NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
348

ALCOHOL & DRUG TESTING – COMMERCIAL DRIVER’S LICENSE

Supersedes: AR 348 (Temporary, 05/16/10)
Effective Date: 08/13/10

AUTHORITY:

NRS 284.406 THROUGH 284.407
NAC Chapter 284
U.S. Department of Transportation
Federal Highway Administration
Title 49 CFR Part 382 and Part 40

RESPONSIBILITY

The Department Personnel Division shall be responsible for ensuring all commercial drivers subject to the federal testing requirements receive a copy of this policy. The Department Personnel Division shall be responsible for all random testing of commercial drivers and the maintenance of alcohol/drug testing records.

The division heads and all supervisors are responsible for ensuring their drivers subject to the federal testing requirements are aware of this policy and receive training regarding its requirements.

All commercial drivers are responsible to comply with this regulation.

348.01 PROHIBITED CONDUCT

1. All Commercial Drivers License (CDL) operators:

   A. Shall not report for duty or remain on duty requiring the performance safety sensitive functions while having an alcohol concentration of .01 gram by weight or greater.

   B. Shall not be on duty or operate a commercial motor vehicle while the driver possesses alcoholic beverages such as beer, wine, or distilled spirits.

   C. Shall not consume any beverage, mixture or preparation, (including any medication), containing alcohol, while operating a commercial vehicle or performing safety sensitive functions.
D. Shall not perform safety sensitive functions within four hours after consuming alcohol.

E. Shall not refuse to submit to an alcohol and/or drug test for post-accident, random, reasonable suspicion, or follow-up testing.

F. Shall not report for duty, or remain on duty when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner who has advised the driver that the substance does not adversely affect the driver’s ability to operate a commercial motor vehicle.

G. Shall not fail to report any therapeutic drug use.

H. Shall not report for duty, remain on duty, or perform a safety sensitive function if the driver tests positive for a controlled substance.

2. Supervisors shall prohibit drivers from performing or continuing to perform their duties as a commercial driver if they have actual knowledge or reasonable suspicion that the driver is in direct violation of the prohibitions.

348.02 ALCOHOL AND DRUG TESTING

1. Pursuant to regulations promulgated by the federal Department of Transportation (DOT), commercial drivers will be subject to the following types of testing:

   A. Reasonable suspicion testing
   
   B. Post accident testing
   
   C. Random testing
   
   D. Return to duty testing
   
   E. Follow-up testing

2. Federal DOT regulations provide that no driver shall refuse to submit to a required alcohol and/or drug test.

   A. Drivers will not be allowed to transport themselves to or from the collection site in the event of having reasonable suspicion or post accident test.
   
   B. The employee’s supervisor or designee will arrange transportation for the drivers at all times.
   
   C. The driver shall report immediately to the collection site once properly notified.
   
   D. Refusal to submit to an alcohol and/or drug test will result in termination.
3. Refusal to submit to an alcohol or drug test means that a driver:

   A. Failed to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer.

   B. Fails to provide adequate urine for drug testing without a valid medical explanation after the driver has received notice of the requirement for urine testing;

   C. Engages in conduct that clearly obstructs the testing process, including a refusal to complete and sign any alcohol or drug testing form or related document necessary for testing. Obstruction includes any tampering, or the alteration or substitution of a urine sample.

4. An employee's consent to a medical examination and drug testing is required as a condition of employment.

348.03 REASONABLE SUSPICION TESTING

1. A driver may be directed by a supervisor to undergo reasonable suspicion alcohol and/or drug testing after the observations have been made giving rise to a reasonable belief that the driver is under the influence while the driver is performing safety sensitive functions, just before the driver is to perform safety sensitive functions, or just after driver has ceased performing such functions.

   A. The Department's determination that reasonable suspicion exists to require the driver to undergo testing will be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver.

   B. The required observations for alcohol and/or drug testing shall be made by a supervisor who is trained in accordance with 49 CFR Part 382.603.

