



AMERICAN TAXI

**APPLICANT INFORMATION**

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

**\*\*Any Criminal background is against Company Policy, and we are unable to proceed with your application\*\***

**EDUCATION**

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT – MINIMUM 10 YEARS (PLEASE USE SEPARATE PIECE OF PAPER IF NECESSARY)**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**MISCELLANEOUS**

What did you like most/least about your previous positions?

What valuable qualities do you feel you could bring to our Company?

Why do *you* want to associate with our Company?

Do you have any limitations that preclude you from performing the essential functions of the position you're applying for? If so, please describe:

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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**AUTHORIZATION**

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact my current employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or reference in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Personal Data

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
Current Address                                      Dates Lived Here

\_\_\_\_\_  
Addresses for the Past Seven Years: (include street, city, state, zip code)                                      Dates of Residence

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date of Birth                                      Other Names Used (including maiden name)                                      Years Used

\_\_\_\_\_  
Social Security Number                                      Driver's License #                                      State

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

I certify that all of the elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## EMERGENCY INFORMATION

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

MARRIED:            (Circle One)        YES            NO

IF YES, SPOUSE'S NAME AND WORK PHONE NO.: \_\_\_\_\_

\_\_\_\_\_

IN CASE OF EMERGENCY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_

FAMILY DOCTOR AND PHONE NO. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

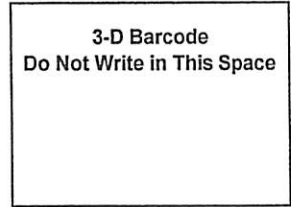
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR**
2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Bookkeeper	
Last Name (Family Name) Storez	First Name (Given Name) Catherine	Employer's Business or Organization Name Unique Limousine Services, Inc.		
Employer's Business or Organization Address (Street Number and Name) 1900 Crooked Hill Rd. P.O. Box 60264		City or Town Harrisburg	State PA	Zip Code 17106

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<p align="center"><b>LIST A</b> Documents that Establish Both Identity and Employment Authorization</p>	<p align="center"><b>LIST B</b> Documents that Establish Identity</p>	<p align="center"><b>LIST C</b> Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
<p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport, and</p> <p>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p>	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
	<p>9. Driver's license issued by a Canadian government authority</p>	
	<p><b>For persons under age 18 who are unable to present a document listed above:</b></p>	
	<p>10. School record or report card</p>	
	<p>11. Clinic, doctor, or hospital record</p>	
	<p>12. Day-care or nursery school record</p>	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

**SALGALS, Inc. t/d/b/a American Taxi**

**Drug and Alcohol Testing Policy<sup>1</sup>**

I. Legal Authority:

SALGALS, Inc. t/d/b/a American Taxi has the legal authority to require the safety-sensitive employees, as defined herein, to comply with a substance abuse testing program. This policy and procedure document is meant to adhere to all applicable federal regulations governing work place anti-drug and alcohol programs in the transit industry.

In February 1994, the Federal Transit Administration (FTA) published regulation that prohibit illegal drug use and alcohol misuse by transit employees and require transit agencies to test for prohibited drug use and alcohol misuse for safety-sensitive employees. These regulations are 49 CFR part 653, "Prevention of Prohibited Drug Use in Transit Operations," and 49 CFR part 654, "Prevention of Alcohol Misuse in Transit Operations." In addition, the U.S. Department of Transportation (DOT) has also published 59 CFR part 29 "the Drug-Free Workplace Act of 1988," which required the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA. Updates to policy reflect 49 CFR part 655, as amended.

This policy incorporates those requirements for safety-sensitive employees and others when so noted. Any policy element that is not mandated through the FTA regulations is indicated in Italics.

II. Policy Statement:

SALGALS, Inc. t/d/b/a American Taxi prohibits the use of controlled substances (drugs), the misuse of prescriptive medicines, and the abuse of alcohol by employees, which can influence their ability to perform their duties. American Taxi and the community it serves, has the right to expect the employees in service to the public to be drug and alcohol free while working for or on American Taxi property.

*Any safety-sensitive employee who is suspected of being intoxicated, impaired, under the influence of a prohibited substance, or not fit for duty shall be suspended from job duties pending an investigation and verification of condition. Employees found to be under the influence of prohibited substances or who fail to pass a drug or alcohol test shall be removed from his/her safety-sensitive function and subject to the provisions of Article XIV of this policy. A drug and alcohol test is considered positive if the individual is found to have a quantifiable presence of*

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<sup>1</sup> Any policy element that is not mandated through FTA regulations or DOT is indicated in Italics.

a prohibited substance in the body above the minimum thresholds defined in 49 CFR Part 40, as amended.

No employee may perform a safety sensitive function (as defined herein) while that employee has a prohibited drug in his/her system or a breath alcohol concentration of 0.02 or higher. Safety-sensitive employees are not permitted to consume alcohol under certain circumstances:

- Four (4) hours before performing a safety-sensitive function;
- While performing a safety-sensitive function;
- After a fatal accident until the employee has been tested, or after eight (8) hours has elapsed, whichever occurs first; or
- After a nonfatal accident unless the employee's involvement can be completely discounted as a contributing factor to the accident, the employee has been tested, or eight (8) hours has elapsed.

American Taxi employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances on American Taxi premises, in transit vehicles, in uniform, or while on American Taxi business. This prohibition is in accord with the Drug-Free Workplace Act. Employees must notify American Taxi of any criminal drug statute conviction for a violation occurring within the work place no later than 5 days after conviction. In turn, American Taxi must notify the Federal Transit Administration within 10 days after receiving notice of such conviction whether it is from the employee or other sources (e.g., the police or the courts).

This policy applies, and the procedures and standards set forth apply, to all American Taxi employees, part-time and full-time, performing safety-sensitive functions, including those employees of firms under contract to American Taxi for public services when they are performing any transit-related, safety-sensitive business.

A safety-sensitive function is any duty related to the safe operation of mass transit services and includes:

- Operating a revenue service vehicle, whether or not the vehicle is actually in revenue service;
- Dispatch or controlling movement of a revenue service vehicle;
- Maintenance of a revenue service vehicle or equipment used in revenue service including all individuals engaged in engine and part repair, rebuilding and overhaul. (Contractors that perform less routine activities such as warranty, overhaul, component rebuilds, or rehabilitation work are not included);
- Operation of a non-revenue service vehicle that requires a CDL;
- Security personnel who carry firearms.

Categories of American Taxi employee's subject to substance abuse testing under this policy are:

- **Taxi Operators / Para-Transit Operators**
- **General Managers and Supervisors**
- **Maintenance and Mechanical Employees**
- **Dispatchers and Office Clerical Employees**

Also, DOT regulates that any employee who may be considered to have contributed to an accident either through vehicle maintenance or through the control of said vehicle by supervisory direction, shall be subject to post-accident testing.

Participation in the company's drug and alcohol testing program is a requirement of each safety-sensitive employee, and therefore, is a condition of employment.

American Taxi shall distribute copies of the drug and alcohol testing policy to all employees. Each employee must sign a receipt that he/she has received such document. Each employee is expected to read, understand and follow all the policies and procedures set forth with regard to this matter.

### III. Proper Application of the Policy<sup>1</sup>

American Taxi is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, Supervisors/Managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any Supervisor/Manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, *will be subject to disciplinary action.*

### IV. Definitions

For the purpose of this policy and procedure, the terms and definitions as contained in **Appendix B** provided herein shall apply.

### V. Prohibited Conduct

The use and ingestion of illegal drugs is prohibited at all times, and employees may be randomly tested at anytime while on duty.

### VI. Drug Urinalysis and Breath Alcohol Testing Procedures<sup>1</sup>

<sup>1</sup> Any policy element that is not mandated through the FTA regulations or DOT is indicated in Italics.

<sup>1</sup> Any policy element that is not mandated through the FTA regulations or Dot is indicated in Italics.

All safety-sensitive employees will be subject to analytical urine drug testing and breath testing for alcohol. Any safety-sensitive employee, who refuses to comply with a request for testing shall be immediately removed from their safety-sensitive function, referred to a (SAP), *and will be subject to the provisions of Article XIV of the policy.* Any safety-sensitive employee who is suspected of providing false information in connection with a test, or who is suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection. *Verification of these actions will be subject to the provisions of Article XIV of the policy.* Refusal can include an inability to provide sufficient quantities of a urine specimen or breath sample without a valid medical explanation, refusal to take the test (verbal refusal or physical absence), tampering with or attempting to adulterate the specimen or interfere with the collection procedure, not reporting to the collection site in the time allotted, or leaving the scene of an accident without a valid reason before the tests have been conducted.

Validity testing must be conducted on all urine samples. 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. Employees, whose urine sample, test as having been adulterated or substituted will have the right to request a test of their split sample. Employees can present a legitimate medical explanation to a medical review officer for an adulterated or substituted sample. Legitimate medical explanation is described in **Appendix L.**

All safety-sensitive employees shall be subject to testing prior to employment, for reasonable suspicion, and following an accident as defined herein. Employees who perform safety-sensitive functions as defined herein, shall be subject to random, unannounced testing. In addition, all safety-sensitive employees will be tested prior to returning to duty after failing a drug or alcohol test and after the completion of the Substance Abuse Professional's recommended treatment program.

Any safety-sensitive employee that has a confirmed positive drug or alcohol test, or refuses to submit to a test will be removed from his/her safety-sensitive function, informed of educational and rehabilitation programs available and referred to a Substance Abuse Professional, and will be subject to follow-up random, unannounced testing. Follow-up testing will be conducted for a period of one to five years with at least six tests performed during the first year.

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 consistent with the procedure put in 49 CFR Part 40, as amended, which is included herein by reference. Testing will be done in a private enclosure, you will be asked to provide at least 45ML of urine. The temperature of the specimen will be checked and visually examined for signs of tampering or

adulteration. The specimen will be split into 2 specimen bottles (30ML primary sample, 15ML in the second bottle) both specimens will be labeled and sealed in full view of the employee. Employee must initial labels after labels are applied to bottles. Split samples, defined in **Appendix M** are available for testing upon request of an employee after having received a verified positive result or a verified adulterated or substituted result.

The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines and phencyclidine. The thresholds for the drugs tested are defined in **Appendix C**. An initial drug screen will be conducted using the split specimen collection method on each urine specimen. 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 present are above the minimum thresholds established in 49 CFR Part 40, as amended. All drug tests performed under the authority of the (DOT) including the FTA, must utilize the standard DOT Chain of Custody and Control form with unique identification numbers. Tests performed using forms other than the DOT form will not be considered valid FTA tests.

