made within 72 hours of the donor having received notice that he/she tested positive.
- (c) The result of this test is transmitted to the MRO without regard to the cutoff levels used to test the first specimen bottle (Bottle A).

**10 - RESULT CONSISTENT WITH LEGAL DRUG USE**

If the MRO determines that there is a legally valid prescription consistent with the Controlled Substances Act (CSA) for a confirmed positive test result, the MRO shall report the test to the employer as negative.

**11 -RESULT SCIENTIFICALLY INSUFFICIENT**

Additionally, the MRO based on review of inspection reports, quality control data, multiple samples, and other pertinent results, may determine the result as scientifically insufficient for further action and declare the test specimen negative. In this situation, the MRO may request re-analysis of the original sample before making this decision. (The MRO may request that re-analysis, as provided in S40.22 (e), be performed by the same laboratory or, that an aliquot of the original specimen be sent for re-analysis to an alternate laboratory which is certified in accordance with the DHHS Guidelines.) The laboratory shall assist in this review process as requested by the MRO by making available the individual responsible for day-to-day



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management of the urine drug testing laboratory or other employee who is a forensic toxicologist or who has equivalent forensic experience in urine drug testing to provide specific consultation as required by the employer. The employer shall include, in any required annual report to a DOT agency, a summary or any negative findings based on scientific insufficiency, but shall not include any personal identifying information in such reports.



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**APPENDIX F (continued)**

**SPECIMEN COLLECTION PROCEDURES**

**12 - DISCLOSURE OF INFORMATION**

- (a) Except as provided in this paragraph, the MRO shall not disclose to any third-party medical information provided by the individual to the MRO as a part of the testing verification process.
- (b) The MRO may disclose such information to the employer, a DOT agency, or other Federal Safety Agency, or a physician responsible for determining the medical qualification of the employee under an applicable DOT agency regulation, as applicable, only if:
- An applicable DOT regulation permits or requires such disclosure.
  - In the MRO's reasonable medical judgment, the information could result in the employee being determined to be medically unqualified under an applicable DOT agency rule.
  - In the MRO's medical judgment, in a situation in which there is no DOT agency rule establishing physical qualification standards applicable to the employee, the information by the employee of his or her safety sensitive function could pose a significant safety risk.
- (c) Before obtaining medical information from the employee as part of the verification process, the MRO shall inform the employee that information may be disclosed to third parties as provided in this paragraph and the identity of any parties to whom information may be disclosed.
- (d) Protection of Employee Records - The EMS provider contract with laboratories shall require that the laboratory maintain employee test records in confidence as provided in DOT agency regulations. The contracts shall provide that the laboratory shall disclose information related to a positive drug test of an individual to the individual, the employer, or the decision-maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual and arising from a certified positive drug test.
- (e) Individual Access to Test and Laboratory Certification Results - Any employee who is the subject of a drug test conducted under this part shall, upon written request, have access to any records relating to his or her drug test and any records relating to the revocation of certification proceedings.

***Responsibility for Review: Employee Medical Providers - Director of Occupational Medicine***

**Frequency of Review: Annually**

**Next Review: June 2024**

**Approval Must Be Received from City of Richmond's Drug Program Designee**



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**APPENDIX G**

**DESIGNATED COLLECTION AGENCY AND TESTING LABORATORIES**

**NAME OF COLLECTION AGENCY:**

CareNow is the primary collection site utilized for the City of Richmond's drug screen collections.

CareNow (HCA)  
5215 W. Broad Street  
Richmond, VA 23230  
(804) 554-5688

Retreat Hospital (HCA)-After hours collections  
2621 Grove Avenue  
Richmond, VA 23220  
(804) 254-5100

**THE NAME AND ADDRESS OF THE TESTING LABORATORY:**

The City of Richmond contracts (through our EMS provider) with the following NIDA-certified laboratory to analyze drug test specimens.

Alere Toxicology Servicew  
450 Southlake Boulevard  
Richmond, VA 23200

Quest-Tucker (Used for Challenges)  
1777 Montreal Circle  
Tucker, GA 30084  
800-729-6432

**LICENSING & ACCREDITATION:**

**THE FOLLOWING AGENCIES LICENSE AML:**

- Health and Human Services (CLIA Code) #49D0221801
- New York Permit #847728A I
- Maryland Permit #209
- Pennsylvania Permit #001136
- Illinois Permit #0021758
- Nuclear Regulatory Commission
- New Jersey Drawing Station





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- Maine Substance Abuse License
- Virginia Asbestos Analytical Laboratory License #000003
- Florida Forensic Toxicology License T015



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**DESIGNATED COLLECTION SITE & TESTING LABORATORIES**

**THE FOLLOWING VOLUNTARY ACCREDITING AGENCIES ACCREDIT AML:**

- American Industrial Hygiene Association (AIHA)#206
- American Society of Cytology
- CDC (Centers of Disease Control) - Certificate of Traceability for Cholesterol
- College of American Pathologists (CAP) #13611-01
- Commonwealth of Virginia - Drinking Water Certification
- Florida Drinking Water Testing Laboratory Certificate #87348
- International Academy of Cytology
- NIDA (National Institute on Drug Abuse)
- NVLAP (Bulk Asbestos Analysis)