2. The supervisor/appointing authority shall complete the Report Form for Suspected Alcohol/Drug Impairment (TS-77).

3. The procedure and forms required in conducting the alcohol and/or drug testing for reasonable suspicion shall be followed as outlined in AR 349.

   A. If reasonable suspicion exists for alcohol and testing is not administered within two hours, per 49 CFR Part 382.307, the Department shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administer.

   B. If alcohol testing for reasonable suspicion is not administered within eight hours following determination by the supervisor, then attempts to administer an alcohol test shall cease and the supervisor will be required to write a report to be maintained on file by the Department on the reason for not administering the test.
4. An employee, who is required to have a CDL, or to transport people on a regular basis as a primary function of their job, must not have a concentration of alcohol greater than .01 gram by weight of alcohol per 210 liters of his breath while on duty.

5. An employee testing positive for an alcohol concentration greater than .01 gram by weight and/or positive for a controlled substance without an authorized medical prescription in their name will be subject to disciplinary action up to and including termination.

6. The appointing authority may place the employee on administrative leave pending the results of the test and disposition.

7. A driver who engages in prohibited conduct shall be referred to the appropriate assistance program for an assessment and referral for assistance in resolving problems associated with alcohol misuse and drug abuse.

   A. Any driver who refuses to participate in such a referral, assessment or rehabilitation program when given the opportunity to do so or has failed to successfully complete such a program will be terminated.

8. The Department will be responsible for the cost of reasonable suspicion testing.

### 348.04 POST-ACCIDENT TESTING

1. As soon as practical after an accident involving a commercial motor vehicle, a driver will submit to alcohol and drug testing under the following circumstances:

   A. Anytime a fatality occurs as a result of the accident;

   B. Anytime the driver receives a citation for a moving violation as a result of an accident;

   C. Anytime the accident involves an injury to anyone which requires immediate medical treatment away from the scene of the accident;

   D. Anytime the accident involves disabling damage to any of the vehicles.

2. Following an accident, the driver shall complete a Post-Accident Report (DOC-10108) and immediately contact the supervisor and/or designee for instructions on completing the required alcohol and drug testing.

   A. Any driver subject to post accident testing who leaves the scene of an accident, before a test is administered, other than for the period of time necessary to report the accident, obtain assistance in responding to the accident, obtain necessary medical care, or who otherwise fails to remain readily available for testing will be deemed by the Department to have refused to submit to alcohol testing.
B. In the event a driver is seriously injured and cannot provide a urine or breath specimen at the time of the accident, the Department will utilize the Post-Accident Release of Information Form (DOC-10110) as authorization to obtain hospital records or other documents that would indicate whether there were drugs and or alcohol in the driver’s system at the time of the accident.

3. The driver should complete an Alcohol/Drug Consent form (DOC-1004).

4. Upon report of an accident, the supervisor and/or designee shall complete the Post-Accident Review Form (DOC-10111) and the Post-Accident Alcohol and Drug Test Form (DOC-10109).

   A. The supervisor and/or designee shall ensure the driver proceeds to the closest collection site (Attachment 001-005) to provide a sample for alcohol and drug testing.

   (1) In the event that Federal, State or local officials conduct a breath or blood test for the use of alcohol and/or urine test for use of drugs following an accident, these tests shall be considered to meet the Federal DOT requirements, provided the tests conform to applicable Federal, State or local requirements.

   (2) If an alcohol test is not administered within two hours following the accident, the supervisor or designee shall state the reasons the test was not promptly administer on the Post-Accident Alcohol and Drug Test Form (DOC-10109).

   (3) If an alcohol test is not administered within eight hours following the accident, the Department shall cease attempts to administer a test and note the reason on DOC-10109.

   (4) If a drug test is not administered within 32 hours following the accident, the Department shall cease attempts to administer drug test and shall note the reason on DOC-10109.

5. Following an accident, a driver required to submit to post-accident testing will be placed on administrative leave pending results.

6. No driver required to take a post-accident alcohol test shall use alcohol for eight hours following the accident or until he/she undergoes a post-accident alcohol test, whichever occurs first.