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 and certified Breath Alcohol Technician (BAT). The test will be performed by the employee blowing into a small tube attached to the EBT. Evidential breath testing device and Breath Alcohol Technician are defined in **Appendix F**.

The BAT will read the results and determine if a confirmatory test is required. 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. Confirmation tests must observe a fifteen (15) minute waiting period and during this time the employee cannot eat, drink, or put any object or substance in their mouth, and to the extent possible, belch during the waiting period before the confirmation test. The time period begins with the completion of the screening test, is not to be less than 15 minutes, and will be conducted within 30 minutes of the completion of the screening test.

If the screening and confirmation test results are not identical, the confirmation test result is deemed to be the final result upon which any action under operating administration rules are to be based. A safety-sensitive employee who has a confirmed alcohol concentration of greater than 0.02 but less than 0.04 will be removed from his/her safety-sensitive position for eight (8) hours unless a retest results in concentration measure of less than 0.02.

An alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy and a violation of the requirement set forth in 49 CFR Part 654 for safety-sensitive employees. The effects of alcohol abuse/misuse are defined in **Appendix I**.

An employee who is not able to provide a sufficient amount of breath for an alcohol test will be given a second breath test and, if necessary, a third. If the employee is still not able to provide a sufficient amount of breath, the Program Manager or Alternate must be notified. Upon notification of the employees failure to provide sufficient breath, the Program Manager or Alternate must direct the employee to obtain an evaluation from a licensed physician, acceptable to the employer, who has expertise in the medical issue raised by the employee's failure to provide sufficient breath. The employee has five business days to obtain an evaluation.

The physician must make one of the following conclusions and may not provide any additional information to the Program Manager or Alternate:

- A medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of breath. In this case, the test is cancelled. A valid medical condition in this instance may include an ascertainable physiological condition (e.g., a respiratory system dysfunction) or a medically documented pre-existing psychological disorder, but will not include unsupported assertions of "situational anxiety" or hyperventilation.
- There is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of breath. This constitutes a refusal to test.

An alcohol test must be conducted just before, during, or just after performing a safety-sensitive function. Tests for breath alcohol will be recorded on forms identified in **Appendix A** of 49 CFR Part 40 as required by the FTA.

Any safety-sensitive employee who has a confirmed positive drug or alcohol test, or refuses to test will be removed from any safety-sensitive function, informed of educational and rehabilitation programs available, and referred to a Substance Abuse Professional (SAP), as defined in **Appendix H**, for assessment. A positive drug and/or alcohol test may also result in disciplinary action up to and including termination.

American Taxi affirms the need to protect individual dignity, privacy and confidentiality throughout the application of this policy and procedure.

American Taxi will strictly adhere to all standards of confidentiality and assure all employees that testing records and results will be released only to those authorized by the FTA rules to receive such information.

American Taxi will only release information under this policy in a form that insures confidentiality. American Taxi will maintain a written confidential record with respect to each past employer contracted.

**Drug and alcohol testing categories:**

Pre-employment (drugs only)  
Reasonable Suspicion  
Post-Accident  
Random  
Employee Requested

**Pre-employment:** <sup>1</sup>All safety-sensitive position applicants shall undergo urine drug testing immediately following the offer of employment, or transfer into a safety-sensitive position. Receipt by the transit system of a negative drug test result is required prior to employment before the employee can perform any safety-sensitive duties. *Failure of a pre-employment drug test will disqualify an applicant for employment.* Pre-employment drug tests for disabled individuals unable to provide sufficient volume can be reported as negative, if medical examination shows no evidence of illegal drug use. Prior to the collection of a urine sample, an applicant for employment shall be notified that he/she will be tested for the presence of controlled substances. Employees that have been out on extended sick leave for a period of 90 days or more will be removed from the random listing and be required to take a pre-employment drug test before returning to their safety-sensitive position.

**Reasonable Suspicion:** All safety-sensitive employees shall be subject to testing based upon reasonable suspicion when there are reasons to believe that drug or alcohol use will adversely affect job performance. A reasonable suspicion referral for testing will be made on the basis of documented, objective facts and circumstances, which are consistent with the short-term effects of substance abuse. Reasonable suspicion testing may not be based on employee records.

Reasonable suspicion referrals requires a positive ID by one supervisor, trained to detect the signs and symptoms of drug and alcohol use/misuse, and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or misuse. The term supervisor refers to job function rather than job title.

**Post-accident:** <sup>1</sup> All safety-sensitive employees will be required to undergo a urine and breath test if they are involved in an *accident with an American Taxi vehicle* (regardless of whether or not the vehicle is in revenue service). This includes all surviving safety-sensitive employees that are on-duty in the vehicles and any other whose performances could have contributed to the accident. In addition, a post-accident test will be conducted if an accident/incident results in injuries requiring immediate transportation to a medical treatment facility, or one or more vehicles incurs disabling damage.

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<sup>1</sup> Any policy element that is not mandated through FTA regulations or DOT is indicated in Italics.

Following an accident, the safety-sensitive employees will be tested as soon as possible – within two (2) hours - but not to exceed eight (8) hours for alcohol breath testing and thirty-two (32) hours for drug urine testing. If the alcohol breath test cannot be performed within 2 hours, a written explanation must be made for the record. Any safety-sensitive employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until he/she undergoes a post-accident alcohol test. Any safety-sensitive employee who leaves the scene of the accident without justifiable explanation prior to submission to drug and alcohol testing will be considered to have refused the test and their *employment terminated*. Employees tested under this provision will include not only the operations personnel but, any other covered employees whose performance could have contributed to the accident. Employees tested under this provision will be placed back to work after being tested.

**Random:** Employees in safety-sensitive positions will be subjected to random, unannounced testing. The selection of safety-sensitive employees for random alcohol and urine drug testing will be made using a scientifically valid method that ensures each covered employee that they will have an equal chance of being selected each time selections are made. The random tests will be unannounced and spread throughout the year. Unannounced random testing required of safety-sensitive employees at an annual rate equal to 10% of safety-sensitive employees for alcohol testing and 50% of safety-sensitive employees for drug testing.

**Employee Requested:** <sup>1</sup> employees who tests positive for drugs may request that an additional test be conducted. This test must be conducted at a different testing DHHS- certified laboratory. The test must be conducted on the split sample that was provided by the employee at the same time as the original 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 employee's request for a split sample test must be made in writing to the MRO within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted if the delay was due to documentable facts that were beyond the control of the employee.

## VIII. Terms & Conditions

If an employee will be taking both a DOT alcohol test and a DOT drug test the alcohol screening must be completed first.

The procedures and guidelines for urine specimen collection and breath alcohol concentration testing are as follows:

A. When required to undergo a urine or breath test as detailed in this policy and procedure manual, an employee shall submit to said test. Failure to comply with said requirement, either verbally or in writing, shall be considered refusal

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<sup>1</sup> Any policy element that is not mandated by FTA regulations or Dot is indicated in Italics.

and shall be treated as a positive test. At a minimum, an employee may not perform safety sensitive functions.

Employees performing safety-sensitive functions are required to submit to testing if:

- There is a demonstrable good faith effort by American Taxi by observation or report of the employee's behavior by a trained supervisor, that the employee is impaired, or has been impaired in the performance of his/her duties, due to the use of alcohol or the five prohibited drug(s), or
- The employee is involved in an accident/incident with an American Taxi owned vehicle where a person required transport to a medical facility treatment or when disabling damage is done to one or more vehicles, or
- Where an employee is involved in an accident/incident which results in a fatality.

B. If American Taxi orders an employee to submit to a test under the Reasonable Suspicion component of this policy, he/she will be immediately removed from all safety-sensitive functions. Employees tested under the reasonable suspicion provision of this policy shall be removed from safety-sensitive functions if:

- A trained supervisor can articulate and substantiate physical behavior and performance indicators of probable drug use or alcohol misuse by observing the appearance, behavior, and speech or body odors of the covered employee.

Employees tested under the post-accident provision of this policy shall be removed from safety-sensitive function if:

- There is a fatality
- As a result of the accident/incident, someone has been transported to a medical facility for treatment
- As a result of the accident one or more vehicles has disabling damage.

C. The laboratory testing procedures shall conform to those listed in 49 CFR Part 40 of the federal regulations. In the event an analysis by weight of the alcoholic content of the employee's breath shows the presence of alcohol; presumptions shall apply in accordance with the following:

- If the presence is 0.00 to 0.019 the test is considered negative and no action is required.
- If the presence is 0.02 to 0.039, the employee is to be removed from any safety-sensitive function for eight (8) hours or until such time as the breath alcohol concentration reads below 0.02.
- If the presence is 0.04 or greater, the test shall be considered positive and the employee removed from any safety-sensitive function for at least 8 hours or until he/she "passes" a breath alcohol test, that is, where the

<sup>1</sup>reading is 0.019 or less. The employee will also be referred to a Substance Abuse Professional for assessment and advised of educational and rehabilitation alternatives.

- D. The concentration of alcohol is expressed in terms of grams of alcohol per 210 liters of breath as measured by an EBT.
- E. American Taxi shall require the specimen collection site to use a “split sample” method of collection as described in 49 CFR Part 40. This means that the urine sample collected shall be split between two separate sample containers shall be submitted to the testing lab; one for screening and confirmation testing analysis, the other maintained for possible future testing purposes.
- F. If the first sample yields a positive result on confirmation, the employee shall have the right within 72 hours of being notified that the sample tested positive, to request that the second sample be sent for testing to a laboratory selected by either the employee or the MRO, provided that the lab is certified to perform such tests by the (DHHS). If the analysis of the split sample fails to confirm the presence of the drug(s) detected in the primary specimen, or if the split specimen is not able to be analyzed, or if the results of the split specimen test are not adequate scientifically, the original “positive” test shall be cancelled and the incident recorded as neither, therefore, neither negative nor positive.

At the time the specimens are drawn, the employee shall be required to show I.D. for the testing procedures. Failure to show I.D. constitutes a refusal to submit to the tests within the meaning of subparagraph VIII. The employee will also be informed as to the specimen collection procedures. Immediately after the specimens are drawn, the individual bottles or tubes shall, in the presence of the employee be labeled and then initialed by the employee. The employee has an obligation to identify each specimen and initial same. Failure to do so constitutes failure to submit to the test within the meaning of subparagraph VIII. A. Procedures to obtain specimens shall conform to those set forth in 49 CFR Part 40 of the federal guidelines. What is required by the employee, and the collector at the collection site is defined in **Appendix D**.

- G. “Chain of Custody” procedures as described in 49 CFR Part 40, shall be implemented by American Taxi’s specimen collection site and the DHHS-certified laboratory.

