

U.S. DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION (PHMSA)  
OFFICE OF PIPELINE SAFETY (OPS)

**DRUG AND ALCOHOL TESTING MIS DATA COLLECTION REPORTING  
GUIDANCE AND FORM  
FOR PAPER SUBMITTAL**

**Introduction:**

In order to assist operators and contractors in filling-out the MIS form (see Appendix), **the guidance provided herein is primarily for paper submittals.** As a preferred alternative, OPS does encourage utilization of its on-line DAMIS electronic reporting option where dialogue screens assist the submitter in capturing applicable operator and contractor profile information and testing data. With electronic filing, the submitter can edit data and elect to receive an e-mailed confirmation receipt and an attached completed MIS report in PDF format.

**For operators with on-line (internet) access who did not receive a User ID and Password, but would like to file electronically, please address your request to Stanley Kastanas** (see Contact Information for Submitting MIS Forms by Mail and Program Questions)

**For operators that want a copy of this guidance and/or an MIS form (i.e. OMB No. 2105-0529) mailed to them, please contact the National Information Resource Manager** (see Contact Information for Requesting Guidance and MIS Form by Mail)

The **guidance provided** is concise and specific to OPS regulatory expectations and covers MIS reporting essentials. However, it **is subject to change** based on both stakeholder feedback and program improvements. Submitters should check periodically for any guidance updates.

**Contact Information for Submitting MIS Forms by Mail and Program Questions:**

Operators, and their contractors/subcontractors, who are **submitting completed MIS reports on paper**, should send them **by US Postal Service** to the following:

**Stanley T. Kastanas, Director**  
**Office of Substance Abuse Policy, Compliance and Investigations**  
**Pipeline and Hazardous Materials Safety Administration-Pipeline Safety**  
**P.O. Box 945**  
**Lowell, MA 01853-0945**

For **program questions**, please contact **Stanley T. Kastanas** at:

**Telephone: 202-550-0629**  
**E-mail: [Stanley.Kastanas@DOT.GOV](mailto:Stanley.Kastanas@DOT.GOV)**

## **PHMSA/OPS Detailed Guidance for Paper Submittals:**

The ONE DOT Management Information System form (see Appendix) contains four sections:

- Section I: Employer information**
- Section II: Covered employees information**
- Section II: Drug testing data**
- Section IV: Alcohol testing data**

**Appendix: ONE DOT MIS form; OMB No. 2105-0529**

When submitting a MIS report in **paper form, please type or print entries legibly in black ink.**

***TIP** ~ Read the entire instructions before starting. Please note that OPS-regulated employers do not report any random alcohol test on the MIS form since it is precluded in 49 CFR Part 199.*

### **Preliminary Determinations:**

**Determine and Enter the Calendar Year Covered by this Report:** Determine and enter the appropriate calendar year in which the drug and alcohol testing was performed and which should be reported to OPS as required under 49 CFR Part 199. (e.g., For the March 15, 2012 submittal date, the “calendar year” for this submitted MIS report would be 2011).

**Determine if Mandated Annual Reporting is Required:** OPS offers the following information to help operators prepare for submitting calendar year MIS reports. For clarity, the process steps are presented for single OpID reporting and multiple OpID reporting:

#### *Single OpID Reporting*

**Step 1:** Determine the number of operator employees performing § 199.3 covered functions during calendar year 2011.

**Step 2:** Obtain the Business Tax Identification Number (BTIN) for each contractor who provided § 199.3 covered functions during the previous calendar year (e.g., For a MIS report submittal on March 15, 2012, the previous calendar year would be 2011) Then determine the number of employees performing § 199.3 covered functions during that calendar year for each contractor. Sum-up the total number of contractor employees.

**Step 3:** Add the number of operator and contractor employees from Steps 1 and 2. If this number is 50 or less, a MIS report is required only if you receive a “written notice” from OPS requesting this report. Conversely, if the total covered employee number is more than 50, you are mandated to submit annual operator and contractor/subcontractor MIS reports.

## ***Multiple OpID Reporting***

**Step 1:** Determine the number of operator employees performing § 199.3 covered functions during the previous calendar year (e.g., for a MIS report submittal on March 15, 2012, the previous calendar year would be 2011) for each reporting OpID. Sum-up the total number of operator employees.

