CITY of LINCOLN

HUMAN RESOURCES | RISK MANAGEMENT DIVISION
DRUG AND SUBSTANCE TESTING SUPERVISOR GUIDE

Includes DOT-Regulated Testing Requirements (49 CFR Part 40, Part 382, and Part 655)
This guide supports, but does not replace, federal DOT regulations.

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RISK MANAGEMENT TEAM

Name	Title	Email	Phone
	City Risk Team	**risk@lincoln.ne.gov**	**(402) 441-7597**
Sarah Kroll	Risk Management Division Leader	skroll@lincoln.ne.gov	(402) 441-6552
Mary Anne Prinkkila-Rogers	Claims and Insurance Administrator	mprinkkila-rogers@lincoln.ne.gov	(402) 441-7082
Mark Robertson	Safety Program Administrator	mrobertson@lincoln.ne.gov	(402) 441-6009
Beth Olson	Employee Leave Benefits Manager	bolson@lincoln.ne.gov	(402) 441-7818
Jody Kouma	Employee Leave Benefits Specialist	jkouma@lincoln.ne.gov	(402) 441-7672
Carmen Flynn	Executive Secretary	cjflynn@lincoln.ne.gov	(402) 441-7671

PRIMARY COLLECTION SITE

Provider	Address	Phone	Hours
Concentra Urgent Care	4900 N 26th St, Lincoln NE 68521	(402) 465-0010	Open until 5 PM

AFTER-HOURS DRUG AND SUBSTANCE TESTING PROCEDURES

Supervisors must follow after-hours testing procedures when Concentra is closed. Instructions include:

- Contact the designated after-hours response provider
- State that post accident or reasonable suspicion testing is required
- Provide the employee's name, agency, and location
- Follow instructions for where to meet the collector
- Ensure the employee does not drive

I. PURPOSE

This guide explains procedures supervisors must follow when initiating drug and substance testing. It supports the Drug and Substance Testing Policy and provides consistent direction for all departments.

DOT vs Non-DOT Applicability
This guide includes procedures for both DOT-regulated and non-DOT testing. DOT testing must comply with 49 CFR Part 40 and applicable modal regulations (FMCSA Part 382, FTA Part 655). Where a conflict exists, federal regulations supersede City policy.

II. SUPERVISOR RESPONSIBILITIES

Supervisors must:

- Identify observable indicators of impairment
- Document concerns immediately and factually
- Contact Human Resources before any testing conversation
- Immediately remove the employee from all safety-sensitive functions when required
- Ensure supervisor has completed required DOT reasonable suspicion training (60 minutes minimum
- Do not delay required DOT testing for administrative reasons
- Follow every step in this guide

III. REASONABLE SUSPICION PROCEDURES

A. Step One: Observe

Supervisors must observe physical, behavioral, and performance indicators. Reasonable suspicion must be based on specific, contemporaneous, and articulable observations concerning appearance, behavior, speech, or performance.

For DOT-covered employees, observations must be made by a trained supervisor and must be specific, contemporaneous, and articulable.

When practicable, two supervisors should independently observe and document indicators of impairment.

Alcohol testing requires direct observation of behavior, speech, or body odors and must occur during, just before, or just after safety-sensitive duties.

B. Step Two: Remove From Duty

If safety may be affected, the employee must be removed from duty.

C. Step Three: Notify Human Resources

Contact Human Resources before informing the employee that testing is required.

D. Step Four: Private Meeting

A second supervisor is recommended.
State observations only. No assumptions.
Do not use accusatory language. State only observed facts.

E. Step Five: Documentation

Supervisors must complete:

- Reasonable Suspicion Observation Checklist
- Supervisor Notes Page
- Any required department forms

F. Step Six: Transportation

The employee must not drive.
The supervisor arranges transportation.

IV. POST ACCIDENT TESTING PROCEDURES

Testing is required when an incident involves:

- Injury or potential injury
- Vehicle involvement
- Equipment or property damage
- A near miss with potential harm

A. Immediate Actions

1. Address medical needs
2. Secure the scene
3. Testing must not delay necessary medical attention or prohibit the employee from leaving the scene for emergency care
4. Notify Human Resources

B. Documentation

Supervisors must complete:

- Post Accident Testing Form
- Department Incident Report
- Supervisor Notes Page

C. Timeliness

Testing must occur as soon as possible. Supervisors must document reasons for any delay in testing per DOT requirements.