If there is a positive screen and confirmatory test result, it shall be conclusive that the employee was impaired while at work by the presence of alcohol, and/or one of the 5 prohibited drugs. An employee

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<sup>1</sup> Any policy element that is not mandated through FTA regulations or DOT is indicated in Italics.

who reports to work in an impaired condition will be immediately removed from any safety-sensitive duties or functions.

- H. If the chemical analysis of the employee's urine and/or breath establish that the employee is to be considered to have been unimpaired, the employee shall be compensated in accordance with the standard pay procedures for all time lost from work.
- I. American Taxi shall keep appropriate records of all testing activities in the manner and for the periods set forth in 49 CFR Part 40 (see Records and Specimen storage). It is understood that the necessary reporting requirements of the federal guidelines will be carried out by the Authority as well.
- J. Any employee who refuses to take a test, or who fails to pass a test will be removed from his/her safety-sensitive position, and referred to a SAP.
- K. Refusals. As indicated above, any employee who refuses to take a required drug or alcohol test, shall be considered to have given a positive test. Other actions equating to refusals:
  - Conduct that prevents the completion of a required drug or alcohol test. Examples: refusing to cooperate with collection site personnel, or, not signing the required forms, or, showing incorrect ID or not having ID.
  - Written conclusion by the physician involved that the employee's inability to provide a drug or alcohol test has no medical cause.
  - Failure to arrive in a timely manner – or at all – at the collection site for a required test.
- L. Individual test results may not be released to anyone other than the parties identified in this policy, without the written consent of the employee involved and so long as that consent identifies the particular person receiving the information. These arrangements are to be made directly with the Medical Review Officer (MRO), defined in **Appendix G**.

**IX. DHHS – Certified Laboratory**

The Authority shall contract with a Department of Health and Human Services (DHHS) Certified laboratory to conduct the substance abuse specimen tests. Currently that laboratory is WorkNet. WorkNet can be reached by calling 717-566-8400.

X. Access to Facilities and Records<sup>1</sup>

American Taxi will strictly adhere to all standards of confidentiality *and* assure all employees that testing records and results will be released only to those authorized by the FTA rules to receive such information.

American Taxi shall release information regarding a covered employee's record as directed by specific, written consent from the employee authorizing release of the information to an identified person. A covered employee is entitled, upon written request; to obtain copies of any records pertaining to his/her use of prohibited substances, including any records pertaining to test results.

American Taxi may disclose information that is required to be maintained to the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee tested. When requested by the National Transportation Safety Board (NTSB) as part of an accident investigation, American Taxi shall disclose information related to its administration of the drug and alcohol tests following the accident investigation. Records shall be made available to subsequent employers upon receipt of written request from the covered employee. American Taxi shall disclose data for its drug and alcohol testing program and any other information pertaining to its anti-drug and alcohol testing program, when requested by the Secretary of Transportation or any DOT agency with regulatory authority over American Taxi

XI. Records and Specimen Storage

The MRO is required to keep positive test results for five (5) years and negative results for one (1) year.

The primary urine specimen (Bottle A) is maintained by the DHHS-certified laboratory for one (1) year. 49 CFR Part 40 requires laboratories to maintain (Bottle B the split specimen) for a period of sixty (60) days after it acquires it. At the end of sixty days, the laboratory may discard the specimen, unless it is specifically requested by the MRO to maintain it for a longer period. The specimens are to be maintained at temperatures required to ensure the integrity of the specimens. The BAT testing site will maintain calibration records for the EBT and a quality assurance plan to ensure the accuracy and integrity of the testing device as required by FTA.

American Taxi, the employer, shall keep records for verified negative test results for one (1) year, collection and employee training documentation two (2) years, and verified positive tests, refusals, SAP referrals, MIS reports and EBT calibration documentation five (5) years. Such records shall be kept in an isolated filing cabinet, which is locked. Access shall be limited to the Program Manager.

**Employee Access to Records:**

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<sup>1</sup> Any policy element that is not mandated through the FTA regulations or Dot is indicated in Italics

A covered employee, is entitled, upon written request to the Program Manager, to obtain copies of any records pertaining to the covered employee's use of prohibited drugs, and alcohol, including any records pertaining to his/her drug tests. American Taxi shall provide promptly the records requested by the employee. Access to a covered employee's records shall not be contingent upon payment for records other than those specifically requested.

## XII. Random Testing Procedures: Details

American Taxi requires that an employee, who performs a safety-sensitive function, shall be subject to drug and/or alcohol testing on an unannounced and random basis.

American Taxi must conduct a total number of random tests for drugs equal to 50% of all safety-sensitive employees and an alcohol testing equal to 10% of all safety sensitive employees on an annualized basis. Tests will be conducted at different times of the workday, on different days of the week and different weeks of the month in order to avoid establishing patterns.

The primary purpose of random testing is to act as a deterrent to substance abuse whether it is a prohibited or prescription drug use or the abuse of alcohol. The motive is public safety and not apprehension and punishment, although these latter may occur.

***American Taxi reserves the right to terminate any employee who refuses to submit to a drug or alcohol test under conditions contained in this policy and procedure guide.***

### Random selection and confidentiality:

All eligible American Taxi employees who perform safety-sensitive functions will be placed in a common selection pool. American Taxi's agent, US Health Works, using a computer-based, random number generation program, will select the numbers. This list is held in a computer program without any correlation to actual employee names to avoid any selectivity bias. The random numbers selected will be performed independently, that is, blindly, without relation to specific names.

All safety-sensitive employees remain in the random selection pool at all times regardless of whether or not they have been previously selected to testing.

The random testing will be done on an unannounced basis and employees will be taken to the testing lab upon notification. Employees will be individually and discretely notified that they have been selected. Every attempt is being made through this process to maintain confidentiality and minimize the inconvenience

this policy may cause employees. *In all cases, innocence is presumed until indications are otherwise received.*

Employees will be given notice as to their selection for testing just before reporting to work, while at work, or just after the end of a work shift. An employee who is notified that he/she must report to the testing site in mid-shift, will be replaced by another employee during the time it takes to report and complete the test.

The Random Testing Procedure:

The Manager or Supervisor/Dispatcher, will notify the selected employee – in a discreet and confidential manner – no more than one (1) hour before the test is to be conducted.

The employee will go promptly to the testing site. Lab technicians will complete the appropriate forms and conduct the collection and perform the breath alcohol concentration test in privacy and with every consideration of the individual's comfort.

Results of the laboratory urine tests will be reported to American Taxi's Medical Review Officer. The task of the MRO is to protect the rights of the employee by reviewing the test findings, afford the individual an opportunity to discuss the test results and make a final determination whether the test is negative or positive and, if positive, is there a medical explanation for the result.

Breath alcohol test results are available immediately and will be shared with the employee. Urine test results will be available in 72 hours or less.

If a urine specimen tests "positive" that is, an illegal or controlled drug is detected through this process, the employee will be contacted by the Medical Review Officer. The MRO will offer the employee an opportunity to review the test results. If the MRO verifies that the test is legitimately positive, the employee must be removed from any "safety-sensitive function" and the appropriate steps will follow. The employee will be informed by the MRO that he/she has the right to a separate, independent testing analysis by another lab, but that the request for such testing must be made within 72 hours after notification.

Any employee who fails to pass a drug test (tests positive for the set of prohibited drugs) must be removed from his/her safety-sensitive function.

An employee who fails an alcohol breath test (has a reading of 0.04 or greater) must be removed from revenue service for at least eight (8) hours.

An employee whose breath test reveals a reading of 0.02 to 0.039 will not be allowed to return to revenue service for eight (8) hours or until the reading is 0.019 or less.

XIII. System Contact

*Any questions regarding this policy or any aspect of the drug-free and alcohol-free transit program should contact the following American Taxi representatives:*

Manager

Name: Jim Salinger  
Title: General Manager  
Address: 1900 Crooked Hill Road  
Harrisburg, PA 17110  
Telephone: (717) 233-4431 ext. 109

Medical Review Officer

Name: Irvin D. Franklin  
Address: 360 North Oxford Valley Road  
Langhorne, PA 19047

Substance Abuse Professional

Name: Vince Craig  
Address: Mazzitti & Sullivan  
3207 N. Front Street  
Harrisburg, PA 17110  
Telephone: 717-901-5652

XIV. Discipline<sup>1</sup>

*Under FTA regulations, discipline for program violations are determined at the local level. American Taxi policy for prohibited conduct is as follows:*

- 1. Any safety-sensitive employee who tests positive for alcohol from a random, reasonable suspicion, or post-accident test at a 0.04 alcohol level or higher, or;*
- 2. Any safety-sensitive employee who tests positive under random, post-accident, or reasonable suspicion for the presence of illegal drugs will be terminated from his/her employment with American Taxi.*

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<sup>1</sup> Any policy element that is not mandated through the FTA regulations or DOT is indicated in Italics.

CONFIDENTIALITY/INFORMATION SHARING

I understand that the information will be limited to only on a need to know basis.  
The information is considered confidential and will not be shared beyond those  
identified above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Supervisor Signature

\_\_\_\_\_  
Date

## Appendix A

### Drug and Alcohol Testing Policy Bulletin

Recognizing that there is a longer term, secondary affect of drug and alcohol use that has an impact on judgment and physical coordination, American Taxi prohibits the use of controlled substances and the excessive use of alcohol which can influence an employee's ability to perform his or her duties. American Taxi has the right to expect those employed in service to the public to be drug and alcohol free while working or on American Taxi property.

No employee may perform a safety-sensitive function while that employee has a prohibited drug in his/her system or a breath alcohol concentration (based on grams per 210 liters) of 0.02 or higher. Employees must notify American Taxi of any criminal drug statue conviction for a violation occurring while on duty no later than 5 days after conviction. In turn, American Taxi must notify the Federal Transit Administration (FTA) within 10 days after receiving notice of such conviction whether it is from the employee or other sources (e.g., the police or the courts).

This policy applies, and the procedures and standards set forth apply, to all American Taxi employees in safety-sensitive positions, and to those employees under contract to American Taxi for public services. All employees of American Taxi are responsible for adherence to the policy, the procedures and standards of performance.

American Taxi shall distribute copies of the drug and alcohol testing policy to its employees. Each employee shall sign for such documents. Each employee is expected to read, understand and follow all the policies and procedures set forth with regard to this matter. Any questions about the policies and procedures are to be directed to Jim Salinger, 717-232-4431, ext 109.

**Note: Items not mandated by FTA or DOT regulations appear in the policy in Italics.**

## **Appendix B**

## Terms & Definitions

Accident/Incident - 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;

One or more vehicles incurs disabling damage requiring towing from scene.