**Step 2:** Obtain the BTIN for each contractor who provided § 199.3 covered functions during the previous calendar year to any reporting OpID. Determine the number of employees performing § 199.3 covered functions during the previous calendar year for each contractor. Sum-up the total number of contractor employees.

**Step 3:** Add the total number of operator and contractor employees from Steps 1 and 2. If this number is 50 or less, a MIS report is required only if you receive a “written notice” from OPS requesting this report. Conversely, if the total covered employee number is more than 50, you are mandated to submit annual operator and contractor/subcontractor MIS reports.

### **Section I. Employer**

1. Enter the company’s name (for operators, it is the PPO’s OpID name on file-use the company name on the notification letter). Include, when applicable, your “doing business as” name (for operators the choices are indicated below in a, b, or c); mailing address with street (and any PO Box number), city, state, and zip code; and an e-mail address, if available. (**Note:** Please enter the address of the certifying official or preparer for receiving future MIS notifications or other relevant correspondence.) **In addition, OPS also requires the following information in the “doing business as” field or line for paper copy submitters only:**

**a. Pipeline operators who are submitting a MIS report for only their own company** (i.e., having only a single Operator Identification (OpID) number) shall **enter that company’s name as it is listed with PHMSA and corresponding OpID in the DBA field or line.** Any alternative company name shall be noted in the “DBA” field or line, after the OpID. The pipeline operator filing this report shall be considered the exclusive “PHMSA Primary Operator” (PPO) for this OpID.

**b. Pipeline operators who are submitting one MIS report for multiple owned or operated companies** (i.e., having multiple OpIDs related, but not limited, to: subsidiaries, divisions, departments, operating sections, utilities, municipalities, or business units) shall **only enter the name of the PPO company’s name as it is listed with PHMSA and corresponding OpID number. Enter all other associated OpIDs on the DBA field or line** and, if room is available, any alternative PPO company name. The pipeline operator filing this aggregated MIS report shall be considered the exclusive PPO for all associated and DAMIS listed multiple OpIDs.

**c. Pipeline operators who are accountable for contractor and subcontractor MIS reporting** shall enter that contractor's or subcontractor's company name (if different from the "Company Name" field or line), business tax identification number (i.e., BTIN or Business Federal Tax ID number, which is an all numeric number), and the corresponding PPO OpID number who is reporting either as a single OpID company or for multiple OpID companies.

2. Enter the printed name, signature, and complete telephone number of the company official certifying the accuracy of the report and the date that person certified the report as complete.

3. If someone other than the certifying official completed the MIS form, enter that person's name and phone number on the appropriate lines provided.

4. If a Consortium/Third Party Administrator (C/TPA) performs administrative services for your drug and alcohol program operation, enter its name and phone number on the appropriate lines provided.

5. DOT Agency Information: Check the PHMSA field or line next to the DOT agency for which you are completing this MIS form.

- a. Along with selecting PHMSA as your reporting agency, check any applicable additional fields or lines indicating all the types of transportation (e.g., Gas Transmission, Gas Distribution, etc.) that the operator is engaged in and which the submitted MIS report will cover.

## **Section II. Covered Employees**

In **Box II-A**, enter the **total number of covered employees** (i.e., employees performing DOT regulated safety-sensitive duties, which for PHMSA is "operations, maintenance or emergency-response") **who work directly for your company (i.e., operators, contractors/subcontractors would report only the covered employees subject to testing under their company's, respective, drug and alcohol testing program).**

***TIP** ~ To calculate the total number of covered employees, add the total number of covered employees eligible for testing during each random testing selection period for the year and divide that total by the number of random testing periods. (However, no company will need to factor the average number of employees more often than once per month). For instance, a company conducting random testing quarterly needs to add the total of covered employees they had in the random pool when each selection was made; then divide this number by 4 to obtain the yearly average number of covered employees. It is extremely important that you place all eligible employees into these random pools. [As an example, if Company A had 1500 employees in the first quarter random pool, 2250 in the second quarter, 2750 in the third quarter; and 1500 in the fourth quarter;  $1500 + 2250 + 2750 + 1500 = 8000$ ;  $8000 / 4 = 2000$ ; the total number of covered employees for the year would be reported as, "2000".*

*If you conduct random selections more often than once per month (e.g., you randomly select daily, weekly, bi-weekly), you do not need to compute this total number of covered employees rate more than on a once per month basis. Therefore, employers need not compute the covered employees' rate more than 12 times per year.]*

In **Box II-B**, enter the total number of employee categories that number represents. Since PHMSA has only one employee category (i.e., performing one or more covered functions of maintenance, operations or emergency response) **the number to enter is "1."** Therefore, the OPS MIS drug and alcohol testing submission is applicable to only this category.

