

**SUBSTANCE ABUSE  
POLICY AND PROCEDURE**

**REFERENCE MANUAL  
FOR  
DOTD SUPERVISORS**

**developed by the**

**HUMAN RESOURCES SECTION**

**for the  
Louisiana Department of Transportation and Development**

**Revised February 2007**

**TABLE OF CONTENTS**

**INTRODUCTION ..... iii**

**SECRETARY’S POLICY AND PROCEDURE MEMORANDUM NO. 21, SUBSTANCE ABUSE AND DRUG-FREE WORKPLACE POLICY. ....1**

**ENFORCEMENT GUIDELINES .....8**

1. **RESPONSIBILITIES**

    Appointing Authorities .....17

    Supervisors .....18

    Random Site Coordinators.....19

        DOTD Coordinators for Random Testing ..... 20

    Safety Officers .....21

        Safety Officer List.....22

    Human Resources Analysts .....23

        Reference Check for Safety –Sensitive Workers.....25

        District/Section Contacts .....30

    Administrative Directors

        Payment Reference Chart .....32

2. **TESTING PROCEDURES**

    Drug Testing Procedures.....34

    Target Drugs .....35

    Alcohol Testing Procedures .....36

    Drug/Alcohol Testing Reference Chart .....37

3. **TYPES OF TESTING**

    Pre-employment/Reemployment .....46

    Post-Accident/Incident .....48

        Post-Accident Drug and Alcohol Testing Criteria.....50

        Supervisor’s Accident/Incident Documentation Form .....51

    Random.....54

    Reasonable Suspicion .....58

        Supervisor’s Checklist for Substance Abuse .....60

        Reasonable Suspicion Observation Checklist-Short-Term.....62

        Reasonable Suspicion Observation Checklist-Long-Term.....64

4. **TESTING FORMS**

    Release and Consent Form.....67

    DOT Breath Alcohol Testing Form .....68

    LA DOTD Breath Alcohol Testing Form.....69

    DOT Drug Testing Custody and Control Form .....70

    LA DOTD Drug Testing Chain-of-Custody Form .....71

5. **RESULTS**

    Positive Results-Alcohol.....73

    Positive Results-Controlled Substances.....74

6.	DWI	
	DWI ARREST (OFF DUTY) .....	76
	DWI LICENCE SUSPENSION .....	77
7.	SAMPLE PRE-DEPRIVATION/DISCIPLINARY LETTERS	
	Written Reprimand - Failure to Report D.W.I.....	83
	(License Not Required for Job)	
	1-Day Suspension - Failure to Report D.W.I.....	84
	(License Required for Job)	
	Pre-Deprivation Letter .....	85
	(Refusal to Test)	
	Termination Letter .....	86
	(Refusal to Test)	
	Termination Letter .....	87
	(Submission of Adulterated Urine Sample)	
	Pre-Deprivation Letter .....	88
	(Positive Drug Test - Promotion)	
	Termination Letter .....	90
	(Positive Drug Test)	
	Pre-Deprivation Letter .....	91
	(Positive Drug Test - Random)	
	Termination Letter .....	92
	(Positive Drug Test - Random)	
8.	EMPLOYEE ASSISTANCE PROGRAM	
	General EAP Information .....	94
	Return to Duty Agreement.....	99
	Rehabilitation Agreement .....	100
	Request for EAP Information (from Counselor) .....	101
	Verification (of Treatment) Sheet.....	102
	Medical Authorization Form.....	103
	Return to Duty Testing.....	104
	Follow-up Testing.....	105
9.	SUBSTANCE ABUSE SIGNS AND SYMPTOMS	
	Drugs and their Effects .....	107
10.	MEDICAL FACILITIES- EMERGENCY SITES .....	120
11.	EAP RESOURCE DIRECTORY .....	124
12.	SECRETARY'S POLICY AND PROCEDURE MEMORANDUM NO. 25 COMMERCIAL DRIVER'S LICENSE (CDL) REQUIREMENTS .....	128

## INTRODUCTION

This manual has been prepared to assist appointing authorities, supervisors, safety officers, random site coordinators, and human resources personnel in ensuring the Department's compliance with federal alcohol and controlled substances testing program requirements and the DOTD Secretary's PPM NO. 21.

In handling substance abuse issues, the primary concern of every supervisor is to ensure safety to the traveling public as well as to other employees. In the event of such violations, supervisors must act swiftly and consistently, considering the facts at hand. All supervisors must therefore be thoroughly familiar with all information in this manual in order to make an informed decision.

Updates will be issued by the Headquarters Human Resources Section to manual recipients as policy and procedures change. Any questions regarding the material contained herein should be directed to the Headquarters Human Resources Section.

**DOTD SUBSTANCE ABUSE AND  
DRUG-FREE WORKPLACE POLICY**

LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21

SUBJECT: Substance Abuse and Drug-Free Workplace Policy

EFFECTIVE DATE: December 19, 1989

INSTRUCTIONS: This memorandum supersedes all memoranda and manuals.

1. PHILOSOPHY.

a. The use of illegal and unauthorized drugs and the misuse of alcohol are serious social problems that are even more unacceptable in the workplace. The State of Louisiana and the Department of Transportation and Development (DOTD) have a compelling interest in the welfare and safety of its employees and the traveling public, the maintenance of a high level of productivity, and quality service to the general public. The establishment of a drug-free work environment in compliance with Executive Order No. MJF-98-38 and R.S. 49:1001, et.seq., preserves property and equipment, promotes public safety, and reduces absenteeism and job-related accidents and injuries, while enhancing overall job performance, productivity levels, and the image and reputation of this Department.

b. To enhance national highway transportation safety, Congress passed the Omnibus Transportation Employee Testing Act of 1991. This act requires alcohol and drug testing of certain safety-sensitive employees in the aviation, motor carrier, railroad and mass transit industries. The DOTD positions subject to these federal drug and alcohol testing requirements primarily include pilots, drivers who are required by State or Federal law to have a Commercial Driver's License (CDL) and who operate Commercial Motor Vehicles (CMVS), and crew members operating a commercial marine vessel that receives funds from the Federal Transit Administration.

c. This policy applies to all DOTD employees, but those employees who are in safety sensitive positions or who are being tested under federal authority will receive a separate employee information package which explains the program in greater detail. Following a job offer, all potential DOTD employees are subject to a pre-employment drug test. Additionally, all employees are subject to post-accident/incident, reasonable suspicion, return-to-duty, and follow-up drug and alcohol tests. Employees in safety-sensitive positions are further subject to random drug and alcohol tests. A list of the safety-sensitive positions being tested under federal authority is attached as appendix A. Additional positions designated by DOTD as safety-sensitive are listed in appendix B.

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21  
SUBJECT: Substance Abuse and Drug-Free Workplace Policy  
Page 2

2. REQUIREMENTS.

a. To maintain a safe work environment, all DOTD employees are required to do the following:

(1) Report for duty in a physical and emotional condition that maximizes their ability to perform assigned tasks in a competent and safe manner.

(2) Submit to the drug/alcohol tests and screens described in this policy, when required by supervisor or appointing authority.

(3) Notify supervisor prior to reporting for duty that he/she believes, or has been advised by a physician or pharmacist, that prescription or over-the-counter drugs/medication may impair the employee's ability to perform usual job duties.

(4) Maintain prescription drugs in prescribed quantity and be able to produce original prescription containers, when required.

(5) Notify supervisor at the beginning of the next scheduled work day of any arrest or conviction of a criminal, drug or drug-related offense, which occurs on or off duty, including DWI arrests.

b. The DOTD prohibits the use, abuse and presence of alcohol, illegal or unauthorized drugs, and other prohibited controlled substances in the bodies of its employees while on duty, on call, or engaged in DOTD business, on or off DOTD/State premises. The presence of alcohol, illegal or unauthorized drugs, and other prohibited controlled substances, in a state vehicle while on or off duty, is also prohibited.

c. The presence of alcohol is indicated by a confirmed alcohol concentration of 0.02 or greater. Prohibited drugs include any drug which is not legally obtainable; any drug which is legally obtainable, but has been illegally obtained; prescription drugs not being used in accordance with the prescription; or, any substance which affects an employee's ability to safely and competently perform assigned job duties.

3. DRUG/ALCOHOL TESTING. Applicants and employees may be required to submit to drug and alcohol tests as a condition of employment, as a condition of continued employment, or as a condition of promotion or reassignment to a safety-sensitive position. Whether announced or unannounced, tests will be administered under the following circumstances:

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21

SUBJECT: Substance Abuse and Drug-Free Workplace Policy

Page 3

a. Pre-employment. Drug tests are required of all applicants, to include students, restricted and unclassified appointments, as a condition of employment or re-employment with DOTD. Current employees are required to undergo drug testing, prior to being reassigned, temporarily detailed, reallocated, promoted, or demoted to a safety-sensitive position. An offer of employment, promotion, reassignment, detail, reallocation or demotion will be withdrawn, if a confirmed positive drug test result is reported, or one that is verified by the Medical Review Officer as either adulterated or substituted, and employees are further subject to disciplinary action as specified in paragraph 7, Enforcement.

b. Post-Accident/Incident.

(1) Any employee who is directly involved in a potentially serious accident or incident in which the employee's action or inaction may have been a causative factor is subject to drug/alcohol tests. Only an appointing authority may require an employee to submit to such tests. Trained supervisors and safety officers may however recommend to the appointing authority that drug/alcohol tests be conducted, based on their knowledge of the circumstances resulting in the accident/incident. The appointing authority, using the information available at the time, makes the decision as to whether tests will be required. For safety reasons, when such tests are conducted, the employee will not operate any DOTD equipment until notified of a negative test result.

(2) When certain conditions are present, however, certain federal agencies require that drug/alcohol tests be conducted. (Any post-accident/incident tests conducted that do not meet the below-listed criteria are being conducted under Louisiana (LA) DOTD's authority, and the appropriate chain-of-custody and breath alcohol testing forms must be used.) Appointing authorities are therefore required to arrange for post-accident/incident tests as follows:

(a) The Federal Highway Administration (governs CDL drivers) requires that the operator of a commercial motor vehicle which requires a commercial driver's license be drug/alcohol tested when as follows:

1 A fatality occurs, whether or not the driver caused the accident, or

2 When the driver is cited for a moving traffic violation arising out of the accident. (Accident is further defined as an incident involving a commercial motor vehicle in which there is either a fatality, injury treated away from the scene, or a vehicle is required to be towed from the scene.)

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21  
SUBJECT: Substance Abuse and Drug-Free Workplace Policy  
Page 4

(b) The United States Coast Guard (governs marine vessels) requires that drug/alcohol tests be conducted when there is as follows:

1 One or more deaths.

2 An injury to any person (including passengers) which requires medical treatment beyond first aid, and, in the case of an employee, which renders the employee unable to perform routine job duties.

3 Damage to property in excess of \$100,000, or actual or constructive total loss of either an inspected vessel or any vessel of 100 gross tons or more.

4 A discharge of any reportable quantity of a hazardous substance into navigable waters, whether or not resulting from a marine casualty.

(c) The Federal Transit Administration (governs public transportation provided by CCCD) requires that drug/alcohol tests be conducted when, as a result of an occurrence associated with the operation of a transit vehicle (vessel), there is as follows:

1 A fatality. Employees to be tested include the following:

a Each surviving employee on duty on the vessel at time of accident.

b Any other covered employee (i.e., mechanic) whose performance could have contributed to the accident.

2 Bodily injury or property damage. Employees to be tested include:

a Each covered employee on duty on the vessel unless we can determine that their performance may be completely discounted as a contributing factor.

b Any other covered employee (i.e., mechanic) whose performance could have contributed to the accident.

c. Random. Random alcohol and drug testing is required of employees who hold safety-sensitive positions, as listed in appendices A and B. Random tests are unannounced and spread throughout the calendar year.

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21

SUBJECT: Substance Abuse and Drug-Free Workplace Policy

Page 5

d. Reasonable Suspicion. Drug and alcohol testing will be conducted when a trained supervisor or a trained safety officer observes behavior or appearance that is characteristic of drug use or alcohol misuse. The decision to test must be based on specific observations concerning the employee's appearance, behavior, speech, or body odor. (The possession of alcohol, although a violation of this policy, does not constitute a need for reasonable suspicion testing.) A written record must be made of the observations leading to either a drug or alcohol test, and signed by the observing supervisor and, when practicable, by two supervisors. Prior to subjecting any employee to reasonable suspicion testing, however, the supervisor(s) must obtain verbal approval from the appropriate appointing authority. Affected supervisors and safety personnel are trained on recognizing signs and symptoms of drug use and alcohol misuse, and a written record of the training is made and retained for documentation.

e. Return-to-Duty. Following a violation of this policy's provisions, and in the event the employee retains his/her job, the employee is required (at his/her own expense) to undergo and complete any treatment prescribed by a Substance Abuse Professional (as defined by federal law), and is additionally subject to drug and/or alcohol testing prior to returning to duty (a minimum of 6 tests in the first 12 months following return to duty). Observed collections are permitted for this type of testing. The employee will also be required to certify in writing his/her understanding and acceptance of a rehabilitative (or return-to-work) agreement. Return-to-duty process testing requirements continue to apply even if employee changes jobs or has a break in service.

f. Follow-up. Employees who voluntarily, or as a condition of continued employment, participate in an alcohol/substance abuse rehabilitation program are subject to unannounced drug and/or alcohol tests for a minimum of 1 year but not more than 5 years, as determined by the treating Substance Abuse Professional. Observed collections are permitted for this type of testing. As a condition of continued employment, employees are required to certify in writing their understanding and acceptance of these testing and rehabilitation requirements. Follow-up testing requirements continue to apply even if employees change jobs or have a break in service.

#### 4. DRUG TESTING PROCEDURES.

a. The DOTD contracts with neutral, well-trained, professional medical personnel and certified laboratories for the collection, custody, storage, and analyses of urine specimens. A split sample collection method is used, with both the primary and split specimens shipped to the laboratory for all collections. The primary urine sample is analyzed for the presence of marijuana, opiates, amphetamines/methamphetamines, cocaine, and phencyclidine (PCP), by a (DHHS)(Department of Health and Human Services) certified laboratory, and in strict compliance with DHHS guidelines. A dual testing procedure is also used, where each primary sample that tests positive during an initial test is subjected to an additional, more precise confirmatory test. Any urine sample that is confirmed positive (i.e., exceeds federally adopted cutoff levels) or is adulterated or substituted is reported to DOTD's Medical Review Officer (MRO), a licensed, contracted physician.

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21

SUBJECT: Substance Abuse and Drug-Free Workplace Policy

Page 6

b. Upon receipt of a positive, adulterated or substituted sample report, the MRO reviews the collection procedure, chain of custody, and testing methodology to exclude all possible medical explanations for these results. The MRO also contacts the employee/applicant to rule out the possibility that medications, medical history, or any other conditions may have caused the positive result, prior to reporting these results to DOTD.

c. If the MRO confirms that the test result is positive, adulterated or substituted, he shall advise the employee that he/she may, within 72 hours, request to the MRO that the split specimen (initially collected but separated and stored during the collection process) be tested in a different DHHS-certified laboratory for which a positive, adulterated or substituted result was reported. This split sample testing is done at the employee's expense. DOTD will ensure that an employee's request to test his/her split specimen is conducted in a timely manner.

d. The MRO is not permitted to inform DOTD about the existence of a confirmed laboratory positive test pending verification with the employee, and DOTD is not allowed to take any disciplinary action concerning an employee until it receives the MRO's notification of a verified positive result.

## 5. ALCOHOL TESTING PROCEDURES.

a. Evidential Breath Testing Devices (EBTs), approved by the National Highway Traffic Safety Administration (NHTSA), will be used by certified Breath Alcohol Technicians (BATs) or Screening Test Technicians (STTs) on contract with DOTD. Testing sites will provide visual and aural privacy, unless prevented by unusual circumstances. The employee must provide a photo identification or be identified by an Employer Representative.

b. A breath screening test will be conducted, and the employee will immediately be told the results. If the results are less than 0.02 alcohol concentration, no further testing is necessary, and the test results are reported as negative. If the screening test indicates an alcohol concentration of 0.02 or greater, a confirmation test will be performed within 30 minutes, but not less than 15 minutes, of completion of the screening test. If the confirmatory test again indicates an alcohol concentration of 0.02 or greater, the results will be immediately reported as positive to the appointing authority or designated representative. Employees occupying safety-sensitive positions will not be allowed to perform safety-sensitive functions and will be subject to disciplinary action specified under paragraph 7 of this PPM.

c. The appointing authority or designee will also be notified whenever an employee refuses to complete or sign the breath alcohol confirmation testing form, provide breath, provide an adequate amount of breath (excludes medical inability), or fails to cooperate with the testing procedures in any way that prevents the completion of the test. These actions constitute a refusal to test. (Refer to Enforcement provisions for appropriate disciplinary action.)

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21  
SUBJECT: Substance Abuse and Drug-Free Workplace Policy  
Page 7

6. CONFIDENTIALITY.

a. All drug and alcohol testing results and records are maintained under strict confidentiality by DOTD, the drug testing laboratory, and the MRO. They cannot be released to others without written consent of the employee. Exceptions to these confidentiality provisions are limited to Federal Department of Transportation agencies, when license or certification actions are required or to a decision-maker in arbitration, litigation, or administrative proceedings arising from a positive drug test.

b. Employees have the right to access all written information and documentation within 7 days, as required by Louisiana Revised Statutes 49:1001.

c. Statistical records and reports are also maintained by DOTD, contracted physicians, and drug testing laboratories. This information is aggregated data and is used to monitor compliance with the rules and to assess the effectiveness of the drug testing program.

d. The DOTD has no interest in informing law enforcement authorities of a positive drug test. However, nothing contained in this PPM will be construed to preclude the delivery of any illegal drug, controlled dangerous substance, or other substance prohibited by this policy, discovered on DOTD/State property, or on the person of a DOTD employee to appropriate law enforcement agencies. Likewise, any employee engaged in the sale, attempted sale, distribution, or transfer of illegal drugs or controlled substances while on duty or on DOTD/State property will be referred to appropriate law enforcement authorities.

7. ENFORCEMENT.

a. The use of illegal drugs and misuse of alcohol and other controlled or unauthorized substances will not be tolerated at DOTD. Substance abuse, which endangers the health and well-being of our employees and the traveling public, prevents quality service to the public and is inconsistent with this Department's mission. While the Department's position is firm, we will also resolve any reasonable doubt issues in the employee's favor.

b. Disciplinary actions will be taken after a complete and thorough review of all applicable data, and in accordance with Chapter 12 of the Civil Service Rules and Secretary's Policy and Procedure Memorandum Number 26 (Disciplinary System).

(1) Violations for which employee is subject to TERMINATION are as follows:

(a) Refusal to submit to a drug or alcohol test, or failure to cooperate in any way that prevents the completion of a test.

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21

SUBJECT: Substance Abuse and Drug-Free Workplace Policy

Page 8

(b) Submission of an adulterated or substitute urine sample for drug testing.

(c) Buying, selling, dispensing, distributing, or possessing alcohol or any illegal or unauthorized controlled substance while on duty or on DOTD/State premises.

(d) Unjustifiable possession of drug-related paraphernalia while on duty or on DOTD/State premises.

(e) Unjustifiable possession of prescription drugs or any dangerous, controlled substances.

(f) Driving a DOTD vehicle or operating DOTD equipment (or driving personal vehicle while on duty) while under the influence of drugs or alcohol, where tests administered by authorized officials confirm a policy violation.

(g) The presence of alcohol, illegal or unauthorized drugs, and other prohibited controlled substances, in a state vehicle, while on or off duty.

(h) Positive drug test result or confirmed 0.02 alcohol concentration.

(i) Under all of the above circumstances, the employee will be referred to a Substance Abuse Professional.

(2) Violations for which employee is subject to a minimum 1-week suspension, possible return-to-duty agreement, or more severe disciplinary action, including termination, are dependent upon the following circumstance:

- Failure to notify supervisor of any prescribed drugs/medications when the employee believes, or has been advised by a physician or pharmacist, that the prescribed drugs/medication may impair the employee's ability to perform his/her usual duties and responsibilities.

(3) Violation for which employee is subject to a minimum 1-day suspension:

(a) Failure to notify supervisor of off-duty arrest or conviction of a driving while intoxicated, drug, or drug-related offense at the beginning of the next scheduled work day, when the employee occupies a safety-sensitive position. (See positions listed in appendices A and B.)

(b) Failure to maintain prescribed drugs/medication in prescribed quantity and unable to produce original prescription container.

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21  
SUBJECT: Substance Abuse and Drug-Free Workplace Policy  
Page 9

- (4) Violation for which employee is subject to written reprimand is as follows:

Failure to notify supervisor of off-duty arrest or conviction of a DWI, drug, or drug-related offense at the beginning of the next scheduled workday, when the employee occupies a non-safety sensitive position.

- (5) Violation for which employee is subject to an unspecified action, dependent upon circumstances:

- For employees whose positions require a Commercial Driver's License (CDL) or for employees who are required to operate DOTD vehicles on a regular and recurring basis, the loss of that license may result in employee being placed on leave or in a bonafide vacant position (not requiring a driver's license) for which they qualify. This may be accomplished by the following:

1 Reassignment.

2 Voluntary Demotion.

3 Detail or placement on leave (annual, compensatory, or leave without pay), if situation is deemed temporary.

4 If none of these options are available or reasonable, the employee will be removed in accordance with Civil Service Rule 12.6(b), and Secretary's Policy and Procedure Memorandum Number 26.

## 8. EMPLOYEE ASSISTANCE PROGRAM (EAP).

a. Early recognition and treatment of drug dependency are essential to successful rehabilitation. Those employees recognizing a substance abuse problem should seek assistance from the Department's EAP Coordinator, in the Human Resources Section. Referrals are held in strict confidence but supervisors and appointing authorities who need to know will be kept abreast of the employee's treatment, leave needs, and prognosis on a case-by-case basis.

b. Employees who are referred to the EAP Coordinator by their supervisor, or who, as a condition of continued employment, participate in an alcohol/substance abuse rehabilitation program are subject to the return-to-duty and follow-up tests, as specified in paragraphs 3e and 3f.