For purposes of this definition, “disabling damage,” means damage that 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, but does not include damage that can be remedied temporarily at the scene of the occurrence without special tools or parts; tire disablement without other damage even if no spare is available; or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative;

Air Blank - A reading by an EBT of ambient air containing no alcohol.

Alcohol - The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol's including methyl or isopropyl alcohol.

Alcohol Concentration - The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under this part.

Alcohol Use - The consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.

Aliquot - A portion of a specimen used for testing.

Canceled or Invalid Test - In drug testing, a drug test that has been declared invalid by a Medical Review Officer. A canceled test is neither a positive nor a negative test. For purposes of this part, a sample that has been rejected for testing by a laboratory is treated the same as a canceled test. In alcohol testing, a test that is deemed to be invalid under 40.81 of this part. It is neither a positive nor a negative test.

Chain of Custody - Procedures to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition. With respect to drug testing, these procedures shall require that an appropriate drug testing custody from (see 40.23(a)) be used from time of collection to receipt by the laboratory and that upon receipt by the

laboratory (an) appropriate chain of custody form(s) account(s) for the sample aliquot within the laboratory.

Collection Site Person - A person who instructs and assists individuals at a collection site and who receives and makes a screening examination of the urine specimen provided by those individuals.

Confirmation Test - In drug testing, a second analytical procedure to identify the presence of a specific drug or metabolite that is independent of the screening test and that uses a different technique and chemical principle from that of the screening test to ensure reliability and accuracy. (Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine.) In alcohol testing, a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration.

Contractor - A person or organization that provides a service for a recipient, sub-recipient, employer, or operator consistent with a specific understanding or arrangement. The understanding can be a written contract or an informal arrangement that reflects an ongoing relationship between the parties.

Covered Employee - A person, including a volunteer, applicant, or transferee, who performs a safety-sensitive function for an entity subject to this part.

DHSS - The Department of Health and Human Services or any designee of the Secretary, Department of Health and Human Services.

DOT Agency - An agency of the United States Department of Transportation administering regulations related to drug or alcohol testing, including the United States Coast Guard (for drug testing purposes only), the Federal Aviation Administration, the Federal Railroad Administration, the Federal Highway Administration, the Federal Transit Administration, the Research and Special Programs Administration, and the Office of the Secretary.

Drug Metabolite - The specific substances produced when the human body metabolizes a given prohibited drug as it passes through the body and is excreted in urine.

Drug Test - The laboratory analysis of a urine specimen collected in accordance with 49 CFR Part 40 and analyzed in a DHSS-approved laboratory.

EBT or Evidential Breath Testing Device - An EBT approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's "Conforming Products List of Evidential Breath Measurement Devices" (CPL).

Education - Efforts that include the display and distribution of informational materials, a community service hot-line telephone number for employee assistance, and the transit entity policy regarding drug use in the workplace.

Employee – An individual designated in a DOT agency regulation as subject to drug and/or alcohol testing. As used in this part, “employee” includes an applicant for employment.

Employee Assistance Program (EAP) - A program provided directly by an employer, or through a contracted service provider, to assist employees in dealing with drug or alcohol dependency and other personal problems. Rehabilitation and re-entry to the work force are usually arranged through an EAP.

Employer - A recipient or other entity that provides mass transportation service or which performs a safety-sensitive function for such recipient or other entity. This term includes sub-recipients, operators, and contractors.

FTA - Federal Transit Administration

Initial Test (also known As Screening Test) - An immunoassay screen to eliminate “negative” urine specimens from further consolidation.

Medical Review Officer (MRO) - A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer’s 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 results together with his or her medical history and any other relevant biomedical information.

Operator - A transit entity that is a recipient, directly or indirectly, of Federal funds under Section 3, 9, or 18 of the U-F Act of 1964, as amended, or is a recipient of Federal assistance under Section 103(e)(4) of Title 23 of the U.S. Code.

Pass a Drug Test - An individual passes a drug test when a Medical Review Officer determines, in accordance with procedures in 49 CFR Part 40.

## Appendix C

### Thresholds for Drugs

The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

	Initial test level (ng/ml)
Marijuana metabolite	50
Cocaine metabolite	300
Opiate metabolites	2000
Phencyclidine	25
Amphetamines	1000

\* 25 ng/ml of immunoassay specific for free morphine.

	Confirmatory test level (ng/ml)
Marijuana metabolite*	15
Cocaine metabolite**	150
Opiates	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines	
Amphetamine	500
Methamphetamine ***	500

\* Delta-9-tetrahydrocannabinol-9-carboxylic acid

\*\* Benzoyl ecgonine

\*\*\* Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.

## **Appendix D**

### **Employee Specimen Collection Checklist**

Report to the specimen collection site as soon as possible after notification to report. Refusal to report for collection or refusal to cooperate with the collection process will result in a determination of a refusal to provide a specimen.

Show the collection site personnel an official photo ID card. (i.e. driver's license).

Remove outer clothing, including coveralls, jacket, coat, hat etc.

Leave outer clothing and personal items, including briefcases or purses (but not including wallets), with the collector or in a mutually agreeable location.

Display contents of pockets.

Rinse and dry your hands before the collection.

Obtain a wrapped container from the specimen collection personnel.

Proceed to the privacy enclosure and provide a specimen in the collection container. At least 45 milliliters of urine are required for analysis. If an insufficient amount of urine is provided, the original specimen will be discarded and you will be urged to consume not more than 40 ounces of fluids in three hours to provide another specimen. Do not tamper with the specimen or make substitutions. The specimen will be visually inspected for unusual color and sediment. Do not flush toilet after collecting the sample.

The temperature of the specimen will be measured and must fall within an acceptable range. If the temperature falls outside the acceptable range, you will be required to provide an oral temperature to counter any suspicion of tampering.

Give the specimen to the specimen collection personnel immediately without washing hands first, and watch the collector split the specimen into two specimen bottles, sealing and labeling of the bottles. Initial the labels verifying that the specimen is yours after the collector has sealed and dated the specimens.

You may wish to indicate on the back of your copy of the custody and control form any medications you are currently using. This list may serve as a memory jogger in the event a Medical Review Officer calls you to discuss the results of your test.

The results of the laboratory analysis will be forwarded to your employer's Medical Review Officer. If the results are negative (no drugs detected), the MRO will notify your employer. If the laboratory confirms a positive result (drugs detected), the MRO will contact you at the telephone number you provided to give you the opportunity to discuss the test results and to submit information demonstrating authorized use of the drugs in question.

### **What is Required of the Collector at the Collection Site**

Collectors must be knowledgeable on the DOT regulations and guidelines and keep current on any changes to those materials. In addition, the collector must complete qualification training followed by an initial proficiency demonstration of five consecutive error-free mock collections, including two uneventful collection scenarios and three problem collection scenarios. He/She must complete refresher training once every five years.

Collectors should begin the collecting procedures without delay and explain the collection procedures to you. The collector will ask to inspect the contents of your pockets for any material, which may be used to tamper with a specimen. They will determine whether any such material was brought to the collection site with the intent to alter the specimen.

They will limit collections to one employee at a time except in "sly bladder" situations where one employee is in the period of drinking water.

They will use the DOT collection kit and the Federal Drug Testing Custody and Control Form (CCF) for all DOT urine collections. They will check the specimen to ensure that it contains at least 45 mL of urine and that it is within the acceptable temperature range of 32-38 C/90-100 F; and is not an unusual color or does not contain any foreign objects or materials or other signs of tampering.

They will split the specimen in front of you, by pouring at least 30 mL of urine into one bottle, to be used for the primary specimen and at least 15 mL of urine into a second bottle, to be used for the split specimen. They will place and secure lids on the bottles and write the date on the tamper-evident seals and have you initial the bottle that it is your specimen.

## **Appendix F**

## **Evidential Breath Tester (EBT)**

### **Breath Alcohol Technician (BAT)**

#### Evidential Breath Tester

An evidential breath tester (EBT) is a device that measures alcohol concentration in the breath, which relates directly to the alcohol concentration in the blood, thus providing an accurate National Highway Traffic Safety Administration's (NHTSA) specifications for precision and accuracy. Once a device meets these specifications it is put on the NHTSA Conforming Products List (CPL). An EBT, listed on the NHTSA CPL, must be used for both screening (initial alcohol test, if test results in 0.02 or greater a confirmation test must be performed), and confirmation breath alcohol tests.

Quality Assurance Plans (QAP) for EBT's are a set of criteria used to confirm that steps have been taken, by the manufacturer, to provide standards for ensuring the accuracy of each instrument used for testing. Each EBT used for alcohol testing, either screening or confirmation, must have a QAP developed by the manufacture and approved by NHTSA.

#### Breath Alcohol Technician & Screening Test Technicians

Breath Alcohol Technicians (BATs) and Screening Test Technicians (STTs) will be the only people authorized to conduct DOT alcohol tests. An STT will only be able to conduct alcohol-screening tests, but a BAT can conduct both alcohol screening and confirmation tests. STTs and BATs must be knowledgeable about the DOT alcohol testing procedures and guidelines and must receive qualification training. BATs and STTs will be required, upon completion of the qualification training, to demonstrate their proficiency in alcohol testing by completing three consecutive error-free mock tests. In addition, refresher training will be required no less than every 5 years and error correction training will also be required. If an STT or BAT makes a mistake in the testing process and causes a test to be cancelled the error correction training will cover only the subject matter of the error and will include the performance of three consecutive error-free mock tests.

A Breath Alcohol Technician (BAT) has completed a NHTSA-approved course of instruction that provides training in the principles of EBT methodology, operation, and calibration checks. The BAT has had training on the fundamentals of breath analysis for obtaining a breath specimen, and interpreting and recording EBT results.

The BAT must notify the employer's representative immediately if an employee must be removed from his/her safety-sensitive duties. The BAT is knowledgeable about procedures for "insufficient volume of breath", and about what constitutes a test refusal or invalid test. A BAT cannot test any employee that he/she immediately supervises. A BAT may act as a screen test technician (STT), provided that the individual has demonstrated proficiency in the operation of the non-evidential screening device he/she is

using. Any other individual may act as an STT if he/she successfully completes a course of instruction concerning the procedures required by the DOT. Only the DOT model course, or a course of instruction determined by the DOT's office of Drug Enforcement and Program Compliance to be equivalent to it, may be used for this purpose.

## **Appendix G**

### **Medical Review Officer**

#### Medical Review Officer

The purpose of the MRO is to protect the rights of the employee. All drug testing laboratory results are received and reviewed by a qualified MRO to verify and validate test results.

