III. CALL TO ORDER

II. DISCUSSION
   A. Commercial Creep Ordinance
   B. Transit Drug and Alcohol Policy

III. ADJOURNMENT
Memorandum

TO: Todd Prafke
   City Administrator

FROM: Russ Wille
   Community Development Director

RE: Commercial Creep – Draft Ordinance

ACTION/RECOMMENDATION

Consider and discuss the draft ordinance regulating the development and redevelopment of residential properties abutting Highway 169 (Minnesota Avenue) and Minnesota Square Park to address the commercial creep concerns of the City Council.

BACKGROUND

In April, 2017, when considering the petitioned rezoning of the 1123 South Minnesota Avenue property from (RP-1) Residential/Professional Office to (C-4) Highway Service Commercial, some members of the Planning Commission, Heritage Preservation Commission and City Council expressed concerns regarding what has become referred to as “Commercial Creep” into historically residential portions of the Minnesota Avenue corridor.

In October of 2017, the City Council was offered the opportunity to adopt an interim ordinance establishing a moratorium on rezoning Minnesota Avenue properties for six months while the commercial creep concerns are addressed. The moratorium would have given the Council a limited period of time to consider whether rules and regulations codified to restrict the future rezoning of residential zoned properties on Minnesota Avenue.

The Council stopped short of supporting a moratorium on rezoning Minnesota Avenue properties. Rather, the Council discussion indicated general support for establishing some method of protection.

Based upon the dialogue at the Council workshop, I have identified five goals of a policy intended to address the commercial creep concerns expressed. The (RPO) Residential Preservation Overlay District is intended to:

- maintain the existing development patterns of the Highway 169 corridor
- preserve the historic residential setting and character of the Minnesota Square Park neighborhood
- protect the existing vistas from Minnesota Square Park amenities
- protect the solemnity of the Veteran’s Memorial site within the park.
- provide for separation of the highway service commercial uses from the pedestrian oriented historic downtown

After their review and discussion, the City Council asked that a draft ordinance be prepared to adopt rules and regulations related to the commercial creep concerns.
A draft ordinance for a proposed (RPO) Residential Preservation Overlay district is included for your review and for discussion at the April 16th City Council workshop session.

Please feel free to contact me should you have any questions or concerns on this agenda item.

RJW
Disclaimer:
This drawing is neither a legally recorded map nor a survey and is not intended to be used as one. This drawing is a compilation of records, information, and data located in various city, county, and state offices, and other sources affecting the area shown, and is to be used for reference purposes only. The City of Saint Peter is not responsible for any inaccuracies herein contained.
DIVISION XX. – (RPO) RESIDENTIAL PRESERVATION OVERLAY

Sec. 24 – AAA. – Statement of Intent.

The (RPO) Residential Preservation Overlay District is intended to maintain the existing development patterns of the Highway 169 corridor and to preserve the historic residential setting and character of the Minnesota Square Park neighborhood. The district is further intended to protect the existing vistas from Minnesota Square Park amenities and to protect the solemnity of the Veteran's Memorial site within the park. Finally the district is intended to provide for separation of the highway service commercial uses from the pedestrian oriented historic downtown. The principles of the Residential Preservation Overlay District are to be carried out through the application of certain standards regulating scale, access and design for when properties within the district are developed or redeveloped.

Sec. 24 - BBB – Application.

The standards of the (RPO) Residential Preservation Overlay District shall be applied to those parcels and lots as depicted on the Official Zoning Map maintained by the Zoning Administrator.

Sec. 24 - CCC – Accessibility

To provide the appropriate access for both vehicular and pedestrians traffic, the following standards shall be applied when properties and structures within the district are developed, enlarged or redeveloped.

Subd. 1. Front yard curb cuts to provide driveway access to vehicular parking lots or pads shall be prohibited. Vehicular access shall be provided to the rear of the property from the adjoining rear alley.

Subd. 2. All vehicular parking shall be provided exclusively within the rear yard of the property.

Subd. 3. A pedestrian walkway shall be provided and maintained providing connectivity from the public sidewalk to the front door of the principle structure upon the lot.

Sec. 24 - DDD – Building Design and Construction

All buildings and structures in the (RPO) Residential Preservation Overlay District shall meet the following design and construction standards for both new construction and redevelopment of properties.
Subd. 1. A single doorway providing entry and exit from the principle structure shall be provided on the façade facing either Highway 169 (Minnesota Avenue) or Minnesota Square Park.

Subd. 2. Duplex Residential uses shall have one unit accessed from the façade facing Highway 169 (Minnesota Avenue) or Minnesota Square Park. The second unit access shall be provided from the rear of the property.

Subd. 3. When structures are demolished and a site is to be redeveloped via new construction, the new construction shall be limited to 80% to 125% of the footprint of the structure that was removed from the site.

Subd. 4. New construction shall have a minimum roof pitch of 4:12.

Subd. 5. Lamp posts, light poles and flag poles shall not exceed twelve (12) feet in height.