7. Accidents involving non-commercial motor vehicles are regulated by AR 349.

8. The Department will be responsible for the cost of all post accident testing.

348.05 RANDOM TESTING

1. All drivers required to have a CDL will be subject to random alcohol or drug testing.
2. Drivers randomly selected for alcohol breath testing will be tested immediately before, during, or just after the driver has ceased performing safety-sensitive functions.

3. The minimum annual percentage rate for random alcohol breath testing shall be 10% of the average number of driver positions.

4. The minimum annual percentage rate for drug testing shall be 50% of the average number of driver positions.

5. The random selection process will be performed by the Department Personnel Division on a quarterly basis.
   
   A. Random selections will be unannounced and spread reasonably throughout the year based on the annual percentage required to be tested.
   
   B. Random selections by its very nature, may result in driver's being selected in successive selections more than once in a calendar year.
   
   C. Alternatively, some drivers may not be selected in a calendar year.

6. The Department Personnel Division shall complete the CDL Random Testing Form (DOC-10107) upon selecting driver's to be randomly tested each quarter.

7. The supervisor will be notified to send the employee to the Personnel Division.
   
   A. Each driver shall complete an Alcohol/Drug Testing Consent Form DOC-1004.
      
      (1) Drivers randomly selected to perform an alcohol breath test shall complete a Driver Authorization for Release of Test Results Performed by Law Enforcement Agency (DOC-10106).
      
      (2) The supervisor will be required to contact law enforcement agency and/or transport employees randomly selected to perform alcohol breath testing to confirmatory site as provided on attachment 006-007.

   B. Drivers randomly selected for drug testing will proceed immediately to the contracted medical laboratory for screening.
      
      (1) The Personnel Division shall provide a DOT Chain of Custody lab form to the employee for drug testing.

   C. If the driver engages in conduct that does not lead to a collection as soon as possible after notification, such action will be considered a refusal to test.

   D. If a driver tampers with, dilutes, or otherwise changes a sample in order to cause inaccurate results, his actions will be considered a refusal to test.
E. If a driver is absent from work, the driver must submit to testing immediately upon returning to work.

8. The Department will be responsible for the cost incurred for all random testing.

348.06 RETURN TO DUTY TESTING

1. Drivers who have engaged in prohibited conduct as defined by this regulation concerning either alcohol or drugs will be subject to return to duty testing. The Personnel Division will notify the appointing authority of negative test results prior to the individual returning to safety sensitive duties.

2. If the official return to duty testing indicates a positive result for alcohol and/or drugs, the employee will be terminated from employment.

3. At the sole discretion of the Department, a driver may be afforded an opportunity to return to duty once the driver becomes medically re-qualified, meaning the return to duty test shows no presence of drugs or alcohol and an authorized licensed substance abuse professional certifies the driver may return to safety sensitive functions.

   A. All drivers who voluntarily seek assistance for an alcohol or drug related problems will be given the opportunity to participate in an approved rehabilitation program.

   B. A request to enter a rehabilitation program made by the driver after being requested to submit to an alcohol or drug test will not preclude the Department from proceeding with disciplinary action.

4. The cost of return to duty testing is the responsibility of the employee.

348.07 FOLLOW UP TESTING

1. Each driver who has engaged in prohibited conduct associated with alcohol or drug use shall be subject to unannounced follow-up alcohol and/or drug tests to determine if the driver has properly followed any rehabilitation program.

   A. The number and frequency of such follow-up testing shall be as recommended by referral, assessment, rehabilitation program or a treating physician but shall consist of at least six tests in a 12-month period following the driver's return to duty.

   B. Any such testing shall be performed in accordance with the requirements of 49 CFR Part 40.

   C. Drivers who have been notified that they must complete a follow-up test must proceed directly to the designated collection site (Attachment 001-005). Refusal to submit to a follow-up test when directed to do so by a supervisor is considered a refusal to test.
2. Follow-up testing should not exceed 60 months from the date of incident and the driver's return to duty.