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21  
SUBJECT: Substance Abuse and Drug-Free Workplace Policy  
Page 10

9. GENERAL PROVISIONS.

a. Prior to employing an applicant for a safety-sensitive position covered by the USDOT (e.g., position which requires a Commercial Driver's License (CDL), DOTD must obtain the prospective employee's written consent to obtain from the prospective employee's previous DOT-regulated employers the results of any drug/alcohol testing administered during the past 2 years. This regulation also applies to current employees who are being reassigned, promoted, detailed, reallocated or demoted to one of these safety-sensitive positions

(1) Should an applicant fail to provide the release, the offer of employment will be withdrawn. Should an existing employee fail to provide the release, the offer of promotion, reassignment, reallocation or demotion will also be withdrawn.

(2) Upon receipt of information from a previous employer that the prospective applicant or employee (e.g., moving to a job that requires a CDL) tested positive on either a drug or alcohol test or refused to submit to testing within the past 2 years (including verified adulterated or substituted drug test results) the offer of employment or promotion will be withdrawn, unless the applicant has completed a drug/alcohol rehabilitation program and provides a written, positive evaluation by a Substance Abuse Professional.

b. The DOTD reserves the right to have a licensed physician of its own choice determine if use of a prescription drug/ medication produces effects which may impair the employee's performance or increase the risk of injury to the employee or others. If such is the case, DOTD will suspend the work activity of the employee during the period in which the employee's ability to safely perform his/her job may be adversely affected. The employee may be allowed to use accrued leave, placed on leave without pay or where possible, have his/her job duties modified.

c. Although substance abuse testing outlined in this policy is restricted to the five previously specified drugs and alcohol, DOTD reserves the right to require employees to submit to additional tests, if circumstances warrant. Such tests will only be administered when post-accident and reasonable suspicion drug/alcohol testing produce negative results, and the employee's action/inaction clearly reveals impairment of ability to safely perform job duties. Separate samples will be collected for these additional tests, and the testing process will comply with all DHHS regulations.

KAM K. MOVASSAGHI, Ph.D., P.E.  
Secretary

Attachment

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21  
SUBJECT: Substance Abuse and Drug-Free Workplace Policy  
Page 11

APPENDIX A

Positions subject to drug and alcohol tests, including random, as mandated by the United States Department of Transportation. For post-accident/incident test, refer to Page 3, Item 3b to determine if federal agency or LA DOTD is requiring test.

JOBS REQUIRING CDL

Electrician (all signal except Section 45/Gang 761)(Section 59/Gang 007 w/air brake endorsement)  
Electrician Foreman (all signal except Section 45/Gang 761)  
Electrician Specialist (all signal except Section 45/Gang 761) (Section 59/Gang 007 w/air brake endorsement)  
Electrician Specialist Foreman (all signal except Section 45/Gang 761)(Section 59/Gang 007 w/air brake endorsement)  
Electrician Specialist Leader (all signal except Section 45/Gang 761)(Section 59/Gang 007 w/air brake endorsement)  
Engineering Technician 1- 5 (Section 22/Gang 041)  
Engineering Technician 7 {former Geotech. Exploration Sup. 2 (Section 22/Gang 041)}  
Equipment Inspector (except Section 09)  
Equipment Superintendent  
Highway Foreman 1  
Highway Foreman 2 (except former Bridge Operator Foreman, District Sign/Traffic Supervisor, Navigational Lock Master and Tunnel Maintenance/Operator Supervisor)  
Marine Welder (Section 51/Bridge)  
Marine Welder Foreman (Section 51/Bridge)  
Marine Welder Master (Section 51/Bridge)  
Mobile Equipment Master Mechanic  
Mobile Equipment Master Mechanic Leader  
Mobile Equipment Operator 1/Heavy  
Mobile Equipment Operator 2/Heavy  
Mobile Equipment Operator 1 (Section 51)  
Mobile Equipment Operator 2  
Mobile Equipment Shop Foreman  
Mobile Equipment Shop Superintendent  
Painter (Bridge, except Section 51)  
Painter Foreman (Bridge)  
Painter Master (Bridge)  
Roadside Development Herbicide Applicator  
Trades Apprentice (All signal except Section 45/Gang 761)(Section 59 w/air brake endorsement)

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21  
SUBJECT: Substance Abuse and Drug-Free Workplace Policy  
Page 12

APPENDIX A (cont'd)

CRESCENT CITY CONNECTION DIVISION (CCCD) -  
SAFETY SENSITIVE MARINE PERSONNEL

Maintenance Repairer 1 (Gang 005)  
Maintenance Repairer 2 (Gang 005)(also requires CDL)  
Maintenance Foreman (Gang 005)  
Marine Chief Engineer 1  
Marine Chief Engineer 2  
Marine Deckhand  
Marine Deckhand/Toll Collector  
Marine Engineer 1  
Marine Engineer 2  
Marine Engineer 3  
Marine Engineering Supervisor  
Marine Maintenance Superintendent 1 (Gang 005)  
Marine Master 1  
Marine Master 2  
Marine Master 3  
Marine Oiler  
Marine Operations Superintendent 1 & 2  
Marine Trades Helper (Gang 005)  
Welder

CCCD LAW ENFORCEMENT PERSONNEL

Police Captain - Bridge  
Police Chief - Bridge  
Police Lieutenant - Bridge  
Police Officer 1 - Bridge  
Police Officer 2 - Bridge  
Police Sergeant - Bridge

RURAL FERRIES/FLEET LANDING

NOTE: U.S. Coast Guard does not mandate random alcohol tests, so random alcohol tests are being conducted under LA DOTD's authority. For post-accident/incident tests, refer to Page 3,

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21  
SUBJECT: Substance Abuse and Drug-Free Workplace Policy  
Page 13

APPENDIX A (cont'd)

Item 3b to determine whether accident/incident meets criteria of U.S. Coast Guard. If not, and test is conducted, it is under LA DOTD's authority.

Marine Chief Engineer 1  
Marine Chief Engineer 2  
Marine Deckhand  
Marine Deckhand/Toll Collector  
Marine Engineer 1  
Marine Engineer 2  
Marine Engineer 3  
Marine Maintenance Superintendent 1  
Marine Maintenance Superintendent 2  
Marine Mechanic 1  
Marine Mechanic 2  
Marine Master 1  
Marine Master 2  
Marine Master 3  
Marine Oiler  
Marine Operator  
Marine Operations Superintendent 1  
Marine Operations Superintendent 2  
Marine Trades Helper  
Marine Welder 1  
Marine Welder 2  
Marine Welder Foreman

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 21  
SUBJECT: Substance Abuse and Drug-Free Workplace Policy  
Page 14

APPENDIX B

Additional positions subject to drug and alcohol tests, including random, as determined by LA DOTD.

Aircraft Fleet Chief Pilot  
Bridge Operator 1  
Bridge Operator 2  
District Sign Specialist 1  
District Sign Specialist 2  
Highway Foreman 2 (former Bridge Operator Foreman and Navigational Lock Master)  
Electrician Specialist (SRA)  
Engineering Technician 1-4 (Districts, Gang 051 and Section 51 employees performing bridge inspection duties)  
Engineering Technician 5 (former Bridge Inspection Team Leader)  
Engineering Technician 7 (former Bridge Maintenance & Inspection Supervisor)  
Engineering Technician DCL {former Staff Engineer Specialist Advanced-Bridge Maintenance (Section 51)}  
Maintenance Repairer 1 (Navigational Locks only)  
Maintenance Repairer 2 (Navigational Locks only)  
Mobile Equipment Operator 1  
Navigational Lock Operator 1  
Navigational Lock Operator 2  
Professional Engineering Staff (Section 51 only)

## **RESPONSIBILITIES**

## APPOINTING AUTHORITIES

- Must recognize that only they have authority to require an employee to submit to post-accident/incident and/or reasonable suspicion testing
- Must have received training on recognizing signs and symptoms of drug use and alcohol misuse; training must be completed and documented by entering the designated course number (ETRN #E0027b) into the ETRN system
- Must have a working knowledge of PPM NO. 21
- Must take immediate action -- delayed action can threaten the safety of others and/or result in the deterioration of the abuser
- Must take disciplinary action upon complete and thorough review of all applicable data, in accordance with Chapter 12 of the Civil Service Rules and PPM NO. 26
- Must report “resignation to avoid disciplinary action” (SF-1) in accordance with Civil Service Rule 12.11(f) for employees who resign following notification (i.e., “Loudermill”) of proposed termination
- Must ensure that all supervisors receive training on recognizing signs and symptoms of drug use and alcohol misuse; training must be completed and documented
- Must be familiar with the Employee Assistance Program
- Must maintain strict confidentiality
- Must ensure that former DOTD employees seeking reemployment were not dismissed (or did not resign to avoid dismissal or voluntarily resign prior to a deprivation hearing for policy infraction) within the past 12 months. Must check the prior work record of any applicant being considered for employment to verify employment eligibility
- Must ensure that former employees who tested positive for drugs/alcohol sign a Return-to-Duty Agreement prior to reemployment and present written verification of successful completion of a counseling/treatment program

## **SUPERVISORS**

- Must have received training on recognizing signs and symptoms of drug use and alcohol misuse (ETRN #E0027b)
- Must have working knowledge of PPM NO. 21
- **MUST DOCUMENT**; refer to Observation Checklists, Accident/Incident documentation forms
- Know that reasonable suspicion requires the personal observation of 2 supervisors when practicable
- Must obtain approval to test from appointing authority
- Must be familiar with urine specimen and breath alcohol collection procedures and maintain appropriate testing forms
- Must maintain strict confidentiality
- Must focus on job behavior and work performance of employees
- Must remain alert to changes from the employee's normal work patterns and/or behaviors; must document specific facts, not vague assumptions and must not diagnose
- Must take immediate action -- delayed action can threaten the safety of others and result in the deterioration of the abuser
- Must be familiar with the Employee Assistance Program
- May be required to transport or accompany employee to medical facility
- Must ensure that employee signs a Release and Consent Form (Refer to page 56) prior to testing
- Must ensure that testing facility conducts the appropriate test(s) in accordance with Department policy, to include ensuring that urine specimen is shipped to State-contracted laboratory
- Will receive immediate breath alcohol testing results and must immediately report results to appropriate appointing authority
- May be required to transport or arrange for transportation home for affected employee

## **RANDOM SITE COORDINATORS**

- Are notified in advance by collector as to test sites, affected gang(s) and test date(s) (Must keep this strictly confidential)
- Provide collector with specific directions to designated locations
- Obtain Release and Consent Forms from District Human Resources Offices (Sections 22, 42, 51, and 88 obtain Release and Consent Forms from HQ Human Resources Office). All other supplies are provided by collector
- Must ensure that collector uses appropriate chain-of-custody and breath alcohol testing forms (Refer to Drug/Alcohol Testing Reference Chart, page 33)
- On testing date, meet with collector and travel unannounced to various sites and remain with the collector and employees being tested during the entire process
- Provide collector with a current employee listing by gang, name, and SSN
- Ensure that ONLY safety-sensitive employees (including affected temporary employees of contracted employment service) are tested and that they remain available for testing; collector cannot distinguish safety-sensitive employees from non-safety-sensitive employees
- Advise employee when they can resume normal work schedule
- Will receive immediate breath alcohol testing results and must immediately report results to appropriate appointing authority
- DO NOT allow employees who test positive for alcohol to drive; may be required to transport or arrange for transportation home for affected employee
- Following testing, must forward employer copies of chain-of-custody, breath alcohol test and release and consent forms in confidential envelope to field Human Resources Analyst to enter into automated tracking system; staple together all related documents for each employee. Once entry is made, field HR staff forwards these documents to the appropriate HQ Human Resources Analyst for record keeping.

## DOTD SITE COORDINATORS FOR RANDOM DRUG TESTING

<u>DISTRICTS</u>	<u>NAME/TITLE</u>	<u>PHONE NUMBER</u>
02 Bridge City	R.H. "Buzzy" Wegener, Jr., District Maint. Engineer Paul Lambert, Asst. District Maintenance Engineer	(504) 437-3102 (985) 223-9103
03 Lafayette	Mike Moss, Assistant District Maintenance Engineer	(337) 262-6100
04 Bossier City	Robert "Bob" Taylor, District Maintenance Engineer	(318) 549-8308
05 Monroe	John P. Kelly, District Maintenance Engineer	(318) 342-0102
07 Lake Charles	H.E. "Gene" Caldwell, District Maintenance Engineer Stacy White, Assistant District Maintenance Engineer	(337) 437-9102 (337) 437-9107
08 Alexandria	James W. "Jim" Massey, Asst. District Maint. Engr.	(318) 561-5108
58 Chase	Thomas E. Hale, District Maintenance Engineer	(318) 412-3102
61 Baton Rouge	Terri Hammack, District Maintenance Engineer Chad Vosburg, Asst. District Maintenance Engineer	(225) 231-4102 (225) 231-4107
62 Hammond	Roland Maurin, District Maintenance Engineer	(985) 375-0102
<u>SECTIONS</u>	<u>NAME/TITLE</u>	<u>PHONE NUMBER</u>
67 Pavement and Geotechnical Design (Baton Rouge)	Stephen Meunier, Geotechnical Engineer Manager Benjamin Fernandez, Geotechnical Invest. Engr.	(225) 379-1935 (225) 379-1935
42 Central Repair (Baton Rouge)	Bill Schear, Equipment Engineer	(225) 935-0201
45 Traffic Services (Baton Rouge)	Dan Lorio, Electrical Engineer	(225) 935-0120
51 Bridge Maintenance (B.R. & Plaquemine Fleet Landing, Plaquemine)	Gill Gautreau, Section Head Vince Latino, Engineer Manager Thomas Rabalais, Marine Operations Supt	(225) 379-1552 (225) 379-1553 (225) 379-1556
59 (CCCD) (New Orleans)	Andrea Johnson, Administrative Program Specialist	(504) 364-8116
60/76 Sabine River Authority (Many)	Phyllis George, Administrative Program Specialist	(318) 256-4112
88 Aviation (B.R.)	Headquarters, Human Resources Section	(225) 379-1219

## **SAFETY OFFICERS**

- Must have received training on recognizing signs and symptoms of drug use and alcohol misuse (ETRN #E0027b)
- Must have working knowledge of PPM NO. 21
- Conduct on-site post-accident/incident investigations
- Refer to Post-Accident Drug and Alcohol Testing Criteria (see page 42) to determine if the accident requires testing and under what authority
- Report to appropriate appointing authority, recommend action needed, and obtain approval from appointing authority prior to employees submitting to test
- Must maintain an adequate supply of release and consent forms, chain-of-custody forms, and post-accident/incident documentation forms; obtain from local Human Resources Office and keep in vehicle for ready access; medical facility should provide other necessary forms/supplies.
- Must ensure that collector uses appropriate chain of custody and breath alcohol testing forms (Refer to Drug/Alcohol Testing Reference Chart, page 33)
- Must complete post-accident/incident documentation form and forward to appropriate appointing authority who retains
- May be required to transport or accompany employee to medical facility
- Must ensure that testing facility conducts the appropriate test(s) in accordance with Department policy, to include ensuring that urine specimen is shipped to State-contracted laboratory; must remain with employee during testing process
- Will receive immediate breath alcohol testing results and must immediately report results to appropriate appointing authority
- DO NOT allow employee testing positive for alcohol to drive; may be required to transport or arrange for transportation home for affected employee

## Safety Officer List

Name	Location	Office Number	Cell Phone Number
Steven Moore	Baton Rouge	225-237-1385	225-333-1367
Amanda Ratcliff	Baton Rouge	225-237-1381	none
Haley Forsyth	Baton Rouge	225-237-1386	225-237-5651
Bud Cage	Baton Rouge	225-231-4152	225-505-3019
May Graham	Hammond	985-375-0110	985-351-5126
Roy Rowland	Bridge City	504-437-3115	504-432-2326
Mindy Gibson	Lafayette	337-262-6182	337-298-5833
Elton Barks	Lake Charles	337-437-9143	337-322-9729
David White	Alexandria	318-561-5115	318-613-4678
Shujen McMurray	Chase	318-412-3216	318-623-0859
Clifton Peterson	Monroe	318-342-0115	318-613-1037
Randy Mitchell	Bossier City	318-549-8316	318-613-2328

## HUMAN RESOURCES ANALYSTS NEW HIRES

- Refer to PPM NO. 21, Appendices A & B to determine if position is safety-sensitive or non-safety-sensitive.

### **FOR NON-SAFETY SENSITIVE POSITIONS:**

1. Complete appropriate Physical Exam Form.
2. Select non-federal chain of custody form for post-job-offer drug screening (*no alcohol testing is conducted*).
3. Have prospective employee read/sign the following:
  - Acknowledgment Form relative to current PPM NO. 21
  - Release and Consent Form - Part I. Advise prospective employee that refusal to sign revokes employment offer
4. Direct prospective employee to the examining physician with the following items:
  - Physical Exam Form
  - Non-federal chain of custody form
  - Return envelope pre-addressed to appropriate HQ HR Analyst in which the medical facility can forward the Employer Copy of chain of custody form.

### **FOR SAFETY-SENSITIVE POSITIONS:**

1. Select and complete appropriate physical exam form (regular or CDL).
2. Select federal or non-federal chain of custody form by referring to the Drug and Alcohol Testing Reference Chart on Page 33.
3. For positions covered by USDOT, complete Reference Check For New Hires/Others Beginning Safety Sensitive Work Form. (Refer to page 24)
4. Have prospective employee read/acknowledge receipt of Employee Information Packet for Safety-Sensitive positions. (*Ensure that current PPM. NO. 21 is included.*). Provide copy of signed Acknowledgment to prospective employee, retain copy for district/section file & forward original to HQ HR with new-hire paperwork.
5. Have prospective employee read/sign Release and Consent Form-Part I and, if applicable, Part II. Advise prospective employee that refusal to sign revokes employment offer.
6. Direct prospective employee to the examining physician with the following items:
  - Form 1156 or CDL
  - Non-federal or federal chain of custody form

- Return envelope pre-addressed (to appropriate HR Analyst) in which the medical facility can forward the Employer Copy of chain-of-custody form.

## **EXISTING EMPLOYEES**

### **MOVING FROM A NON-SAFETY-SENSITIVE TO A SAFETY-SENSITIVE POSITION**

- A physical exam is not required.
1. For positions covered by USDOT, complete Reference Check For New Hires/Others Beginning Safety Sensitive Work Form. (Refer to page 24)
  2. Select federal or non-federal custody and control form by referring to the Drug and Alcohol Testing Reference Chart on Page 33.
  3. Have employee read/sign Release and Consent Form-Part I and, if applicable, Part II. Advise that refusal to sign revokes employment offer.
  4. Have employee read/acknowledge receipt of Employee Information Packet for Safety-Sensitive positions. (*Ensure that current PPM NO. 21 is included.*) Provide copy of signed Acknowledgment to employee, retain copy for district/section file and forward original to HQ HR with new-hire paperwork.
  5. Direct employee to the medical facility with the following items:
    - Non-federal or federal chain-of-custody form
    - Return envelope pre-addressed (to appropriate HR Analyst) in which the medical facility can forward the Employer Copy of chain-of-custody form.

NOTE: Field HR Analysts must maintain an adequate supply of related materials.

Sources and respective items are noted below:

- HQ HR - 1156, Release & Consent Forms
- HQ Reproduction Unit - Employee Information Packet for Safety-Sensitive positions
- Chain of custody Forms – State contracted Collector

## **REFERENCE CHECK FOR NEW HIRES/OTHERS BEGINNING SAFETY-SENSITIVE WORK**

- With written consent from the applicant, process Reference Check only for new hires or existing employees being placed in safety-sensitive positions covered by USDOT. (Refer to PPM No. 21 – Substance Abuse and Drug-Free Workplace Policy.) Request must be sent to all other DOT-regulated employers for whom the individual worked within the previous two years.
- Retain copy of Reference Check and submit completed original to HQ HR (for placement in employee's confidential file) with related SF-1.
- Must also ask job applicants if they have previously failed or refused a DOT drug or alcohol pre-employment test within previous two years.

### **New Hires:**

- Can be appointed prior to receipt of Reference Check response, provided they have passed physical exam and drug test. However, the employee cannot perform safety-sensitive duties for more than 30 days unless DOTD obtains or makes and documents a good faith effort to obtain the information.
- If previous employer responds “yes” to Reference Check:
  - Have affected employee report to Human Resources Office.
  - Advise employee of response received.
  - Ask employee to provide name/address/phone number (if available) of the Substance Abuse Professional (SAP) they have been referred to. (SAP referral not required prior to 1/1/99)
  - Have employee sign release authorizing SAP to provide confidential information to Human Resources Analyst.
  - Write to SAP (enclosing copy of release) requesting information on whether employee satisfactorily completed counseling/treatment (if recommended)
  - LA DOTD's pre-employment testing satisfies the required return-to-duty testing following SAP referral.

Terminate probational appointment under C.S Rule 9.1 (e) if SAP requirements have not been met.

Existing Employee (with permanent status):

- Cannot be moved into a USDOT-covered safety-sensitive position until negative drug test results have been received and Reference Check has cleared. If the Reference Check is not received in 30 calendar days and efforts to obtain information are well documented, the personnel action can be effected once that time period has elapsed.

NOTE: All requests for Reference Checks on former DOTD employees will be processed by the supporting Field HR Analyst.

**REFERENCE CHECK FOR NEW HIRES/OTHERS  
BEGINNING SAFETY SENSITIVE WORK**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
PRINT NAME (FIRST, MIDDLE, LAST) SIGNATURE SOCIAL SECURITY NUMBER

hereby authorize you to release the information requested below to the Louisiana Department of Transportation and Development, in accordance with 49 CFR Part 40, Section 40.25 regarding DOT Employer Record Check for drug and alcohol testing records.

