

DRUG ABUSE AND TESTING FOR BUS DRIVERS

DATES (Adopted/Revised)	GUIDE WORDS
August 1992	Alcohol Drugs Prescription Medications Random Testing Testing

SPECIMEN COLLECTION

Personnel that have been properly trained will supervise all specimen collections and testing will be done in accordance with approved procedures. When a prospective or present employee is instructed to submit to alcohol or other drug testing, they will be given instructions regarding the testing.

ADULTERATION OR SUBMISSION OF CONCEALED SPECIMEN

If the collection monitor detects an effort to adulterate or substitute a specimen, a second specimen will be required. Both specimens will be tested. If the request for an additional specimen is refused, the monitor will notify the district. Such substantiated conduct will be considered equivalent to a positive test and will result in a prospective employee not being offered employment or present employees are subject to sanctions in Policy 7121.

Drivers who are involved in a work related accident requiring medical attention is to inform their supervisor of the accident as soon as possible so that any needed drug or alcohol test may be promptly conducted in conjunction with medical treatment.

DRUG TESTING AND CONFIRMATION

Specimens are tested for the presence of illegal drugs. A positive test for alcohol of 0.04 BAC, or greater, is considered a test failure. The district may test a driver for the presence of any drugs that it has reason to believe that the employee may be abusing. Testing will be conducted by laboratory that is properly certified.

Any specimen that screens positive for illegal drugs will be confirmed by an alternate confirmation method. An employee who tests positive for drugs or alcohol may request the same the same specimen be retested at the driver's expense. This request must be in writing within 48 hours of the employee being notified of the positive test result.

REFUSAL

A driver who refuses to be tested, or fails to release or provide information as directed under the provisions of district policy, will be terminated from further employment.

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NOTIFICATION OF TEST RESULTS

All laboratory results will be forwarded through the drug testing services contractor to the district. Test results will be reported to individuals authorized by the district to receive them. Positive test reports will include the employee's identity and the drug(s) involved.

Prospective and present drivers taking prescription medication have opportunity to make this known at the time their specimen is collected. If a positive test results from prescription medication, the prescribing physician will be contacted for verification.

The district will afford a driver the opportunity to discuss a positive test result with the servicing agency prior to taking disciplinary action. The servicing agency may follow up on such information as deemed necessary. If there is not sufficient reason for doubt of the validity of a positive test the service agency will report the finding to the district for disciplinary action. The service agency will communicate a positive result directly to the district if the driver declines the opportunity to discuss the results of the test or fails to contact the service agency in a timely manner.

EFFECT OF TESTING POSITIVE

Any prospective employee who tests positive for the presence of illegal drugs will not be offered employment with the district. Any present employee who tests positive for the presence of alcohol or other drugs will be subject to sanctions of Policy 7121.

DRUG ABUSE AND TESTING FOR BUS DRIVERS

SAMPLE FORMS

SCHOOL DISTRICT NO. 25
3115 Poleline Road
Pocatello, Idaho 83201

Request for Testing

Date: _____

Collection Facility:

Name: _____

Street: _____

City, State Zip: _____

Phone: _____

(Employee/Prospective Employee Name) _____

Social Security No. _____

Please give the above employee the following drug screen testing:

- Pre-employment
Random
Post Accident
Reasonable Cause
Periodic
Rehabilitation
DOT/NIDA (Drivers)
NonDOT/NonNIDA (Non-drivers)
Drugs
Alcohol (blood)

Client or Participant Number: _____

Please use the applicable checklist, collection kits, and paperwork provided by our drug service contractor.

Service Contractor:

Name: _____

Street: _____

City, State Zip: _____

Phone: _____

(School District Authorized Signature and Title)

DRUG ABUSE AND TESTING FOR BUS DRIVERS

SCHOOL DISTRICT NO. 25
Drug and/or Alcohol Testing Consent Form
(for Prospective Drivers)

As a part of my application for employment with School District No. 25, I consent to take a drug and/or alcohol test.

I understand that if I test positive for the presence of illegal drugs or alcohol I will not be offered employment with the district.

I understand that the collection, testing and reporting of my specimen will be done in accordance with standard procedures. If I am taking any prescription medication, I will be afforded an opportunity to reveal that information at the time of collection.

I understand that in the event I do not work more than thirty days with the school district, the cost of my pre-employment test will be deducted from my final check.

I consent to the release of my test results received from the testing laboratory to officials of the school district and the service contractor. I understand that they will hold such results in confidence.

I have read and understand the terms of School District No. 25's policies relating to drug abuse.

Applicant Name (please print)

Home Phone

Applicant Signature

Date

DRUG ABUSE AND TESTING FOR BUS DRIVERS

SCHOOL DISTRICT NO. 25
Drug and/or Alcohol Testing Consent Form
(Bus Driver)

As a condition of my continued employment with School District No. 25, I consent to take a drug and/or alcohol test as stated in district policy.

I understand that if I test positive for any drugs or alcohol, I will be subject to sanctions of district Policy 7121. I further understand that if I test positive for the presence of drugs or alcohol, I may request that same specimen be re-tested at my expense if I so request in writing within 48 hours of being notified of the positive test result.

I further agree that in the event I am involved in an on-the-job accident, I authorize the release of relevant hospital reports or other documentation that would indicate whether there were drugs or alcohol in my system at the time of the accident.

I understand that the collection, testing and reporting of my specimen will be done in accordance with standard procedures. If I am taking any prescription medication, I will be given an opportunity to reveal that information at the time of collection.

I consent to the release of my test results to School District No. 25 officials or to their testing service contractor. I understand that they will hold those results in confidence.

I have received, read, understand and accept the terms of School District No. 25's Drug Free Workplace Policies 7121 and 7125.

Employee Name (please print)

Employee Signature

Date