3. A driver who fails any follow-up alcohol and/or drug test will be terminated.

4. The cost of all follow-up testing is the responsibility of the employee.

   A. All leave time for testing, including travel, is to be annual leave, sick leave, compensatory time, or leave without pay.

   B. The cost of any prescribed treatment is the responsibility of the employee.

348.08 RECORDS

1. The release of individual alcohol and/or drug test records is permitted only with the specific written consent of the driver, with the following exceptions:

   A. The Department shall make available copies of all results for alcohol and or drug testing when requested by the Secretary of Transportation, any federal DOT agency, or any state or local officials with regulatory authority over the Department or any of its drivers.

   B. When requested by the National Transportation Safety Board as part of an accident investigation, the Department shall disclose information related to the administration of a post-accident alcohol and or drug test administered following the accident.

   C. Records shall be made available to a subsequent employer upon receipt of a release from a driver.

   D. The Department may disclose information required to be maintained under this part pertaining to a driver, to the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the driver, and arising from the results of all alcohol or drug tests administered under 49 CFR Part 382.

2. The Department may obtain, pursuant to a driver's written consent, information on the driver's alcohol test with a concentration result of .01 or greater, positive drug test results, and refusal to be tested, within the preceding two years, which are maintained by the driver's previous employers.

   A. The Department will provide to each of the driver's employers within the two preceding years the driver's specific, written authorization for release of the information.

   B. The release of any information under this part shall be in written form, and will be maintained along with the drivers signed release.
3. In the event the Department obtains information that the driver has had a positive alcohol or drug test, or a refusal to test, the Department will require the driver to provide ongoing proof that they are complying with 49 CFR Part 382.309 and remain medically qualified to drive.

4. All drug and alcohol records must be forwarded to the Department's Personnel Division for maintenance.

   A. Forms for conducting alcohol and drug reports for random, post-accident, and reasonable suspicion are located on the shared drive of Personnel/Forms.

   B. The Personnel Division shall forward reports to the Federal DOT.

APPLICABILITY

1. This regulation requires Operational Procedures for the Central Transportation Section, and each institution and facility that employs commercial driver license operators.

2. This regulation requires an audit.

ATTACHMENTS

Collection Sites for Controlled Substance Testing/001-005
Confirmatory Test Sites for Alcohol Testing (Only)/006-007
Alcohol/Drug Test Consent Form (DOC-1004)
Employee Breath Test for Alcohol (TS-69)
Report Form for Suspected Alcohol/Drug Impairment (TS-77)
Driver Authorization for Release of Test Results Performed by Law Enforcement Agency (DOC-10106)
CDL Random Testing Form (DOC-10107)
Post-Accident Report (DOC-10108)
Post-Accident Alcohol and Drug Test Form (DOC-10109)
Post-Accident Release of Information Form (DOC-10110)
Post-Accident Review Form (DOC-10111)

[Signature]
Howard Skolnik, Director

[Signature]
Date 7/25/05
COLLECTION SITES FOR CONTROLLED SUBSTANCE TESTING
(Attachment 001)

CARSON CITY

LabCorp (P)
604 W. Washington St., Ste. D
Carson City, NV 89701
775-885-6777
Monday - Friday 7:00 am - 4:00 pm

Carson-Tahoe Regional Medical Center (A)
1600 Medical Parkway
Carson City, NV 89701
775-445-8000
Post Accident: 24/7

INCLINE VILLAGE

LabCorp (P)
889 Alder Ave., Ste. 103
Incline Village, NV 89451
775-832-1013
Monday - Friday 8:00 am - 1:30 pm | 2:00 pm - 4:00 pm

ELKO

Pioneer Urgent Care (P)
674 Cedar St.
Elko, NV 89801
775-738-2034
Monday - Thursday 10:00 am - 6:00 pm |
Fri - 11:00 am - 6:00 pm | Sat - 11:00 am - 5:00 pm