**THE FOLLOWING AGENCIES INSPECT AML:**

- American Industrial Hygiene Association (AIHA)
- CAP Forensic (Forensic Urine Drug Testing)
- Commonwealth of Virginia - Drinking Water Certification
- Food and Drug Administration
- International Academy of Cytology
- National Institute on Drug Abuse (NIDA)
- National Voluntary Laboratory Accreditation Program (NVLAP)
- New York State
- Nuclear Regulatory Commission
- Virginia (Forensic Drug Testing)
- Virginia (Tuberculosis Control Program)

**APPROVED LISTS:**

- Commonwealth of Pennsylvania (Drug Abuse Testing)
- Commonwealth of Pennsylvania (Blood Alcohol Content)
- Commonwealth of Virginia (Blood Lead Analysis)
- Commonwealth of Virginia (Forensic Drug Testing)
- Commonwealth of Virginia (Syphilis Testing)
- OSHA (Blood Lead)
- State of Maryland (AFP/NTD Testing)
- State of Maryland (HIV-I Antibody Testing O ELISA and Western Blot)
- State of North Carolina (HIV Testing and PAP Smear Certification)
- State of West Virginia (HIV Testing)

**CAP ORIGINAL ACCREDITATION -1969**



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**AMERICAN SOCIETY OF CYTOLOGY - 1981**

**NOTICE - Changes in the collection sites or testing laboratories must be approved by the City's APM/DPD.**



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**APPENDIX H**

**MEDICAL REVIEW OFFICER**

**NAME AND ADDRESS OF THE MEDICAL REVIEW OFFICER (MRO):**

Brian Heinen, Sr., M.D.  
151 Leon Street  
Eunice, LA 70535

**MEDICAL REVIEW OFFICER GENERAL RESPONSIBILITIES:**

The Medical Review Officer is generally responsible for the following:

Although the laboratory analysis will determine whether the specimen is positive, any confirmed positive test results from the laboratory must be reviewed and interpreted by a Medical Review Officer (MRO) prior to transmission of the results to the City's DPD. The MRO's review must include a review of the chain of custody to ensure that it is complete and sufficient on its face.

Prior to confirming a positive result for opioids, the MRO must determine that there is clinical evidence (in addition to the urine test) of unauthorized use of any opium, opioid, or opium derivative (e.g., morphine/codeine).

The MRO must be a licensed physician with knowledge of both substance abuse disorders and possible alternate medical explanations for a positive test result. The MRO may not be an employee of the laboratory conducting the controlled substances test(s).

As part of his- responsibilities, the MRO must examine alternate medical explanations for any positive test results and review all medical records made available by the tested individual when a confirmed positive test could have resulted from legally-prescribed medication. The MRO may not consider results of urine samples that were not obtained or processed in accordance with the DOT controlled substances testing program requirements.

**Additional detailed rules governing the responsibilities of the MRO may be found in 49 CFR, 40.33.**



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**APPENDIX I**

**PERCENTAGE TO TEST**

In accordance with federal and city mandates, the City shall test the following percentages of employees for calendar year 2019:

**ALCOHOL TESTING**

**FMCSA POOL**

Pre-employment	100 %
Post-Accident	100 % who met requirements
Random	10%
Movement	100 % of those who move into a covered position
Return-To-Duty Follow-Up	To be determined by Substance Abuse Professional

**PHMSA POOL**

Post-Accident	100 % who met requirements
Movement	100 % of those who move into a covered position
Random	-NA-
Return-To-Duty	100%
Follow-Up	To be determined by Substance Abuse Professional

**SENSITIVE POOL**

Pre-employment	100%
Post-Accident	100 % who met requirements
Random	35 %
Movement	100 % of those who move into a covered position
Return-To-Duty	100 %
Follow-Up	To be determined by Substance Abuse Professional

**PRIOR OFFENDERS POOL**

Random	100%
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**APPENDIX I (CONTINUED)**

**PERCENTAGE TO TEST**

**DRUG TESTING**

**FMCSA POOL**

Pre-employment	100 %
Post-Accident	100 % who met requirements
Random	25%
Movement	100 % of those who move into a covered position

**PHMSA POOL**

Post-employment	100 %
Post-Accident	100 % who met requirements
Random	50%
Movement	100 % of those who move into a covered position

**SENSITIVE POOL**

Pre-employment	100%
Post-Accident	100 % who met requirements
Random	35 %
Movement	100 % of those who move into a covered position
Return-To-Duty	100 %
Follow-Up	To be determined by Substance Abuse Professional

**PRIOR OFFENDERS POOL**

Random	100%
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**APPENDIX J**

**Quality Assurance Plan for Intoximeters, Inc. - RBT IV/Alco-Sensor**

**1- Designated Methods for External Calibration ("Accuracy") Checks**

Assuming that they are approved for use by NHTSA, Intoximeters, Inc. recommends that external accuracy checks be performed using either an approved compressed dry gas standard made up of  $1.05 \pm 2$  ppm ethanol in nitrogen or any NHTSA-approved wet bath simulator in conjunction with a properly certified and maintained ethanol solution that has been manufactured to produce an apparent breath alcohol concentration of  $0.040 \pm 0.002$  grams per 210 liters of breath.