V. TRANSPORTATION REQUIREMENTS

Supervisors must ensure:

- The employee does not drive
- Transportation is arranged by the department
- A supervisor or designee stays reachable
- The employee does not return to duty until cleared by Human Resources

VI. REFUSAL TO TEST

If employee refuses testing:

- Document refusal immediately
- Notify HR immediately
- Remove employee from duty
- Arrange safe transportation for the employee
- Refusal to Test (49 CFR Part 40) includes:
    1. Failure to appear for testing
    2. Failure to remain at the testing site
    3. Failure to provide a specimen
    4. Failure to permit observation

5. Failure to follow testing instructions
6. Tampering/adulteration
7. Refusal to sign required forms

A refusal is treated as a positive test result under DOT regulations.

VI. CONFIDENTIALITY REQUIREMENTS

Supervisors must:

- Keep all testing information confidential.
- Share information only with Human Resources or leadership with a need to know.
- Avoid discussing testing with coworkers.
- Store all documentation securely.

DOT test results are confidential and may only be released in accordance with 49 CFR Part 40.

VII. AFTER THE TEST

Human Resources will inform supervisors about:

- Return-to-duty status
- Work restrictions
- Leave options
- Follow-up testing
- Next steps after positive results

Supervisors must not contact the lab or collection site for results.

APPENDIX A

FMCSA REQUIRED FORMS AND DOCUMENTS

(49 CFR Part 382 and 49 CFR Part 390)

APPENDIX A-1

FMCSA POST-ACCIDENT DETERMINATION CHECKLIST

(49 CFR § 382.303)

Purpose:
This form helps supervisors determine whether federal DOT-mandated testing is required following a commercial motor vehicle accident involving a CDL holder. This determination applies only to CDL drivers performing safety-sensitive functions under FMCSA regulations.

A. Accident Information

Field	Entry
Date of Accident	_____
Time of Accident	_____
Location	_____
Vehicle Number / Unit	_____
Driver Name	_____
DOT/FMCSA-regulated? Yes ☐ No ☐	

B. Accident Criteria (FMCSA)

Check all that apply.

Checkbox	Criterion
☐	Fatality to any person
☐	Driver received a citation AND any person required immediate medical treatment away from the scene
☐	Driver received a citation AND any vehicle was towed from the scene
☐	Neither condition above occurred (testing may not be required)

C. FMCSA Testing Decision Table

Type of Accident	Citation issued to CDL driver?	Human fatality?	DOT Drug Test Required?	DOT Alcohol Test Required?
Human fatality	Citation irrelevant	Yes	Yes	Yes
Bodily injury requiring medical treatment away from scene	Yes	N/A	Yes	Yes
Bodily injury requiring medical treatment away from scene	No	N/A	No	No
Disabling damage requiring tow	Yes	N/A	Yes	Yes
Disabling damage requiring tow	No	N/A	No	No

D. Required Deadlines (49 CFR §382.303)

- If alcohol testing is not conducted within 2 hours, the supervisor must document the reason.
- If not conducted within 8 hours, testing must cease.
- Drug test must be conducted as soon as practical, ideally within 32 hours. If not completed within 32 hours, document reasons.

E. Supervisor Documentation (required)

Field	Entry
DOT test required?	Yes ☐ No ☐
Reason testing required / not required	_____
If alcohol test delayed, reason for delay	_____
If drug test delayed, reason for delay	_____
Supervisor Name	_____
Supervisor Signature	_____
Date	_____

APPENDIX A-2

FMCSA / DOT DRUG AND ALCOHOL RELEASE OF INFORMATION FORM

(DOT-ODAPC Suggested Format – 49 CFR § 40.25)

Purpose:
Allows the employer to obtain prior DOT drug and alcohol testing records from previous employers, as required under Part 40.