The MRO is a licensed physician with basic knowledge and clinical experience in controlled substance abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results. MROs must also have knowledge about issues relating to adulterated and substituted specimens as well as the possible medical causes of specimens having an invalid result.

The MRO must be knowledgeable about the DOT regulations and guidelines and any DOT agency regulations that may apply and must keep current on any changes to those regulations and guidelines. MROs must receive qualification training, complete an examination covering all the elements of qualification training, and complete at least 12 hours of continuing education every three years.

The MRO conducts administrative review of the control and custody form to ensure its accuracy.

The MRO will review and interpret an individual's confirmed positive test by:

1. Reviewing the individual's medical history, including any medical records and biomedical information provided.
2. Affording the individual the opportunity to discuss the test result.
3. Decide whether there is a legitimate medical explanation for the result, including legally prescribed medication.

If appropriate, the MRO will request the laboratory to analyze the original specimen again to verify the accuracy of the reported test result.

The MRO will notify each employee that has a verified positive test result that he/she has 72 hours to request a split sample analysis. If requested, the MRO will direct, in writing, the laboratory to ship the split specimen to another DHHS-certified laboratory for analysis. The MRO will cancel the test, and report the cancellation and reasons for cancellation to the DOT, the employer, and the employee if analysis of the split specimen fails to confirm the presence of drug(s) or drug metabolite(s) found in the primary specimen, or if the split specimen is unavailable or inadequate.

The MRO will notify the employer when a retest is required – “Specimen unsuitable: cannot obtain a valid drug test result” and no suitable explanation or valid prescription provided by the donor.

The MRO will receive documentation of serious illness, injury, inability to contact the MRO, or other unavoidable circumstances that prevent the employee from contacting the MRO within 72 hours of being notified of the verified positive result.

The MRO will direct an analysis of the split specimen if he/she concludes that there is legitimate explanation for the employee’s failure to contact the MRO within 72 hours, then the MRO is not required to direct the analysis of the split specimen to be performed.

The MRO will report each verified test result to the designated person at the transit system (reporting of the positive result is not delayed pending the split specimen analysis).

The MRO will disclose a verified positive test result to the employer and the confidentiality that is required for medical information not specifically related to the use of drugs.

The MRO will transmit all test results in a timely and secure manner.

In the event of shy-bladder if after the three hours the employee is still not able to provide a sufficient specimen, the employee will be directed to obtain an evaluation from a licensed physician within 5 working days for an evaluation. The licensed physician must be acceptable to the MRO and must have expertise in the medical issues raised by the employee’s failure to provide a sufficient specimen.

The MRO will consider the evaluation of the physician and determine whether there was a high degree of probability that a medical condition precluded the employee from providing a sufficient amount of urine. If the employee does not have a valid medical condition, the failure to provide a sufficient specimen will be considered a refusal to test. If the MRO decides that the employee has a valid medical condition, the test must be cancelled and no further action will be required, except in situations, such as a pre-employment or return-to-duty test, where a negative result is mandated.

## Appendix H

### Substance Abuse Professional

#### Substance Abuse Professional

The FTA regulations require that any individual that has a verified positive drug test result or a BAC of 0.04 or greater must be referred to a substance abuse professional (SAP). The SAP determines what assistance, if any, the employee needs in resolving problems associated with prohibited drug use or alcohol misuse.

All individuals that have a verified positive drug test result or a breath alcohol test result of 0.04 BAC or greater must be referred to a SAP for assessment, even if the system's policy stipulates termination of an employee that receives a verified positive drug or alcohol test.

The SAP is a licensed physician (medical doctor or doctor of osteopathy), licensed or certified psychologist, social worker, employee assistance professional, or an 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.

The SAP evaluates whether a safety-sensitive employee that has refused to submit to a drug or alcohol test, has a verified positive drug test result, or a BAC of 0.04 or greater is in need of assistance in resolving problems associated with prohibited drug use or alcohol misuse.

The SAP evaluates whether a safety-sensitive employee that has a verified positive drug or alcohol test result, has complied with the SAP's recommendations.

The SAP recommends the number of months the returning safety-sensitive employee will be subject to follow-up testing after returning to duty (after the minimum six test during the first 12 months). The SAP will recommend the frequency of follow-up tests.

The SAP recommends whether the employee with a positive drug result should also be subject to return-to-duty and follow-up alcohol testing in accordance with 49 CFR part 40.

The transit system will monitor the SAP for conflicts of interest. The transit system is responsible for ensuring that the SAP is not referring employees to the SAP's private practice from which the SAP receives compensation or to a person or organization in which the SAP has a financial interest.

## **Appendix I**

### **Alcohol Fact Sheet**

This is the most abused drug in the United States today. It is commonly found in beer, wine, and liquor. It is used medicinally as a nighttime sedation, for appetite and digestion improvement, and anxiety relief.

Short-term effects of average use of alcohol are relaxation, increased confidence, loss of inhibition, decreased alertness and coordination. Some longterm effects of use/abuse of alcohol are psychological and/or physiological dependence and nutritional/gastrointestinal disorders. Malnutrition, elevated liver enzymes, cirrhosis, jaundice, organic brain syndrome, heart disease, (throat, stomach and digestive system) cancers, are all possible physical complications of alcoholism.

Withdrawal can lead to delirium tremens and possibly death. This possibility necessitates medically supervised detoxification if severe withdrawal is present.

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: Expect 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 or disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent 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 is doubled at night and on weekends.

Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.

The rate of separation and divorce in families with alcohol dependency problems is seven (7) times the average. 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.

## Appendix J

### Commonly Abused Drugs and their Effects on the User

The following drugs, legal as well as illegal, are those found to be most commonly abused by employees:

#### 1. Legal Drugs:

##### A. Amphetamines:

Amphetamines are classified as legal drugs when they are prescribed by a physician. Included in this group are Benzedrine (commonly known as bennies), Biphphetamine (Black Beauties), Desoxyn (Copilots), Dexedrine (Dex, Speed), Methadrine (Meth, Crank), Preludin, Ritalin, and Methamphetamine (Uppers, Speed).

Amphetamines are used medicinally for hyperkinesis, marcolepsy, fatigue, depression, and hyperactivity in children. Some of the short-term effects of the use of these drugs are increased alertness, pulse rate, and blood pressure, with a decrease in appetite and sense of fatigue. However, anxiousness and insomnia may also occur. These effects last an average of 2-4 hours. Long-term use/abuse of amphetamines may include paranoia, hallucinations, convulsions, In addition, there is also high risk of physiological dependence. Withdrawal symptoms include apathy, depression, and long periods of sleep.

##### B. Caffeine:

This is found in many beverages such as tea, coffee, colas, as well as chocolate. The short-term effects of use of caffeine are increased heartbeat and wakefulness. Some long-term effects of use/abuse of caffeine would be increased risk of heart disease/heart attack, and gastrointestinal disorders. Withdrawal can cause headaches, drowsiness and anxiety.

##### C. Barbiturates and Other Sedatives

Classified as legal drugs when prescribed by a physician. Included in this category are Phenobarbital (otherwise known as Phennies or Purple Hearts), Seconal (Reds, F-40's), Tuinal (Rainbows), Doriden (D), Noludar (Downers), Placidyl (Dyls), Quaalude, Sopor, Parest, Optimil, Somnofac (Ludes, 714's, Q's). These drugs are used medicinally as anesthetics, anticonvulsants, and sedatives. Short-term effects of average use of sedatives are similar to

alcohol, such as mild intoxication, loss of inhibition, slurred speech, and decreased alertness and physical coordination.

Barbiturate effects can last from 1-16 hours. There is also high to moderate risk of psychological and physiological dependence. Some long-term effects of use/abuse of sedatives are cold, clammy skin, dilated pupils, coma, and/or possible death. Tolerance to sedative effect increases, thereby increasing danger of lethal doses. Withdrawal can cause anxiety, insomnia, convulsions and possible death.

- D. **Tranquilizers and Other Depressants:** These drugs are classified as legal when prescribed by a physician. Included in these are Valium, Dalmane, Equanil, Miltown, Librium, Serax, Tranxene, Verstran, and Valmid.

These drugs are commonly known as Tranks, Downs, and Downers. They are used medicinally for relief of anxiety, muscle tension, and symptoms of alcohol withdrawal and as anticonvulsants.

The long-term effects of tranquilizers are the same as barbiturates, but the drug stays in the body longer so withdrawal symptoms may appear up to 2 weeks after use. They may also cause impaired sexual functions.

- E. **Opiates-Narcotics:** Morphine (or M), Codeine (Schoolboy), Methadone (Meth, Dollies), Demerol (Demies), and Percodan (Perkies), Meperidine and Hydromorphone. These are classified as legal when prescribed by a physician. Medicinally, narcotics are used as analgesics or painkillers. Codeine is commonly used as a cough suppressant.

Heroin and Opium are in the opiates-narcotics class of drugs, but are never prescribed for medicinal purposes in the United States. (Heroin is often referred to as H, junk, smack, scag, or horse.)

Short-term effects of the use of opiates-narcotics are mild to extreme euphoria, drowsiness, constricted pupils, and nausea. Effects of average doses vary from 2-6 hours. Long-term effects of use/abuse are lethargy, weight loss, convulsions, coma, and possible death. With most narcotics, there is also a high risk of psychological and physiological dependence. Withdrawal can cause loss of appetite, tremors, panic, chills, vomiting, and muscle spasms.

- F. **Inhalants:** Included in this category are Butyl Nitrite, Amyl Nitrite, and Nitrous Oxide. Butyl Nitrite (commonly known as Rush or Locker Room) is a compound available in common products such as glue, organic solvents, gasoline, correction fluid and freon. Short-term effects of

inhaling Butyl Nitrite are euphoria, relaxation, headache or dizziness. Long-term use/abuse may possibly result in brain damage.

Amyl Nitrite or Poppers is a chemically-related substance to Butyl Nitrite. It is a prescription drug with approximately the same effects. Medically it is used for angina pectoris.

Nitrous Oxide, otherwise known as laughing gas or whippets, is a clear gas used to lessen pain in dentistry, and is also used as a propellant in commercial products such as canned whipped cream. Its short-term effects are intoxication, sleepiness, or silly behavior. Long-term use/abuse may possibly result in brain damage.

#### IV. Illegal Drugs

##### A. Cannabis:

1. Marijuana, a product of the cannabis plant, is the most widely used of all illicit drugs. It is commonly known as Pot, Grass, Weed, Reefer and Dope. Its short-term effects are relaxation, euphoria, altered perception and disoriented behavior, and reddening of the eyes. These effects generally last 2-4 hours.