Subd. 6. Fencing within the front yard(s) of the property shall be limited to four (4) feet in height.

Sec. 24 - EEE – Lighting

All exterior illumination or lighting within the district shall conform to the following regulations.

Subd. 1. All exterior lighting of the site, including parking areas, shall be accomplished utilizing full cutoff light fixtures which shed no light skyward.

Subd. 2. Any allowed signage upon the site shall not be internally or externally illuminated.

Sec. 24 - FFF – Development Restrictions

The following standards shall be applied throughout the (RPO) Residential Preservation Overlay District.

Subd. 1. No new construction shall be undertaken, and no structures shall be placed within the established front or side yards.

Subd. 2. Parcels shall not be further subdivided into multiple lots via the platting, registered land survey or administrative lot split process.
Subd. 3. Multiple parcels shall not be combined, joined or assembled for future development or redevelopment.

Sec. 24 - GGG – 24 - ZZZ - Reserved
TO: Honorable Mayor Zieman
    Members of the City Council
FROM: Todd Prafke
    City Administrator
RE: Transit Drug and Alcohol Policy Review

ACTION/RECOMMENDATION

For your information and further discussion.

BACKGROUND

The Minnesota Department of Transportation Office of Transit (OT) has recommended that all Transit Organizations do a review and update of their current policies related to Drug and Alcohol use, rules, procedures and discipline. This latest round of changes is primarily driven by the Federally announced Opioid Crisis.

OT has developed model policies, which we have used. OT recommended a number of changes to their models, some of which apply to us as the employer of all MRVT transit personnel. Those changes mainly deal with Opioids and a few clarification related to the type of testing and pass/fail levels in the tests.

My goal for the meeting is to review some of the changes, which I do not view as substantive policy changes, so you have a general understanding of the processes used with your transit personnel in the event we have a drug or alcohol test fail.

It may be interesting to note these changes are not applicable to your Commercial Licensed Drives as the standards. We can talk a bit about that too if you wish however my hope is to stick to transit.

My goal is that at an upcoming meeting the Council will approve the revised policy so that we can stay in compliance with the OT rules.

Please feel free to contact me if you have any questions or concerns about this agenda item.

TP/bal
FTA DRUG AND ALCOHOL TESTING POLICY

FOR

The City of Saint Peter

*Policy Adopted on August 13, 2007

Policy Revised on April 8, 2013 and Policy Effective on April 8, 2013 and

Todd Prafke
City Administrator

* See the policy adoption resolution signed by the employer’s governing body or chief executive officer(s) at the end of this policy.

All provisions set forth in regular print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. All underlined provisions are set forth under the authority of the transit system.
FTA Drug and Alcohol Testing Program

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All provisions set forth in regular print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. All underlined provisions are set forth under the authority of the transit system.
1. **PURPOSE**

The purpose of this policy is to assure worker fitness for duty and to protect employees, passengers, and the public from the risks posed by the misuse of alcohol and use of prohibited drugs. This policy is also intended to comply with all applicable Federal regulations governing drug and alcohol testing programs in the transit industry. The Federal Transit Administration (FTA) of the U.S. Department of Transportation has published Title 49 Code of Federal Regulations (CFR) Part 655, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test result. The U.S. Department of Transportation (DOT) has also published Title 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.

Copies of Parts 655 and 40 are available in the drug and alcohol program manager’s office and can be found on the internet at the Office of Drug & Alcohol Policy & Compliance’s website.

2. **APPLICABILITY**

This Policy applies to all covered employees (full- or part-time) while performing any safety-sensitive functions. A safety-sensitive function is any duty related to the safe operation of mass transit service including the operation of a revenue service vehicle whether or not the vehicle is in revenue service), maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, dispatchers or persons controlling the movement of revenue service vehicles, and any other transit employee who is required to hold a Commercial Driver's License. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment. Supervisors are only safety-sensitive if they perform one of the above functions.

3. **DEFINITIONS**

**Accident.** An occurrence associated with the operation of a vehicle, if as a result:

- An individual dies;
- An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or,
- One or more vehicles incur disabling damage as the result of the occurrence and are transported away from the scene by a tow truck or other vehicle.

**Adulterated specimen.** A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

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Alcohol. The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, or medication.

Alcohol Concentration. Expressed in terms of grams of alcohol per 210 liters of breath as measured by a breath-testing device.

Canceled Test. A drug or alcohol test that has been declared invalid by a Medical Review Officer. A canceled test is neither positive nor negative.

Commercial Driver's License (CDL). Vehicles with sixteen or more passengers (including the driver) are considered a commercial motor vehicle, which requires the driver to have a commercial driver's license to operate that vehicle.

Covered Employee. An employee who performs a safety-sensitive function including an applicant or transferee who is being considered for hire into a safety-sensitive function (see the SAFETY-SENSITIVE POSITIONS section of this policy for a list of covered positions).

Designated Employer Representative (DER). An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 655 and 40, as amended.