A. Employee Information

Field	Entry
Employee Name	_____
DOB	_____
SSN (Last 4)	_____
CDL Number	_____
Issuing State	_____

B. Previous Employer Information

Field	Entry
Employer Name	_____
Address	_____
Phone/Fax	_____

C. Authorization Language (Required)

I hereby authorize the release of all **DOT-regulated drug and alcohol testing records** from my previous employer(s) listed above to the **City of Lincoln** for the purpose of compliance with **49 CFR Part 40** and **49 CFR Part 382**.

This includes:

- Alcohol test results of 0.04 or greater
- Verified positive drug test results
- Refusals to test
- Other violations of DOT testing rules

- Return-to-duty documentation
- Follow-up testing records
- Information from the Clearinghouse as required

I understand that this information will be used only for DOT compliance.

D. Signatures

Field	Entry
Employee Signature	_____
Date	_____

For Previous Employer Use

Information Provided	Check
☐ No violations recorded	
☐ Violations occurred (attach documentation)	
☐ Employee completed return-to-duty process	
☐ Employee has not completed return-to-duty process	

Comments:

Field	Entry
Employer Representative	_____
Title	_____
Date	_____

Employer must also comply with FMCSA Drug & Alcohol Clearinghouse requirements (49 CFR Part 382 Subpart G).

APPENDIX A-3

FMCSA CDL POST-ACCIDENT DECISION TABLE (Supervisor Reference)

(49 CFR §382.303)

This is a quick-reference version of the federal requirement.

A. When FMCSA Post-Accident Testing Is Required

Accident Type	Citation Issued to CDL Driver?	Human Fatality?	Drug Test Required?	Alcohol Test Required?
Anytime	Citation irrelevant	Yes	Yes	Yes
Injury requiring treatment away from scene	Yes	N/A	Yes	Yes
Injury requiring treatment away from scene	No	N/A	No	No
Vehicle towed from scene	Yes	N/A	Yes	Yes
Vehicle towed from scene	No	N/A	No	No

(Source: FMCSA / DOT Post-Accident Testing Requirements)

B. Notes

- "As soon as practicable" means immediately, unless medical or safety priorities prevent testing.
- If testing deadlines are missed, supervisors must document all reasons.
- Non-FMCSA/Post-Accident tests may still be required under City policy even if FMCSA does not require it.

Supervisors must also verify whether Clearinghouse reporting requirements apply.

APPENDIX B

FTA REQUIRED FORMS AND DOCUMENTS

(49 CFR Part 655 – Federal Transit Administration)

Safety-Sensitive Function (FTA) includes:

- Operating transit vehicles
- Dispatch/control
- Maintenance of revenue vehicles
- Carrying firearms for security
- Any duty that could impact safe operation

APPENDIX B-1

FTA POST-ACCIDENT DETERMINATION FORM

(Required under 49 CFR § 655.44)

Purpose:
This form assists supervisors in determining whether FTA-mandated post-accident drug and alcohol testing is required after an accident involving an FTA-covered employee.

A. Accident Information

Field	Entry
Date of Accident	_____
Time	_____
Location	_____
Vehicle/Equipment Involved	_____
Employee Name	_____
Safety-Sensitive Position	Yes ☐ No ☐
Immediate Medical Attention Required	Yes ☐ No ☐

B. FTA Accident Categories

FTA requires post-accident testing in the following situations:

Trigger Event	Drug Test Required?	Alcohol Test Required?
Human fatality, regardless of fault	Yes	Yes
Employee receives a citation AND someone receives medical treatment away from the scene	Yes	Yes
Employee receives a citation AND any vehicle is towed from the scene	Yes	Yes
Non-fatal, no citation, low severity incident	FTA: No	FTA: No

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C. Additional FTA Requirements

- Testing must occur as soon as practicable.
- Reasonable suspicion testing may still apply even if FTA post-accident criteria are not met.
- City policy may require testing even when FTA does not.
- FTA post-accident testing decisions must consider whether the employee's performance could have contributed to the accident.

D. Supervisor Decision

Field	Entry	
FTA Drug Test Required	Yes ☐	No ☐
FTA Alcohol Test Required	Yes ☐	No ☐
Reason(s) for Decision		
Supervisor Name	_____	
Supervisor Signature	_____	
Date and Time of Decision	_____	

APPENDIX B-2

FTA DRUG & ALCOHOL TESTING NOTIFICATION FORM

(To be given to the employee prior to testing)

Purpose:
This form informs the employee that they are required to submit to FTA-mandated drug and/or alcohol testing.