**PREVIOUS EMPLOYER INFORMATION:**

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State, Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ - - - - \_\_\_\_/\_\_\_\_/\_\_\_\_  
FROM TO

**WITHIN THE PAST TWO YEARS, HAS THE EMPLOYEE:**

- \_\_\_\_\_ YES \_\_\_\_\_ NO HAD AN ALCOHOL TEST WITH A BREATH ALCOHOL CONCENTRATION OF 0.04 OR GREATER?
- \_\_\_\_\_ YES \_\_\_\_\_ NO HAD A CONTROLLED SUBSTANCE TEST WITH A VERIFIED POSITIVE RESULT?
- \_\_\_\_\_ YES \_\_\_\_\_ NO REFUSED TO SUBMIT TO A REQUIRED ALCOHOL OR CONTROLLED SUBSTANCE TEST (including verified adulterated or substituted drug test results)?
- \_\_\_\_\_ YES \_\_\_\_\_ NO HAD ANY OTHER VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL REGULATIONS?
- \_\_\_\_\_ YES \_\_\_\_\_ NO HAD A PREVIOUS EMPLOYER REPORT A DRUG AND ALCOHOL VIOLATION TO YOU?
- \_\_\_\_\_ YES \_\_\_\_\_ NO DO YOU HAVE DOCUMENTATION OF ANY SUCCESSFUL COMPLETION OF DOT RETURN-TO-DUTY REQUIREMENTS INCLUDING FOLLOW-UP TESTS?
- \_\_\_\_\_ YES \_\_\_\_\_ NO HAD AN ACCIDENT IN WHICH HE/SHE WAS INVOLVED?

**(If "YES" TO ANY ABOVE ITEM, PLEASE ATTACH A COPY OF THE RELATED DOCUMENTATION TO YOUR RESPONSE.)**

\_\_\_\_\_  
SIGNATURE OF PERSON VERIFYING ABOVE INFO TITLE DATE

THIS INFORMATION WILL BE MAINTAINED IN A CONFIDENTIAL MANNER.

RETURN FORM AND ANY APPLICABLE ATTACHMENTS TO ADDRESS BELOW BY \_\_\_\_\_.  
DATE

LA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT  
ATTN: HUMAN RESOURCES OFFICE

\_\_\_\_\_  
\_\_\_\_\_

OR

CONTACT BY TELEPHONE:

\_\_\_\_\_  
DOTD REPRESENTATIVE

\_\_\_\_\_  
TELEPHONE NUMBER (INCLUDE AREA CODE)

**FOR LA DOTD HUMAN RESOURCES DEPARTMENT USE ONLY**

**PRELIMINARY FOLLOW-UP**

- Not resolved, pending prior verification (phone contact made, enter date(s) below):  
\_\_\_\_\_
- Resolved, verification received, negative result  
DATE RECEIVED \_\_\_\_\_
- Undeliverable, request returned  
DATE RETURNED \_\_\_\_\_
- Response received, positive result indicated  
DATE RECEIVED \_\_\_\_\_

**HUMAN RESOURCES PROCEDURES FOR PREVIOUS EMPLOYER(S) REPORTING YES**

1. Contact employee to report to Human Resources Office.
  - a. Date employee contacted \_\_\_\_\_
  - b. Date employee reported/will report \_\_\_\_\_
2. Advise employee that previous employer reported YES to the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Request employee to provide proof of Substance Abuse Professional evaluation.

**NAME AND ADDRESS OF PROGRAM**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Determine if any required counseling was completed; document your findings below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If required counseling not complete, must terminate probational appointment in accordance with C.S. Rule 9.1(e); for existing employees, movement to safety-sensitive position is prohibited.

5. LA DOTD pre-employment testing serves as return-to-duty test.
  - a. Date pre-employment test conducted \_\_\_\_\_
  - b. Results of pre-employment test \_\_\_\_\_

**DISTRICT/CCCD  
SECTION 45  
ADMINISTRATIVE DIRECTORS**

**LA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT  
1201 CAPITOL ACCESS ROAD – ROOM 3000  
POST OFFICE BOX 94245  
BATON ROUGE, LA 70804-9245  
DISTRICT/SECTION CONTACTS FOR DRUG/ALCOHOL TESTING RESULTS**

HR ANALYST	ALTERNATE	PRE-EMPLOYMENT, RANDOM, POST ACCIDENTAL/REASONABLE SUSPICION/RE-HAB, FOLLOW-UP SECTION/DISTRICT
Liz Avants (225) 379-1296 (3-1296)	Melicia Lemoine (225) 379-1285 Jaime Malveaux (225) 379-1295	01, 10, 13, 14, 15, 16, 19, 22, 26, 31, 33, 35, 38, 47, 50, 60, 76
Melicia Lemoine (225) 379-1285 (3-1285)	Liz Avants (225) 379-1296 Jaime Malveaux (225) 379-1295	12, 21, 22, 24, 25, 27, 28, 29, 30, 40, 49, 63, 64, 66, 80, 81, 82, 85, 88
Jaime Malveaux (225) 379-1295 (3-1295)	Liz Avants (225) 379-1296 Melicia Lemoine (225) 379-1285	20, 23, 37, 42, 43, 44, 45, 48, 51, 53, 55, 59, 77
HR ANALYST	ALTERNATE	PRE-EMPLOYMENT, RANDOM, POST ACCIDENTAL/REASONABLE SUSPICION/RE-HAB, FOLLOW-UP SECTION/DISTRICT
Jacquel Flagg P. O. Box 9180 Bridge City, LA 70096-9180 (02-148), (504) 437-3148 Lynette Breaux (Houma unit)	Liz Avants (225) 379-1296 (3-1296)	02
Lynn Dodge P. O. Box 3648 Lafayette, LA 70502-3648 (03-148), (337) 262-6148	Liz Avants (225) 379-1296 (3-1296)	03
Kim Stewart P. O. Box 38 Shreveport, LA 71161-0038 (04-348), (318) 549-8348	Melicia Lemoine (225) 379-1285 (3-1285)	04
Dawn Averett P. O. Box 4068 Monroe, LA 71211-4068 (05-148), (318) 343-2148	Jaime Malveaux (225) 379-1295 (3-1295)	05

HR ANALYST	ALTERNATE	PRE-EMPLOYMENT, RANDOM, POST ACCIDENTAL/REASONABLE SUSPICION/RE-HAB, FOLLOW-UP SECTION/DISTRICT
Esther Monlezun P. O. Box 1430 Lake Charles, LA 70602-1430 (07-148), (337) 437-9148	Jaime Malveaux (225) 379-1295 (3-1295)	07
Linda Walker P. O. Box 5945 Alexandria, LA 71307-5945 (08-149), (318) 561-5149	Melicia Lemoine (225) 379-1285 (3-1285)	08
Emily McCarroll 7868 Tom Drive Baton Rouge, LA 70806 (45-164) (225) 935-0164	Jaime Malveaux (225) 379-1295 (3-1295)	45
Alisha McNeil – CCCD P.O. Box 6297 New Orleans, LA 70174 (59-120), (504) 376-8120	Jaime Malveaux (225) 379-1295 (3-1295)	20/59
Susan Eldridge P. O. Box 110 Chase, LA 71324-0110 (58-148), (318) 412-3148	Jaime Malveaux (225) 379-1295 (3-1295)	58
Eileen Lemoine P. O. Box 831 Baton Rouge, LA 70821-0831 (61-148), (225) 231-4148	Liz Avants (225) 379-1296 (3-1296)	61
Sheila Tate 685 N. Morrison Blvd. Hammond, LA 70401 (62-100), (985) 375-0100	Melicia Lemoine (225) 379-1285 (3-1285)	62

**PAYMENT REFERENCE CHART  
(Physicals, Drug & Alcohol Tests)**

DISTRICTS/SECTION 45/CCCD EXPENSE TYPE	PAYMENT AUTHORIZED BY:	BUDGET/PAYMENT CODES																														
<b><u>PRE-EMPLOYMENT:</u></b> Physical exam (includes urinalysis)	Contract with local physician(s)	<table border="0"> <tr> <td></td> <td align="center" colspan="2"><b>Pre-employment</b></td> <td align="center" colspan="2"><b>Drug/Alcohol</b></td> </tr> <tr> <td></td> <td align="center" colspan="2"><b>Physicals</b></td> <td align="center" colspan="2"><b>Testing</b></td> </tr> <tr> <td></td> <td align="center"><b><u>Auth.</u></b></td> <td align="center"><b><u>Function</u></b></td> <td align="center"><b><u>Object</u></b></td> <td align="center"><b><u>ISIS</u></b></td> </tr> <tr> <td>Districts:</td> <td align="center">005</td> <td align="center">820</td> <td align="center">298</td> <td align="center">2990</td> </tr> <tr> <td>Section 45:</td> <td align="center">003</td> <td align="center">820</td> <td align="center">298</td> <td align="center">2990</td> </tr> <tr> <td>CCCD:</td> <td align="center">700,701</td> <td align="center">820</td> <td align="center">298</td> <td align="center">2990</td> </tr> </table>		<b>Pre-employment</b>		<b>Drug/Alcohol</b>			<b>Physicals</b>		<b>Testing</b>			<b><u>Auth.</u></b>	<b><u>Function</u></b>	<b><u>Object</u></b>	<b><u>ISIS</u></b>	Districts:	005	820	298	2990	Section 45:	003	820	298	2990	CCCD:	700,701	820	298	2990
	<b>Pre-employment</b>		<b>Drug/Alcohol</b>																													
	<b>Physicals</b>		<b>Testing</b>																													
	<b><u>Auth.</u></b>	<b><u>Function</u></b>	<b><u>Object</u></b>	<b><u>ISIS</u></b>																												
Districts:	005	820	298	2990																												
Section 45:	003	820	298	2990																												
CCCD:	700,701	820	298	2990																												
<b><u>DRUG SCREEN:</u></b> Includes urine collection by local physician, lab test and MRO review by <b>Civigenics Inc. dba SECON</b>	DOA contract with <b>Civigenics Inc. dba SECON</b> (sep. acct. #'s for each district, CCCD, Section 45, & SRA) DOA State Contract No. 405962 Vendor: Civigenics Inc.dba SECON Vendor: No.: 04326642901 \$26.00/ <u>US</u> DOT & LADOTD	<p align="center">Must prepare Type 07 Purchase Requisition/Receiving Report/Contract Payable Document</p> <p align="center"><b>Drug/Alcohol Testing (Other Than Pre-employment)</b> <b>Object Code 297</b></p>																														
<p align="center"><b><u>ALL OTHER DRUG/ALCOHOL TESTS:</u></b></p> <p><b><u>DRUG SCREEN:</u></b> On-site random, post-accident, reasonable suspicion, etc.</p> <p><b><u>BREATH ALCOHOL TEST:</u></b> On-site random, post-accident, reasonable suspicion, etc.</p>	DOA Contract with <b>Civigenics dba SECON</b> (same as above cost) DOA Contract with <b>Civigenics dba SECON</b> (sep. acct. #'s) \$12.00 (All Breath Alcohol Tests) Contract with local physician, or depending upon time and location, (after hours/emergencies) may use someone else.	<p align="center"><b>SAME AS ABOVE</b></p> <p>Commodity Code: 961-48-073544 (Breath Alcohol Test) Line No. 0006</p>																														
<p><b>HEADQUARTERS HUMAN RESOURCES</b> Note: Pays listed costs for <b>HQ/BR Sections</b> (excluding Section 45)</p> <p><b>EXPENSE TYPE</b></p>	<b>PAYMENT AUTHORIZED BY:</b>	<b>BUDGET/PAYMENT CODES (Section 16 only)</b>																														
<b><u>PRE-EMPLOYMENT:</u></b> Physical exam (includes urinalysis)	Convenient Care, LLC, d/b/a DOTD Contract with Total Occupational Medicine Clinic Vendor No. 72-1439481 \$30.00/DOT \$25.00/Non-DOT	<table border="0"> <tr> <td align="center"><b><u>Auth.</u></b></td> <td align="center"><b><u>Function</u></b></td> <td align="center"><b><u>Object</u></b></td> <td align="center"><b><u>ISIS Code</u></b></td> </tr> <tr> <td align="center">002</td> <td align="center">820</td> <td align="center">298</td> <td align="center">2990</td> </tr> </table>	<b><u>Auth.</u></b>	<b><u>Function</u></b>	<b><u>Object</u></b>	<b><u>ISIS Code</u></b>	002	820	298	2990																						
<b><u>Auth.</u></b>	<b><u>Function</u></b>	<b><u>Object</u></b>	<b><u>ISIS Code</u></b>																													
002	820	298	2990																													
<b><u>DRUG SCREEN:</u></b> Includes urine collection by local physician, lab test and MRO review by <b>Civigenics dba SECON</b>	DOA Contract with Civigenics dba SECON (same costs as shown for Districts) DOT Account No. 143477 DOTD Account No. 143495	<b>Headquarters Account Number:</b>																														
<p><b><u>ALL OTHER DRUG/ALCOHOL TESTS:</u></b></p> <p><b><u>DRUG SCREEN:</u></b> On-site random, post-accident, reasonable suspicion, etc.</p> <p><b><u>BREATH ALCOHOL TEST:</u></b> On-site random, post-accident, reasonable suspicion, etc.</p>	DOA Contract with Civigenics dba SECON (same costs as shown for Districts)	Type 07 Requisition Required																														

# **TESTING PROCEDURES**

## DRUG TESTING PROCEDURES

- The Division of Administration/DOTD contracts with neutral, professional medical personnel and/or certified laboratories for the collection, custody, storage, and analysis of urine specimens. A split sample collection method is used, with both the primary and split specimens shipped to the laboratory. The primary urine sample is analyzed for the presence of marijuana, opiates, amphetamines/methamphetamines, cocaine, and phencyclidine (PCP), by a laboratory certified by the Department of Health and Human Services (DHHS), and in strict compliance with DHHS guidelines. A dual testing procedure is also used, where each primary sample that tests positive during an initial test is subjected to an additional, more precise confirmatory test. Any urine sample that is confirmed positive (i.e., exceeds federally adopted cutoff levels) is reported to the Medical Review Officer (MRO), a licensed, contracted physician.
- A new, shorter version of the Federal Drug Testing Custody and Control Form was developed for use starting August 1, 2000, together with a standard urine collection kit.
- Collectors will not require employees to remove boots, but will require employees to display the contents of their pockets and remove outer clothing (coveralls, jacket, coat, hat).
- Upon receipt of confirmed positive, adulterated, substituted or invalid test result, the MRO reviews the collection procedure, chain-of-custody, and testing methodology to exclude all possible medical explanations for the positive result. The MRO also contacts the employee/applicant to discuss the result and to rule out the possibility that medications, medical history, or any other conditions may have caused the result, prior to reporting a test result to DOTD.
- When the MRO verifies a drug test as positive for a drug or drug metabolite, or as a refusal to test because of adulteration or substitution, he must notify the employee of his/her right to have the split specimen tested. The employee has 72 hours from time of notification to request a test of the split specimen. The request need not be in writing. The MRO directs the original lab to forward the split specimen to a different DHHS certified laboratory for the drug for which a positive or adulterated result was reported. This split sample testing is done at the employee's expense. DOTD must ensure that the MRO/lab act in a timely fashion; DOTD must not condition compliance with the requirements on the employee's direct payment to the MRO or lab on the employee's agreement to reimburse DOTD for the cost of testing. For example, if the employee is unwilling or unable to do so, DOTD must ensure that the test takes place in a timely manner, even if it has to pay for it.

## TARGET DRUGS

**The drug/metabolites identified in PPM NO. 21 are:**

Marijuana

Opiates

Amphetamines/Methamphetamines

Cocaine Metabolite

Phencyclidine (PCP)

- Employees are not subject to drug and/or alcohol tests while on leave status, nor will they be required to submit to a random test upon their return from leave status, if they were absent on the date a random test occurred.
- An employee selected/instructed to submit to a drug/alcohol test must remain available for testing, or DOTD will consider the employee as having refused to submit to testing and the employee will be subject to employment termination.
- It is not a refusal to test if an employee declines to drink fluids provided in accordance with the regulations covering “shy bladder”.

## ALCOHOL TESTING PROCEDURES

- Evidential Breath Testing Devices (EBTs), approved by the National Highway Traffic Safety Administration (NHTSA), will be used by certified Breath Alcohol Technicians (BATS) and or Screening Test Technicians (STT's) on contract with the State. Testing sites will provide visual and aural privacy, unless prevented by unusual circumstances. The employee must provide photo identification or be identified by DOTD representative.
- The three-part carbonless manifold DOTD Alcohol Testing Form (ATF), must be used for every DOT alcohol test conducted.
- If the employee is also going to take a drug test, the collector must, to the greatest extent practicable, ensure the alcohol test is complete before the urine collection process begins.
- A breath screening test will be conducted without undue delay, and the employee will be told the results. If the results are less than 0.02 alcohol concentration, no further testing is necessary, and the test results are reported as negative. If the screening test indicates an alcohol concentration of 0.02 or greater, a confirmation test will be performed within 30 minutes, but not less than 15 minutes, of completion of the screening test. If the confirmatory test again indicates an alcohol concentration of 0.02 or greater, the results will be reported as positive to the appointing authority or designated representative.
- A refusal to test will be reported to the appointing authority or designee whenever an employee fails to appear for the test within a reasonable amount of time as determined by the appointing authority or designee, fails to remain at the testing site until the testing process is complete, refuses to sign the breath alcohol testing form, fails to attempt to provide a breath specimen, fails to provide an adequate amount of breath, fails to undergo a medical exam or evaluation as directed by the employer as part of the insufficient breath procedures, or fails to cooperate with the testing procedures in any way that prevents the completion of the test.

## DRUG/ALCOHOL TESTING REFERENCE CHART

- Columns 1 & 2 - List all classifications with corresponding job codes in DOTD that are designated as Safety-Sensitive.
- Column 3 & 4 - Separate the classes into categories according to the agency(ies) mandating the testing (e.g., “Jobs Requiring CDL” as mandated by the Federal Highway Administration (FHWA)) and Employee Category.
- Columns 4 & 5 - Indicate the appropriate chain of custody forms required for each classification.

For Post-Accident/Incident testing:

- Determine the affected employee’s classification and locate it on the chart.
- Determine whether the accident/incident meets federal testing criteria. (Refer to the Post-Accident Drug and Alcohol Testing Criteria, page 42.) If it is determined that the accident/incident meets the federal criteria, the US DOT testing forms must be used.
- For accidents/incidents not meeting federal criteria, LA DOTD testing forms must be used.

## DRUG/ALCOHOL TESTING REFERENCE CHART

PRE-EMPLOYMENT, RANDOM  
REASONABLE SUSPICION,  
RETURN-TO-DUTY, FOLLOW-UP,  
AND POST-ACCIDENT\*\*

CIVIL SERVICE JOB CODES	JOBS REQUIRING CDL	AGENCY MANDATING TEST	EMPLOYEE CATEGORY	C.O.C. DRUGS	BAT ALCOHOL
128770	Electrician (All signal except Section 45, Gang 761) (Section 59, Gang 007 w/air brake endorsement)	A (FHWA)	D	US DOT	US DOT
128780	Electrician Foreman (All signal except Section 45, Gang 761) (Section 59, Gang 007 w/air brake endorsement)	A (FHWA)	D	US DOT	US DOT
155150	Electrician Specialist (All signal except Section 45, Gang 761) (Section 59, Gang 007 w/air brake endorsement)	A (FHWA)	D	US DOT	US DOT
155130	Electrician Specialist Foreman (All signal except Section 45, Gang 761) (Section 59, Gang 007 w/air brake endorsement)	A (FHWA)	D	US DOT	US DOT
155140	Electrician Specialist Leader (All signal except Section 45, Gang 761) (Section 59, Gang 007 w/air brake endorsement)	A (FHWA)	D	US DOT	US DOT
161000 161010 161240 161250 166230	Engineering Technician 1-5 (Section 67, Gang 003 w/air brake endorsement, (Soil Boring))	A (FHWA)	D	US DOT	US DOT
166250	Engineer Technician 7 (Section 67, Gang 003 w/air brake endorsement (Soil Boring))	A (FHWA)	D	US DOT	US DOT

CIVIL SERVICE JOB CODES	JOBS REQUIRING CDL	AGENCY MANDATING TEST	EMPLOYEE CATEGORY	C.O.C. DRUGS	BAT ALCOHOL
128800	Equipment Inspector (except Section 09)	A (FHWA)	D	US DOT	US DOT
128810	Equipment Superintendent	A (FHWA)	D	US DOT	US DOT
128940	Highway Foreman 1	A (FHWA)	D	US DOT	US DOT
128950	Highway Foreman 2 (Except former Bridge Operator, District Sign/Traffic Supervisor, Tunnel Maintenance/Operations Supervisor, and Navigational Lock Master)	A (FHWA)	D	US DOT	US DOT
103340	Marine Welder 1 (Section 51, Bridge)	A (FHWA)	D	US DOT	US DOT
103350	Marine Welder 2 (Section 51, Bridge)	A (FHWA)	D	US DOT	US DOT
103330	Marine Welder Foreman (Section 51, Bridge)	A (FHWA)	D	US DOT	US DOT
103370	Mobile Equipment Master Mechanic	A (FHWA)	D	US DOT	US DOT
103380	Mobile Equipment Master Mechanic Leader	A (FHWA)	D	US DOT	US DOT
102860	Mobile Equipment Operator 1/Heavy	A (FHWA)	D	US DOT	US DOT
102890	Mobile Equipment Operator 2/Heavy	A (FHWA)	D	US DOT	US DOT
103460	Mobile Equipment Operator 1 (Section 51, Bridge)	A (FHWA)	D	US DOT	US DOT
103440	Mobile Equipment Operator 2	A (FHWA)	D	US DOT	US DOT
103400	Mobile Equipment Shop Foreman	A (FHWA)	D	US DOT	US DOT
103410	Mobile Equipment Shop Superintendent	A (FHWA)	D	US DOT	US DOT
130200	Painter (Bridge, except Section 51)	A (FHWA)	D	US DOT	US DOT
129450	Painter Foreman (Bridge)	A (FHWA)	D	US DOT	US DOT
130210	Painter Master (Bridge)	A (FHWA)	D	US DOT	US DOT
155460	Roadside Development Herbicide Applicator	A (FHWA)	D	US DOT	US DOT
129810	Trades Apprentice (All signal except Section 45, Gang 761) (Section 59 w/air brake endorsement) (Bridge, except Section 51)	A (FHWA)	D	US DOT	US DOT