Department of Transportation (DOT). These terms encompass all DOT agencies, including, but not limited to, the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Pipeline and Hazardous Materials Safety Administration (PHMSA), and the Office of the Secretary (OST). For purposes of this part, the United States Coast Guard (USCG), in the Department of Homeland Security, is considered to be a DOT agency for drug testing purposes only since the USCG regulation does not incorporate Part 40 for its alcohol testing program. These terms include any designee of a DOT agency. Department of the federal government which includes the US Coast Guard, Federal Transit Administration, Federal Railroad Administration, Federal Highway Administration, Federal Motor Carrier Safety Administration, Federal Aviation Administration, Pipeline and Hazardous Materials Safety Administration, National Highway Traffic Safety Administration, and the Office of the Secretary of Transportation.

Dilute specimen. A specimen with creatinine and specific gravity values that are lower than expected for human urine.

Disabling damage. Damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated, but would have been further damaged if so operated. It does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that make them inoperative.
Evidentiary Breath Testing Device (EBT). A device that is approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and 0.04 alcohol concentrations, and appears on ODAPC’s Web page for “Approved Evidential Breath Measurement Devices” because it conforms with the model specifications available from NHTSA. A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on the NHTSA conforming product list.

Medical Review Officer (MRO). A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual’s confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

Negative Dilute. A drug test result which is negative for the five drug/drug metabolites, but has creatinine and specific gravity values lower than expected for human urine.

Negative test result. A verified presence of the identified drug or its metabolite below the minimum levels or absence of same as specified in 49 CFR Part 40, as amended. An alcohol concentration of less than 0.02 BAC is a negative test result.

Non-negative drug test result. A test result found to be adulterated, substitute, invalid, or positive for drug metabolites. Non-negative results are considered a positive test or refusal to test if MRO cannot determine legitimate medical explanation.

Performing a safety-sensitive function. A covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

Positive test result. A verified presence of the identified drug or its metabolite at or above the minimum levels specified in 49 CFR Part 40, as amended. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC or greater.

Prohibited drug. The drugs for which tests are required under this part and DOT agency regulations are marijuana, cocaine, opiates, amphetamines, or phencyclidine (PCP) and opioids at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

Revenue Service Vehicles. All transit vehicles that are used for passenger transportation service or that require a CDL to operate. Includes all ancillary vehicles used in support of the transit system.

Safety-sensitive functions means any of the following duties, when performed by employees of recipients, subrecipients, operators, or contractors:

(a) the operation of a transit revenue service vehicle even when the vehicle is not in revenue service;

(b) the operation of a non-revenue service vehicle by an employee when the

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operation of such a vehicle requires the driver to hold a Commercial Driver’s License (CDL);

(c) maintaining a revenue service vehicle or equipment used in revenue service;

(d) controlling the movement of a revenue service vehicle; and,

(e) carrying a firearm for security purposes.

Contractor employees that stand in the shoes of Transit System employees also have to comply.

**Substance Abuse Professional (SAP).** A licensed physician (medical doctor or doctor of osteopathy) or state licensed or certified family and marriage therapist, psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

**Substituted specimen.** A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

**Verified negative drug test.** A drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (DHHS).

**Verified positive drug test.** A drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40, as amended.

**Validity testing.** The evaluation of the specimen to determine if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants of foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

4. **EDUCATION AND TRAINING**

Every covered employee will receive a copy of this policy and will have access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training includes manifestations and behavioral cues that may indicate prohibited drug use.

All supervisory personnel or company officials who are in a position to determine covered employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable illegal/prohibited drug use and 60 minutes of additional reasonable suspicion training on
the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

Information on the signs, symptoms, health effects, and consequences of alcohol misuse is presented in Appendix A.

5. PROHIBITED SUBSTANCES

Prohibited substances addressed by this policy include the following.

A. The illegal use of Controlled Substances is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opioids, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Food and Drug Administration. Prohibited use includes use of any prohibited illegal drug, misuse of legally prescribed drugs, and the use of illegally obtained prescription drugs. Also, the medical use of marijuana, or the use of hemp related products, which can cause drug or drug metabolites to be present in the body above the minimum thresholds, is a violation of this policy.

Federal Transit Administration regulations (49 CFR Part 655) require that all covered employees be tested for marijuana, cocaine, amphetamines, opioids, and phencyclidine as described in the TESTING REQUIREMENTS section of this policy. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.

B. Prescription and Over-the-Counter Medications (Rx/OTC): The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to a supervisor and the covered employee is required to provide a written release from their doctor or pharmacist indicating that the employee can perform their safety-sensitive functions.

Effective January 1, 2018, a MRO may review the use of Rx/OTC medications that may create a "significant safety risk" and may deem the employee to be "medically unqualified". In the event of a verified negative result, the MRO must provide the employee up to 5 business days in which to facilitate a discussion with the prescribing physician in order to determine if the medication can be changed to one that does not make the employee medically unqualified, or that does not pose a significant safety risk, before reporting the significant safety concern to the employer.