This test is conducted under DOT regulations (49 CFR Part 40 and 49 CFR Part 655).

A. Employee Information

Field	Entry
Employee Name	_____
Employee ID	_____
Supervisor Name	_____
Department	_____

B. Notification Type

Type of Test	Select
☐ FTA Post-Accident Drug Test	
☐ FTA Post-Accident Alcohol Test	
☐ Reasonable Suspicion Drug Test	
☐ Reasonable Suspicion Alcohol Test	
☐ Return-to-Duty Test	
☐ Follow-Up Test	

C. Required Language (FTA-Compliant)

You are hereby notified that you must submit to FTA-required drug and/or alcohol testing. Failure to comply constitutes a refusal to test, which is treated the same as a positive test result under 49 CFR Part 655 and 49 CFR Part 40.

You must:

- Proceed immediately to the collection site
- Follow all instructions from the collection personnel
- Provide valid identification
- Refrain from consuming alcohol until testing is complete

D. Supervisor Instructions to the Employee

Your assigned testing location is:

Collection Site	Address	Phone
Concentra Urgent Care	4900 N 26th St, Lincoln NE 68521	(402) 465-0010

Transportation Provided: Yes ☐ No ☐
Escort Required: Yes ☐ No ☐

E. Signatures

Field	Entry
Employee Signature	_____
Date	_____
Supervisor Signature	_____
Date	_____

APPENDIX B-3

FTA PRESCRIPTION / OVER-THE-COUNTER MEDICATION DISCLOSURE FORM

Purpose:
Required for documenting employee use of medications that may impair performance in a safety-sensitive position. Employees must notify the employer if prescribed medication may impact their ability to perform safety-sensitive duties.

A. Employee Information

Field	Entry
Employee Name	_____
Date	_____
Position	_____
Supervisor	_____

B. Medication Information

Medication	Dosage / Frequency	Prescribing Provider / OTC	Reason for Use
_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____

C. Required Employee Attestation

I attested that the information above is accurate.
I understand that safety-sensitive employees may not perform duties if impaired or unable to perform safely, and that this disclosure does not authorize impairment at work.

Signature **Date**

_____ _____

D. Supervisor Notes (Optional)

APPENDIX B-4

FTA CONSENT / RELEASE FORM

(DOT-Compliant Release Under 49 CFR Part 40)

Purpose:
Allows release of drug/alcohol testing information consistent with 49 CFR Part 40 and FTA requirements.

A. Employee Information

Field	Entry
Name	_____
Date of Birth	_____
Last 4 SSN	_____
Employer	City of Lincoln
Position	_____

B. Authorization Language (Required by DOT)

I authorize release of any DOT-regulated drug and alcohol testing information from previous and current employers to the City of Lincoln for purposes of FTA compliance.

This includes:

- Verified positive drug test results
- Confirmed alcohol results of 0.04 or higher
- Refusals to test
- Other DOT testing violations
- Return-to-duty records
- Follow-up testing records

This release is valid for all modes of DOT testing, including FMCSA and FTA.

C. Employee Signature

Field	Entry
Employee Signature	_____
Date	_____

APPENDIX C

CITY OF LINCOLN INTERNAL FORMS

APPENDIX C-1

CITY OF LINCOLN REASONABLE SUSPICION OBSERVATION CHECKLIST

Purpose:
Document observable indicators of impairment that support reasonable suspicion testing.