Frequent use of marijuana over long periods of time may cause damage to each of the major organ systems in the body. Long-term use is also linked with short-term memory loss, premature aging, and respiratory disease. Withdrawal can lead to insomnia, hyperactivity and decreased appetite. Tolerance to the effects of marijuana does occur with increasing use. In addition, both psychological and physical dependence can result.

2. Hashish or Hash, Hashish Oil, and Tetrahydrocannabinol or THC are also products of the cannabis plant. Their effects are similar to those of marijuana however, the concentration of THC in these forms of the drug can be four to twenty times that of marijuana.

##### B. Cocaine:

Its use has become extremely widespread in recent years and it is more commonly known as Coke, Snow, Blow, Nose Candy and Snort. Cocaine is most frequently snorted; however, it can be injected into the veins or muscles.

Its short-term effects are similar to amphetamine-like energy with the numbing effect of some narcotics. These effects generally last 1-2 hours. There is a very high risk of psychological dependence and tolerance and

actual physical dependence can best be described as a “compulsion to use”.

C. Hallucinogens and P.C.P.

Some of the illicit drugs included in this group are Lysergic Acid Diethylamide (LSD or Acid), Mescaline, Peyote, and Phencyclidine (PCP or Angel Dust). Their short-term effects are rapid and severe mood changes, illusions, hallucinations, and misperception of time and distance. Effects of these drugs can last for days. LSD and Mescaline generally last 8-12 hours. Scientific reports are insufficient regarding risk of dependence and withdrawal symptoms.

D. Heroin

Also known as H, Junk, Smack, Scag, or Horse, Heroin is an illicit drug in the opiates—narcotics class. Unlike other narcotics, it is never prescribed in the United States for medicinal purposes. The short-term effects are a “rush” or feeling of contentment, as well as detachment from the world. Breathing and heart activity are reduced. Constriction of the pupils, nausea, and increased perspiration also occur. There is a high risk of psychological and physiological dependence, with tolerance developing quickly. Long-term effects are similar to those of other narcotics.

## **Appendix L**

### **Legitimate Medical Explanation for a Particular Urine Test Result**

Employees are allowed to present a legitimate medical excuse to the MRO for a positive drug test result, a result indicating adulteration or substitution and an invalid result, before the result is verified. Where an MRO believes that a legitimate medical explanation may exist, the MRO may give employees up to 5 days to produce relevant evidence of such an explanation.

- For a confirmed positive test result for marijuana, cocaine, amphetamines, and/or PCP the employee bears the burden of proof that a legitimate medical explanation exists for the presence of the drug or metabolite in the specimen. If the MRO determines that a legitimate medical explanation does exist, the test result must be verified negative. Even where there may be a legitimate medical explanation, there may be fitness-for-duty considerations that the MRO could raise with the employer.

The use of a drug of abuse such as heroin, PCO or marijuana or any other substance that cannot be viewed as having a legitimate medical use can never be the basis for a legitimate medical explanation, even if the substance is obtained legally in a foreign country.

- For a confirmed positive test result involving opiates employees will be allowed to present a legitimate medical explanation for the presence of morphine or codeine at or above 15,000 ng/mL. Employees will not, however, be able to present a legitimate medical explanation for the presence of 6-acetylmorphine (6-AM) in a specimen. With respect to all other opiate positive results, the MRO, should verify the tests as negative unless there is additional clinical evidence of unauthorized use of any opium, opiate or opium derivative, including recent needle tracks, behavioral or psychological signs of intoxication or withdrawal, recent clinical of unauthorized use or use of a medication from a foreign country.
- For an adulterated or substituted specimen, an employee must meet the burden of proof by demonstrating that the adulterant entered the specimen through physiological means or that he or she did produce or could have produced urine, through physiological means, meeting the creatinine and specific gravity levels reported.
- In testing for adulteration, laboratories will test for the presence of substances not normally found in human urine or at concentration levels,

not consistent with human urine. In determining whether a specimen is diluted or substituted, the concentration of creatinine, a substance normally found in urine, will be measured. If the creatinine concentration is greater than or equal to 5 mg/dL, the specific gravity of the sample as compared to water must be measured.

If an MRO determines that a legitimate medical explanation may exist, the employee must be directed to obtain, within the 5 day period, a further medical evaluation by a licensed physician, acceptable to the MRO, with expertise in the medical issues raised by the employee's explanation. After receiving the evaluation of the referral physician, the MRO will determine whether there is a legitimate medical explanation for the laboratory test results. If there is, the test must be cancelled. If the MRO determines that there is not a legitimate medical explanation, the test will be reported as a verified refusal to test.

For an invalid specimen, the MRO must discuss the results with the certifying scientist and contact the employee and inquire as to medications the employee may have taken that may interfere with some immunoassay tests. If the employee provides an acceptable explanation, the MRO should cancel the test and note on the CCF that the cancellation was due to an invalid test and that a direct observation collection is not required. If the employee cannot provide an explanation but denies having adulterated the specimen, the MRO should cancel the test and note that a direct observation collection is required. If the employee admits adulterating the specimen, the MRO must report a refusal to test.

A direct observer must be the same gender as the employee. The observer must watch the urine go from the employee's body into the collection container.

What will not be considered a Legitimate Medical Explanation?

Someone slipped amphetamines into the employee's drink at a party, the employee unknowingly ingested marijuana in food or that the employee traveled in a closed car with several people smoking crack.

A physician's recommendation at an employee use of a drug listed in Schedule I of the controlled Substance Act (this applies even for medicinal marijuana which may be legal in some states).

Consuming or using hemp or other non-prescription marijuana-related products as a basis for the presence of marijuana.

Consuming cocoa teas as a basis for the presence of cocaine.

There is no legitimate medical explanation for the presence of PCP or 6-AM in a specimen.

Assertion that soap, bleach or glutaraldehyde entered a specimen through physiological means (not possible).

Assertion that an employee can produce urine with no detectable creatinine (not possible).

## Appendix M

### Split Samples

Split samples will be tested at a second certified laboratory.

What split samples are tested for:

For a verified positive result, the second laboratory must test the split sample for the drug or metabolite found in the primary specimen using the cutoff concentrations used in the first test. If the split sample test fails to reconfirm the presence of the drugs or metabolites that were found in the primary specimen, validity tests must be conducted on the split sample.

- If the split sample test fails to reconfirm the presence of the drug or metabolite or validity criteria, the second laboratory must transmit the specimen or an aliquot of it to another DHHS certified laboratory that will conduct another reconfirmation test.

For an adulterated test result, the second laboratory must test for the adulterant detected in the primary sample using the same criteria. The result of the primary specimen is reconfirmed if the split specimen meets the same criteria.

For a substituted test result, the split specimen must be tested using the same criteria used for the primary specimen. The result of the primary specimen is reconfirmed if the split specimen meets the same criteria.

How split sample tests are verified:

- After testing, the second laboratory must report to the MRO whether a result was reconfirmed or failed to reconfirm along with reasons for the failure. The MRO then verifies the results.
  - A reconfirmed positive test for a drug or metabolite will be verified positive.
  - A reconfirmed adulterated or substituted result should be reported as a refusal to test.
  - A failed to reconfirm for a drug or metabolite, adulteration or substitution should be reported as a cancelled test.

## Appendix N

### The Consequences for Each Drug Test Result

#### Verified positive drug test result

Upon receiving the initial report for a verified positive test result the employer must immediately remove the employee involved from performing safety-sensitive functions.

- The employer does not have to wait for the written report or the results of a split specimen test.
- The employee will not be allowed to perform any safety-sensitive functions until and unless the employee successfully completes the return-to-duty process.

#### Verified adulterated or substituted drug test result

Upon receiving the initial report of a verified adulterated or substituted test result, an employer must consider the result as a refusal to test and immediately remove the employee from performing safety-sensitive functions.

- The employer does not have to wait for the written report or the results of a split specimen test.

#### Positive-dilute urine specimen

The employer must treat this as a verified positive test as written above.

#### Refusal to test

If an employee refuses to provide a urine sample or otherwise comply with the urine collection procedures, the employer must immediately remove the employee from performing safety-sensitive functions.

#### Negative-Dilute urine specimen

The employer may, but is not required to, direct the employee to take another test immediately. Such re-collection may not be collected under direct observation, unless there is another basis for use of direct observation.

- With regard to requiring a second test, the employer must treat all employees with negative-dilute results the same.
- If the second test is reported as negative-dilute, a third test is prohibited.

#### Invalid urine specimen

If an employer receives a drug test result indicating that an employee's specimen was invalid and that a second collection must take place under direct observation. (e.g. an employee was unable to explain an invalid specimen but denies having adulterated the specimen), the employer must immediately direct the employee to provide a new specimen under direct observation. The employer may not attach any other consequences to this result.

If an employer receives a drug test result indicating that an employee's specimen was invalid and that a direct observation collection is not required (e.g. the employee provided a legitimate medical explanation for the invalid specimen), the employer may require a second test if a negative result is required (e.g., pre-employment testing).

#### Cancelled drug test

If an employer received a cancelled test result when a negative result is required (e.g. pre-employment testing), the employer must direct the employee to provide another specimen immediately.

## **Appendix O**

### **Safety-Sensitive Functions**

**Taxi Operators / Para-Transit Operators  
General Managers and Supervisors  
Maintenance and Mechanical Employees  
Dispatchers and Office Clerical Employees**

This policy was created and approved by American Taxi on August 11, 2008.