C. Alcohol: The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances such that alcohol is present in the body while performing safety-sensitive job functions is prohibited. An alcohol
test can be performed on a covered employee under 49 CFR Part 655 just before, during, or just after the performance of safety-sensitive job functions.

6. **PROHIBITED CONDUCT**

A. All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 CFR Part 40, as amended.

B. Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report to duty. The covered employee will subsequently be relieved of their on-call responsibilities.

C. The City of Saint Peter shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.

D. Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having a breath alcohol concentration of 0.04 or greater regardless of when the alcohol was consumed.

E. No covered employee shall consume alcohol for eight (8) hours following an involvement in an accident or until they submit to the post-accident drug/alcohol test, whichever occurs first.

F. No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

Consequences of Violations- Each situation will be reviewed on a case-by-case basis evaluating the severity and the circumstances involved. An employee violating this policy may be referred to treatment in accordance with Minnesota Statutes 181.950-957 and/or subject to disciplinary action up to and including termination.

7. **TESTING REQUIREMENTS**

All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of ongoing employment. Any covered employee who refuses to comply with a request for testing shall be removed from duty and referred for evaluation by a Substance Abuse Professional (SAP) in accordance with Part 40, as amended.

Consequences of Violations- Each situation will be reviewed on a case-by-case basis evaluating the severity and the circumstances involved. An employee violating this policy may be referred to treatment in accordance with Minnesota Statutes 181.950-957 and/or subject to disciplinary action up to and including termination.

Analytical urine drug testing and breath testing for alcohol will be conducted as required.
by 49 CFR Part 40, as amended. All covered employees shall be subject to testing prior to employment, for reasonable suspicion, following an accident, and random as defined in the PRE-EMPLOYMENT TESTING, REASONABLE SUSPICION TESTING, POST-ACCIDENT TESTING, and RANDOM TESTING sections of this policy. All covered employees who have tested positive for drugs or alcohol on a random, reasonable suspicion or post-accident will be tested prior to returning to duty after completion of the Substance Abuse Professional's recommended treatment program and subsequent release to duty. Follow-up testing will also be conducted following return-to-duty for a period of one to five years, with at least six tests performed during the first year. The duration and frequency of the follow-up testing above the minimum requirements will be at the discretion of the Substance Abuse Professional.

A drug test can be performed any time a covered employee is on duty. An alcohol test can be performed just before, during, or just after the performance of a safety-sensitive job function.

Covered employees who are suspected of providing false information in connection with a drug test, or are suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection. Verification of the above listed actions will be considered a test refusal and will result in the employee's removal from duty and referred for evaluation by a Substance Abuse Professional (SAP) in accordance with Part 40, as amended. Refer to the City of Saint Peter's personnel policy to determine the ramifications for policy violations.

Refusal can also include an inability to provide sufficient urine specimen or breath sample without a valid medical explanation, as well as verbal or written declaration, obstructive behavior, physical absence resulting in the inability to conduct the test within the specified time frame, or refusing to undergo observed testing when requested by the collector or the MRO.

8. DRUG TESTING PROCEDURES

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (DHHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedures, and the validity of the test result.

The drugs that will be tested for include marijuana, cocaine, opiates/opioids, amphetamines, and phencyclidine. After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a DOT Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a DHHS certified laboratory.

Specimen validity testing will be conducted on all urine specimens provided for under DOT authority. Specimen validity testing is the evaluation of the specimen to determine
if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.

The test results from the DHHS certified laboratory will be reported to a Medical Review Officer (MRO). An MRO is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result, and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employee’s medical history/medical records, as appropriate, to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to the Drug and Alcohol Program Manager (DAPM). If a legitimate explanation is found, the MRO will report the test result as negative to the DAPM and no further action will be taken. If the test is invalid without a medical explanation, a retest will be conducted under direct observation.

Any covered employee who questions the results of a required drug test may request that the split sample be tested. The split sample test must be conducted at a second DHHS-certified laboratory with no affiliation with the laboratory that analyzed the primary specimen. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The covered employee’s request for a split sample test must be made to the Medical Review Officer within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to documentable facts that were beyond the control of the employee. Employees do not have access to a test of their split specimen following an invalid result.

If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled and will direct the transit system to retest the covered employee under direct observation.

The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary is positive, the split will be retained for testing if so requested by the covered employee through the MRO. If the primary specimen is positive, it will be retained in frozen storage for one year and the split specimen will also be retained for one year.

The City of Saint Peter will guarantee that the cost for the split specimen test is covered
to provide in order for a timely analysis of the sample. If the result of the split specimen is negative, the City of Saint Peter will bear the cost for the split sample testing. If the specimen split tests positive, the City of Saint Peter will seek reimbursement for the cost of the split sample test from the employee.

