U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

I. Employer:	: Name:									-	ort:			Fo	orm DC			o. 2105 Rev. 5/				
	siness As (D																					
Address:_					E-1	mail:																
Name of C	Name of Certifying Official: Signa												ure:									
Telephone: ()																						
Prepared b	y (if differe	ent):										Telep	hone: ()								
Check the DO FMCSA FAA - A PHMSA FRA - Ra USCG - I FTA - Tr II. Covered F	- Motor Car viation: Cer - Pipeline: ailroad: Tot Maritime: V ansit Employees:	for which rier: DO rtificate (Check) al Numb Vessel II (A) En	ch you OT #: # (if a Gas oper of O # (U	are repaired applicable Gathering observed JSCG- or	e): e): g G d/docu State	as Trumente-Issu	ransmiss nted Part ued):	and comp Owner-co ion Gas 219 "Rule	lete the peratory Per	ne inf or: (ci lan / i oution oserva	ormati rcle one Registra 1 Tra ations fo	on on that e) YES or ation # (if a unsport Haza or covered	same line NO E pplicable ardous Li employee (If me	e as app Exempt): quids_	propri (Circle Trans	ate: e One) sport C	YES	S or	NO oxide			
(B) Enter To	otal Number	r of Em	ploye	e Catego	ries:																	
Employee Category						Total Number of Employees in this Category					If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.											
III. Drug Testing Data:						4	5	6	_	7	8	9	10		11	12	2	13				
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		Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]		Verified Negative Results	Verified Positive Results ~ For One Or	ore Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP		Positive For Opiates	Positive For Amphetamines	lulterated	Adulterated Substituted		"Shy Bladder" ~ With No Medical Explanation		Submit 10 Testing	Cancelled Results			
Type of Test		To Re the		Ve Ve		žŽ							Ad	Su	S,	, w Ex		St Te Ca				
Pre-Employment																						
Random																						
Post-Accident	t																					
Reasonable St	usp./Cause																					
Return-to-Dut	ty																					
Follow-Up																						
TOTAL																						
IV. Alcohol T	Testing Data	a:		1		2		3			4	5	6		7		8	9				
-					_									Refusal R		esults						
Type	Type of Test Type of Test			Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]		Screening Tests With Results Below 0.02		Screening Tests With Results 0.02 Or Greater		Number Of Confirmation Tests		Results Confirmation Tests With Results 0.02 Through 0.039		Confirmation Tests With Results 0.04 Or Greater "Shy Lung" ~		Other Refusals To Submit To Testing		Cancelled Results				
	mployment				+							+	- 7		With No Medical Explanation			-	\dashv			
Rando	om				1																	
Post-A	Accident																		\dashv			
	nable Susp./C	Cause			+														\dashv			
Return-to-Duty		Jause			-														_			
					1														_			
Follow					1														_			
TOTAL					1				J			1										

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