CIVIL SERVICE JOB CODES	CRESCENT CITY CONNECTION DIVISION SAFETY SENSITIVE MARINE PERSONNEL	AGENCY MANDATING TEST	EMPLOYEE CATEGORY	C.O.C. DRUGS	BAT ALCOHOL
128650	Maintenance Repairer 1 (Gang 005)	B (FTA)	M	US DOT	US DOT
128640	Maintenance Repairer 2 (Gang 005)	B (FTA) & A(FHWA)	M	US DOT	US DOT
129230	Maintenance Foreman (Gang 005)	B (FTA)	M	US DOT	US DOT
146190	Marine Chief Engineer 1	B (FTA) & C (USCG)	O	US DOT	US DOT
102950	Marine Chief Engineer 2	B (FTA) & C (USCG)	O	US DOT	US DOT
103030	Marine Deckhand	B (FTA) & C (USCG)	O	US DOT	US DOT
143290	Marine Deckhand/Toll Collector	B (FTA) & C (USCG)	O	US DOT	US DOT
102980	Marine Engineer 1	B (FTA) & C (USCG)	O	US DOT	US DOT
103000	Marine Engineer 2	B (FTA) & C (USCG)	O	US DOT	US DOT
146200	Marine Engineer 3	B (FTA) & C (USCG)	O	US DOT	US DOT
148160	Marine Engineering Supervisor	B (FTA) & C (USCG)	O	US DOT	US DOT
103070	Marine Maintenance Superintendent 1 (Gang 005)	B (FTA)	M	US DOT	US DOT
103110	Marine Master 1	B (FTA) & C (USCG)	O	US DOT	US DOT
146210	Marine Master 2	B (FTA) & C (USCG)	O	US DOT	US DOT
103100	Marine Master 3	B (FTA) & C (USCG)	O	US DOT	US DOT
103150	Marine Oiler	B (FTA) & C (USCG)	O	US DOT	US DOT
103180	Marine Operations Superintendent 1	B (FTA) & C (USCG)	O	US DOT	US DOT
148150	Marine Operations Superintendent 2	B (FTA) & C (USCG)	O	US DOT	US DOT
103310	Marine Trades Helper	B (FTA)	M	US DOT	US DOT
129830	Welder	B (FTA)	M	US DOT	US DOT

CIVIL SERVICE JOB CODES	CRESCENT CITY CONNECTION DIVISION (CCCD) LAW ENFORCEMENT PERSONNEL	AGENCY MANDATING TEST	EMPLOYEE CATEGORY	C.O.C DRUGS	BAT ALCOHOL
130850	Police Captain - Bridge	B (FTA)	S	US DOT	US DOT
130910	Police Chief - Bridge	B (FTA)	S	US DOT	US DOT
130890	Police Lieutenant - Bridge	B (FTA)	S	US DOT	US DOT
130840	Police Officer 1 - Bridge	B (FTA)	S	US DOT	US DOT
130880	Police Officer 2 - Bridge	B (FTA)	S	US DOT	US DOT
130870	Police Sergeant - Bridge	B (FTA)	S	US DOT	US DOT

CIVIL SERVICE JOB CODES	RURAL FERRIES/FLEET LANDING	AGENCY MANDATING TEST	EMPLOYEE CATEGORY	C.O.C. DRUGS	BAT ALCOHOL
146190	Marine Chief Engineer 1	C (USCG)	N/A	US DOT	LA DOTD
102950	Marine Chief Engineer 2	C (USCG)	N/A	US DOT	LA DOTD
103030	Marine Deckhand	C (USCG)	N/A	US DOT	LA DOTD
143290	Marine Deckhand/Toll Collector	C (USCG)	N/A	US DOT	LA DOTD
102980	Marine Engineer 1	C (USCG)	N/A	US DOT	LA DOTD
103000	Marine Engineer 2	C (USCG)	N/A	US DOT	LA DOTD
146200	Marine Engineer 3	C (USCG)	N/A	US DOT	LA DOTD
103070	Marine Maintenance Superintendent 1*	E (LA DOTD)	N/A	LA DOTD	LA DOTD
103090	Marine Maintenance Superintendent 2*	E (LA DOTD)	N/A	LA DOTD	LA DOTD
103110	Marine Master 1	C (USCG)	N/A	US DOT	LA DOTD
146210	Marine Master 2	C (USCG)	N/A	US DOT	LA DOTD
103100	Marine Master 3	C (USCG)	N/A	US DOT	LA DOTD
103120	Marine Mechanic 1*	E (LA DOTD)	N/A	LA DOTD	LA DOTD
103140	Marine Mechanic 2*	E (LA DOTD)	N/A	LA DOTD	LA DOTD

CIVIL SERVICE JOB CATEGORY	RURAL FERRIES/FLEET LANDING	AGENCY MANDATING TEST	EMPLOYEE CATEGORY	C.O.C. DRUGS	BAT ALCOHOL
103150	Marine Oiler	C (USCG)	N/A	US DOT	LA DOTD
103230	Marine Operator	C (USCG)	N/A	US DOT	LA DOTD
103180	Marine Operations Superintendent 1	C (USCG)	N/A	US DOT	LA DOTD
148150	Marine Operations Superintendent 2	C (USCG)	N/A	US DOT	LA DOTD
103310	Marine Trades Helper*	E (LA DOTD)	N/A	LA DOTD	LA DOTD

CIVIL SERVICE JOB CODES	SAFETY SENSITIVE PERSONNEL (As determined by LA DOTD)	AGENCY MANDATING TEST	EMPLOYEE CATEGORY	C.O.C. DRUGS	BAT ALCOHOL
159930	Aircraft Fleet Chief Pilot	E (LA DOTD)	N/A	LA DOTD	LA DOTD
128760	Bridge Operator 1*	E (LA DOTD)	N/A	LA DOTD	LA DOTD
128680	Bridge Operator 2*	E (LA DOTD)	N/A	LA DOTD	LA DOTD
151980	District Sign Specialist 1	E (LA DOTD)	N/A	LA DOTD	LA DOTD
151990	District Sign Specialist 2	E (LA DOTD)	N/A	LA DOTD	LA DOTD
155150	Electrician Specialist (SRA only)	E (LA DOTD)	N/A	LA DOTD	LA DOTD
161000 161010 161240 161250	Engineering Technicians 1 - 4 (All Districts, Bridge Inspection Gang 051 only and Section 51 performing bridge inspections)	E (LA DOTD)	N/A	LA DOTD	LA DOTD
166230	Engineer Technician 5 (former Bridge Inspection Team Leader)	E (LA DOTD)	N/A	LA DOTD	LA DOTD
166250	Engineer Technician 7 (former Bridge Maintenance & Inspection Supervisor)	E (LA DOTD)	N/A	LA DOTD	LA DOTD
166260	Engineer Technician DCL (former Staff Engineer Specialist) Advanced-Bridge Maintenance (Section 51)	E (LA DOTD)	N/A	LA DOTD	LA DOTD

CIVIL SERVICE JOB CODES	SAFETY SENSITIVE PERSONNEL (As determined by LA DOTD)	AGENCY MANDATING TEST	EMPLOYEE CATEGORY	C.O.C. DRUGS	BAT ALCOHOL
128650	Maintenance Repairer 1 (Navigational Locks only)*	E (LA DOTD)	N/A	LA DOTD	LA DOTD
128640	Maintenance Repairer 2 (Navigational Locks only)*	E (LA DOTD)	N/A	LA DOTD	LA DOTD
103460	Mobile Equipment Operator 1 (All positions)	E (LA DOTD)	N/A	LA DOTD	LA DOTD
129340	Navigational Lock Operator 1*	E (LA DOTD)	N/A	LA DOTD	LA DOTD
129350	Navigational Lock Operator 2*	E (LA DOTD)	N/A	LA DOTD	LA DOTD
Various Job Codes	Professional Engineering Staff - Bridge Maintenance (Section 51 only)	E (LA DOTD)	N/A	LA DOTD	LA DOTD

\* These classes will never be post-accident drug and alcohol tested under US DOT guidelines.

\*\* For all post-accident tests conducted, refer to Post-Accident Drug and Alcohol Testing Criteria Sheet to determine whether federal agency criteria is met (US DOT mandated) or not (LA DOTD mandated).

## **TYPES OF TESTING**

**PRE-EMPLOYMENT/  
REEMPLOYMENT TESTING**

## PRE-EMPLOYMENT/REEMPLOYMENT

- Applies to:
  - New hires (including students, restricted and unclassified appointees)
  - Former state employees being reemployed
  - Current employees being reassigned, temporarily detailed, promoted, reallocated or demoted into a safety-sensitive position from a non-safety-sensitive position.
- Field/HQ HR Staff members are trained in the process of requesting drug test/screen in these cases.
- In each case, candidates should sign a Release and Consent Form
- If the MRO reports a “rejected for testing” specimen result, another test must be ordered immediately to attempt to obtain the required negative result.
- New hires in safety-sensitive positions covered by U.S. DOT-mandated testing must be referred to a Substance Abuse Professional (SAP) upon receipt of a result that is either positive, adulterated or substituted.
- For a negative dilute result, recollection (not observed) may be conducted, since there can be many innocent reasons for a dilute specimen.
- Offer of employment or appointment will be withdrawn if test results are confirmed positive adulterated or substituted; current employees will be subject to disciplinary action up to and including termination.

# **POST-ACCIDENT/INCIDENT TESTING**

## POST-ACCIDENT/INCIDENT

- All employees are subject to post-accident/incident drug and alcohol testing.
- Any employee who is directly involved in a potentially serious accident or incident in which the employee's action or inaction may have been a causative factor is subject to drug/alcohol tests.
- Trained supervisors and safety officers may recommend to the appointing authority that drug/alcohol tests be conducted, based on their knowledge of the circumstances resulting in the accident/incident.
- Only an appointing authority may require an employee to submit to such tests, using the information available at the time.
- When certain conditions are present, certain federal agencies require that drug/alcohol tests be conducted. The appointing authority must determine the function the employee was performing at the time of the accident/incident. (Refer to Post-Accident Drug and Alcohol Testing Criteria Chart, page 50)
- Employees subject to post-accident testing as determined by the appointing authority must remain for testing, or DOTD will consider the employees as having refused to submit to testing and the employees will be subject to termination.
- An employee should not be prevented from immediately seeking medical attention for his/her or others' injuries, or leaving the scene of an accident to get help or emergency medical care.
- Explain to employee (if conscious) the need for drug and alcohol testing. Employee should sign a Release and Consent Form. (Refer to page 67)
- Ensure that appropriate chain-of-custody and breath alcohol testing forms are used. (Refer to Drug/Alcohol Testing Reference Chart, pages 38-43)
- For drug and alcohol testing, work with local medical facility (used routinely for pre-employment exams in your area) for proper and prompt specimen collection in accordance with established strict chain-of-custody control criteria. Post-accident alcohol testing should be conducted within 2 hours but no later than 8 hours following the accident, and drug testing will be conducted within 32 hours following the accident. (For serious marine incidents involving USCG – covered positions, drug testing will be conducted within 24 hours following the incident.) Detailed records are required even when tests are not conducted, and when applicable, should reflect reasons as to why they were not conducted within prescribed time limits. (Refer to pages 51-52 for Accident/Incident Documentation Form). An employee who refuses to submit to testing will be subject to termination and must be advised of this in advance of procedures.

- Post-accident tests conducted by federal, state, or local law enforcement officials will be accepted in lieu of DOTD authorized tests when the official has independent authority to conduct the tests, and the tests conform to federal and state requirements.
- Collect and record specific accident documentation promptly and route to appointing authority. (Refer to pages 51-52 for Accident/Incident Documentation Form.)
- In the event the accident occurs after normal working hours (shift workers, etc.) when your designated medical facility is closed, the appropriate personnel must work with other medical facilities (hospital emergency rooms, etc.) who have certified BATS and are capable of collecting specimens in accordance with DHHS guidelines and PPM NO. 21. (Refer to pages 119-122 for a list of such facilities.)
- Post-accident testing may be required for on-the-job incidents that have an impact on work performance and that lead to suspicion of substance abuse as a causative factor. These may include but are not limited to:
  - Near accidents
  - Mistakes
  - Unusually careless acts
  - Unsafe practices
- In the case of a vehicular accident, work with local law enforcement as necessary.

## POST-ACCIDENT DRUG AND ALCOHOL TESTING

AUTHORITY	TESTING CRITERIA
<b>FHWA</b>	1. Fatality (whether or not the driver caused the accident) 2. Driver cited for a moving traffic violation arising from the accident*. * An accident is defined as an incident involving a commercial motor vehicle in which there is either a fatality, an injury treated away from the scene, or a vehicle is required to be towed from the scene.
<b>FTA (CCCD)</b>	Required when as a result of an occurrence associated with the operation of a transit vehicle:  1. Fatality <ul style="list-style-type: none"> <li>a) each surviving covered employee on duty on the vessel at time of accident.</li> <li>b) any other covered employee (i.e., mechanic) whose performance could have contributed to the accident.</li> </ul> 2. Bodily injury or property damage <ul style="list-style-type: none"> <li>a) each covered employee on duty on the vessel unless we can determine that their performance may be completely discounted as a contributing factor.</li> <li>b) any other covered employee (i.e., mechanic) whose performance could have contributed to the accident.</li> </ul>
<b>USCG</b>	A serious marine incident (SMI), as defined by 46 CFR 4.03-2, is any marine casualty or accident on a vessel (which is not a federally owned vessel) which results in one or more of the following: <ol style="list-style-type: none"> <li>1. One or more deaths</li> <li>2. An injury to any person (including passengers) which requires medical treatment beyond first aid, and, in the case of a person employed on board a commercial vessel, which renders the person unable to perform routine vessel duties.</li> <li>3. Damage to property in excess of \$100,000.</li> <li>4. Actual or constructive total loss of any inspected vessel.</li> <li>5. Actual or constructive total loss of any vessel of 100 gross tons or more.</li> <li>6. A discharge of any reportable quantity of a hazardous substance into the navigable waters of the United States whether or not resulting from a marine casualty.</li> </ol>
<b>LA DOTD</b>	Test under LA DOTD authority all other accidents which do not meet the above criteria.

**SUPERVISOR'S ACCIDENT/INCIDENT DOCUMENTATION FORM  
(Confidential)**

**EMPLOYEE NAME/TITLE:** \_\_\_\_\_

**SOCIAL SECURITY NO.:** \_\_\_\_\_

**DATE/TIME OF INCIDENT:** \_\_\_\_\_ **DISTRICT/SECTION:** \_\_\_\_\_ **GANG:** \_\_\_\_\_

**TO BE COMPLETED BY OBSERVING SUPERVISOR**

**Name/Title of Observing Supervisor:**

**Location of Accident/Incident:**

\_\_\_\_\_

**Manner of Observation (personal, third-party report):**

\_\_\_\_\_

**Other Witness(es): (Name/Title)**

\_\_\_\_\_

**Explanation of Incident (use additional sheets if necessary):**

\_\_\_\_\_

\_\_\_\_\_

**Attachments (signed witness statements, photos, police report, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_**

**Signatures of Observing Supervisors**

**Date Sent to Appointing Authority**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date**

**If Not Sent to Appointing Authority, Why?**

\_\_\_\_\_

\_\_\_\_\_

**ACTION TAKEN:**

**DRUG TEST:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes, date/time/location of test:** \_\_\_\_\_

**If no, explain reason: (Use additional sheets if necessary.)**

---

---

---

---

---

---

---

---

---

---

**ALCOHOL TEST:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes, date/time/location of test:** \_\_\_\_\_

**If no, explain reason: (Use additional sheets if necessary.)**

---

---

---

---

---

---

---

---

---

---

**TO BE COMPLETED BY APPOINTING AUTHORITY**

**Name/Title:** \_\_\_\_\_ **Contacted Via: (phone, in person, fax, etc.)** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Signature of Confirming Appointing Authority**

---

**Retain in District/Section File**

# **RANDOM TESTING**

## RANDOM TESTING

- Random alcohol and drug testing is required of employees who hold safety-sensitive positions, as listed in Appendices A and B of PPM NO. 21. Random tests are unannounced and spread throughout the calendar year.
- DOTD has designated Site Coordinators (SC) for random testing of safety-sensitive employees.
- Testing will be conducted on-site by trained personnel (hereinafter referred to as collector) to meet federal mandates of 50% for controlled substances and 10% for alcohol.
- Random Testing procedures are as follows:
  - The collector will randomly select a district/section and will notify the SC in advance of which gang(s) is/are to be tested. This information must be kept confidential and the collector should be given specific directions to each designated location by the SC.
  - Prior to testing, the SC must obtain Release and Consent Forms from his/her Human Resources Analyst. District/Headquarters Human Resources Office will maintain ample supplies accordingly. The SC must refer to the Drug/Alcohol Testing Reference Chart, pages 38-43, to determine which testing forms should be used. The collector will provide the testing forms.
  - Careful attention to detail is critical to ensure that correct forms are used.
  - On the testing date, the SC will meet the collector(s) at the predetermined location, travel unannounced to various sites and remain during the entire process. The SC will assist by ensuring that only safety-sensitive employees are tested and affected employees are available for testing. **Inadvertently testing a non-safety sensitive employee may result in litigation, since drug testing is a form of search and seizure. Non-safety sensitive employees have a greater expectation of privacy than do safety-sensitive employees.** The SC will provide the collector with a current listing by gang, employee name, and social security number of safety-sensitive employees subject to testing that date. This will assist the collector in identifying appropriate personnel, maintaining an accurate count of tests conducted and noting employee absences, refusals, etc. Such listings should be available in each district/section. The SC will authorize employees to proceed with their normal work schedule once tested (unless positive for alcohol).

- The collector will give the SC completed Employer copies of chain-of-custody and breath alcohol test forms which should be forwarded in an envelope marked CONFIDENTIAL or hand-delivered to the appropriate Headquarters Human Resources Analyst assigned to the SC's District/Section, along with copies of Release and Consent forms. The collector will ensure that the MRO receives his/her copy (copy 2) within 24 hours (next business day).

If the following situations occur, the SC must respond as follows:

- If a covered employee alleges that, because of medical reasons, he/she is unable to provide a sufficient amount of breath to permit a valid breath test, the Breath Alcohol Technician (BAT) will instruct the employee a second time (has discretion to allow third attempt) to attempt to provide an adequate amount of breath and will either:
  - Immediately inform the SC if the employee refuses to do so, (to be treated as a refusal with employee subject to termination) or,
  - Note in the "Remarks" section of the breath alcohol testing form if the employee is unable to provide an adequate amount of breath and immediately inform the SC. In such cases, the SC immediately advises the appointing authority who must direct the employee to obtain, within five days after the attempted provision of breath, an evaluation from a licensed physician (at DOTD's expense) concerning the employee's medical ability to provide the adequate amount of breath. DOTD will do everything feasible to assist the employee in finding and getting an appointment with an appropriate physician. The physician must provide a written conclusion of his/her findings to the HQ HR Office. If there is no medical reason for the "shy lung", the employee will be treated as having refused the test and will be subject to termination.
- Inability to Provide a Sufficient Quantity of Urine ("Shy Bladder")
  - If a covered employee is unable to provide a sufficient quantity of urine, the collector will discard the insufficient specimen and instruct the individual to drink up to 40 ounces of fluid, distributed reasonably through a period of up to three hours, or until the employee has provided a new urine specimen, whichever occurs first. If the employee remains unable to provide a sufficient specimen, the collector must discard the insufficient specimen, discontinue testing, and notify the SC of his/her actions.
  - A refusal to drink fluids is not a refusal to test and is not cause to terminate the "shy bladder" process.
  - The appointing authority must be notified immediately and after consulting with the MRO, must direct the employee to have a medical evaluation, within five working days, (at DOTD's expense) conducted by a licensed physician with expertise in the medical issues surrounding a failure to provide a sufficient

specimen for the purpose of developing information with respect to whether his/her inability to provide sufficient specimen is genuine or constitutes a refusal to test. This physician should be acceptable to the MRO. Following completion of the examination, the physician must provide the appointing authority with a written report of his/her conclusions. Appropriate disciplinary action should be taken if conditions warrant.

- Reasonable Suspicion of Adulterated/Substituted Sample
  - A specimen temperature that measures outside range of 32-38C / 90-100F constitutes a reason to believe that an employee has adulterated or substituted the specimen. A body temperature is no longer required when the first specimen's temperature is out of range. The collector must immediately conduct a new collection using direct observation procedures.
  - The collector must also inspect each specimen to determine its color and look for any signs of tampering. All unusual findings must be noted on the urine custody and control forms. The collector must notify the SC of the suspect collection and conduct a new collection using direct observation procedures. Both specimens are processed to the lab.
- Failure to Cooperate
  - If the employee fails or refuses to cooperate with the breath or urine collection process, the collector will inform the SC and document the non-cooperation on the collection form. This is refusal to test and will subject the employee to termination; therefore, SC must immediately provide the appointing authority with specific information (i.e., name, title, date and time of refusal) so appropriate action can be taken.
- Action to Take
  - The employee must be treated as if the results were positive (i.e., removed from safety-sensitive function, and placed on suspension with pay pending the investigation). (See Civil Service Rule 12.10.) Appointing authority will then proceed with pre-disciplinary letter.

# **REASONABLE SUSPICION TESTING**

## REASONABLE SUSPICION TESTING

- All employees are subject to reasonable suspicion drug and alcohol testing.
- LA DOTD defines reasonable suspicion as a supervisor's belief, based upon specific, contemporaneous, and articulable observations that a person is using drugs, alcohol, or in some way is unfit to safely perform his/her duties.
- The final decision to test shall be made by the District Administrator, Section Head, or other officially designated appointing authority, based upon the DOCUMENTED and VERIFIED observation of a SUPERVISOR and, when practical, by two supervisors.
- Supervisors must be able to recognize and document the signs and symptoms of substance abuse. Consider all of these factors when determining reasonable suspicion:
  - Job performance (adequately documented pattern of unsatisfactory job performance). Refer to Supervisor's Checklist for Substance Abuse, page 60.
  - Physical behavior consistent with substance abuse. Remember: ALL employees may exhibit some of these job performance problems occasionally. It is a pattern of job performance problems over a period of time (several months) that you should note, document, and act upon. Refer to the Short-term or Long-term Observation Checklists (pages 62-65) to document physical/performance indicators.
  - Physical evidence of illegal or prohibited substance use, possession, sale, purchase, dispensing, distribution.