OBSERVED COLLECTIONS:

Consistent with 49 CFR Part 40, as amended, observed collections are required in the following circumstances:

A. Anytime the laboratory reports to the MRO that a specimen is invalid and the MRO reports that there was not an adequate medical explanation for the result;

B. Anytime that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed;

C. Anytime the collector observes materials brought to the collection site or the covered employee’s conduct clearly indicates an attempt to tamper with a specimen;

D. Anytime the temperature on the original specimen was out of the accepted temperature range of 90°F – 100°F;

E. Anytime the specimen is negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, and the MRO reports the specimen as negative-dilute and requires a second collection under direct observation (see §40.197(b)(1)); or

F. All Return-To-Duty and Follow-up Tests

The covered employee who is being observed will be required to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show the collector, by turning around that they do not have a prosthetic device.

9. ALCOHOL TESTING PROCEDURES

Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing Device (EBT) operated by a trained Breath Alcohol Technician (BAT). Alcohol screening tests may be performed using a non-evidential testing device, which is also approved by NHTSA. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test will be conducted at least fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NHTSA-approved EBT operated by a trained BAT. The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee.

All provisions set forth in regular print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. All underlined provisions are set forth under the authority of the transit system.
The test will be performed in a private, confidential manner as required by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the covered employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.

A covered employee who has a confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The employee will be immediately removed from safety-sensitive duties and will be referred to a SAP for evaluation. Any covered employee who refuses to comply with a request for testing shall be removed from duty. For the consequences of a positive alcohol test, refer to the City of Saint Peter’s personnel policy to determine the ramifications for policy violations.

A test result for a covered employee who has a confirmed alcohol concentration of 0.02 to 0.0439 is not considered positive, however the employee shall still be removed from duty for at least eight (8) hours, unless a retest results in employee’s alcohol concentration of less than 0.02. Refer to the City of Saint Peter’s personnel policy to determine the ramifications for policy violations.

An alcohol concentration of less than 0.02 will be considered a negative test.

The City of Saint Peter affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be canceled. Minor inconsistencies or procedural flaws that do not impact the test result will not cancel the test.

10. PRE-EMPLOYMENT TESTING

All applicants for covered safety-sensitive positions shall undergo urine drug testing prior to hire or transfer into a covered position that requires the performance of a safety-sensitive function.

A. All offers of employment of covered positions shall be extended conditional upon the applicant passing a drug test. An applicant shall not be hired into a covered position unless the applicant takes a drug test with verified negative results.

B. A non-covered employee shall not be placed, transferred or promoted into a covered position until the employee takes a drug test with verified negative results.

C. If an applicant fails a pre-employment drug test, the conditional offer of employment shall be rescinded. Evidence of the absence of drug dependency from a Substance Abuse Professional that meets with 49 CFR Part 40, as amended, and a negative pre-employment drug test will be required prior to further consideration for employment.

D. When an employee, being placed, transferred, or promoted from a non-covered position to a covered position, submits a drug test with a verified positive result, the employee shall be subject to a reviewed on a case-by-case basis evaluating the severity and the circumstances involved. An employee in violation of this
policy may be referred to treatment in accordance with Minnesota Statutes 181.950-957 and/or subject to disciplinary action up to and including termination.

E. If a pre-employment/pre-transfer test is canceled, the applicant will be required to take and pass another pre-employment drug test with a verified negative result.

F. In instances where a covered employee is on extended leave for a period of 90 consecutive calendar days or more and is taken out of the random testing pool, the employee will be required to take a pre-employment drug test under 49 CFR Part 655 and have a verified negative test result prior to the conduct of safety-sensitive job functions.

G. Applicants are required to report previous DOT covered employer drug and alcohol test results. Failure to do so will result in the employment offer being rescinded.

H. All applicants that have previously failed or refused a DOT drug or DOT alcohol test must provide the City of Saint Peter with proof of having successfully completed a referral, evaluation, and treatment administered under DOT regulations.

11. REASONABLE SUSPICION TESTING

All covered employees will be subject to a reasonable suspicion drug or breath and/or alcohol test when there are reasons to believe that drug or alcohol use is impacting job performance and safety. Reasonable suspicion shall mean that there is objective evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse. Reasonable suspicion referrals must be made by at least one supervisor or other official who is trained to detect the signs and symptoms of drug use and alcohol use, and who reasonably concludes that an employee may be adversely affected or impaired in their work performance due to possible prohibited substance abuse or alcohol misuse. A reasonable suspicion alcohol test can only be conducted just before, during, or just after the performance of a safety-sensitive job function. A reasonable suspicion drug test can be performed any time the covered employee is on duty. Examples of reasonable suspicion include, but are not limited to, the following:

A. Physical signs and symptoms consistent with prohibited substance use or alcohol misuse.

B. Evidence of the manufacture, distribution, dispensing, possession, or use of controlled substances, prohibited drugs, alcohol, or other prohibited substance.

A covered employee who refuses an instruction to submit to a drug or breath and/or alcohol test shall not be permitted to finish his or her shift and shall be referred for evaluation by a Substance Abuse Professional (SAP) in accordance with Part 40, as amended. The employee will be placed on administrative leave pending disciplinary action. Refer to City of Saint Peter policy to determine the ramifications for policy violations.