A. Employee Information

Field	Entry
Name	_____
Department	_____
Date	_____
Time	_____
Supervisor	_____
Witness (if applicable)	_____

B. Physical Indicators

Checkbox	Indicator
☐	Odor of alcohol
☐	Odor of drugs or chemicals
☐	Slurred or thick speech
☐	Unsteady or uncoordinated movements
☐	Red or glassy eyes
☐	Dilated or constricted pupils
☐	Difficulty focusing
☐	Excessive sweating or trembling
☐	Confusion or disorientation

C. Behavioral Indicators

Checkbox	Indicator
☐	Aggression or unusual irritability
☐	Extreme mood swings
☐	Inappropriate or unusual behavior
☐	Withdrawal or unresponsiveness
☐	Hyperactivity or restlessness
☐	Impaired judgment
☐	Slow or delayed reactions
☐	Paranoia or suspicion

D. Performance Indicators

Checkbox	Indicator
☐	Inability to follow instructions
☐	Decrease in work quality
☐	Frequent errors
☐	Safety violations
☐	Failure to complete tasks
☐	Difficulty concentrating
☐	Mistakes not typical for employee

E. Additional Notes

F. Supervisor Attestation

I affirm that the above observations are factual and were made personally or confirmed by another supervisor or witness.

Field	Entry
Supervisor Signature	_____
Date	_____
Witness Signature (optional)	_____
Date	_____

APPENDIX C-2

CITY OF LINCOLN REASONABLE SUSPICION AND POST ACCIDENT TESTING NOTICE

Purpose:
Inform the employee of required testing under City policy and/or DOT regulations (49 CFR Part 40 and applicable modal rule)

A. Employee Information

Field	Entry
Name	_____
Department	_____
Supervisor	_____
Date and Time of Notice	_____

B. Notification Type

Type of Test	Select
☐ Reasonable Suspicion Drug Test	
☐ Reasonable Suspicion Alcohol Test	
☐ Post Accident Drug Test	
☐ Post Accident Alcohol Test	
☐ Other (describe): _____	

C. Required Notification Language

You are being directed to submit to testing as required by the City of Lincoln Drug and Substance Testing Policy.
Failure to comply with testing instructions will be treated as a refusal to test.
A refusal to test may result in disciplinary action up to and including termination.

You must proceed directly to the designated collection site. You must not drive yourself.

D. Transportation Arrangements

Field	Entry
Transportation provided by	_____
Escort required	Yes ☐ No ☐
Supervisor or escort name	_____

E. Employee Acknowledgement

I acknowledge that I have received notice of testing and understand my responsibility to comply.

Field	Entry
Employee Signature	_____
Date	_____
Supervisor Signature	_____
Date	_____

Refusal to comply will be treated as a refusal under DOT regulations when applicable.

APPENDIX C-3

CITY OF LINCOLN POST ACCIDENT TESTING FORM

Purpose:
Document circumstances requiring post-accident testing under City policy.

A. Employee and Incident Information

Field	Entry
Employee Name	_____
Department	_____
Date of Incident	_____
Time of Incident	_____
Location	_____
Supervisor	_____

B. Accident Details

Checkbox	Accident Characteristic
☐	Injury occurred
☐	Medical treatment required
☐	Vehicle involved
☐	Property damage
☐	Near miss with high potential for injury

☐ Employee was performing a DOT safety-sensitive function

C. Description of Incident

D. Testing Determination

Field	Entry
City post accident testing required	Yes ☐ No ☐
FMCSA testing required	Yes ☐ No ☐
FTA testing required	Yes ☐ No ☐
Reason for determination	
FMCSA Clearinghouse reporting required	

E. Supervisor Attestation

Field	Entry
Supervisor Signature	_____
Date	_____

APPENDIX C-4

CITY OF LINCOLN EMPLOYEE TRANSPORTATION ACKNOWLEDGEMENT

Purpose:
Document that the employee did not drive to or from a testing event.

A. Employee Information

Field	Entry
Name	_____
Department	_____
Date	_____

B. Transportation Requirements

Under no circumstances may the employee operate a vehicle following a testing event.

C. Transportation Details

Field	Entry
Transportation provided by	_____
Method of transport	_____
Escort name	_____

D. Employee Acknowledgement

I acknowledge that I did not drive to the testing site and will not drive until advised by Human Resources.

Field	Entry
Employee Signature	_____
Date	_____

APPENDIX C-5

CITY OF LINCOLN SUPERVISOR NOTES PAGE

Purpose:
Allow supervisors to document observations, conversations, and actions taken.