The possession of alcohol, although a violation of PPM No. 21, does not constitute a need for reasonable suspicion testing.

Take the following action for Reasonable Suspicion Testing:

- Verify Reasonable Suspicion:
  - Not based on anonymous tips; check it out; visit the work site. Document observations. Periodic, unannounced visits may confirm tip or suspected policy violation.
  - Hearsay is not a reliable factor.
  - If witnessed, ask witnesses to describe what they saw. Have witnesses document observations.

- How far away were/was witness(es)?
- What, if anything, caused them to believe it was substance abuse related?
- On what basis did they reach their conclusion?
- Report suspicion to District Administrator/Section Head. Obtain approval to test and obtain forms from the Human Resources Office.
- If the employee is obviously impaired, remove the employee from his/her work area. (Safety is a primary issue.)
- A decision to test based on the odor of alcohol must be verified by two supervisors whenever practicable. The suspicion is best supported by other physical or behavioral symptoms such as slurred speech, bloodshot eyes, or staggering; however, such symptoms may not always be evident.
- Interview employee in a private setting. Review findings; observe physical/mental symptoms during conversation. Document any characteristics that support or contradict initial observation until the time employee leaves facility. Explain that you have reasonable suspicion to believe his/her performance is being affected by some substance and you are requesting him/her to accompany you to the local designated medical facility to provide a urine specimen and/or breath sample. Employee should sign a Release and Consent Form (page 67).

**REMIND EMPLOYEE THAT REFUSAL TO SUBMIT TO TEST WILL SUBJECT HIM/HER TO TERMINATION.**

- Transport employee to the medical facility for urine specimen and/or breath sample collection and then escort to his/her residence. (Bring appropriate chain-of-custody/breath alcohol test to medical facility.) Place employee on suspension with pay pending investigation.
- DOCUMENT EVENT(S)
- All such matters will be treated as strictly CONFIDENTIAL. Do not discuss this matter with anyone other than the persons participating in the questioning, evaluation, investigation, or disciplinary action and who have a “need to know” the details of the drug/alcohol investigation.

## **SUPERVISOR'S CHECKLIST FOR SUBSTANCE ABUSE**

Repeated or continuous patterns of performance deterioration (documentable job issues) in a number of the following areas probably indicates that intervention with the employee is needed.

### **1. Absenteeism**

- Frequent Monday or Friday absences
- Multiple unauthorized absences
- Excessive sick leave
- Repeated absences of 2-3 days
- Excessive tardiness
- Improbable excuses for absences
- Leaving work early
- Long coffee breaks
- Frequent trips to restroom
- Illness on the job
- Away from job more than job requires

### **2. High Accident Rate**

- Accidents on the job
- Accidents away from the job, but affecting work performance
- Damage to equipment
- Frequent trips to the doctor

### **3. Lowered Job Efficiency**

- Misses deadlines
- Makes mistakes or bad decisions due to inattention or impaired judgment
- Wastes materials
- Improbable excuses for poor job performance
- Lowered output
- Overly dependent on others
- Carelessness

### **4. Difficulties in Concentration/Confusion**

- Work requires great effort
- Job takes more time
- Hand tremors when concentrating
- Frequent daydreaming
- Details often neglected
- Undependable
- Difficulty in recalling instructions clearly
- Increasing difficulty in handling complex assignments

- Difficulty in recalling own mistakes
  - Forgetful
  - Reduced awareness of what's going on
  - Unable to keep current
5. Communication
- Less communication than in the past
  - Unclear or imprecise communication
  - Argumentative with co-workers and supervisors
6. Sporadic Work Patterns
- Alternating periods of very high and very low productivity
  - Work produced differs in quality from time-to-time
7. Initiative
- Unwillingness to change work responsibilities
  - Unwillingness to change ways of doing job
  - Needs constant supervision or extra help
8. Interpersonal Skills
- Overreacts to real or imagined criticism
  - Wide swings in morale
  - Borrows money from co-workers
  - Complaints are received from co-workers
  - Avoids old friends or colleagues
  - Constantly complains to associates and supervisors
  - Avoids supervisor, especially after lunch and breaks
  - Avoids making eye-contact with others
  - Overly critical of others
  - Makes unreliable or untrue statements
9. Abnormal Behavior
- Coming to or returning to work in an obviously abnormal condition
  - Obviously bizarre or abnormal actions on the job

**SHORT-TERM INDICATOR**

**Reasonable Suspicion Observation Checklist  
(Strictly Confidential)**

EMPLOYEE NAME/TITLE: \_\_\_\_\_  
SOCIAL SECURITY NO: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ DISTRICT/SECTION: \_\_\_\_\_ GANG: \_\_\_\_\_

OBSERVING SUPERVISOR (Name/Title & Telephone) \_\_\_\_\_

CONFIRMING APPOINTING AUTHORITY (Name/Title & Telephone): \_\_\_\_\_

This checklist is to be completed when an incident has occurred which provided reasonable suspicion that an employee is under the influence of a prohibited drug substance or alcohol. You should note all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and all any additional facts or circumstances which you have noted. (Note: If there are long-term behavioral indicators of substance abuse, please complete the Reasonable Suspicion Long-Term Indicator Observation Checklist.)

**A. NATURE OF INCIDENT/REASON FOR SUSPICION**

- \_\_\_ 1. Observed/reported possession or use of a prohibited substance while on duty.
- \_\_\_ 2. Apparent drug or alcohol intoxication (when reporting for duty, during work hours).
- \_\_\_ 3. Observed abnormal, erratic, or bizarre behavior on the job.
- \_\_\_ 4. Other. (e.g., flagrant violation of safety policies/procedures or serious misconduct, accident or "near miss," fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) (please specify/explain)

**B. BEHAVIORAL INDICATORS NOTED**

- \_\_\_ 1. Verbal abusiveness, argumentative.
- \_\_\_ 2. Physical abusiveness.
- \_\_\_ 3. Extreme aggressiveness or agitation.
- \_\_\_ 4. Withdrawal, depression, tearfulness, or unresponsiveness, unclear, imprecise.
- \_\_\_ 5. Inappropriate verbal response to questioning or instructions.
- \_\_\_ 6. Other erratic or inappropriate behavior, (e.g., hallucinations, disoriented, excessive euphoria, talkativeness, confused) (please specify)

---

**C. PHYSICAL SIGNS OR SYMPTOMS**

---

- |  |   |
|--|---|
| ___1. Possessing, dispensing, or using prohibited substance              | ___11. Odor of Alcohol                                |
| ___2. Slurred or incoherent speech                                       | ___12. Odor of Marijuana                              |
| ___3. Unsteady gait or other loss of physical control, poor coordination | ___13. Disheveled appearance or out of uniform        |
| ___4. Dilated or constricted pupils or unusual eye movement              | ___14. Dry mouth (frequent swallowing/lip wetting)    |
| ___5. Bloodshot, watery, glossy, droopy eyes                             | ___15. Dizziness or fainting                          |
| ___6. Extreme fatigue or sleeping on the job                             | ___16. Shaking hands or body tremors/twitching        |
| ___7. Excessive sweating or clamminess of the skin                       | ___17. Breathing irregularity or difficulty breathing |
| ___8. Flushed or very pale face  | ___18. Runny nose or sores around nostrils            |
| ___9. Highly excited or nervous  | ___19. Inappropriate wearing of sunglasses            |
| ___10. Nausea or vomiting  | ___20. Puncture marks or "tracks"                     |

Other (please specify):

---

---

---

---

---

**D. WRITTEN SUMMARY**

---

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Please note the date, time and location of reasonable suspicion testing or note if employee refused the test. Attach additional sheets as needed.

---

---

---

---

I hereby authorize drug/alcohol testing of this employee, based on these documented observations.

Signature of Observing Supervisor #1

Date/Time

---

---

Signature of Observing Supervisor #2

Date/Time

---

---

Signature of Appointing Authority

Date/Time

---

---

Verbal Authorization Received from Appointing Authority

Date/Time

**LONG-TERM INDICATOR**

**Reasonable Suspicion Observation Checklist  
(Strictly Confidential)**

EMPLOYEE NAME/TITLE: \_\_\_\_\_  
SOCIAL SECURITY NO: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ DISTRICT/SECTION: \_\_\_\_\_ GANG: \_\_\_\_\_

OBSERVING SUPERVISOR (Name/Title & Telephone): \_\_\_\_\_

CONFIRMING APPOINTING AUTHORITY (Name/Title & Telephone): \_\_\_\_\_

This checklist is intended to assist a supervisor in referring a person for drug or alcohol testing. Has the employee manifested any of the following behaviors? Indicate (D) if documentation exists: \_\_\_\_\_

**A. QUALITY AND QUANTITY OF WORK**

YES	NO	
___	___	1. Clear refusal to do assigned tasks
___	___	2. Significant increase in errors
___	___	3. Repeated errors in spite of increased guidance
___	___	4. Reduced quantity of work
___	___	5. Inconsistent "up and down" quantity or quality of work
___	___	6. Behavior that disrupts work flow; forgetting assignments/procedures
___	___	7. Procrastination on significant decisions or tasks
___	___	8. More than usual supervision necessary
___	___	9. Frequent, unsupported explanations for poor work performance
___	___	10. Noticeable change in written or verbal communication
___	___	11. Other (please specify)

**B. INTERPERSONAL WORK RELATIONSHIPS**

YES	NO	
___	___	1. Significant change in relations with co-workers, supervisors, others
___	___	2. Frequent or intense arguments
___	___	3. Verbal abusiveness
___	___	4. Physical abusiveness
___	___	5. Persistently withdrawn or less involved with people
___	___	6. Intentional avoidance of supervisor
___	___	7. Expressions of frustration or discontent
___	___	8. Change in frequency or nature of complaints
___	___	9. Complaints by coworkers or subordinates
___	___	10. Cynical, "distrustful or human nature" comments
___	___	11. Unusual sensitivity to advice or critique of work
___	___	12. Unpredictable response to supervision
___	___	13. Passive-aggressive attitude or behavior, doing things "behind your back"

**C. GENERAL JOB PERFORMANCE**

YES	NO	
___	___	1. Excessive unauthorized absences - number in last 12 months: _____
___	___	2. Excessive authorized absences - number in last 12 months: _____

YES	NO	
___	___	3. Frequent Monday/Friday absence or other pattern
___	___	4. Frequent unexplained disappearances
___	___	5. Excessive "extension" of breaks or lunch
___	___	6. Frequently tardy and/or leaves work early-number of day/week or month:
___	___	7. Increased concern about, or actual incidents of, safety offenses involving the employee:_____
___	___	8. Experiences or causes job accidents
___	___	9. Major changes in duties or responsibilities
___	___	10. Interferes with or ignores established procedures
___	___	11. Inability to follow through on job performance recommendation

---

**D. PERSONAL MATTERS**

---

YES	NO	
___	___	1. Changes in or unusual personal appearance (dress, hygiene)
___	___	2. Changes in or unusual speech (incoherent, stuttering, loud)
___	___	3. Changes in or unusual physical mannerisms (gesture, posture)
___	___	4. Changes in or unusual facial expressions
___	___	5. Changes in or unusual activity level - much reduced: _____ or increased: _____
___	___	6. Changes in or unusual topics of conversation
___	___	7. Engages in detailed discussions about death, suicide, or harming someone
___	___	8. Increasingly irritable or tearful
___	___	9. Persistently boisterous or rambunctious
___	___	10. Unpredictable or out-of-context displays of emotion
___	___	11. Unusual fears
___	___	12. Lacks appropriate caution
___	___	13. Engages in detailed discussion about obtaining or using drugs and/or alcohol
___	___	14. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
___	___	15. Has received professional assistance for emotional or physical problems
___	___	16. Makes unfounded accusations toward others (i.e. has feelings of persecution)
___	___	17. Frequent cold, flu or other illnesses
___	___	18. Comes to work with alcohol on breath
___	___	19. Excessive fatigue
___	___	20. Makes unreliable or false statements
___	___	21. Unrealistic self-appraisal or grandiose statements
___	___	22. Temper tantrums or angry outbursts
___	___	23. Demanding, rigid, inflexible
___	___	24. Major changes in physical health
___	___	25. Concerns about sexual behavior or sexual harassment

---

OTHER INFORMATION (Please be specific and attach additional sheet(s) if needed):

---



---



---



---

\_\_\_\_\_  
Signature of Observing Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Confirming Appointing Authority

\_\_\_\_\_  
Date

# **TESTING FORMS**

## RELEASE AND CONSENT AUTHORIZATIONS

- To be signed by all applicants/employees when the following drug/alcohol tests are administered: Pre-employment (including current employee being transferred/promoted/reassigned, reallocated, demoted or temporarily detailed to a safety-sensitive position); post-accident/incident; random; reasonable suspicion; return to duty; follow-up.

I hereby authorize the collection facility, physician or certified laboratory contracted by the LA DOTD or the Division of Administration to take urine and/or breath samples to analyze for the presence of controlled substances and/or alcohol and release results to LA DOTD. This release and consent is subject to the terms and conditions of LA DOTD's PPM No. 21 - SUBSTANCE ABUSE AND DRUG-FREE WORKPLACE POLICY. (A photocopy of this authorization can be used if the original is unavailable.) I understand that my refusal to authorize such procedures will prohibit me from further consideration for employment or (if a DOTD employee) from movement into this position, as well as subject me to immediate disciplinary action.

---

Printed Name

---

Social Security #

---

Date

---

Signature

---

Job Title

- Pre-employment and/or current employee appointed (i.e., transferred, promoted, reassigned, reallocated, demoted or temporarily detailed) to a safety-sensitive position.

I hereby authorize the LA DOTD to obtain from my previous employer (when employed in a safety-sensitive position regulated by the USDOT) any information concerning my participation in a controlled substances and alcohol testing program administered during the past two years. I understand that this information will be maintained in a confidential manner. I understand that I cannot perform a safety-sensitive function if LA DOTD obtains information indicating that I have had verified positive drug tests or had any other violations of DOT-agency drug and alcohol testing regulations, tested at or above 0.04 breath alcohol concentration, refused to test, unless evidence indicates that I have been evaluated by a substance abuse professional, completed any required counseling, passed a return-to-duty test, and/or been subject to follow-up testing. I understand that my failure to provide this release will result in the offer of employment/appointment being withdrawn.

---

Signature

---

Date

(white copy -- HQ Human Resources)

(yellow copy -- District/Section)

(pink copy -- Employee)

**(Insert Alcohol Testing Form)**

**(Insert Breath Alcohol Testing Form)**

**(Insert Federal Chain of Custody Form)**

**(Insert Non-Federal Chain of Custody Form)**

## **RESULTS**

## POSITIVE RESULTS

Employees testing positive will be subject to TERMINATION in accordance with PPM No. 21, PPM No. 26, and Chapter 12 of the Civil Service Rules. If reemployed, employee must comply with return-to-duty provisions of PPM No. 21.

### ALCOHOL

If an employee has a confirmed breath alcohol concentration of 0.02 or greater, the Breath Alcohol Technician (BAT) immediately notifies employer.

The appointing authority shall immediately:

- Remove employee from safety-sensitive duties.
- Suspend with pay pending investigation (payroll function 805) in accordance with Civil Service Rule 12.10 (this is not an appealable disciplinary action).

If an employee, upon being notified of a positive test result, resigns immediately, the nature of action will be “voluntary resignation.”

**Pre-deprivation notice should be prepared, reviewed by the Legal Section and used immediately. (Do not send copy of pre-deprivation notice to Civil Service.)**

If the employee resigns after receiving pre-deprivation notice, the nature of action will be “resignation to avoid dismissal” in accordance with C.S. Rule 12.11(f), and will be reported to Civil Service as such.

**NEVER ALLOW EMPLOYEE WITH POSITIVE RESULTS TO DRIVE HIMSELF/HERSELF HOME.**

## CONTROLLED SUBSTANCES

- Medical Review Officer (MRO) notifies employee of positive or adulterated result and advises him/her of the employee's right to request a retest of the original specimen split sample within 72 hours.
- MRO then immediately notifies the employer.
- The appointing authority shall immediately:
  - Remove employee from safety sensitive duties.
  - Suspend with pay pending investigation (payroll function 805) in accordance with Civil Service Rule 12.10 (this is not an appealable disciplinary action).
- If the employee, upon being notified of a positive test result, resigns immediately, the nature of the action will be "voluntary resignation."
- Pre-deprivation notice should be prepared, reviewed by the Legal and HR Sections and issued immediately. (Do not send a copy of pre-deprivation to Civil Service.) If the employee resigns after receiving pre-deprivation notice, the nature of action will be, "resignation to avoid dismissal" in accordance with C.S. Rule 12.11(f), and will be reported to Civil Service as such.
- Disciplinary action shall not be effected until a minimum of 72 hours has elapsed from MRO's notice to the employee of positive results. (Employee may request re-test of original sample within 72 hours of notification of positive results.)
- **Special Note:** When a laboratory reports a specimen as substituted, that is, five milligrams of creatinine per deciliter or less, the medical review officer (MRO) will consider the specimen to be "dilute" if the creatinine concentration is two milligrams per deciliter of urine or higher. Dilute specimens will not cause the employee to be regarded as violating the regulation. **However, employees who provide dilute specimens in the two- to five-milligram-per-deciliter range will have to undergo an unannounced immediate re-collection under direct observation, as a safeguard for the integrity of the testing program.**

EMPLOYEE SHALL BE DIRECTED TO CONTACT THE EAP COORDINATOR AT (225) 379-1241 FOR REFERRAL TO A SUBSTANCE ABUSE PROFESSIONAL FOLLOWING NOTIFICATION OF POSITIVE RESULTS AND PRIOR TO DISCIPLINARY ACTION.

## **DWI LICENSE SUSPENSION**

## **DWI ARREST (OFF DUTY)**

1. Loss of license when required to perform job duties:
  - Determine if the employee has license restored or whether suspension is still in effect. If not restored, determine the earliest possible date in order to consider appropriate accommodation. You may consider the following options as possible accommodating measures:
    - Temporary (unofficial) assignment (not to exceed 30 days) that does not require driving.
    - Temporary (official) detail to special duty (not to exceed 60 days - commencing after the first 30 days of suspension of license for a first offense DWI) to a position that does not require possession of a valid driver's license.
    - Permanent assignment to bonafide vacancy (non-driving).
    - Utilize accrued leave in accordance with Civil Service Rules.
  
2. Loss of license when not required to perform job duties:
  - DOTD cannot take disciplinary action against an employee who loses his/her license due to a DWI arrest/conviction when that employee does not need his/her license to perform his/her job duty. It is recommended, however, that once such arrest is reported by the employee, the employee's supervisor or appointing authority should discuss this issue with the employee to determine whether he/she may benefit from DOTD's Employee Assistance Program.

## D.W.I./LICENSE SUSPENSION

### **Overview:**

Historically, the suspension or revocation of driving privileges in the State of Louisiana was confined to convictions of D.W.I. With the passage of the Implied Consent Law, the legislature determined that the Department of Public Safety and Corrections, Office of Motor Vehicles (O.M.V.) should establish procedures for the review of license suspensions upon arrest. As such, two separate and distinct laws exist in this area. Louisiana R.S. 32:661 et. seq. defines the administrative procedures for suspensions and restricted licenses based upon an arrest for D.W.I., while Louisiana R.S. 32:414 et. seq. defines the administrative procedures for suspensions and restricted licenses based upon convictions for D.W.I. There is some overlap between the two statutes. Rather than reconciling the inconsistencies inherent in the statutes, this analysis will serve to define the general consequences of D.W.I. arrest and subsequent conviction.

### **Implied Consent Law(32:661 et. seq.)**

Any person who operates or is in control of a motor vehicle upon the public highways of the State of Louisiana is deemed to have given consent to testing for alcoholic content and abused/illegal controlled dangerous substances in his blood, breath, urine, or other bodily substances. Testing for such chemicals shall be administered by a law enforcement officer in accordance with strict guidelines promulgated by O.M.V.

Under this statutory scheme, a reading of .05 percent or below of alcohol per 100 cubic centimeters of blood gives rise to a presumption that the person is/was not under the influence of alcohol. A reading in excess of .05 percent but less than .10 percent, does not create a presumption of being under the influence. However, such a reading may be considered with other competent evidence in determining whether the person was under the influence of alcohol. A determining factor would be, if the driver was under twenty-one years of age at the time of the test, a reading of .02 percent or higher shall create a presumption that the person was under the influence of alcohol.

If the individual is arrested, the following occurs:

1. The arresting officer seizes the individual's driver's license.
2. The arresting officer issues a temporary driver's license which is **valid for no more than 30 days;**
3. The temporary driver's license provides and serves as notice that the individual may request an administrative hearing with O.M.V. to challenge his proposed license suspension within fifteen (15) days of arrest;
4. If no administrative hearing is requested, the following suspensions occur:

- a. **First submission**- 90 days commencing on the thirty-first day after the arrest;
  - b. **Second or subsequent submission** –365 days commencing on the thirty-first day after the arrest;
  - c. **First refusal** – 180-day suspension commencing on the thirty-first day after the arrest;
  - d. **Second or subsequent refusal** – 545-day suspension commencing on the thirty-first day after the arrest;
5. If an administrative hearing is timely requested, then the initial thirty-day temporary license is extended until the administrative proceedings are finalized. The only possible results of the administrative hearing are:
- a. The proposed suspension is recalled, and the individual can regain his license immediately at no cost;
  - b. The proposed suspension is affirmed, and the suspension commences on the date that the Administrative Law Judge’s decision is filed.
6. At the end of the period of suspension, the individual must pay a \$50.00 reinstatement fee and provide proof of financial responsibility as required by law before regaining his license.

