

YEAR COVERED BY THIS REPORT: 19____

A. MARINE EMPLOYER INFORMATION

Company _____
 Address _____

I, the undersigned, certify that the information provided on this United States Coast Guard Drug and Alcohol Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

 Signature Printed Name Date

 Title Phone Number

Title 18, U.S.C., 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 or representations in any matter within the jurisdiction of any agency of the United States.

B. COVERED EMPLOYEES

COVERED EMPLOYEES					
EMPLOYEE CATEGORY	NUMBER OF USCG COVERED EMPLOYEES	NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION			
		FAA	FHWA	FRA	FTA
Crewmembers					

READ BEFORE COMPLETING THE REMAINDER OF THIS FORM

1. All items refer to the **current** reporting period **only** (for example, January 1, 1998 – December 31, 1998).
2. This report is only for testing **REQUIRED BY THE UNITED STATES COAST GUARD (USCG)**:
 - Results should be reported only for employees in **COVERED POSITIONS** as defined by the USCG drug and alcohol testing regulations.
 - The information requested should only include testing for: Marijuana (THC), cocaine, phencyclidine (PCP), opiates, and amphetamines using the standard procedures required by DOT regulation 49 CFR Part 40; and alcohol using the standard procedures required by USCG regulations 33 CFR Part 95 and 46 CFR Parts 4 and 16.
3. Information on refusals for testing should only be reported in the table entitled "EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST". Do not include refusals for testing in other sections of this report.
4. Do not include the results of any quality control samples submitted to the testing laboratory in any of the tables.
5. Complete all items; DO NOT LEAVE ANY ITEM BLANK. If the value for an item is zero (0), place a zero (0) on the form.

The United States Coast Guard estimates that the burden for this report form is 31 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant, U.S. Coast Guard Headquarters (G-MOA-1); 2100 2nd St., SW; Washington, DC 20593-0001; OR Office of Management and Budget, Paperwork Reduction Project (2115-0003); Washington, DC 20503.

This part of the form requires information on VERIFIED POSITIVE and REPORTED NEGATIVE drug tests. These are the results that are reported to you by your Medical Review Officer (MRO).

C. MARINE EMPLOYEE DRUG TESTING INFORMATION

TYPE OF TEST	NUMBER OF SPECIMENS COLLECTED	NUMBER OF SPECIMENS REPORTED NEGATIVE	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG				
				Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines
PRE-EMPLOYMENT								
RANDOM								
POST-ACCIDENT								
REASONABLE CAUSE								

Number of persons denied a position as a covered employee following a positive drug test:

Number of marine employees with a positive drug test result verified by an MRO, who were returned to duty in a Covered position, having met the requirements of 46 CFR 16.370(d) and 46 CFR Part 5:

SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE DRUG					
NUMBER OF VERIFIED POSITIVES	Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines

EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST	Number
Covered employees who refused to submit to a random drug test required under USCG regulations:	
Covered employees who refused to submit to a non-random drug test required under USCG regulations:	

DRUG AND ALCOHOL TRAINING	Number
Covered employees who have received initial training on the consequences, manifestations, and behavioral cues of drug and alcohol use as required by USCG drug and alcohol testing regulations:	
Supervisory personnel who have received initial training on the specific contemporaneous physical, behavioral, and performance indicators of probable drug and alcohol use as required by USCG drug and alcohol testing regulations:	

D. MARINE EMPLOYEE ALCOHOL TESTING INFORMATION

TYPE OF TEST	NUMBER OF TESTS	NUMBER OF TEST RESULTS EQUAL TO OR GREATER THAN 0.04
POST-ACCIDENT		
REASONABLE CAUSE		