**Note:** If you have employees, some of whom perform duties under one DOT agency and others of whom perform duties under another DOT agency, enter only the number of those employees performing duties under the DOT agency for whom you are submitting the form. **If you have covered employees who perform multi-DOT agency functions (e.g., an employee drives a commercial motor vehicle and performs pipeline maintenance duties for you), count the employee only on the MIS report for the DOT agency regulating more than 50 percent of the employee's safety sensitive function.**

In **Box II-C**, enter the number "1" under the "Employee Category" heading. Then under the "Total Number of Employees in this Category," enter the same number found in **Box II-A**.

### **Section III. Drug Testing Data**

This section summarizes the drug testing results for all covered employees (to include applicants). The table in this section requires drug test data by test type and by result. The categories of test types are: Pre-Employment; Random; Post-Accident; Reasonable Suspicion / Reasonable Cause; Return-to-Duty, and Follow-Up.

The categories of type of results are: Total Number of Test Results [excluding cancelled tests and blind specimens]; Verified Negative; Verified Positive; Positive for Marijuana; Positive for Cocaine; Positive for PCP; Positive for Opiates; Positive for Amphetamines; Refusals due to Adulterated, Substituted, "Shy Bladder" with No Medical Explanation, and Other Refusals to Submit to Testing; and Cancelled Results.

**TIP** ~ Do not enter data on blind specimens submitted to laboratories. Be sure to enter all pre-employment testing data regardless of whether an applicant was hired or not. You do not need to separate reasonable suspicion and reasonable cause drug testing data on the MIS form. [Therefore, if you conducted only reasonable suspicion drug testing (i.e., FMCSA and FTA), enter that data; if you conducted only reasonable cause drug testing (i.e., FAA, PHMSA, and USCG); or if you conducted both under FRA drug testing rules, simply enter the data with no differentiation.] Finally, you may leave blank any row or column in which there were no results, or you may enter “0” (zero) instead. Please note that cancelled tests are not included in the “total number of test results” column.

**Section III, Column 1. Total Number of Test Results** ~ This column requires a count of the total number of test results in each testing category during the entire reporting year. Count the number of test results as the number of testing events resulting in negative, positive, and refusal results. Do not count cancelled tests and blind specimens in this total.

[Example: A company that conducted fifty pre-employment tests would enter “50” on the Pre-Employment row. If it conducted one hundred random tests, “100” would be entered on the Random row. If that company did no post-accident, reasonable suspicion, reasonable cause, return-to-duty, or follow-up tests, those categories will be left blank or zeros entered.]

**Section III, Column 2. Verified Negative Results** ~ This column requires a count of the number of tests in each testing category that the Medical Review Officer (MRO) reported as negative. Do not count a negative-dilute result if, subsequently, the employee underwent a second collection; the second test is the test of record.

[Example: If forty-seven of the company’s fifty pre-employment tests were reported negative, “47” would be entered in Column 2 on the Pre-Employment row. If ninety of the company’s one hundred random test results were reported negative, “90” would be entered in Column 2 on the Random row. Because the company did no other testing, those other categories would be left blank or zeros entered.]

**Section III, Column 3. Verified Positive Results ~ For One Or More Drugs ~**

This column requires a count of the number of tests in each testing category that the MRO reported as positive for one or more drugs. When the MRO reports a test positive for two drugs, it would count as one positive test.

[Example: If one of the fifty pre-employment tests was positive for two drugs, “1” would be entered in Column 3 on the Pre-Employment row. If four of the company’s one hundred random test results were reported positive (three for one drug and one for two drugs), “4” would be entered in Column 3 on the Random row.]

**Section III, Columns 4 through 8. Positive (for specific drugs) ~** These columns require entry of the by-drug data for which specimens were reported positive by the MRO.

[Example: The pre-employment positive test reported by the MRO was positive for marijuana, “1” would be entered in Column 4 on the Pre-Employment row. If three of the four positive results for random testing were reported by the MRO to be positive for marijuana, “3” would be entered in Column 4 on the Random row. If one of the four positive results for random testing was reported positive for both PCP and opiates, “1” would be entered in Column 6 on the Random row and “1” would be entered in Column 7 of the Random row.]

