Appendix H to Part 40 – DOT Drug and Alcohol Testing Management Information System (MIS) Data Collection Form

The following form is the MIS Data Collection form required for use to report calendar year MIS data.

[68 FR 43952, July 25, 2003, as amended 75 FR 8528, February 25, 2010; 82 FR 52247, November 13, 2017]

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM Calendar Year Covered by this Report: _____

OMB No. 2105-0529

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Checl F F P F U F	TPA Name and Tek the DOT agency MCSA – Motor Ca AA – Aviation: Ce HMSA – Pipeline: RA – Railroad: To ISCG – Maritime: TA – Transit Overed Employees:	for whiterier: Dertificated (Check otal Num Vessel l	ich you are report #: ## (if applicable) Gas Gathering ber of observed USCG- on	e): g Gas T d/docume r State-Iss	Transmiss nted Part ued):	_ Owner-osion Gas 219 "Rule	operato Pl Distrib G" Ob	e information (cir. (cir. an / Foution eserva	ormationele one Registra Trantions fo	e) YES or ation # (if ap nsport Haza or covered e	same line NO E pplicable) rdous Lic employees (If mo	as appi xempt (0 : quids' s:	r opria Circle Trans	one) port C			
	Enter Total Numbe						. ,			, .							
(C)	Employee Category				Total Number of Employees in this Category				If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.								
III. D	rug Testing Data:	1	2	3	4	5	6		7	8	9	10		11	12		13
		g gt	7,	<u> </u>								Refusa	ıl Resu	ılts			
Type of Test		Total Number Of Test Results [Should equal	the sum of Columns 2, 3, 9, 10, 11, and 12] Verified Negative Results	Verified Positive Results ~ For One Or More Drugs Positive For		Positive For Cocaine	Positive For PCP	; ;	Positive For Opiates	Positive For Amphetamines	Adulterated	Substituted	"Shy Bladder" ~	With No Medical Explanation	Other Refusals To	Testing	Cancelled Results
Pre-H	Employment																
Rand	lom																
Post-	-Accident																
Reas	onable Susp./Cause																
Retu	rn-to-Duty																
Follo	ow-Up																
TOT	AL																
IV. A	lcohol Testing Dat	ta:	1	2		3		4		5	6	7	7	8		9	
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	Type of Test Other Description of Type Of Typ		Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02		Screening Tests With Results 0.02 Or Greater		Number Of Confirmation Tests	Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or	"Shy Lung" ~	With No Medical Explanation	Other Refusals To Submit To Testing	Testing	Cancelled Results	
	Pre-Employment														\dashv		
	Random											-			+		\dashv
	Post-Accident										1				\dashv		-
	Reasonable Susp./	Cause					+				1				\dashv		\dashv
	Return-to-Duty										1	_			\dashv		_
	Follow-Up						+								\dashv		\dashv
	TOTAL						+								\dashv		\dashv

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Title 18, USC Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements of representations in any matter within the jurisdiction of any agency of the United States.