SALGALS Inc. t/d/b/a American Taxi

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James J. Salinger, General Manager for SALGALS Inc. t/d/b/a American Taxi

AT3



AGENCY CUSTOMER ID: SALGINC-01

JJUNG

# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
8/4/2016

AGENCY <b>Research Underwriters</b>		CARRIER <b>Falls Lake National Insurance Company</b>		NAIC CODE <b>31925</b>
POLICY NUMBER <b>STNCA3300022</b>		EFFECTIVE DATE <b>02/03/2016</b>	NAMED INSURED(S) <b>Salgal's Inc t/a American Taxi</b>	

## VEHICLE DESCRIPTION

VEH # <b>2</b>	YEAR <b>2007</b>	MAKE: <b>Chevrolet</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL: <b>680</b>	V.I.N.: <b>1GBDV13W17D163580</b>	PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWV / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP <b>7</b>	RADIUS	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG	AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # <b>4</b>	YEAR <b>2008</b>	MAKE: <b>Chrysler</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.: <b>2A8HR44H18R604912</b>	PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWV / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP <b>7</b>	RADIUS	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG	AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # <b>5</b>	YEAR <b>2008</b>	MAKE: <b>Chevrolet</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL: <b>243</b>	V.I.N.: <b>2G1WT58NX89254243</b>	PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWV / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP <b>7</b>	RADIUS	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG	AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # <b>7</b>	YEAR <b>2008</b>	MAKE: <b>Chevrolet</b>	BODY TYPE: <b>115</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.: <b>1GNDV23WX8D140115</b>	PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWV / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP <b>7</b>	RADIUS	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG	AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # <b>9</b>	YEAR <b>2008</b>	MAKE: <b>Chevy</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL: <b>Uplander</b>	V.I.N.: <b>1GNDV13168D204665</b>	PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWV / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP <b>6</b>	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG	AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					



## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
8/4/2016

AGENCY <b>Research Underwriters</b>		CARRIER <b>Falls Lake National Insurance Company</b>		NAIC CODE <b>31925</b>
POLICY NUMBER <b>STNCA330022</b>		EFFECTIVE DATE <b>02/03/2016</b>	NAMED INSURED(S) <b>Salgal's Inc t/a American Taxi</b>	

## VEHICLE DESCRIPTION

VEH # <b>10</b>	YEAR <b>2007</b>	MAKE: <b>Chevy</b>	BODY TYPE: <b>#599</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Uplander</b>		V.I.N.: <b>1GNDV23177D216599</b>			PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWW / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRCR:	TOTAL PREM: \$				
VEH # <b>11</b>	YEAR <b>2008</b>	MAKE: <b>Chevrolet</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>cab #617</b>		V.I.N.: <b>1GNDV23108D196617</b>			PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWW / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRCR:	TOTAL PREM: \$				
VEH # <b>14</b>	YEAR <b>2008</b>	MAKE: <b>Chrysler</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Town &amp; Country</b>		V.I.N.: <b>2A8HR44H88R734704</b>			PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWW / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRCR:	TOTAL PREM: \$				
VEH # <b>15</b>	YEAR <b>2008</b>	MAKE: <b>Chevrolet</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL:		V.I.N.: <b>2G1WT58K589119788</b>			PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWW / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP <b>6</b>	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRCR:	TOTAL PREM: \$				
VEH # <b>16</b>	YEAR <b>2007</b>	MAKE: <b>Chevrolet</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Cab #201</b>		V.I.N.: <b>1GNDV23147D130201</b>			PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE <b>PA</b>	TERR	GWW / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP <b>6</b>	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRCR:	TOTAL PREM: \$				



AGENCY CUSTOMER ID: SALGINC-01

JJUNG

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
8/4/2016

AGENCY Research Underwriters		CARRIER Falls Lake National Insurance Company		NAIC CODE 31925
POLICY NUMBER STNCA3300022		EFFECTIVE DATE 02/03/2016	NAMED INSURED(S) Salgal's Inc t/a American Taxi	

## VEHICLE DESCRIPTION

VEH # 17	YEAR 2008	MAKE: Dodge MODEL: SW	BODY TYPE: V.I.N.: 1D8HN44H58B137755	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
LIC STATE PA	TERR	GWV / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 6	RADIUS	FARTHEST TERMINAL	COST NEW \$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/>	<input type="checkbox"/> AA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:	TOTAL PREM: \$								
VEH # 18	YEAR 2009	MAKE: Dodge MODEL: Grand Caravan	BODY TYPE: V.I.N.: 2D8HN54X09R629061	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
LIC STATE PA	TERR	GWV / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 6	RADIUS	FARTHEST TERMINAL	COST NEW \$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/>	<input type="checkbox"/> AA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:	TOTAL PREM: \$								
VEH # 19	YEAR 2011	MAKE: Dodge MODEL: Grand Caravan	BODY TYPE: V.I.N.: 2D4RN3DG0BR786833	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
LIC STATE PA	TERR	GWV / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 6	RADIUS	FARTHEST TERMINAL	COST NEW \$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/>	<input type="checkbox"/> AA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:	TOTAL PREM: \$								
VEH # 20	YEAR 2008	MAKE: Chrysler MODEL: Town & Country	BODY TYPE: V.I.N.: 2A8HR44H58R658665	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
LIC STATE PA	TERR	GWV / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 6	RADIUS	FARTHEST TERMINAL	COST NEW \$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/>	<input type="checkbox"/> AA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:	TOTAL PREM: \$								
VEH # 21	YEAR 2007	MAKE: Dodge MODEL: Caliber	BODY TYPE: V.I.N.: 1B3HB28B27D351141	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
LIC STATE PA	TERR	GWV / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 6	RADIUS	FARTHEST TERMINAL	COST NEW \$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/>	<input type="checkbox"/> AA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:	TOTAL PREM: \$								



AGENCY CUSTOMER ID: SALGINC-01

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## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
8/4/2016

AGENCY <b>Research Underwriters</b>		CARRIER <b>Falls Lake National Insurance Company</b>		NAIC CODE <b>31925</b>
POLICY NUMBER <b>STNCA3300022</b>		EFFECTIVE DATE <b>02/03/2016</b>	NAMED INSURED(S) <b>Salgal's Inc t/a American Taxi</b>	

## VEHICLE DESCRIPTION

VEH # <b>22</b>	YEAR <b>2007</b>	MAKE: <b>Dodge</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL: <b>Caliber</b>		V.I.N.: <b>2D4RN3DG5BR642243</b>		PP	SPEC	COML				
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE <b>PA</b>	TERR	GVW / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP <b>6</b>	RADIUS	FARTHEST TERMINAL		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	
FARM	SERVICE					FTW	COLL		ST AMT	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						
VEH # <b>23</b>	YEAR <b>2008</b>	MAKE: <b>Dodge</b>	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL: <b>Cab #802</b>		V.I.N.: <b>1D8HN54P38B104802</b>		PP	SPEC	COML				
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE <b>PA</b>	TERR	GVW / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP <b>6</b>	RADIUS	FARTHEST TERMINAL		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	
FARM	SERVICE					FTW	COLL		ST AMT	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:		V.I.N.:		PP	SPEC	COML				
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	
FARM	SERVICE					FTW	COLL		ST AMT	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:		V.I.N.:		PP	SPEC	COML				
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	
FARM	SERVICE					FTW	COLL		ST AMT	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:		V.I.N.:		PP	SPEC	COML				
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	
FARM	SERVICE					FTW	COLL		ST AMT	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						

AT4

8.
  - a. In house wheels off inspection every 90 days.
  - b. Same as above.
  - c. Same as above.
  - d. Prior to becoming 8 years old in age, we will be purchasing replacement vehicles after they are 6 years old.
  - e. Computer generated and utilization of electronic calendar.
  
9. Have been in contact with current carrier for SalGals Inc. and they have agreed to extend coverage after transfer is approved. Based upon current revenues they far exceed operating costs.
  
10.
  - a. We will have stickers required by PA PUC which will be on the interior and exterior of each vehicle.
  - b. We hope to resolve any transportation shortcomings without intervention from the PUC. During the past 2 years we have had 2 complaints which were resolved monetarily.



**American Taxi Policies**

I have received the Vehicle Maintenance Sheet and I will keep it up to date and in the vehicle.

I understand I am prohibited from using my cell phone or any other electronic communications device while operating a company vehicle or if using my personal vehicle for company business.

I will maintain logs as required by Federal guidelines and have them available for internal audit/review on a periodic basis.

The vehicle must be washed and vacuumed before shift every day.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## American Taxi Safety Policy

Prior to starting your shift you must perform a basic inspection of the vehicle to ensure the vehicle is in proper working order. This inspection is to be done following each shift also.

The vehicle must be equipped with, and working, the following lights: headlights, taillights, brake lights, turn signals, four-way flashers, and backup lights. Check the brakes, mirrors, fluids, belts, tires, and wipers. Check the vehicle for body damage. (Please complete checklist).

### **Boarding and Alighting Passengers**

Select a safe loading area if possible the vehicle should be positioned so that passengers do not have to cross rough terrain and/or climb down off of a curb and then up into the vehicle. Whenever possible, park on the same side of the road as the passengers are on prior to loading. This will avoid forcing the passengers to cross the road to get to the vehicle.

Once the passengers are boarded, check that all passengers are seated and the seatbelts are being used.

### **Safe Driving Principles**

Your primary responsibility as a passenger-carrying driver is operating the vehicle in a safe manner. Passenger safety and comfort are both riding on your driving skills. No passenger wants to be thrown around inside the vehicle just because you had to make a harsh driving correction due to not adjusting your driving to the traffic or environment. Also, none of your passengers want to be involved in a crash, which could delay their trip (or worse, lead to them being injured).

To avoid rough rides and crashes, you must operate the vehicle safely and defensively at all times and in all conditions. Operating safely and defensively requires that you:

- See
- Decide
- Act

**SEE:** First you have to know everything that is going on around you. You must use good visual search technique is to see everything that is happening within a 12 to 15 second circle, with you at the center of the circle. The faster you are traveling, the bigger the circle must be. You need to see everything in your circle, especially anything that is presenting itself as a potential hazard).

**DECIDE:** Next, you must make sound decisions on how to deal with the hazards that are within your circle. When deciding, you need to consider the safety of everyone onboard your vehicle. This should motivate you to choose the safest alternatives.

**ACT:** Finally, you need to be willing to act based on the hazards you have seen and your decision on how to handle them. This could mean taking preventive action (such as slowing down or increasing space for something or someone) or taking immediate action to avoid a crash.

All of this- seeing, deciding, and acting, and defensive driving techniques – is based on the presumption that you already know how to safely operate your vehicle. You must have the skills and knowledge necessary to operate your vehicle in such a way that you can prevent accidents. Common factors in drivers losing control of their vehicle and behaviors that must be avoided include:

- Speeding
- Oversteering
- Overbraking
- Following too close
- Not using speed and space management to provide an “out.”
- Inattention

**Operating too fast for conditions (road, traffic, or environment)**

Several of these are related. A driver that is inattentive may suddenly find that he/she needs to overbrake or oversteer to avoid an accident, leading to loss of control. This situation would, of course, be compounded if the driver was speeding or operating too fast for conditions and had not left an “out” to be used in case of a problem.

As far as specific techniques, first and foremost you must obey the traffic laws. Speed limits, lane assignments and restrictions, traffic control devices, and other traffic aids and laws exist to try to make the road safe. Other traffic is expecting you to do certain things based on the traffic laws (such as stay on your side of the road). Not following the traffic laws may cause other drivers around you to act unpredictably as they try to adapt to your activities.