A. Supervisor Notes

B. Signatures

Field	Entry
Supervisor Signature	_____
Date	_____

APPENDIX D

SUPERVISOR QUICK REFERENCE MATERIALS

APPENDIX D-1

SUPERVISOR DECISION FLOWCHART

(Reasonable Suspicion and Post Accident Testing)

Purpose:
Provide supervisors with a clear, rapid decision pathway for testing determinations.

(somewhere in this section: ”Determine whether DOT regulations (FMCSA or FTA) apply before proceeding)

A. Initial Trigger Event

1. Reasonable Suspicion Indicators

If a supervisor observes:

- physical signs
- behavioral signs
- performance issues

→ Proceed to Section B.

2. Accident or Incident Occurred

If the situation involves:

- injury
- vehicle involvement
- property damage
- near-miss with significant risk

→ Proceed to Section C.

B. Reasonable Suspicion Decision Path

1. Observe and document indicators.
2. Remove employee from duty if safety is affected.
3. Contact Human Resources immediately.
4. Complete the Reasonable Suspicion Observation Checklist.
5. HR confirms whether testing is required.
6. If testing is required:
   • Complete Testing Notice
   • Arrange transportation
   • Escort employee as needed
7. Do not allow the employee to drive.
8. Employee proceeds directly to testing.
9. Supervisor returns completed forms to HR.

If employee refuses at any point → Document immediately → Contact HR.

C. Post Accident Decision Path

1. Ensure safety and address medical needs.
2. Secure the scene and notify HR.
3. Determine if City, FMCSA, or FTA rules apply.
4. Apply the appropriate decision table (Appendix A-3 or B-1).
5. Complete the City Post Accident Form.
6. If testing is required:
   • Provide Testing Notice
   • Arrange transportation
   • Proceed to testing site
7. Do not allow the employee to drive.
8. Submit all documentation to HR.

D. After the Test

1. HR receives official results.
2. Supervisor does not contact the lab.
3. HR determines next steps, including:
   • return to duty status
   • administrative leave
   • follow-up requirements
   • additional documentation
4. Supervisor follows HR instructions regarding work status.
5. If positive or refusal → initiate **SAP referral process (DOT required)**

APPENDIX D-2

SUPERVISOR POCKET REFERENCE CARD

(Printable two-per-page if needed)

A. Immediate Steps for Reasonable Suspicion

1. Observe and document specific behaviors.
2. Remove employee from duties if safety is affected.
3. Contact Human Resources.
4. Complete the Reasonable Suspicion Observation Checklist.
5. Provide Testing Notice if HR directs testing.
6. Arrange transportation.
7. Do not allow the employee to drive.

B. Immediate Steps for Post Accident

1. Address safety and medical care first.
2. Notify Human Resources.
3. Complete the City Post Accident Testing Form.
4. Determine if FMCSA or FTA rules apply.
5. Provide Testing Notice if testing is required.
6. Arrange transportation to the collection site.
7. Do not allow the employee to drive.

C. Employee Must Not Drive

Supervisors must escort the employee or arrange transportation.
Document transportation arrangements using the Transportation Acknowledgement form.

D. Required Contacts

Risk Management Division
(402) 441-7597
risk@lincoln.ne.gov

HR Leave and Benefits
(402) 441-7818

Safety Program Administrator
(402) 441-6009

Concentra Urgent Care (Testing Site)
4900 N 26th St
Lincoln, NE 68521
(402) 465-0010

E. Do Not

- Do not allow the employee to drive.
- Do not send the employee alone.
- Do not delay testing.
- Do not discuss the situation with coworkers.
- Do not contact the laboratory for results.
- Do not delay DOT-required testing
- Determine if DOT rules apply immediately

F. After Testing

- HR will notify the supervisor of next steps.
- Supervisor should file and store all forms as directed.
- Employee may not return to duty until HR gives clearance

DOT Required Testing Types:

- Pre-Employment
- Random
- Reasonable Suspicion
- Post-Accident
- Return-to-Duty
- Follow-Up

Random Testing Requirements:

- Must be unannounced
- Scientifically random selection
- Employee must proceed immediately

Return-to-Duty Process

- SAP evaluation required
- Treatment completion
- Return-to-duty test
- Follow-up testing (minimum 6 tests in 12 months)

FMCSA Clearinghouse

- Employers must query and report violations
- Required for all CDL drivers