**TIP** ~ *Column 1 should equal the sum of Columns 2, 3, 9, 10, 11, and 12. Remember you have not counted specimen results that were ultimately cancelled or were from blind specimens. So, Column 1 = Column 2 + Column 3 + Column 9 + Column 10 + Column 11 + Column 12. Certainly, double check your records to determine if your actual results count is reflective of all negative, positive, and refusal counts.*

*An MRO may report that a specimen is positive for more than one drug. When that happens, to use the company example above (i.e., one random test was positive for both PCP and opiates), the positive results should be recorded in the appropriate columns – PCP and opiates in this case. There is no expectation for Columns 4 through 8 numbers to add up to the numbers in Column 3 when you report multiple positives.*

**Section III, Columns 9 through 12. Refusal Results ~** The refusal section is divided into four refusal groups – they are: Adulterated; Substituted; “Shy Bladder” ~ With No Medical Explanation; and Other Refusals To Submit to Testing. The MRO reports two of these refusal types – adulterated and substituted specimen results – because of laboratory test findings.

When an individual does not provide enough urine at the collection site, the MRO conducts or causes to have conducted a medical evaluation to determine if there exists a medical reason for the person's inability to provide the appropriate amount of urine. If there is no medical reason to support the inability, the MRO reports the result to the employer as a refusal to test: Refusals of this type are reported in the "Shy Bladder" ~ With No Medical Explanation category.

Finally, additional reasons exist for a test to be considered a refusal. Some examples are: the employee fails to report to the collection site as directed by the employer; the employee leaves the collection site without permission; the employee fails to empty his or her pockets at the collection site; the employee refuses to have a required shy bladder evaluation. Again, these are only four examples: there are more.

**Section III, Column 9. Adulterated** ~ This column requires the count of the number of tests reported by the MRO as refusals because the specimens were adulterated.

[Example: If one of the fifty pre-employment tests was adulterated, "1" would be entered in Column 9 of the Pre-Employment row.]

**Section III, Column 10. Substituted** ~ This column requires the count of the number of tests reported by the MRO as refusals because the specimens were substituted.

[Example: If one of the 100 random tests was substituted, "1" would be entered in Column 10 of the Random row.]

**Section III, Column 11. "Shy Bladder" ~ With No Medical Explanation** ~ This column requires the count of the number of tests reported by the MRO as being a refusal because there was no legitimate medical reason for an insufficient amount of urine.

[Example: If one of the 100 random tests was a refusal because of shy bladder, "1" would be entered in Column 11 of the Random row.]

**Section III, Column 12. Other Refusals To Submit To Testing** ~ This column requires the count of refusals other than those already entered in Columns 9 through 11.

[Example: If the company entered "100" as the number of random specimens collected, however, it had five employees who refused to be tested without submitting specimens: two did not show up at the collection site as directed; one refused to empty his pockets at the collection site; and two left the collection site rather than submit to a required directly observed collection. Because of these five refusal events, "5" would be entered in Column 11 of the Random row.]

**TIP** ~ Even though some testing events result in a refusal in which no urine was collected and sent to the laboratory, a “refusal” is still a final test result. Therefore, your overall numbers for test results (in Column 1) will equal the total number of negative tests (Column 2); positives (Column 3); and refusals (Columns 9, 10, 11, and 12). Do not worry that no urine was processed at the laboratory for some refusals; all refusals are counted as a testing event for MIS purposes and for establishing random rates.

**Section III, Column 13. Cancelled Tests** ~ This column requires a count of the number of tests in each testing category that the MRO reported as cancelled. You must not count any cancelled tests in Column 1 or in any other column. For instance, you must not count a positive result (in Column 3) if it had ultimately been cancelled for any reason (e.g., specimen was initially reported positive, but the split failed to reconfirm).

[Example: If a pre-employment test was reported cancelled, “1” would be entered in Column 13 on the Pre-Employment row. If three of the company’s random test results were reported cancelled, “3” would be entered in Column 13 on the Random row.]

**TOTAL Line. Columns 1 through 13** ~ This line requires you to add the numbers in each column and provide the totals.

#### **Section IV. Alcohol Testing Data**

This section summarizes the alcohol testing conducted for all covered employees (to include applicants). The table in this section requires alcohol test data by test type and by result. The categories of test types are: Pre-Employment; Random; Post-Accident; Reasonable Suspicion / Reasonable Cause; Return-to-Duty, and Follow-Up.