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A written record of the observations which led to a drug and/or breath alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor or other company official trained in making these observations, prior to the release of the test results. This written record shall be submitted to the Drug and Alcohol Program Manager (DAPM) for the City of Saint Peter, and shall be attached to the forms reporting the test results.

12. POST-ACCIDENT TESTING

All covered employees will be required to undergo urine and breath testing if they are involved in an accident with a transit revenue service vehicle that results in a fatality regardless of whether or not the vehicle is in revenue service. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other whose performance cannot be completely discounted as a contributing factor to the accident. In addition, post-accident testing will be conducted if an accident results in injuries requiring immediate transportation to a medical treatment facility or one or more vehicles incurs disabling damage; unless the operator’s performance can be completely discounted as a contributing factor to the accident. The accident definition may include some incidents where an individual is injured even though there is no vehicle collision.

A. As soon as practicable following an accident, as defined in 49 CFR Part 655, the transit supervisor investigating the accident will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the accident of the need for testing. The supervisor will make the determination using the best information available at the time of the accident.

B. The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than 8 hours after the accident for alcohol, and within 32 hours for drugs. If a drug or alcohol test is not performed within two hours of the accident, the supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within 8 hours, or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test documented.

C. Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident, or until they undergo a post-accident alcohol test.

D. An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of their location if they leave the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.

E. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

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F. In the rare event that the employer transit system is unable to perform an FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), the transit system may use drug and alcohol post-accident test results administered by state and local law enforcement officials in lieu of the FTA test. The state and local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with state and local law.

13. RANDOM TESTING

All covered employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees.

A. The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year.

B. The number of safety-sensitive employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates established by Federal regulations identified in 49 CFR Part 655.45(b).

C. Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal chance of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of employer management in the selection and notification of the individuals who are to be tested.

D. Random drug tests can be conducted at any time during an employee’s shift. Alcohol random tests can be performed just before, during, or just after the performance of a safety-sensitive function. Tests can occur during the beginning, middle, or end of an employee’s shift.

E. Employees are required to proceed immediately to the collection site upon notification of their random drug or alcohol test selection.

F. Random testing may occur anytime a covered employee is on duty so long as the employee is notified prior to the end of the shift. Employees who provide advance, verifiable notice of scheduled medical or childcare commitments will be random drug tested no later than three hours before the end of their shift and random alcohol tested no later than 30 minutes before the end of their shift. Verifiable documentation of previously scheduled medical or childcare commitments, for the period immediately following an employee’s shift, must be provided at least (insert company decision about how far in advance they must be notified) hours before the end of the employee’s shift.

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14. **RETURN-TO-DUTY TESTING**

All covered employees who previously tested positive on a DOT drug or breath alcohol test or refused a test, must test negative for drugs, alcohol (below 0.02 for alcohol), or both and be evaluated and released by the SAP in accordance with 49 CFR Part 40, Subpart O before returning to work. For an initial positive drug test, a return-to-duty drug test is required and an alcohol test is allowed. For an initial positive alcohol test, a return-to-duty alcohol test is required and a drug test is allowed. Following the initial assessment, the SAP will recommend a course of rehabilitation unique to the individual.

Before scheduling the return-to-duty test, the SAP must assess the employee and determine if the required treatment has been completed. The SAP should schedule the return-to-duty test only when the employee is known to be drug-and alcohol-free and there is no risk to public safety.

15. **FOLLOW-UP TESTING**

Covered employees will be required to undergo frequent, unannounced drug and alcohol testing following their return-to-duty. The follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP reflecting the SAP's assessment of the employee's unique situation and recovery progress. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate and in addition to the random, post-accident, reasonable suspicion and return-to-duty testing.

16. **RESULT OF A NEGATIVE DILUTE DRUG TEST**

When a negative dilute drug result of 2-5 mg/dL is reported by the Medical Review Officer the covered employee will be required to undergo another test. The MRO will direct the test to be conducted under direct observation. Should the second test result in a negative dilute result, the test will be considered negative and no additional testing will be required unless directed to do so by the MRO.

A drug test with the result of a negative dilute (dilute level > greater than 5 mg/dL) will be re-tested. Collection will be unobserved. The result of the second test will be the test of record. No additional testing will be conducted unless directed to do so by the MRO. Negative Dilute with result of > 5 mg/dL: A drug test with the result of a negative dilute (dilute level > 5 mg/dL) will be re-tested. Collection will be unobserved. The result of the second test will be the test of record. No additional testing will be conducted unless directed to do so by the MRO.

17. **BEHAVIOR THAT CONSTITUTES A TEST REFUSAL**

As noted below, refusal to submit to a drug/alcohol test shall be considered a positive test result.