In all cases, the compressed gas tanks, simulators and simulator solutions should be used and maintained only in accordance with the quality assurance plans provided by their respective manufacturers in order to insure that they produce consistent and reliable samples.

Instruction for use of these accuracy check standards with the instrument can be found in the documentation provided with the instrument.

**2 - Minimum Intervals for Accuracy Checks**

In order to maintain the highest level of integrity for all alcohol breath tests performed, an accuracy check would have to be performed before and after every breath test. For most employers, this will be a cumbersome requirement that will not offer very much benefit.

When a test is run, an accuracy check must be run prior to that test if an accuracy check has not occurred within the past 31 days.

Intoximeters, Inc. also highly recommends that an accuracy check be run on the instrument as soon after a positive confirmation test as is practical.

Because an accuracy check that produces a result outside of the expected tolerances outlined below throws into doubt the validity of all previous breath tests since the last successful accuracy check, this procedure insures that only one positive test (the last one) will be compromised. Also, if the accuracy check is run immediately, it gives the BAT an opportunity to test the subject again.

Intoximeters, Inc. suggests, if practical, that an accuracy check be run before the first test on each day that the instrument is used. This procedure offers additional assurances that the instrument is functioning properly, especially when there is a long period during which there are no positive tests and an accuracy check would not otherwise be run according to the procedures outlined above.



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**APPENDIX J (CONTINUED)**

**QUALITY ASSURANCE PLAN FOR EBT**

**3 - Acceptance Tolerances on an External Accuracy Check**

The result of an accuracy check must be with  $\pm 0.005$  grams per 210 liters of breath inclusive of the expected value.

For wet bath simulators, the requirement is measured by using simulator solution manufactured to produce an apparent breath alcohol concentration of  $0.040 \pm .002$  grams per 210 liters of breath. The value of a sample from the wet breath simulator, as read by the Alco-Sensor IV, should be  $0.040 \pm 0.005$  grams per 210 liters of breath inclusive.

For compressed dry gas standards, the requirement is met by using compressed dry gas tanks containing  $105 \pm 2$  ppm of ethanol in nitrogen. The value of a sample of this gas delivered at 760mm of Hg. absolute barometric pressure, as read by the Alco-Sensor IV, should be  $0.038 \pm 0.005$  grams per 210 liters of breath inclusive. However, both weather conditions and higher elevations for operation will change the barometric pressure and cause the expected value of the dry gas standard to change. For instance, in Santa Fe at 7000 ft., the compressed dry gas tank will have a value of approximately 0.025. To accommodate these variations, the TRUE-CAL device is supplied with compressed dry gas tanks for manual accuracy checks and calibrations.

The TRUE-CAL device contains a precision pressure sensor which monitors the barometric pressure and automatically corrects the expected value of the dry gas standard at that moment. The information is available by pushing a button on the TRUE-CAL device.

Altitude tables may be used for this correction but weather extremes may cause variations of up to  $\pm .002$  grams per 210 liters in the expected value.

This value must be entered into the memory of the RBT IV/Alco-Sensor IV by the BAT before the standard is run and is recorded on the test record, along with the result obtained from running the standard.

If the instrument does fail an accuracy check, the employer shall take the instrument out of service as per 49 CFR, Part 40.55(b)(2) and re-calibrate it.





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**4 - Inspection, Maintenance and Calibration Requirements**

The instrument should be calibrated when the result of an accuracy check is  $\pm 0.005$  grams per 210 liters of breath or more from the expected value as outlined above.

The instrument should be taken out of service if:

- the instrument repeatedly fails to maintain its calibration (i.e., if after two (2) successful attempts to calibrate the device a successful accuracy check was not obtained);
- the instrument fails to maintain its calibration on three (3) consecutive monthly accuracy checks;
- the instrument consistently takes more than two (2) minutes to perform a breath analysis on a sample with a concentration less than 0.100 grams per 210 liters of breath.

**APPENDIX J (CONTINUED)**  
**QUALITY ASSURANCE PLAN FOR EBT**

The instrument should be inspected by a certified technician at least once every two (2) years in service.

Routine maintenance procedures are specified in the manuals of each instrument and must be followed in order to insure accurate test results.

*Responsibility for Review: Employee Medical Providers -Director of Occupational*

*Medicine Frequency of Review: Change of EBT Device*

*Approval Must Be Received from City of Richmond's Alcohol Program Manager*