The categories of results are: Number of Screening Test Results; Screening Tests with Results Below 0.02; Screening Tests with Results 0.02 Or Greater; Number of Confirmation Test Results; Confirmation Tests with Results 0.02 through 0.039; Confirmation Tests with Results 0.04 Or Greater; Refusals due to “Shy Lung” with No Medical Explanation, and Other Refusals to Submit to Testing; and Cancelled Results.

**TIP** ~ Be sure to enter all pre-employment testing data regardless of whether an applicant was hired or not. Of course, for most employers, pre-employment alcohol testing is optional, so you may not have conducted this type of testing. You do not need to separate “reasonable suspicion” and “reasonable cause” alcohol testing data on the MIS form. [Therefore, if you conducted only reasonable suspicion alcohol testing (i.e., PHMSA), enter that data; or if you conducted both reasonable suspicion and reasonable cause alcohol testing, simply enter the data with no differentiation.] PHMSA does not authorize “random” testing for alcohol. Finally, you may leave blank any row or column in which there were no results, or you may enter “0” (zero) instead. Please note that USCG-regulated employers do not report alcohol test results on the MIS form: Do not fill-out Section IV if you are a USCG-regulated employer.

**Section IV, Column 1. Total Number of Screening Test Results** ~ This column requires a count of the total number of screening test results in each testing category during the entire reporting year. Count the number of screening tests as the number of screening test events with final screening results of below 0.02, of 0.02 through 0.039, of 0.04 or greater, and all refusals. Do not count cancelled tests in this total.

[Example: A company that conducted twenty pre-employment tests would enter “20” on the Pre-Employment row. If it conducted fifty random tests, “50” would be entered. If that company did no post-accident, reasonable suspicion, reasonable cause, return-to-duty, or follow-up tests, those categories will be left blank or zeros entered.]

**Section IV, Column 2. Screening Tests With Results Below 0.02** ~ This column requires a count of the number of tests in each testing category that the BAT or STT reported as being below 0.02 on the screening test.

[Example: If seventeen of the company’s twenty pre-employment screening tests were reported as being below 0.02, “17” would be entered in Column 2 on the Pre-Employment row. If forty-four of the company’s fifty random screening test results were reported as being below 0.02, “44” would be entered in Column 2 on the Random row. Because the company did no other testing, those other categories would be left blank or zeros entered.]

**Section IV, Column 3. Screening Tests With Results 0.02 Or Greater** ~ This column requires a count of the number of screening tests in each testing category that BAT or STT reported as being 0.02 or greater on the screening test.

[Example: If one of the twenty pre-employment tests was reported as being 0.02 or greater, “1” would be entered in Column 3 on the Pre-Employment row. If four of the company’s fifty random test results were reported as being 0.02 or greater, “4” would be entered in Column 3 on the Random row.]

**Section IV, Column 4. Number of Confirmation Test Results** ~ This column requires entry of the number of confirmation tests that were conducted by a BAT as a result of the screening tests that were found to be 0.02 or greater. In effect, all screening tests of 0.02 or greater should have resulted in confirmation tests. Ideally the number of tests in Column 3 and Column 4 should be the same. However, we know that this required confirmation test sometimes does not occur. In any case, the number of confirmation tests that were actually performed should be entered in Column 4.

[Example: If the one pre-employment screening test reported as 0.02 or greater had a subsequent confirmation test performed by a BAT, “1” would be entered in Column 4 on the Pre-Employment row. If three of the four random screening tests that were found to be 0.02 or greater had a subsequent confirmation test performed by a BAT, “3” would be entered in Column 4 on the Random row.]

**Section IV, Column 5. Confirmation Tests With Results 0.02 Through 0.039** ~ This column requires entry of the number of confirmation tests that were conducted by a BAT that led to results that were 0.02 through 0.039.

[Example: If the one pre-employment confirmation test yielded a result of 0.042, Column 5 of the Pre-Employment row would be left blank or zeros entered. If two of the random confirmation tests yielded results of 0.03 and 0.032, “2” would be entered in Column 5 of the Random row.]

**Section IV, Column 6. Confirmation Tests With Results 0.04 Or Greater** ~ This column requires entry of the number of confirmation tests that were conducted by a BAT that led to results that were 0.04 or greater.