All provisions set forth in regular print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. All underlined provisions are set forth under the authority of the transit system.
<table>
<thead>
<tr>
<th>Behavior that Constitutes a Test Refusal</th>
<th>Drug Test</th>
<th>Alcohol Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Failure to appear for a test in the time frame specified by the employer**</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2) Failure to remain at the testing site until the testing process is complete**</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3) Failure to provide a urine specimen, saliva, or breath specimen, as applicable.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4) Failure to permit the observation or monitoring of specimen donation when so required</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5) Failure to provide sufficient amount of urine or volume of breath without a valid medical explanation for the failure.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6) Failure to take an additional test when directed by the employer or collector</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7) Failure to undergo a medical examination when directed to do so by the MRO or employer</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>8) Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>9) For an observed collection, failure to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11) Admit to the collector or MRO that you adulterated or substituted the specimen</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12) Failure to sign the certification on Step 2 of the Alcohol Test Form</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13) Failure to refrain from the use of alcohol for eight (8) hours following an accident without first having submitted to post-accident drug and alcohol testing.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14) Failure to remain readily available for post-accident testing, including notifying a supervisor of their location if they leave the scene of the accident prior to submission to such tests.</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**For pre-employment tests only, failure to appear, aborting the collection before the test commences, or failure to remain at site prior to commencement of test is NOT a test refusal.

18. RESULT OF POSITIVE DRUG OR ALCOHOL TEST

Any covered employee who tests positive for the presence of illegal drugs, tests positive for alcohol with a BAC at or above .04, or refuses to submit to testing, will be immediately removed from safety sensitive duties and referred for evaluation by a Substance Abuse Professional (SAP) in accordance with Part 40, as amended. A SAP is a licensed or certified physician, psychologist, social worker, employee assistance professional, a state-licensed or certified marriage and family therapist, or addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of all provisions set forth in regular print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. All underlined provisions are set forth under the authority of the transit system.
alcohol and drug-related disorders. No employee will be allowed to return to duty requiring the performance of safety-sensitive job functions without the approval of the SAP.

A. As soon as practicable after receiving notice of a verified positive drug test result, a confirmed alcohol test result at or above 0.04, or a test refusal, the Drug and Alcohol Program Manager will contact the employee's supervisor to have the employee cease performing any safety-sensitive function.

B. The employee shall be referred to a SAP for an assessment. In accordance with 49 CFR Part 40, Subpart O, the SAP will evaluate the employee to determine what assistance is necessary to resolve problems associated with prohibited drug use or alcohol misuse.

C. Refusal to submit to a drug and/or breath alcohol test shall be considered a positive test result. Refer to City of Saint Peter's personnel policy to determine the ramifications for policy violations.

19. DISCIPLINARY ACTION

Following a drug or breath alcohol test result 0.02 or greater, but less than 0.04 – the covered employee is immediately removed from safety sensitive duties for at least eight hours, unless a retest results in the employee's alcohol concentration of less than 0.02.

Following a positive drug or alcohol (BAC at or above 0.04) test result or a test refusal, for the first time, the covered employee is immediately removed from safety-sensitive duties, referred to a substance abuse professional (SAP) and subject to the City of Saint Peter's disciplinary policy.

Disciplinary action against the employee shall include:

A. Mandatory referral to a Substance Abuse Professional for assessment, formulation of a treatment plan, and execution of a return-to-work agreement;

B. Failure to execute, or remain compliant with the return-to-work agreement shall result in termination from employment. Compliance with the return-to-work agreement means that the employee has submitted to an observed drug and/or alcohol test immediately prior to returning to work; the result of that test is negative; in the judgment of the SAP the employee is cooperating with his/her SAP recommended treatment program; and, the employee has agreed to periodic unannounced follow-up testing.

C. Refusal to submit to a periodic unannounced follow-up observed drug and/or breath alcohol test shall be considered a direct act of insubordination and shall result in termination.

D. A periodic unannounced follow-up observed drug and/or breath alcohol test which results in a verified positive shall result in termination from employment.

The second instance of a verified positive result from a drug test or breath alcohol (≥
0.04 BAC test shall result in termination from employment.

The cost of any treatment or rehabilitation services will be paid directly by the employee or their insurance provider. The employee will be permitted to take accrued sick leave or administrative leave to participate in the SAP prescribed treatment program. If the employee has insufficient accrued leave, the employee shall be placed on leave without pay until the SAP has determined that the employee has successfully completed the required treatment program and releases him/her to return-to-duty. Any leave taken, either paid or unpaid, shall be considered leave taken under the Family and Medical Leave Act.

20. **GRIEVANCE AND APPEAL**

The consequences specified by 49 CFR Part 40, § 40.149 paragraph (a) (5) and paragraph (c) for a positive test or test refusal are not subject to arbitration.

21. **INFORMATION DISCLOSURE**

Drug and breath /alcohol testing records shall be maintained by the Designated Employer Representative Drug and Alcohol Program Manager and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without express written consent of the covered employee.

A. The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. Employees may not have access to SAP referrals and follow-up testing plans.

B. Records of a verified positive drug or breath/ alcohol test result shall be released to the Drug and Alcohol Program Manager, or Department Supervisor on a 'need to know' basis.