**Restricted/Hardship License Under 32:661 et seq.**

The legislature obviously recognized the severe hardship placed upon an individual as a result of a license suspension. As such, a restricted license can be requested in the case of a **first ever refusal or submission to testing.** In such a case, a restricted license may be issued as follows:

1. **First submission**- no restricted license allow for the first 30 days of the period of Suspension; but may be allowed for the last 60 days of the 90-day suspension;
2. **Second or subsequent submission**-no restricted license allowed under any circumstance if second arrest is within five years of first arrest;
3. **First refusal**- no restricted license allowed for the first 90 days of the period of suspension; but may be allowed for the second 90 days;
4. **Second or subsequent refusal**-no restricted license allowed under any circumstance if second refusal is within five years of first refusal.

The restricted license issued to the individual is designated by a large red “R” printed on the face of the license. The restrictions actually imposed depends upon the needs of the individual. If the restrictions are violated or a subsequent offense occurs during the period in which the restricted license is valid, the restricted license will be recalled and the individual will lose all driving privileges for a period of six months from the department’s receipt of the canceled restricted license. The cost for the restricted license is \$50.00, as is reinstatement of a regular driver’s license at the end of the period of suspension.

### **Suspension under Louisiana R.S. 32:414 et seq.**

Unlike the suspensions ordered under 32:661 which automatically occur upon arrest, the suspensions occasioned by 32:414 occur only upon conviction or the entry of a guilty/*nolo contendere* plea and sentencing for D.W. I. A final conviction and sentencing may not occur, depending on the court system, for months and even years (if an appeal is taken).

It is conceivable (and frequently does occur) that a suspension can occur under 32:661 but not under 32:414 since the individual, although arrested, may never be convicted. It is equally practical that no suspension will occur under 32:661 if an administrative review is requested, yet a suspension will occur under 32:414 after lengthy court proceedings. Equally practical and frequently occurring are appeals to the Judicial District Court in which the employee lives from an administrative decision to suspend a driver’s license under both 32:661 and 32:414. During the pendency of such an appeal, restraining orders or injunctions are generally entered which enjoin the O.M.V. from enforcing the suspension until a final decision or appeal is rendered. It is for these reasons that the appointing authority cannot arbitrarily assume that a lengthy driver’s license suspension will occur automatically after so many days from arrest or conviction.

Under 32:414 et seq., the following occurs:

1. Immediately upon conviction or guilty/*nolo contendere* plea and sentencing, O.M.V. shall notify the individual in writing, by certified mail, at his last known address, of the proposed suspension;
2. The individual shall have five days from receipt of this notice to deliver his driver’s license to O.M.V.;
3. The proposed suspension will commence upon receipt of the driver’s license by O.M.V., which suspension shall be as follows:
  - a.. **First offense D.W.I.** 90-day suspension to commence upon receipt of the the driver’s license by O.M.V.;
  - b. **Second offense D.W. I.** Twelve-month suspension to commence upon receipt of the driver’s license by O.M.V.;
  - c. **Third or subsequent offense** Twenty-four-month suspension upon receipt of the driver’s license by O.M.V.;

Note that submission of refusal to test has no significance under this statutory scheme. This is so because a refusal to test can form the basis of a conviction under the D.W.I. laws.

Another substantial distinction under this statutory scheme as compared with 32:661 is that a hardship license can be provided for the entire period of suspension for a **first offense only**. In other words, the economic hardship/restricted provisions found at 32:414 allow a restricted license for a full 90-day suspension on a first offense conviction for D.W.I., but no restricted license provisions for second or subsequent convictions.

This statute causes enforcement problems for O.M.V. For example, under 32:661, the driver's license of the arrest is seized at the time of arrest by the officer. Under 32:414, the individual could conceivably have regained his license and be driving for months or perhaps years pending the outcome of the criminal proceedings. It is only upon conviction that notice is mailed to the individual. By that time, he may have changed address. As such, he would never receive the certified letter and therefore, the suspension could never begin until he seeks to renew his license or is arrested.

Like a suspension under 32:661, the restricted license can be revoked for period of restriction. Also, a reinstatement fee of \$60.00 for a first offense, \$110.00 for a second offense and \$210.00 for the third offense, is required along with proof of financial responsibility at the time that the individual seeks a regular driver's license at the end of the period of suspension.

It should also be noted that an individual who is arrested for driving a motor vehicle during a period of suspension (without a restricted license) will receive an automatic extension of the original suspension for one year from the date that the license was initially to be reinstated under both 32:414 and 32:661.

### **Commercial Driver's License**

With the Federal and State requirements for commercial driver's licenses in certain industries, special prohibitions and penalties exist for convictions which occur while operating a commercial motor vehicle. Furthermore, no economic hardship/restricted license is available for operating a commercial motor vehicle once a suspension is imposed, although the individual conceivably could get a hardship/restricted license for operating his personal vehicle (Group "E" License), if otherwise eligible. The C.D.L. law identifies the usual .10 alcohol concentration level as well as a .04 percent level for administrative/civil penalties.

The sanctions are as follows:

1. One year disqualification:
  - a. Conviction of D.W.I. while operating a commercial motor vehicle;
  - b. A first offense operation of a commercial vehicle with a .04 percent alcohol level or more;

- c. A first offense refusal to submit to testing while operating a commercial motor vehicle;
2. Disqualification from operating a commercial motor vehicle for life:
    - a. Conviction of a second offense D.W.I. while operating a commercial motor vehicle;
    - b. A second offense of operating a commercial motor vehicle with a .04 percent or higher alcohol concentration level;
    - c. A second offense refusal to submit to testing while operating a commercial motor vehicle.

### Miscellaneous

More and more people arrested are refusing to submit to blood alcohol testing since a reading of .10 percent or more constitutes a presumption of intoxication which is almost impossible to beat at the trial of criminal proceedings. The downside of such a refusal is the substantially longer license suspension.

Restricted/hardship licenses are fairly easy to obtain if eligible. They frequently allow the employee to travel to and from work during work if his job requires operation of a vehicle. Most often, the restricted license authorizes the employee to drive within a defined vicinity and specific hours of the day.

You should note that an individual cannot suffer both suspensions under 32:661 and 32:414 for one arrest/conviction for D.W.I.; rather, the statutes specifically set forth that only one period of suspension is allowed.

From an “accommodation” standpoint, the appointing authority cannot reasonably predict when the employee’s suspension will begin and /or end. You must analyze the following factors on a case-by-case basis:

1. Was the arrest based upon a submission or refusal to test?
2. Was the submission/refusal a first, second or third offense?
3. Was an administrative hearing timely requested?
4. Was an appeal to district court timely filed?
5. Were restraining orders/injunctions entered by the district court?
6. Was the proposed suspension pursuant to 32:661 et seq. or 32:414 et seq?

**SAMPLE  
PRE-DEPRIVATION/DISCIPLINARY  
LETTERS**

**WRITTEN REPRIMAND - FAILURE TO REPORT D.W.I.  
(LICENSE NOT REQUIRED FOR JOB)**

**(DATE)**

Mr. John Doe  
500 Main Street  
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Transportation and Development (DOTD) since (DATE). You currently serve with permanent status in the classification of (CLASSIFICATION). Pursuant to the authority of 12.9 of the Civil Service Rules, you are hereby reprimanded for the following reason:

On (DATE) you were arrested by (IDENTIFY LAW ENFORCEMENT AGENCY) for a D.W.I. offense. Secretary's Policy and Procedure Memorandum (PPM) No. 21, Substance Abuse and Drug-Free Workplace Policy, (Exhibit A) requires you to notify your immediate supervisor of such arrest at the beginning of the next scheduled workday. Your signature on the attached Employee Acknowledgment Form (Exhibit B) establishes your receipt and awareness of PPM No. 21. However, you failed to report this information to your supervisor, despite having worked (NUMBER) days since your arrest.

Your failure to comply with the reporting requirements of PPM No. 21 will not be tolerated. It is hoped that this reprimand will serve its intended purpose of re-enforcing the importance of complying with all directives of this Department. You may submit a written response to this letter by (DATE), which will be attached to each copy maintained by this office.

Sincerely,

(Appointing Authority)

Attachments

**1-DAY SUSPENSION - FAILURE TO REPORT D.W.I.  
(LICENSE REQUIRED FOR JOB)**

**(DATE)**

Mr. Joe Doe  
500 Main Street  
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Transportation and Development (DOTD) since (DATE). You currently serve with permanent status in the classification of (CLASSIFICATION). This letter is to advise you that you will be suspended from duty, without pay, for (1) working day, commencing (DATE) at \_\_\_\_ a.m/p.m. You are to return to duty on (DATE) at \_\_\_\_ a.m/p.m. In accordance with Civil Service Rule 12.2, the reason for your suspension is set forth below:

On (DATE) you were arrested by (IDENTIFY LAW ENFORCEMENT AGENCY) for a D.W.I. offense. Secretary's Policy and Procedure Memorandum (PPM) No. 21, Substance Abuse and Drug-Free Workplace Policy (Exhibit A) requires you to notify your immediate supervisor at the beginning of the next scheduled workday of such arrest. Your signature on the attached Employee Acknowledgment Form (Exhibit B) established your receipt and awareness of PPM No. 21. However, you failed to report this information to your supervisor, despite having worked (NUMBER) days since your arrest.

Since the position you occupy requires a valid driver's license, it is imperative that you possess and maintain a current and valid license while in this position. Any suspension or revocation of your driving privileges prohibits you from carrying out the duties of your position in the required manner. The prompt notice requirement of PPM No. 21 affords your supervisor ample time to investigate the circumstances of your arrest, the potential impact on the Agency, and available alternatives. Failure to timely report a D.W.I. is therefore considered a serious violation which warrants appropriate corrective action. Be advised that a copy of the disciplinary notice will be placed in your personnel file.

A pre-deprivation hearing was held in my office on (DATE) during which you were given an opportunity to respond to the proposed action. After carefully considering the facts you presented, I have determined that this action is justified.

You have the right to appeal this action to the State Civil Service Commission. The time limits and procedures for appealing are contained in Chapter 13 of the Civil Service Rules. A copy of Chapter 13 of the Civil Service Rules can be found (SPECIFY LOCATIONS).

Sincerely,

(APPOINTING AUTHORITY)

Attachment

cc: HQ Human Resources Office\*  
DOTD Legal Section

\*Need to also send copy electronically to HQ HR for further processing to CS Director.

**PRE-DEPRIVATION LETTER  
(REFUSAL TO TEST)**

**(DATE)**

Mr. John Doe  
500 Main Street  
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Transportation and Development (DOTD) since (DATE). You currently serve with permanent status in the classification of (CLASSIFICATION).

Pursuant to the authority contained in Civil Service Rule 12.7 and Secretary's Policy and Procedure Memorandum (PPM) No. 26, Disciplinary system, you are hereby advised that we are considering terminating you from your position. The reason for this recommendation is set forth below:

Secretary's PPM No. 21, Substance Abuse and Drug-Free Workplace Policy, (Exhibit A) provides that DOTD employees may be compelled to submit to urine or breath testing as a condition of employment for the purpose of determining the use or presence in the body of illegal or unauthorized drugs or alcohol. You were provided a copy of PPM No. 21 on (DATE) as evidenced by the Employee Acknowledgment Form attached hereto (Exhibit B).

In compliance with this policy, you were directed by (NAME OF SUPERVISOR), (CLASSIFICATION), to report for (URINE/BREATH) analysis on (DATE OF TESTING) at (NAME/LOCATION OF FACILITY OR TEST SITE). You, however, (REFUSED TO SUBMIT/FAILED TO REPORT) as directed by your supervisor, thereby violating the provisions outlined in the policy. (PROVIDE SPECIFIC DETAILS OF REFUSAL).

You must realize that DOTD has a compelling interest in establishing and maintaining a drug-free work environment. Failure to comply with this policy cannot and will not be tolerated. Such behavior is contrary to the interest of this Department.

Before taking action I wish to afford you an opportunity to rebut the recommendation for termination. You may do so either verbally or in writing. If you wish to make a personal response, please contact (APPOINTING AUTHORITY) within 72 hours of receipt of this letter to arrange for a hearing. If you wish to respond in writing, your written reply must be received by me no later than seven days after receipt of this letter. Be assured that your response will be carefully considered before a decision is made.

Sincerely,

(APPOINTING AUTHORITY)

Attachments

cc: HQ Human Resources Office  
DOTD Legal Section  
Supervisor

**TERMINATION LETTER  
(REFUSAL TO TEST)**

**(DATE)**

Mr. John Doe  
500 Main Street  
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Transportation and Development (DOTD) since (DATE). You currently serve with permanent status in the classification of (CLASSIFICATION).

Pursuant to the authority contained in Civil Service Rule 12.8 you are hereby advised that you will be terminated from your position effective at the close of business (DATE). The reason for termination is set forth below:

Secretary' s PPM No. 21, Substance Abuse and Drug-Free Workplace Policy, (Exhibit A) provides that DOTD employees may be compelled to submit to urine or breath testing as a condition of employment for the purpose of determining the use or presence in the body of illegal or unauthorized drugs or alcohol. You were provided a copy of PPM No. 21 on (DATE) as evidenced by the Employee Acknowledgment Form attached hereto (Exhibit B).

In compliance with this policy, you were directed by (NAME OF SUPERVISOR), (CLASSIFICATION), to report for (URINE/BREATH) analysis on (DATE OF TESTING) at (NAME/LOCATION OF FACILITY OR TEST SITE). You, however, (REFUSED TO SUBMIT/FAILED TO REPORT) as directed by your supervisor, thereby violating the provisions outlined in the policy. (PROVIDE SPECIFIC DETAILS OF REFUSAL).

You must realize that DOTD has a compelling interest in establishing and maintaining a drug-free work environment. Failure to comply with this policy cannot and will not be tolerated. Such behavior is contrary to the interest of this Department and after thoughtfully considering your response to this proposed action obtained during your pre-deprivation hearing on (DATE), I find no alternative but to remove you from your position.

You have the right to appeal this action to the State Civil Commission. The time limits and procedures for appealing are contained in Chapter 13 of the Civil Service Rules. A copy of Chapter 13 of the Civil Service Rules can be found (SPECIFY LOCATIONS).

Sincerely,

(APPOINTING AUTHORITY)

Attachments

cc: HQ Human Resources Office\*  
DOTD Legal Section

\*Need to also send copy electronically to HQ HR for further processing to CS Director.

**TERMINATION LETTER  
(SUBMISSION OF ADULTERATED URINE SAMPLE)**

**(DATE)**

Mr. John Doe  
500 Main Street  
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Transportation and Development (DOTD) since (DATE). You currently serve with permanent status in the classification of (CLASSIFICATION).

Pursuant to the authority contained in Civil Service Rule 12.8 you are hereby advised that you will be terminated from your position effective at the close of business (DATE). The reason for termination is set forth below:

Secretary's PPM No. 21, Substance Abuse and Drug-Free Workplace Policy, (Exhibit A) provides that DOTD employees may be compelled to submit to urine or breath testing as a condition of employment for the purpose of determining the use or presence in the body of illegal or unauthorized drugs or alcohol. You were provided a copy of PPM No. 21 on (DATE) as evidenced by the Employee Acknowledgment Form attached hereto (Exhibit B).

In compliance with this policy, you were directed by (NAME OF SUPERVISOR), (CLASSIFICATION), to report for (URINE/BREATH) analysis on (DATE OF TESTING) at (NAME/LOCATION OF FACILITY OR TEST SITE). You, however, (REFUSED TO SUBMIT/FAILED TO REPORT) as directed by your supervisor, thereby violating the provisions outlined in the policy. (PROVIDE SPECIFIC DETAILS OF REFUSAL).

You must realize that DOTD has a compelling interest in establishing and maintaining a drug-free work environment. Failure to comply with this policy cannot and will not be tolerated. Such behavior is contrary to the interest of this Department and after thoughtfully considering your response to this proposed action obtained during your pre-deprivation hearing on (DATE), I find no alternative but to remove you from your position.

You have the right to appeal this action to the State Civil Commission. The time limits and procedures for appealing are contained in Chapter 13 of the Civil Service Rules. A copy of Chapter 13 of the Civil Service Rules can be further (SPECIFY LOCATIONS)

Sincerely,

(APPOINTING AUTHORITY)

Attachments

cc: HQ Human Resources Office\*  
DOTD Legal Section

\*Need to also send copy electronically to HQ HR for further processing to CS Director.

**PRE-DEPRIVATION LETTER  
(POSITIVE DRUG TEST - PROMOTION)**

**(DATE)**

Mr. John Doe  
500 Main Street  
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Transportation and Development (DOTD) since (DATE). You currently serve with permanent status in the classification of (CLASSIFICATION).

Pursuant to the authority contained in Civil Service Rule 12.7 and Secretary's Policy and Procedure Memorandum (PPM) No. 26, Pre-Disciplinary Procedures, you are hereby advised that we are considering terminating you from your position. The reason for the recommendation is set forth below:

On (DAY), (DATE), you submitted a urine specimen for a drug test and also submitted to a breath alcohol test, as required by PPM No. 21, Substance Abuse and Drug-Free Workplace Policy, prior to being promoted from a non-safety-sensitive position to the safety-sensitive position of (POSITION). Documented evidence of your having received a copy of PPM No. 21 is attached in the form of an acknowledgment of receipt of that document signed by you dated (DATE). Also attached is a copy of a Release and Consent Form signed by you on (DATE) authorizing the aforementioned drug and alcohol test to be performed and the results of those tests to be released to LA DOTD. On (DAY), (DATE), the DOTD HQ Human Resources Section was notified that your drug test had been confirmed positive by Dr. (APPROPRIATE NAME), DOTD's Medical Review Officer (MRO), indicating the presence in your body, at or above the threshold cut-off level, of (SPECIFIC DRUG), one of the drug or drug-metabolites prohibited by the Department.

You are to contact the undersigned within three (3) working days of receipt of this letter to schedule a hearing to exercise your right to respond to the aforementioned.

You should, at the time of the hearing, be prepared to present any information or evidence you believe has a bearing on the issues in question. If you are unable, or do not wish to be present for a hearing but would like to respond, you may provide that response in writing to this office no later than three (3) working days after receipt of this letter. If you are unable to provide the necessary information in the time allotted, you must, within that time, submit to this office a written request for a time extension, identifying the reason for the extension and how much additional time is needed. One extension of a reasonable duration will be considered.

Mr. John Doe  
(Date)  
Page 2

If I do not hear from you within the prescribed time or if you do not appear for the hearing once it is scheduled, I will conclude that you do not want to respond.

A final decision on what, if any, action is to be taken will be made after consideration of all information available, including any you may provide as outlined above.

Sincerely,

(APPOINTING AUTHORITY)

Attachments

pc: HQ Human Resources Office  
DOTD Legal Section  
Supervisor

THIS LETTER WAS HAND DELIVERED AT \_\_\_\_\_ ON \_\_\_\_\_

BY \_\_\_\_\_ WITNESSED BY \_\_\_\_\_

**TERMINATION LETTER  
(POSITIVE DRUG TEST)**

**(DATE)**

Mr. John Doe  
500 Main Street  
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Transportation and Development (DOTD) since (DATE). You currently serve with permanent status in the classification of (CLASSIFICATION).

In accordance with the requirements of Chapter 12 of the Civil Service Rules, this is to advise you that the Department of Transportation and Development will terminate your employment at the close of business on (DATE).

On (DAY), (DATE), you submitted a urine specimen for a drug test and also submitted to a breath alcohol test, as required by PPM No. 21, Substance Abuse and Drug-Free Workplace Policy, prior to being promoted from a non-safety-sensitive position to the safety-sensitive position of (POSITION). Documented evidence of your having received a copy of PPM No. 21 is attached in the form of an acknowledgment of receipt of that document signed by you dated (DATE). Also attached is a copy of a Release and Consent Form signed by you on (DATE) authorizing to aforementioned drug and alcohol test to be performed and the result of those tests to be released to LA DOTD. On (DAY), (DATE), the DOTD HQ Human Resources Section was notified that your drug test had been confirmed positive by Dr. (APPROPRIATE NAME), DOTD's Medical Review Officer (MRO), indicating the presence in your body, at or above the threshold cut-off level of (SPECIFIC DRUG), one of the drugs or drug-metabolites prohibited by the Department.

You must realize that DOTD has a compelling interest in establishing and maintaining a drug-free work environment. Your actions, therefore, cannot and will not be tolerated. A pre-deprivation hearing was held in my office on (DATE), during which you were afforded the opportunity to respond to the proposed action. Such behavior is contrary to the interest of this Department and after thoughtfully considering your response to this proposed action, I find no alternative but to remove you from your position.

You have the right to appeal this action to the State Civil Service Commission. The time limits and procedures for appealing are contained in Chapter 13 of the Civil Service Rules. A copy of Chapter 13 of the Civil Service Rules can be found (SPECIFIC LOCATIONS).

Sincerely,

(APPOINTING AUTHORITY)

Attachments

cc: HQ Human Resources Office\*

\*Need to also send copy electronically to HQ HR for further processing to CS Director.

**PRE-DEPRIVATION LETTER  
(POSITIVE DRUG TEST - RANDOM)**

(DATE)

Mr. John Doe  
500 Main Street

Baton Rouge, LA 70001

**Delivered**                      **Hand**

**RE: Pre-Deprivation Letter**

Dear Mr. Doe:

You have been employed by the Department of Transportation and Development since (DATE). You currently serve with permanent status in the classification of (CLASSIFICATION).

This letter is to advise that it has been recommended that your employment with this agency be terminated. In accordance with Civil Service Rule 12.7, and DOTD Secretary's Policy and Procedure Memorandum No. 26, the reason for this recommendation is as follows:

On (DATE), you were required to submit a urine and breath sample for random drug and breath alcohol testing in accordance with the Secretary's Policy and Procedure Memorandum (PPM) No. 21, Substance Abuse and Drug-Free Workplace Policy. Documentary evidence of your having received a copy of PPM No. 21 is appended as Exhibit "A".