[Example: Because the one pre-employment confirmation test yielded a result of 0.042, “1” would be entered in Column 6 of the Pre-Employment row. If one of the random confirmation tests yielded a result of 0.04, “1” would be entered in Column 6 of the Random row.]

***TIP*** ~ Column 1 should equal the sum of Columns 2, 3, 7, and 8. The number of screening tests results should reflect the number of screening tests you have no matter the result (below 0.02 or at or above 0.02, plus refusals to test), unless of course, the tests were ultimately cancelled. So, Column 1 = Column 2 + Column 3 + Column 7 + Column 8. Certainly, double check your records to determine if your actual screening results count is reflective of all these counts.

*There is no need to record MIS confirmation tests results below 0.02: That is why we have no column for it on the form. [If the random test that screened 0.02 went to a confirmation test, and that confirmation test yielded a result below 0.02, there is no place for that confirmed result to be entered.] We assume that if a confirmation test was completed but not listed in either Column 5 or Column 6, the result was below 0.02. In addition, if the confirmation test ended up being cancelled, it should not have been included in Columns 1, 3, or 4 in the first place.*

**Section IV, Columns 7 and 8. Refusal Results** ~ The refusal section is divided into two refusal groups – they are: Shy Lung ~ With No Medical Explanation; and Other Refusals To Submit to Testing. When an individual does not provide enough breath at the test site, the company requires the employee to have a medical evaluation to determine if there exists a medical reason for the person’s inability to provide the appropriate amount of breath. If there is no medical reason to support the inability as reported by the examining physician, the employer calls the result a refusal to test: Refusals of this type are reported in the “Shy Lung ~ With No Medical Explanation” category.

Finally, additional reasons exist for a test to be considered a refusal. Some examples are: the employee fails to report to the test site as directed by the employer; the employee leaves the test site without permission; the employee fails to sign the certification at Step 2 of the ATF; the employee refuses to have a required shy lung evaluation. Again, these are only four examples; there are more.

**Section IV, Column 7. “Shy Lung” ~ With No Medical Explanation** ~ This column requires the count of the number of tests in which there is no medical reason to support the employee’s inability to provide an adequate breath as reported by the examining physician; subsequently, the employer called the result a refusal to test.

[Example: If one of the 50 random tests was a refusal because of shy lung, “1” would be entered in Column 7 of the Random row.]

**Section IV, Column 8. Other Refusals To Submit To Testing** ~ This column requires the count of refusals other than those already entered in Columns 7.

[Example: The company entered “50” as the number of random specimens collected, however it had one employee who did not show up at the testing site as directed. Because of this one refusal event, “1” would be entered in Column 8 of the Random row.]

**TIP** ~ Even though some testing events result in a refusal in which no breath (or saliva) was tested, there is an expectation that your overall numbers for screening tests (in Column 1) will equal the total number of screening tests with results below 0.02 (Column 2); screening tests with results 0.02 or greater (Column 3); and refusals (Columns 7 and 8). Do not worry that no breath (or saliva) was tested for some refusals; all refusals are counted as a screening test event for MIS purposes and for establishing random rates.

**Section IV, Column 9. Cancelled Tests** ~ This column requires a count of the number of tests in each testing category that the BAT or STT reported as cancelled. Do not count any cancelled tests in Column 1 or in any other column other than Column 9. For instance, you must not count a 0.04 screening result or confirmation result in any column, other than Column 9, if the test was ultimately cancelled for some reason (e.g., a required air blank was not performed).

[Example: If a pre-employment test was reported cancelled, “1” would be entered in Column 9 on the Pre-Employment row. If three of the company’s random test results were reported cancelled, “3” would be entered in Column 13 on the Random row.]

**TOTAL Line. Columns 1 through 9** ~ This line requires you to add the numbers in each column and provide the totals.

**Appendix:**

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

*[The ONE DOT MIS form, OMB No. 2105-0529, is reproduced on the next page  
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**PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2105-0529. The Department of Transportation estimates that the average burden for this report form is 1.5 hours. You may send comments regarding this burden estimate or any suggestions for reducing the burden to: U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, Room 10403, 400 Seventh Street, SW, Washington, D.C. 20590; OR Office of Management and Budget, Paperwork Reduction Project, 725 Seventeenth Street, NW, Washington, D.C. 20503.

Title 18, USC Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.