You must be alert to what traffic is doing around you at all times. You must be “working” with the traffic around you. This involves:

- Following the traffic rules so your movement in traffic is predictable.
- Using an appropriate visual search to keep track of all traffic in your area.
- Being aware of “blind areas” (such as blind intersections) and adjusting your driving so you enter these areas safely.
- Being aware of your “blind spots” and visually clearing them before and while moving the vehicle through them.
- Communicating with other traffic using your turn signals and brake lights.
- Being visible to other traffic (having headlights and taillights on when necessary, using the brakes to activate the brake lights when slowing, making sure all lights stay clean and visible, etc.).

## **Distracted Driving**

Policy prohibits drivers to use hand-held cell phone while driving, dialing or holding a cell phone while driving (answering or dialing must be accomplished with a single touch), or texting while driving.

“While driving” includes being stopped at stop signs, at stop lights, or in heavy traffic. If you wish to text someone or make a non-hands-free cell phone call, you must park the vehicle in a safe and legal location.

## **Shift**

Drivers will drive no more than an 8 hour shift.

## Incident/Accident Handling Procedures

### On-The-Scene Conduct

In case of an accident- even a minor one- you need to be the authority on the scene and conduct yourself accordingly. You must keep your head on straight and react properly. In all cases, the safety of your passengers and other motorists must be your primary consideration.

If you are involved in an accident, there are some standard actions you must take. These include:

- Stopping immediately. Failing to stop when you are involved in an accident can lead to serious criminal charges being filed against you.
- Move the vehicle to the side of the road if possible.
- Turn on your four-way flashers.
- Calmly assess your passengers. Try to quickly and calmly get their attention. Determine if there are any injured passengers and if an evacuation will be necessary.
- Help the injured to the extent of your ability. At the very least, keep the injured still, warm, and as comfortable as possible, and notify emergency services as to the number and extent of any injuries.
- Contact emergency services or ask a passing motorist to make contact for you. Under no circumstances are you to leave the scene.
- Contact your company.
- Assist emergency services on their arrival. Be prepared to provide information to assist them in any way they ask.

Document the accident. Make sure that you have:

- The names of all involved, including passengers, other parties, witnesses, and law enforcement officers.
- License plate numbers for all vehicles involved and vehicles driven by witnesses.
- Photos showing the approach to the scene, the impact area, and the path each vehicle took from the impact.
- Complete the preliminary accident report as soon as possible after the accident. Do not wait until later to do this. The sooner you complete it, the more thorough and accurate you can be. Preferably, you can do this while you are still at the scene. This way, if you have forgotten something you are still in a position to get it.

Do not leave the scene until released by the law enforcement officer that is in charge of the scene.

## Post-Accident Procedures

Vehicle accident report must be completed and turned into the office immediately following an accident.

The office will contact the insurance company and forward the report along with any photos that were taken of the accident and any other pertinent information required by the insurance company.

Management will then evaluate the accident and determine if the driver's actions may have caused the accident or was a factor in the incident. If it was the fault of the American Taxi driver he or she will be responsible for the damage done to the taxi and will need to have the damage repaired at his or her own expense.

Management will also assess if the taxi driver needs additional training to avoid having a similar accident in the future.



### ACCIDENT PROCEDURES

1. Call 911 if there are any injuries or if Police need to be there to direct traffic.
2. Call Max 717-901-8294.
3. Take a picture of the other driver's license, insurance card and license plate.
4. Get other driver's phone number.
5. Picture of position of car.
6. Any witnesses-get their information same as above.
7. If the accident is American Taxi driver's fault, the taxi driver is responsible to fix the taxi damage.
8. Go for drug test.

## Post-Accident Procedures

Vehicle accident report must be completed and turned into the office immediately following an accident.

The office will contact the insurance company and forward the report along with any photos that were taken of the accident and any other pertinent information required by the insurance company.

Management will then evaluate the accident and determine if the driver's actions may have caused the accident or was a factor in the incident. If it was the fault of the American Taxi driver he or she will be responsible for the damage done to the taxi and will need to have the damage repaired at his or her own expense.

Management will also assess if the taxi driver needs additional training to avoid having a similar accident in the future.



### ACCIDENT PROCEDURES

1. Call 911 if there are any injuries or if Police need to be there to direct traffic.
2. Call Max 717-901-8294.
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7. If the accident is American Taxi driver's fault, the taxi driver is responsible to fix the taxi damage.
8. Go for drug test.

## Expectations of Drivers

The primary expectation placed on passenger-carrying drivers is the safe and comfortable transportation of all passengers placed under their care. To accomplish this, the driver must:

- Obey the traffic laws, speed limits, lane assignments and restrictions, traffic control devices, and other traffic aids. Avoid speeding, oversteering, over braking and following too close, use proper speed and space management to provide an "out." Pay attention and do not operate the vehicle too fast for conditions (road, traffic, or environment.)
- Communicate well with the passengers and the public.
- Be kind, courteous, and polite to all passengers and the public.
- Don't talk to the customer unless they speak to you. (No unnecessary chit-chat).
- Make sure they are wearing their seat belt.
- If dropping off at a hotel, never go in the room, or enter their house if the pick up or drop off is at their home. Call on cell phone when you arrive and they will come out. Always be professional. You can help the passenger with luggage.
- If the customer refuses to pay you, call 911, don't fight with them-let them go and stay calm.

AT5

Statement of Financial Position (Balance Sheet)  
As of August 30, 2016

**ASSETS**

Current Assets	
Cash	\$10,312.00
Other Current Assets PUC License Deposit	\$72,500.00
Other Assets	
Motor Vehicle Equipment	\$160,000.00
Office Equipment	\$2,000.00
Equity in Home	\$10,560.00
<b><u>Total Assets</u></b>	<b><u>\$255,372.00</u></b>

**Liabilities**

Current Liabilities (Due within one year of date)	\$2,500.00
Long Term Liabilities (due after one year of date)	\$170,000.00
<b><u>Total Liabilities</u></b>	<b>\$172,500.00</b>
Net Worth	\$82,872.00
Owner's Equity	\$82,872.00

ATG

Any outstanding debts of Salgals will be paid out of the proceeds of the sale by Salgals Inc.

AT7

**Takoukam Trading LLC**

**Fiacre Takukam  
2907 Green Street  
Harrisburg, PA 17110**

**100% Ownership of Takoukam Trading LLC**

**PENNSYLVANIA  
PUBLIC UTILITY COMMISSION  
Harrisburg, PA 17105-3265**

**Public Meeting held August 21, 2003**

**Commissioners Present:**

**Terrance J. Fitzpatrick, Chairman  
Robert K. Bloom, Vice-Chairman  
Aaron Wilson, Jr.  
Glen R. Thomas  
Kim Pizzingrilli**

Application of Salgals, Inc., t/a American Taxi, a Pennsylvania corporation, for the additional right to transport, as a common carrier, persons upon call or demand in the counties of Cumberland, Dauphin, and York.

A-00110608  
F.2

**ORDER**

**BY THE COMMISSION:**

This matter comes before the Commission on an application filed March 17, 2003. Public notice of the application was given in the Pennsylvania Bulletin of April 5, 2003. No protests were filed. The application is certified to the Commission for its decision without oral hearing.

**DISCUSSION AND FINDINGS:**

Salgals, Inc., t/a American Taxi (Salgals or applicant), is domiciled at 1900 Crooked Hill Road, Suite 104, Harrisburg, Dauphin County. There is an office at this location with a phone line to receive calls, and a phone line for faxes. Communication between the office and the vehicles will be by cell phone. Minor repairs are handled in house.

The applicant has been operating its limousine business since March 30, 1993, when the Commission issued it a certificate of public convenience. Applicant has a Form E, evidence of insurance, on file with the Commission to cover its current operations; however, we will require the filing of a new Form E, evidence of insurance to cover the new class of service.

The manager of Salgals, Inc., James Salinger has over 20 years of transportation experience. The applicant has nine vehicles available for use. Drivers will be trained in safe driving techniques.

The applicant has submitted a financial statement dated December 31, 2002. It shows current assets of \$17,263.24, no long term assets, no current liabilities, and long term liabilities of \$10,456.21, leaving owner's equity of \$6,807.03.

Eight letters in support of the application have been entered. These letters are from individuals and businesses in the proposed service area. Each letter expresses a need for taxi service.

**After complete review of the record, we find:**

1. The applicant has the experience, vehicles, and fitness to provide the proposed service.
2. Approval of the unopposed application is necessary for the continued accommodation and convenience of the public;  
**THEREFORE,**

**IT IS ORDERED:** That the unopposed application, be and is hereby approved granting the following additional right:

To transport as a common carrier, persons upon call or demand, between points in the counties of Cumberland, Dauphin, and York.

**IT IS FURTHER ORDERED:** That the applicant shall not provide any service granted in this order until the following is submitted to the Commission:

1. Form E evidence of Bodily Injury and Property Damage Liability Insurance.
2. A tariff establishing just and reasonable rates.

**IT IS FURTHER ORDERED:** That upon compliance with the requirements herein before set forth, a certificate shall issue evidencing the Commission's approval of the right to operate as above determined.

The applicant has been operating its limousine business since March 30, 1993, when the Commission issued it a certificate of public convenience. Applicant has a Form E, evidence of insurance, on file with the Commission to cover its current operations; however, we will require the filing of a new Form E, evidence of insurance to cover the new class of service.

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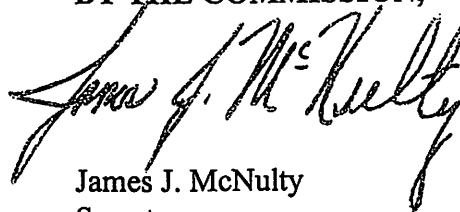
1. Form E evidence of Bodily Injury and Property Damage Liability Insurance.
2. A tariff establishing just and reasonable rates.

**IT IS FURTHER ORDERED:** That upon compliance with the requirements herein before set forth, a certificate shall issue evidencing the Commission's approval of the right to operate as above determined.

**IT IS FURTHER ORDERED:** That the authority granted herein to the extent that it duplicates authority now held or subsequently granted to the applicant, shall not be construed as conferring more than one operating right.

**IT IS FURTHER ORDERED:** That in the event said applicant has not, on or before sixty (60) days from the date of the service of this order, complied with the requirements hereinbefore set forth, the application shall be dismissed without further proceedings.

BY THE COMMISSION,

A handwritten signature in black ink, appearing to read "James J. McNulty". The signature is written in a cursive style with a large, sweeping initial "J".

James J. McNulty  
Secretary

(SEAL)

**ORDER ADOPTED:** August 21, 2003

**ORDER ENTERED:** AUG 27 2003