On (DATE), the DOTD HQ Human Resources Section was notified that your drug test had been confirmed positive by Dr. (APPROPRIATE NAME), DOTD's Medical Review Officer (MRO), indicating the presence in your body, at or above the threshold cut-off level, of (SPECIFIC DRUG), one of the drugs or drug-metabolites prohibited by the Department.

Before taking action I wish to afford you an opportunity to rebut the recommendation for termination. You may do so either verbally or in writing. If you wish to make a personal response, please contact (APPOINTING AUTHORITY) within 72 hours of receipt of this letter to arrange for hearing. If you wish to respond in writing, your written reply must be received no later than three days after receipt of this letter. Be assured that your response will be carefully considered before a decision is made.

Sincerely,

(APPOINTING AUTHORITY)

cc:     HQ Human Resources Office  
       DOTD Legal Section

PERSONALLY DELIVERED TO \_\_\_\_\_ AT \_\_\_\_\_ A.M/P.M/

ON (DATE) BY: \_\_\_\_\_

**TERMINATION LETTER  
(POSITIVE DRUG TEST-RANDOM)**

**(DATE)**

Mr. John Doe  
500 Main Street  
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Transportation and Development since (DATE). You currently serve with permanent status in the classification of (CLASSIFICATION).

In accordance with the requirement of Chapter 12 of the proposed termination, the reason for this action is:

On (DATE), you were required to submit a urine specimen for a random drug test in accordance with the Secretary's Policy and Procedure Memorandum (PPM) No. 21, Substance Abuse and Drug-Free Workplace Policy. Documentary evidence of your having received a copy of PPM No. 21 is appended as Exhibit "A".

My (DATE) letter advising you of this proposed termination also established (DATE AND TIME) as a time for a hearing for you to rebut the evidence. We did meet at the scheduled time in my office. However, you were unable to offer evidence to refute the charges. Therefore, it is necessary to proceed with the termination as stated above.

You have the right to appeal this action to the State Civil Service Commission. The time limits and procedures for appealing are contained in Chapter 13 of the Civil Service Rules. A copy of Chapter 13 of the Civil Service Rules (SPECIFY LOCATIONS).

Sincerely,

(APPOINTING AUTHORITY)

cc: HQ Human Resources Office\*  
DOTD Legal Section

\*Need to also send copy electronically to HQ HR for further processing to CS Director.

# **EMPLOYEE ASSISTANCE PROGRAM**

**(Insert Employee Assistance Program Flyer)**

**(Insert Employee Assistance Program Flyer)**

## EMPLOYEE'S RETURN TO WORK

Once an employee returns to the job following treatment or professional assistance, supervisors need to be aware of several DO's and DON'T's.

- DO Welcome the employee back to work and offer support and encouragement.
- DO Hold the employee responsible for maintaining appropriate work standards.
- DO Allow the employee to explain his/her absence to others, as he/she sees fits.
- DO Maintain job performance standards and give appropriate feedback, suggestions and compliments.
- DO Use the services of the EAP Coordinator in the return-to-work process.
  
- DON'T Allow the employee to "go overboard" and take on extra work to make up for previous poor performance.
- DON'T Coddle or overprotect the employee. You can be supportive and still expect good work performance.
- DON'T Give up on the employee if work performance does not immediately improve. Expect gradual improvement, give regular support and feedback. The EAP Coordinator can guide you in determining what to expect.
- DON'T Expect the EAP to replace any appropriate disciplinary procedures. Don't make disciplinary threats you cannot enforce.

## **SOURCES OF HELP**

There are several major sources of help available:

1. Private Rehabilitation Service - medical organizations with fees paid by health insurance (State Employee Group Benefit Program, HMO's, insurance of spouse)
2. Support Groups - Alcoholics Anonymous, Narcotics Anonymous
3. State Operated Substance Abuse Facilities - (see listing)
4. Community-based local government, church, volunteer, United Way

Help is provided either on an in-patient or out-patient basis depending upon the specific circumstances.

Recovery rates for people entering recovery either voluntarily or involuntarily are essentially identical.

## **INTEGRATING EMPLOYEES BACK INTO THE WORKPLACE**

**If the employee is not properly supported and monitored after his/her return, the problem could reoccur. The following key points should be considered:**

1. A substance abuser is never "cured". He/she will always face the possibility of a relapse.
2. Supervisors should provide frequent, positive reinforcement on work performance.
3. Supervisors should be careful about comments in front of other employees, always remembering the employee's problems and treatment are confidential.
4. The supervisor should continue to closely monitor job performance since this is where indications of reoccurrence will likely show up first.
5. The supervisor should reinforce the idea that support remains available if the employee should feel the need.

## COMMON EMPLOYEE ASSISTANCE PROBLEMS

### **Family**

- Problem with children at school
- Family member upset
- Readjustment to changes in family structure
- Illness within the family
- Aging parent

### **Marital**

- Communication problems
- Divorce mediation
- Pre-marital counseling
- Resolving conflicts
- Marriage Enrichment

### **Emotional**

- Stress and anxiety problems
- Problems in relationships with others
- Depression and mood swings
- Need for emotional self-control
- Unresolved and unexpressed anger

### **Alcohol**

- Drinking is affecting work performance
- Drinking is affecting personal life
- Drinking is affecting family life
- Drinking is affecting social life
- Mood swings when drinking

### **Drug Abuse**

- Legal drug abuse/dependence
- Inability to sleep without drugs
- Marijuana abuse
- Taking illicit drugs to work
- Concern over drug usage
- Poly-drug abuse

### **Physical**

- Need for good family physician or specialist
- Physician to help with pregnancy
- Female physicians
- Alternative sources of treatment

### **Work Related**

- Interpersonal problems
- Job dissatisfaction
- Conflicts with supervisor

### **Financial**

- Over-extended credit
- Need to set up budget
- Need for financial planning
- Help in preparing taxes
- Problems in attaining a loan

### **Social Services**

- Help in locating suitable housing
- Locating good, convenient day-care centers
- Advocacy when client is not being treated fairly
- Referral to specialized community resources
- Home health care

**(This needs to be on letterhead)**  
**RETURN TO DUTY AGREEMENT**  
**(CDL DRIVERS)**

EMPLOYEE NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_

TITLE: \_\_\_\_\_ DIST/SECTION: \_\_\_\_\_ GANG: \_\_\_\_\_

APPOINTING AUTHORITY: \_\_\_\_\_

You currently serve with \_\_\_\_\_ status in the classification of \_\_\_\_\_ with the Louisiana Department of Transportation and Development in District/Section. \_\_\_\_\_.

The Department welcomes your return from participation in the Employee Assistance program and offers you support and encouragement.

Your signature below indicates your willingness to maintain work standards appropriate to your position. A copy of your job description and/or job specifications is attached for your reference.

You will be required to maintain your job performance and you are encouraged to continue to utilize the services provided by the EAP Coordinator (Beth Segura, 379-1241.)

Further, as a condition of your return to duty following rehabilitation, you will be required to submit to a minimum of six unannounced alcohol and/or controlled substance test in the first twelve months following your return to duty. Additional unannounced alcohol and/or controlled substance tests may be required for 60 months following your return. In addition, if applicable, you must adhere to the conditions specified by your appointing authority upon your return to duty (COPY ATTACHED.)

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT  
REHABILITATION AGREEMENT**

NAME: \_\_\_\_\_ ISIS NUMBER: \_\_\_\_\_

DISTRICT/SECTION: \_\_\_\_\_ GANG: \_\_\_\_\_ APPOINTING AUTHORITY: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

You currently serve with \_\_\_\_\_ status in the classification of \_\_\_\_\_ with the Department of Transportation and Development.

Both your appointing authority and the Employee Assistance Program Coordinator welcome your participation in the Employee Assistance Program and offer our support and encouragement. Your signature below indicates that you agree to abide by conditions set forth herein.

**COOPERATION**

When you accept assistance from the Employee Assistance Program, you agree to cooperate fully with the program. You will be referred to professionals who will evaluate your needs and make recommendations for treatment. It is imperative that you cooperate with the recommendations of these professionals. You are agreeing to authorize the appropriate facility to release information regarding your treatment to DOTD's EAP Coordinator. Contact with the EAP Coordinator must be maintained throughout your treatment and aftercare.

**CONFIDENTIALITY**

No information regarding your personal problems will be given to anyone in the department. The only information given to your supervisor will be whether or not you are participating in the program. Your relationship with the EAP is **CONFIDENTIAL**. If any absence from the job is necessary, the EAP Coordinator will arrange leave with your supervisor without revealing specific treatment information. No reference to participation in the program will be placed in your personnel file.

**COSTS**

There are no charges for services provided by the EAP. However, there will be charges for the services provided by medical or counseling or other professional at the agency to which you are referred. We will discuss these charges with you, but you will be responsible for the payment of any fees not covered by your insurance.

**REHABILITATIVE DRUG/ALCOHOL SCREENS**

Employees participating in a substance abuse treatment program through the EAP are also subject to rehabilitative drug/alcohol screens for a 60-month period. Your signature below indicates that you are aware of this policy.

Finally, your signature indicates that you are willing to maintain work standards appropriate to your position. In addition, your signature indicates that you are willing to abide by the return to duty requirements of your supervisor (if applicable) which are attached.

The telephone number for the Employee Assistance Program Coordinator is (225) 379-1241.

**I hereby acknowledge that I have read and understand this letter and have retained a copy for myself.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Assistance Program Coordinator

**(This needs to be on letterhead)**  
**REQUEST FOR INFORMATION**  
**(DATE)**

**Facility Name:**

**Address:**

The individual listed below is a candidate for employment with the Department of Transportation and Development in a safety-sensitive position which required the possession of a Commercial Driver's License. In accordance with the Omnibus Transportation Employee Testing Act of 1991, we must verify that any such individual who during the previous two years, had a confirmed positive drug and/or alcohol screen, was evaluated by a Substance Abuse Professional and complied with any prescribed rehabilitation.

Mr./Ms. \_\_\_\_\_ indicates that he/she was evaluated by your facility. Therefore, we would like to be provided verification of such, including confirmation that any recommended rehabilitation was completed. A release of information authorization signed by Mr./Ms. \_\_\_\_\_ and a verification form are enclosed.

Your assistance in providing this information is appreciated.

Sincerely,

Beth Segura  
Employee Assistance Program Manager

Enclosures

**(This needs to be on letterhead)  
VERIFICATION SHEET**

**NAME:**

**EVALUATED BY A SUBSTANCE ABUSE PROFESSIONAL:**

- YES
- NO

**WAS FURTHER REHABILITATION/TREATMENT RECOMMENDED?**

- YES
- NO

**COMPLIED WITH RECOMMENDATION?**

- YES
- NO

**DATE COMPLETED PROGRAM:**

\_\_\_\_\_

**NAME AND TITLE OF PERSON COMPLETING THIS FORM:**

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**(This needs to be on letterhead)**

(DATE)

**TO WHOM IT MAY CONCERN:**

**RE: MEDICAL AUTHORIZATION**

This will be your authority to release to Mr. Craig Kimball, Employment Law Attorney, and Ms. Beth Segura, EAP Coordinator, information requested concerning your treatment of me, as it relates to my job with DOTD.

I understand that DOTD will be communicating with you in an effort to better understand my health history as it relates to my current position.

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

## **RETURN – TO – DUTY TESTING**

- Following a violation of certain provisions of PPM No. 21 and in the event the employee retains his/her job, the employee is required (at his/her own expense) to undergo and complete any treatment prescribed by a Substance Abuse Professional (as defined by federal law) and is additionally subject to drug and/or alcohol testing prior to returning to duty. The employee will also be required to certify in writing his/her understanding and acceptance of a rehabilitative (or return-to-work) agreement.
- Discuss a “return-to-duty agreement” with employee to reinforce the concept and protect DOTD’s interest. Advise the employee of exactly what is expected of him/her upon return. Have employee sign off on these written expectations and schedule routine talks to review employee’s performance with regard to his/her commitment to succeed upon his/her return to duty. (Refer to page 84 for Return-to-Duty Agreement form)
- The number of follow-up tests is a minimum of six tests in the first twelve months following return to duty.
- Return-to-duty process and follow-up testing requirements continue to apply even if workers change jobs or have a break in service.
- If a confirmed positive drug test or confirmed 0.02 blood alcohol concentration is reported for such an employee, he/she will be subject to termination.

## **FOLLOW-UP TESTING**

- When an employee enrolls in the Employee Assistance Program (EAP) and returns to work from drug rehabilitation treatment, he/she will be subject to on-going unannounced drug tests for minimum of 1 year but not more than 5 years, as determined by the treating Substance Abuse Professional. (The supervisor ensures the “Other (specify)” block is checked on the chain-of-custody form for this type of testing and writes in “Rehab.”)
- The frequency of the testing and monitoring of program will be handled by the EAP Coordinator.

# **SUBSTANCE ABUSE SIGNS AND SYMPTOMS**

## **DRUGS AND THEIR EFFECTS**

An important part of making your anti-drug program a success is ensuring that your employees and supervisors understand and can recognize the effects of drugs, both on the individual and the workplace. This appendix provides specific summaries that describe drugs of abuse, the signs and symptoms of use, and the health and workplace issues that they pose. Individual fact sheets are provided for the following substances:

Alcohol	Amphetamines	Cocaine
Depressants	Marijuana	Opiates
Phencyclidine		

This introductory section summarizes the data from the individual fact sheets for use as a quick reference on the signs and symptoms of drug and alcohol abuse and the effects of abuse on the workplace.

### **Substance Abuse Issues**

- Drug and alcohol abuse
- Use and misuse of prescription and over-the-counter medication
- Drug trafficking and dealing
- Emotional distress and illness
- Physical illness and chronic health conditions
- Lifestyle issues (lack of sleep, poor diet, lack of exercise, etc.)

Recognition of drug or alcohol abuse requires being alert for any performance that is unsafe or unproductive. The ability to recognize the obvious signs and symptoms of use (e.g., obvious intoxication or impairment) is not sufficient to deal with the more subtle manifestations of substance abuse. Unfortunately, the problem is usually out of control by the time overt signs and symptoms appear. Most drug and alcohol-related employee problems should not be a surprise. A deterioration of work performance and attitude will usually precede a drug or alcohol-related crisis.

### **Signs and Symptoms of Abuse**

The first indication of drug use within the workforce may not point directly to specific employees or to substance abuse. Drug use generally results in performance indicators that are similar to those attributable to job stress, overwork, fatigue, or emotional problems. To make recognition even more difficult, drug-and alcohol-abusing employees develop survival skills for avoiding detection. Therefore, you should be aware of the following general indicators of substance abuse:

- **Absenteeism:** Tardiness or excessive use of sick time may be seen. Drug and alcohol affected employees are absent an average of two to three times more than the normal employee.

- Staff turnover: Chemically dependent people have disorganized lives. Many quit rather than face detection. Others transfer or are fired for poor and unsafe performance.
- Lower productivity: Studies have shown drug and alcohol affect employees' performance at about two-thirds of their actual work potential.
- Equipment breakdown: Substance-abuse employees lose interest in maintenance of equipment and may use broken equipment as a means to avoid work.
- Poor work quality: Examples of shoddy work, rework, and material wastage may be evident. Mental and physical agility and concentration deteriorate with substance abuse.
- Poor morale: Chronic drug abuse creates wide mood swings, anxiety, depression, and anger. Normal employees often see drug abusers as poor team workers and safety hazards.
- Increased accidents and near misses: Impaired employees are 3.6 times more likely to cause an accident. Even small quantities of drugs in the system, as well as the hangover effect, can cause a deterioration of alertness, clear mindedness, and reaction speed.
- Theft of equipment and material: Drugs are expensive. Cocaine costs up to \$135 a gram. One ounce of high potency marijuana costs \$85 to \$125. At the same time that drug abusers need money, their loyalty and dedication to their employers is weakened as their value systems and judgement are affected by the drug.

These performance indicators are best addressed through the normal performance monitoring and correction processes. Most successful interventions start with a performance confrontation. This confrontation is based on objective documented information related to performance deterioration, not the specific signs of substance abuse.

### **Drug Effects**

Drug and alcohol abuse affect a person physically and mentally. These effects occur not only during intoxication (from one to 24 hours after intake), but also show up in residual hangover, fatigue rebounds, and mental impairment. Other physical and mental effects may include:

- Slow reactions
- Poor coordination
- Fatigue
- Delayed decision making
- Erratic judgment quality
- Confusion
- Learning difficulty
- Poor memory

## MARIJUANA

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing mood and perception altering effects it produces. Marijuana does not depress central nervous system reactions. Its action is almost exclusively on the brain, altering the proper interpretation of incoming messages.

### *Description*

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval and with one slightly pointed end. Less prevalent, hash is a compressed, sometimes tar like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach-clip holders and small pipes made of bone, brass or glass are commonly found. Smoking “bongs” (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.

### **Signs and Symptoms of Use**

- Reddened eyes (often masked by eye drops)
- Slowed speech
- Distinctive odor on clothing
- Lackadaisical, (“I don’t care”) attitude
- Chronic fatigue and lack of motivation
- Irritating cough, chronic sore throat

### **Health Effects (general)**

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema- like conditions.
- One cigarette (joint) of marijuana contains cancer causing substance equivalent to one-half to one pack of cigarettes.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are a risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infection.
- Marijuana smoking lowers the body’s immune system response, making users more susceptible to infection. The U.S. government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

Chronic smoking cause changes in brain cells and brain waves. In essence, the brain is less healthy and does not work as efficiently or effectively. Does long-term brain damage occur? More research is required, but the probable answer is yes.

## **Pregnancy Problems and Birth Defects**

- The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in the sex hormone, testosterone, and an increase in estrogen, the female's sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs and liver, and water on the brain and spine.
- Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parent, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies
- Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

## **Mental Function**

Regular use can cause the following effects:

- Delayed decision making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow moving objects with the eyes) and visual distance measurements.
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as "acute brain syndrome" which is characterized by disorders in memory, cognitive function, sleep patterns and physical condition.

### **Acute/Overdose Effects**

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic
- Paranoid reaction
- Unpleasant distortions in body image

### **Workplace Issues**

- The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC potency in the past several years makes smoking three to five joints a week today, equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effects of both the depressant and marijuana.

# **COCAINE**

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

## **Description**

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.
- Cocaine Hydrochloride – “snorting coke” is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums or injected in veins. The effect is gone within minutes and lasts 40 to 50 minutes per “line” (about 60 to 90 milligrams). Common paraphernalia includes a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine.
- Cocaine Base-“rock, crack or free base” is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within seven seconds. Common paraphernalia includes a “crack pipe” (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating.

## **Signs and Symptoms of Use**

- Financial problems
- Frequent and extended absences from meetings or work assignments
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent non-business visitors, delivered package, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Sensation of bugs crawling on skin
- High blood pressure, heart palpitations and irregular rhythm
- Hallucinations
- Hyper excitability and overreaction to stimulus
- Insomnia
- Paranoia and hallucination
- Profuse sweating and dry mouth
- Talkativeness

## **Health Effects**

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes and heart attacks.
- Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than for other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are usually not reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years.
- Cocaine overdose was the second most common drug emergency in 1986, up from 11<sup>th</sup> place in 1980.

## **Workplace Issues**

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine frequently leads to workplace theft and /or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior
- Work performance is characterized by forgetfulness, absenteeism, tardiness and missed assignments.

## **OPIATES (NARCOTICS)**

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions and, when taken in large doses, cause a strong euphoric feeling.

### **Description**

- Natural and natural derivatives-opium, morphine, codeine and heroin
- Synthetics-meperidine (Demerol), oxymorphone (Numorphan) and oxycodone (Percodan)
- May be taken in pill form, smoked or injected depending upon the type of narcotic used.

### **Signs and Symptoms of Use**

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting and constipation

### **Health Effects**

- IV needle users have a high risk of contracting hepatitis and AIDS due to needle sharing.
- Narcotics increases pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

### **Social Issues**

- There are over 500,000 heroin addicts in the U.S., most of whom are IV needle users.
- An even greater number of medicinal narcotic dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an increasing need for more narcotics to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

### **Workplace Issues**

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain; however, workplace use may cause impaired physical and mental function.

## **AMPHETAMINES**

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

### **Description**

- Amphetamine (“speed”) is sold in counterfeit capsules or as white, flat, double scored “mini bennies.” It is usually taken by mouth.
- Methamphetamine (“meth,” “crank,” or “crystal”) is nearly identical in action to amphetamine. It is often sold as a creamy, white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected or snorted into the nose.

### **Signs and Symptoms of Use**

- Hyper excitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate

### **Health Effects**

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts.
- Withdrawal from the drug may result in severe physical and mental depression.

## **Workplace Issues**

- Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.
- Low dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

## **PHENCYCLIDINE (PCP)**

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood altering effects. A low dose produces sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare, with the eyelids half closed. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

### **Description**

- PCP is sold as a creamy, granular powder and often packaged in one inch square aluminum foil or folded paper “packets.”
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.

### **Signs and Symptoms of Use**

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid heartbeat
- Dizziness

### **Health Effects**

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing hallucinations as LSD induced, and treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and disorders.

### **Workplace Issues**

- PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.