C. Records will be released to a subsequent employer only upon receipt of a written request from the employee.

D. Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug or breath/alcohol test. The records will be released to the decision maker in the preceding. The information will only be released with binding stipulation from the decision maker that employer he/she will only make it available to parties in the preceding.

E. Records will be released to the National Transportation Safety Board during an accident investigation.

F. Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.

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G. Records will be released if requested by a Federal, state or local safety agency with regulatory authority over the City of Saint Peter or the employee.

H. If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of CFR Part 40, as amended, necessary legal steps to contest the issuance of the order will be taken.

I. In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

22. **DRUG AND ALCOHOL PROGRAM MANAGER (DAPM) AND DESIGNATED EMPLOYER REPRESENTATIVE (DER)**

FTA regulations require that a single contact person be identified to answer questions for this policy. Any questions regarding this policy or any other aspect of the substance abuse program should be addressed to the following transit system representatives:

**Drug and Alcohol Program Manager (DAPM)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Todd Pfafke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>City Administrator</td>
</tr>
<tr>
<td>Address:</td>
<td>227 South Front St.</td>
</tr>
<tr>
<td></td>
<td>Saint Peter MN 56082</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>507 934 0663</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>507 934 4917</td>
</tr>
</tbody>
</table>

**Designated Employer Representative (DER):**

(if different from the DAPM)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Wayne AlbersPaula O'Connell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Transit Compliance Manager-Albers-Manager</td>
</tr>
<tr>
<td>Address:</td>
<td>227 South Front St.</td>
</tr>
<tr>
<td></td>
<td>Saint Peter MN 56082</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>507 934 06634</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>507 934 4917</td>
</tr>
</tbody>
</table>

A complete copy of regulation 49 CFR Part 40, as amended, is available for review.

23. **MEDICAL REVIEW OFFICER**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Horacio Marafioti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>MD, NMRO</td>
</tr>
</tbody>
</table>

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### SUBSTANCE ABUSE PROFESSIONAL

**Name:** Mankato Clinic  
**Title:** Occupational Medicine  
**Address:** 1230 East Main St  
Mankato, MN 56001  
**Telephone number:** 507-389-8689  
**Fax Number:**

### CONSORTIUM

**Name:** MN Municipal Utilities Association  
**Title:**  
**Address:** 3025 Harbor Lane North  
Suite 400  
Plymouth, MN 55447-5142  
**Telephone number:** 763-551-1230  
**Fax Number:** 763-551-0459

### DHHS CERTIFIED LABORATORY

**Name:** QuestLabOne  
**Title:**  
**Address:** 10101 Renner Blvd  
Lenexa, Ks. 66219  
**Telephone number:** 800-728-4064  
**Fax Number:**

### EMPLOYEE ASSISTANCE PROGRAM

**Name:** BSC/BS of Minnesota

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All provisions set forth in regular print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. All underlined provisions are set forth under the authority of the transit system.
28. **SAFETY-SENSITIVE POSITIONS** *

Listed below are the job titles of those that perform safety-sensitive job functions:

1. Bus Drivers

2. Transit Compliance Manager

3. Transit Operations Manager

** or any others who operate a revenue service vehicle (whether or not the vehicle is in revenue service), dispatch (anyone who controls revenue service vehicles' movement), maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, and any other employee who is required to hold a Commercial Driver's License.

29. **POLICY MODIFICATION**

The City of Saint Peter has the right to modify this policy as changes in regulation or law occurs.

All provisions set forth in regular print are included consistent with requirements specifically set forth in 49 CFR Part 655, or Part 40, as amended. All underlined provisions are set forth under the authority of the transit system.
APPENDIX A

Alcohol Fact Sheet

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Signs and Symptoms of Use

♦ Dulled mental processes
♦ Lack of coordination
♦ Odor of alcohol on breath
♦ Possible constricted pupils
♦ Sleepy or stuporous condition
♦ Slowed reaction rate
♦ Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer (12 ounces), whiskey (1 ounce), or wine (6 ounce glass) over time may result in the following health hazards:

♦ Decreased sexual functioning
♦ Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic")
♦ Fatal liver diseases
♦ Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma.
♦ Kidney disease
♦ Pancreatitis
♦ Spontaneous abortion and neonatal mortality
♦ Ulcers
♦ Birth defects (up to fifty-four percent [54%] of all birth defects are alcohol related).

Social Issues

♦ Two-thirds of all homicides are committed by people who drink prior to the crime.
♦ Two to three percent of the driving population is legally drunk at any one time. This rate has doubled at night and on weekends.
♦ Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
♦ The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.

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Forty percent of family court cases are alcohol problem related.
Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

The Annual Toll

- 24,000 people will die on the highway due to the legally impaired driver.
- 12,000 more will die on the highway due to the alcohol-affected driver.
- 15,800 will die in non-highway accidents.
- 30,000 will die due to alcohol-caused liver disease.
- 10,000 will die due to alcohol-induced brain disease or suicide.
- Up to another 125,000 will die due to alcohol-related conditions or accidents.

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.