- There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions and coma. Distortions of size, shape and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

## **MEDICAL FACILITIES—EMERGENCY SITES**

<b><u>DISTRICT SECTION</u></b>	<b><u>FACILITY</u></b>	<b><u>CONTACT</u></b>	<b><u>PHONE</u></b>
02 New Orleans	SECON, INC. 2600 Belle Chase Hwy Suite 201 Gretna, LA 70056	Kevin Bennett	(504) 392-5844
	SECON 900 Belanger Street Houma, LA 70360	Kathy Cocke	(985)580-4002
03 Lafayette	Acadian Health Services 1602 W. Pinhook Rd, Suite 100 Lafayette, LA 70505	Walk-in Clinic	(337) 234-9925
	Iberia General Hospital 2315 E. Main Street New Iberia, LA 70560	Emergency Room	(337) 364-0441
04 Bossier City	Christus Schumpert St Mary One St. Mary Place Shreveport, LA 71101	Emergency Room	(318) 681-4223
	Christus Shumpert Health Clinic One St. Mary Place Shreveport, LA 71101	Walk-in Clinic	(318) 681-6500
	Christus Medical Group 9425 Healthplex Shreveport, LA 71105	Emergency Room	(318) 227-4500
	Christus Medical Group 2539 Viking Drive Bossier City, LA 71111	Emergency Room	(318) 752-2900
	Christus Schumpert 2105 Airline Drive Bossier City, LA 71111	Emergency Room	(318) 741-6020
	Ringgold Family Medicine 3342 Bienville Road Ringgold LA 71068	Emergency Room	(318) 894-9611

<b><u>DISTRICT SECTION</u></b>	<b><u>FACILITY</u></b>	<b><u>CONTACT</u></b>	<b><u>PHONE</u></b>
05 Monroe	North Monroe Occupational Center 3510 Medical Park Drive, Ste. 1 Monroe, LA 71203	Walk-in Clinic	(318) 388-8656
07 Lake Charles	Lake Charles Memorial Hospital P.O. Drawer M Lake Charles, LA 70602	Emergency Room	(318) 494-3036
	St. Patrick's Hospital 524 South Ryan Street Lake Charles, LA 70602	Emergency Room	(318) 491-7709
	South Cameron Hospital P.O. Box 80 Creole, LA 70632	Emergency Room	(318) 542-4111
	West Calcasieu-Cameron Hospital P.O. Box 2509 Sulphur, LA 70664	Emergency Room	(318) 527-4270
08 Alexandria	St. Francis Cabrini Hospital 3330 Masonic Drive Alexandria, LA 71301	Emergency Room	(318) 487-1122
58 Chase	St. Francis Regional Medical Center 309 Jackson Street Monroe, LA 71210	Emergency Room	(318) 327-4171
59 CCCD	Meadowcrest Hospital 2600 Belle Chasse Highway Gretna, LA 70056	Emergency Room	(504) 392-3131
	Medical Center of LA (Charity) 1532 Tulane Avenue New Orleans, LA 70112	Emergency Room	(504) 568-2311
	West Jefferson Medical Center 1101 Medical Center Boulevard Marrero, LA 70072	Emergency Room	(504) 347-5511

<b><u>DISTRICT SECTION</u></b>	<b><u>FACILITY</u></b>	<b><u>CONTACT</u></b>	<b><u>PHONE</u></b>
61, 45 & HQ Baton Rouge	Industrial Medical Center 7807 Greenwell Springs Road Baton Rouge, LA 70814	Emergency Room	(225) 765-4425
	Pointe Coupee General Hospital 2202 False River Road New Roads, LA 70760	Emergency Room	(225) 638-6331
	West Feliciana Parish Hospital 5266 S. Commerce St. Francisville, LA 70775	Emergency Room	(225) 635-3811
	River West Medical Center 59355 River West Drive Plaquemine, LA 70764	Emergency Room	(225) 687-9222
62 Hammond	Slidell Memorial Hospital 1001 Gause Blvd. Slidell, LA 70458	Emergency Room	(504) 649-8542
	North Oaks Medical Center 15790 Medical Center Dr. Hammond, LA 70401	Emergency Room	(504) 230-1340
	Lakeview Regional Medical Center 95 E. Fairway Drive Mandeville, LA 70448	Emergency Room	(504) 867-4000

## **EAP RESOURCE DIRECTORY**

# OFFICE OF ALCOHOL AND DRUG ABUSE FACILITIES

## Metropolitan Human Services District

Contact Person: Drew Leven - OAD Regional Administrator  
Contact Email: dleven@dhh.la.gov  
2025 Canal St., Suite 300  
New Orleans, LA 70112  
Phone: (504) 568-7943  
Fax: (504) 568-7956

**Parishes Served:** Orleans, Jefferson (some parts), St. Bernard, Plaquemines

## REGION II – CAPITAL AREA HUMAN SERVICES DISTRICT

Contact Person: Jan Kasofsky, Ph.D. - Executive Director  
Contact Email: jkasofsk@dhh.la.gov  
4615 Government St., Bldg. 2 - Bin#22  
Baton Rouge, LA 70806  
Phone: (225) 922-2700  
Fax: (225) 925-1987

**Parishes Served:** Ascension, E. Baton Rouge, W. Baton Rouge, East Feliciana, West Feliciana, Iberville, Point Coupee

## REGION III – Terrebonne ADC

Contact Person: Teresa Hardin - OAD Regional Administrator  
Contact Email: tkhardin@dhh.la.gov  
521 Legion Ave.  
Houma, LA 70364  
Phone: (985) 857-3612  
Fax: (985) 857-3707

**Parishes Served:** Assumption, Lafourche, St. James, St. John, St. Mary, Terrebonne, St. Charles

## REGION IV – Lafayette ADC

Contact Person: Joyce Ben - OAD Regional Administrator  
Contact Email: JMben@dhh.la.gov  
302 Dulles Street, Suite 1  
Lafayette, LA 70506-3008  
Phone: (337) 262-1609  
Detox Phone: (337) 261-6648  
Clinic Phone: (337) 262-5870  
Fax: (337) 262-1610

**Parishes Served:** Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary (some parts), Vermilion

### **REGION V – Lake Charles CAD**

Contact Person: Laurie Beagh - OAD Regional Administrator.  
Contact Email: LBeagh@dhh.la.gov  
3501 Fifth Avenue, Suite A  
Lake Charles, LA 70607  
Phone: (337) 491-2496  
Fax: (337) 491-2887

**Parishes Served:** Allen, Beauregard, Calcasieu, Cameron, Jeff Davis

### **REGION VI – Alexandria/Pineville ADC**

Contact Person: David Durbin - OAD Regional Administrator  
Contact Email: DLdurbin@dhh.la.gov  
401 Rainbow Drive, Unit 35  
Pineville, LA 71360  
Phone: (318) 487-5191  
Fax: (318) 487-5453

**Parishes Served:** Avoyelles, Winn, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn

### **REGION VII – Northwest Regional CAD**

Contact Person: Iva Burks - OAD Regional Administrator  
Contact Email: IBurks@dhh.la.gov  
6005 Financial Plaza, 2nd Floor  
Shreveport, LA 71129  
Telephone: (318) 632-2040  
Fax: (318) 632-3268

**Parishes Served:** Bossier, Bienville, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster

### **REGION VIII – Monroe Regional ADC**

Contact Person: Gloria Monroe - OAD Regional Administrator  
Contact Email: GMonroe@dhh.la.gov  
2807 Evangeline Avenue  
Monroe, LA 71201  
Phone: (318) 362-3270  
Fax: (318) 362-3268

**Parishes Served:** Caldwell, W. Caldwell, E. Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union

**REGION IX – Northlake ADC**

Contact Person: Sue Hutti - OAD Regional Administrator

Contact Email: SHutti@dhh.la.gov

19404 N. Tenth St.

Covington, LA 70433

Phone: (985) 871-1383

Fax: (985) 871-1388

**Parishes Served:** Livingston, St. Helena, St. Tammany, Tangipahoa, Washington

**REGION X – JEFFERSON PARISH HUMAN SERVICES DISTRICT**

Jefferson Parish Human Services Authority (JPHSA)

Contact Person: Jennifer Kopke - Acting Executive Director

Contact Email: jennkopk@jphsa.org

3101 W. Napoleon Ave., Suite 210

Metairie, LA 70001

Phone: (504) 838-5215

Fax: (504) 838-5218

**Parish Served:** Jefferson

**SECRETARY'S POLICY AND  
PROCEDURE MEMORANDUM NO. 25  
COMMERCIAL DRIVERS LICENSE (CDL)  
REQUIREMENTS**

LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver's License (CDL) Requirements

EFFECTIVE DATE: April 15, 1994

INSTRUCTIONS: This memorandum supersedes all other memoranda and manuals.

1. PHILOSOPHY.

a. In compliance with the Federal Commercial Motor Vehicle Safety Act of 1986 and Act 382 of the 1993 regular session of the Louisiana Legislature, the Department requires employees who operate certain DOTD vehicles/equipment to maintain the class of Commercial Driver's License (CDL) appropriate to the equipment/ vehicle operated (attachment A). An employee's failure to obtain or to maintain the class license required may result in the employee's reassignment, demotion, temporary detail, placement on leave, or termination of employment.

b. Each appointing authority is responsible for ensuring the following:

(1) All employees under his/her jurisdiction meet licensure requirements.

(2) Periodic proof of current, required license is verified for all equipment operator personnel.

(3) All employees are aware of licensure requirements and their knowledge of this policy is also documented.

(4) The licensure requirements are clearly included on all vacancy postings.

c. Each employee is required to report a revocation or suspension of his/her CDL license to his/her supervisor at the beginning of the next scheduled work day. Failure to report a revocation or suspension will result in disciplinary action.

2. NEW HIRES.

a. Position Requires CDL Class A or B Prior to Employment (attachment B).

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver's License (CDL) Requirements

Page 2

(1) The appointing authority may consider all candidates who meet Civil Service qualification requirements, regardless of whether they possess appropriate license.

(2) Once recommended candidate is approved by the appointing authority, employment may be offered contingent on passing physical exam/drug test and producing appropriate license. (DOTD will pay for cost of physical exam/drug test administered by DOTD-contracted physicians, but license fee is applicant's responsibility.)

(3) For each employee hired in a job that requires a CDL (attachment B), the District/Section Human Resources Analyst will obtain employee consent and release and will obtain a written record of results of all drug/alcohol tests conducted by former DOT-regulated employers during any period during the past 2 years. The Headquarters' Human Resources Section will obtain this data on employees for whom it completes employment papers. (Detailed procedures are provided in DOTD's Substance Abuse Policy and Procedures Reference Manual).

(4) Candidates not possessing the appropriate license must be given a minimum of 7 working days to obtain and produce documented proof of possession of license, prior to employment date.

(5) Candidates possessing a Commercial Driver's Instruction Permit (CDIP) or "learner's permit" (issued for a period of 60 days) can be employed and will be notified in writing that documented proof of possession of the necessary permanent CDL must be provided prior to expiration of the CDIP to attain permanent status. The CDIP holders must be accompanied by the holder of a valid CDL at all times when operating DOTD CDL equipment. For scheduling CDL preparatory training, refer to page 4, Item B1-a.

(6) Candidates who fail to produce license within the allotted time period will not be employed. The appointing authority will then proceed to the second choice, if available.

(7) Employees for whom we receive from a prior USDOT- regulated employer information indicating either a verified positive drug test or breath alcohol test result of 0.04 or greater, refusals to be tested (including verified adulterated or substituted drug test results), other violations of DOT agency drug/alcohol testing regulations or failure to complete a DOT return-to-duty requirement (including follow-up tests), will be terminated.

SECRETARY=S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver=s License (CDL) Requirements

Page 3

b. Position Requires Chauffeur's License (Class D) Prior to Employment (attachment C).  
The appointing authority will:

(1) Follow steps 2a(1-4), as listed above.

(2) Advise candidates during interview process that CDL class A or B is required for promotion or reallocation to the higher level jobs listed in attachment B. Advise candidates for entry-level Engineering Technician 1 positions in the HQ Materials Lab (Section 22/Gang 041) that CDL Class B is required to attain permanent status.

(3) Upon employment, provide new hire with copy of this policy and have employee sign document acknowledging the understanding that CDL is required for promotion or reallocation to positions listed in attachment B. This also applies to incumbents hired as Engineering Technician 1 in Section 22/Gang 041. (Retain copy of signed document.)

3. CURRENT EMPLOYEES.

a. Positions Requiring either Class D Chauffeur=s License (attachment C) or CDL Class A or B (attachment B). The appointing authority will ensure that:

(1) All employees who are required to operate any DOTD vehicle/equipment requiring a Chauffeur's License or a CDL must possess and maintain the appropriate license.

(2) The DOTD will pay for the costs of the CDL license application fee and physical exam administered by either the employee's personal physician or the DOTD-contracted physicians, when employees are renewing their CDL or obtaining a CDL to be eligible for promotional consideration. (If an employee chooses to use his/her own physician, DOTD will only reimburse the fee equivalent to the fee charged by the DOTD-contracted physician.) Additionally, no employee will be charged leave for time spent obtaining physical exam. The DOTD will also pay for the cost of the Skills Testing fee (one time only). If an employee fails the Skills Test, he/she will pay the cost to retest. (DOTD employees are required to renew the Certification of Medical Examiner every four years, upon renewal of the CDL.)

(3) Employees who fail to maintain the appropriate license class may be placed on leave or in a bonafide vacant position for which they qualify. This may be accomplished by one of the following:

(a) Reassignment.

(b) Voluntary Demotion.

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver's License (CDL) Requirements

Page 4

(c) Detail or placement on leave, if situation is deemed temporary.

(4) If none of these options are available or reasonable, incumbent will be removed in accordance with Secretary's Policy and Procedure Memorandum No. 26, and Civil Service Rule 12.6(b).

(5) Incumbents who cannot obtain a CDL because of medical or other reasons will be reviewed by the ad-hoc CDL Review Committee on a case-by-case basis. Reasonable accommodations will be made, but **UNDER NO CIRCUMSTANCES WILL AN UNLICENSED EMPLOYEE OF THIS DEPARTMENT BE ALLOWED TO OPERATE VEHICLES/EQUIPMENT REQUIRING A CDL.**

b. Promotions to Positions Requiring a CDL Class A or B (attachment B) or Class D Chauffeur's License (attachment C).

Consider qualified employees only if they possess required license when promotional opportunity is announced.

(1) Arrange CDL preparatory training through the Safety Section in accordance with the following guidelines:

(a) Prior to scheduling a CDL Skills Test with a Private Third-Party Tester, an employee must first:

(1) Possess a valid CDIP, which is to be presented to the Private Third-Party Tester at the time the Skills Test is conducted.

(2) Provide proof of successful completion of the Safe Operating Check List(SOCL), if applicable, for the piece of equipment appropriate to the CDL class he/she wishes to obtain.

(b) The Skills Test shall be conducted prior to the expiration date of the CDIP, which is issued for a period of 60 days.

(1) Employees who fail the initial skills test will be allowed to retest during the initial 60-day period at their own expense.

SECRETARY=S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver=s License (CDL) Requirements

Page 5

(c) Employees are responsible for maintaining a valid permit during the above process. Written test scores for permit holders are valid for 6 months. Detailed information is available on line at [www.dps.state.la.us](http://www.dps.state.la.us).) Request for extensions must be made to the local Office of Motor Vehicles by the appointing authority on official letterhead stationary and must contain the following:

- (1) Employee Name/Date of Birth/Social Security #
- (2) Permit Number/Issue Date
- (3) Length of extension requested (up to a maximum of 2 months per request.)

(d) The Office of Motor Vehicles does not limit the number of times an individual can take the written test. However, this policy establishes the following limits on how often employees can repeat the Department=s CDL preparatory training:

(1) Employees who fail the written tests will only be allowed to retest (at their own expense) once during the initial 60-day period.

(2) Employees who fail the retest will not be allowed to schedule another preparatory training session for a period of six months from the date of the second failure.

(2) Prior to effecting a promotion or reallocation from a job that does not require a CDL to a job requiring a CDL (attachment B), District/Section Human Resource Analyst must:

(a) Obtain employee release and consent and schedule drug/alcohol test with DOTD-contracted physician.

(b) Request a written record of results of all drug/alcohol tests conducted by former USDOT-regulated employers during any period during the past 2 years, provided employment was as a CDL driver. Employees cannot be placed into USDOT-regulated safety-sensitive positions until and unless such results are reported as negative. If reported results are verified positive, we must obtain documented evidence that the employee successfully completed DOT return-to-duty requirements (including follow-up tests). Personnel actions will not be made effective until such information is received.

Revised May 15, 2002

SECRETARY'S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver's License (CDL) Requirements

Page 6

c. The ad-hoc CDL Review Committee, chaired by the Chief, Maintenance Division, has jurisdiction over additions/revisions to this policy, as well as all CDL-related issues.

KAM K. MOVASSAGHI, Ph.D., P.E.  
SECRETARY

Attachments

SECRETARY=S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver=s License (CDL) Requirements

Page 7

**ATTACHMENT A****ACT 382, 1993 REGULAR SESSION  
CLASS SUMMARY**

<b>VEHICLE (GVWR)</b>	<b>TOWED VEHICLE (GVWR)</b>	<b>GVCW</b>	<b>REQUIRED LICENSE CLASS</b>	<b>PERMITS OPERATION OF VEHICLE CLASSES</b>
26,001 lbs. +	10,001 lbs. +	26,001 lbs. +	Class A-CDL	A, B, C, D, and E
Less than 26,001 lbs.	10,001 lbs. +	26,001 lbs. +	Class A-CDL	A, B, C, D, and E
26,001 lbs. +	Less than 10,001 lbs.	N/A	Class B-CDL	B, C, D, and E
26,001 lbs. +	NONE	N/A	Class B-CDL	B, C, D, and E
Less than 26,001 lbs. 1. 16 or more pass. (incl. driver) 2. Transport HAZ. MAT (In placardable amounts)	Less than 10,001 lbs.	N/A	Class C-CDL	C, D, and E
10,001 lbs. + but less than 26,001 lbs	Less than 10,001 lbs.	N/A	Class D-Chauffeur	D and E
10,001 lbs. + but less than 26,001 lbs.	NONE	N/A	Class D-Chauffeur	D and E
SINGLE VEHICLE under 10,001 lbs.		N/A	Class E	E
PERSONAL USE Recreation Vehicles		N/A	Class E	E
PERSONAL USE Combination Vehicles	Less than 10,001 lbs.	N/A	Class E	E
FARM VEHICLES		N/A	Class E	E

FHWA has rules that vehicles controlled and operated by state or local governments are not subject to the placarding requirements.

## SECRETARY=S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver=s License (CDL) Requirements

Page 8

**ATTACHMENT B**

## Positions Requiring CDL Class A or B

<b><u>Civil Service Title</u></b>	<b><u>Required Class A CDL</u></b>
Highway Foreman 1	A
Highway Foreman 2*	A
Marine Welder (Section 51/bridge)	A
Marine Welder Foreman (Section 51/bridge)	A
Marine Welder Master (Section 51/bridge)	A
Mobile Equipment Operator 1 (Section 51/bridge)	A
Mobile Equipment Operator 1/Heavy	A
Mobile Equipment Operator 2/Heavy	A
Mobile Equipment Operator 2 (except Section 45/gang 757)	A
Mobile Equipment Overhaul Mechanic (Section 59)	A
Mobile Equipment Shop Foreman (Section 59)	A
Painter (bridge, except Section 51)	A
Painter Foreman (bridge)	A
Painter Master (bridge)	A
Roadside Development Herbicide Applicator	A

<b><u>Civil Service Title</u></b>	<b><u>Required Class B CDL</u></b>
Electrician (all signal except Section 45/Gang 761) (Section 59/Gang 007 w/air brake endorsement)	B
Electrician Foreman (all signal except Section 45/Gang 761)	B
Electrician Specialist (all signal except Section 45/Gang 761)(Section 59/Gang 007 w/air brake endorsement)	B
Electrician Specialist Foreman(all signal except Section 45/Gang 761)(Section 59/Gang 007 w/air brake endorsement)	B
Electrician Specialist Leader (all signal except Section 45/Gang 761)(Section 59/Gang 007 w/air brake endorsement)	B
Engineering Technician 1 - 5 (Section 22/Gang 041 w/air brake endorsement)**	B
Engineering Technician 7(former Geotech. Exploration Sup. 2) w/air brake endorsement)	B
Equipment Inspector (except Section 9)	B
Equipment Superintendent	B
Maintenance Repairer 2 (Section 59/Gang 005)	B

SECRETARY=S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver=s License (CDL) Requirements

Page 9

**ATTACHMENT B (continued)**

<b><u>Civil Service Title</u></b>	<b><u>Required Class B CDL</u></b>
Mobile Equipment Master Mechanic	B
Mobile Equipment Master Mechanic Leader	B
Mobile Equipment Operator 2 (Section 45/Gang 757 & Sect. 59/Gang 005)	B
Mobile Equipment Shop Foreman	B
Mobile Equipment Shop Superintendent	B
Trades Apprentice (All signal except Section 45/Gang 761) (Section 59 w/air brake endorsement)	B

Appointing authorities may recommend to the CDL Review Committee that additional positions be added to this list.

\* excludes former Bridge Operator Foreman, District Sign & Traffic Supervisor, Tunnel Maintenance/Operations Supervisor and Navigational Lock Master

\*\* required to attain permanent status.

SECRETARY=S POLICY AND PROCEDURE MEMORANDUM (PPM) NO. 25

SUBJECT: Commercial Driver=s License (CDL) Requirements

Page 10

**ATTACHMENT C**

Positions Requiring Chauffeur's License (Class D)

**Civil Service Title**

- Carpenter
- \* Carpenter Foreman
- \* Carpenter Master
- District Sign Specialist 1
- District Sign Specialist 2
- Electrician (bridge)
- Electrician Foreman (bridge)
- Electrician Master (bridge)
- Electrician Specialist (bridge)
- Electrician Specialist Foreman (bridge)
- Electrician Specialist Leader (bridge)
- \*\* Engineering Technician 1-4 (Section 22/gang 041)
- \*\*\* Highway Foreman 2 (former Bridge Operator Foreman, Dist. Sign and Traffic Supervisor and Tunnel Maint./Oper. Supervisor)
- \* Maintenance Repairer 1
- \* Maintenance Repairer 2
- \* Maintenance Repairer Master
- \* Maintenance Repairer Foreman
- Mobile Equipment Maintenance Mechanic
- Mobile Equipment Operator 1
- Mobile Equipment Overhaul Mechanic
- Plumber/Pipefitter
- Plumber/Pipefitter Foreman
- Plumber/Pipefitter Master
- Parish Highway Maintenance Superintendent
- Roadside Development District Coordinator Trainee
- \* Trades Apprentice (bridge)
- Welder
- Welder Foreman
- Welder Master

NOTE: Operator of District Lab drilling equipment and Section 22 concrete coring rig must possess Class D.

- \* excludes Section 26(HQ Bldg. Maint.) & Section 51
- \*\* Class B required to attain permanent status.
- \*\*\* excluding former Navigational Lock Master