Northeastern Nevada Regional Hospital (A)
2001 Errecart Blvd.
Elko, NV 89801
775-748-2110
Post Accident: 24/7
COLLECTION SITES FOR CONTROLLED SUBSTANCE TESTING
(Attachment 002)

ELY/FALLOON

William B. Ririe Hospital (P)
1500 Ave. H
Ely, NV 85301
775-289-3467
Monday - Friday 7:00 am - 5:00 pm
Post Accident: 24/7

Workcare Banner Occupational Health (P)
115 N. Ada St.
Fallon, NV 89406
775-423-3735
Mon - Fri 7:00 am - 12:00 pm | 1:00 pm - 4:00 pm
Post Accident 24/7

HAWTHORNE/LOVELOCK

Mt. Grant General Hospital (P)
1st St. & A St.
Hawthorne, NV 89415
775-945-2461
By Appointment
Post Accident: 24/7

Pershing General Hospital (P)
885 6th St.
Loveland, NV 89419
775-273-2621
Monday - Friday 8:00 am - 4:00 pm
Post Accident 24/7

RENO

LabCorp (P)
890 Mill St., Ste. 105
Reno, NV 89502
775-334-3562
Monday - Friday 6:30 am - 5:30 pm | Saturday 7:00 am - 1:00 pm
COLLECTION SITES FOR CONTROLLED SUBSTANCE TESTING
(Attachment 003)

LabCorp (P)
15 McCabe Dr., Ste. 103
Reno, NV 89511
775-850-3611
Monday - Friday 7:00 am - 4:00 pm
Saturday 7:00 am - 12:00 pm

St. Mary's Regional Medical Center (A)
235 W. 6th St.
Reno, NV 89503
775-770-3000
Post Accident: 24/7

SPARKS/WELLS

LabCorp (P)
1335 Baring Blvd.
Sparks, NV 89434
775-352-1509
Monday - Friday 7:00 am - 5:00 pm

Wells Rural Medical Clinic (P)
197 Baker St.
Wells, NV 89835
775-752-3322

WINNEMUCCA

Humboldt General Hospital (P)
118 E. Haskell St.
Winnemucca, NV 89445
775-623-5222
Monday - Friday 8:00 am - 5:00 pm
Post Accident: 24/7

YERINGTON

Yerington Paiute Tribal Clinic (P)
171 Campbell Ln.
Yerington, NV 89447
775-463-3335
Monday - Friday 10:00 am - 4:00 pm
COLLECTIONS SITE FOR CONTROLLED SUBSTANCE TESTING
(Attachment 004)

South Lyon Medical Center (A)
Whitacre St. & Surprise Ave.
Yerington, NV 89447
775-463-2301
Post Accident 24/7
Southern Nevada

CALIENTE

Grover C. Dils Medical Center (P)
700 N. Spring St.
Caliente, NV 89008
775-726-3171
Monday - Friday 8:00 am - 4:00 pm
Post Accident: 24/7

LAS VEGAS

LabCorp (P)
2801 W. Charleston Blvd., Ste. 2201
Las Vegas, NV 89102
702-878-4217
Monday - Friday 9:00 am - 7:00 pm |
Saturday - Sunday 9:00 am - 3:00 pm

LabCorp (P)
8551 W. Lake Mead Blvd., Ste. 200
Las Vegas, NV 89128
702-383-6309
Monday - Friday 9:00 am - 3:00 pm

Labcorp (P)
9315 W. Sunset Rd., Ste. 102
Las Vegas, NV 89148
702-946-5117
Mon - Fri 9:00 am - 11:30 pm | 1:00 pm - 3:00 pm
COLLECTION SITES FOR CONTROLLED SUBSTANCE TESTING
(Attachment 005)

Valley Hospital Medical Center (A)
620 Shadow Ln.
Las Vegas, NV 89106
702-577-2227
Post Accident: 24/7

NORTH LAS VEGAS

LabCorp (P)
2280 McDaniel St.
North Las Vegas, NV 89030
702-642-1462
Monday - Friday 9:00 am - 3:00 pm |
Saturday - Sunday 9:00 am - 3:00 pm

LabCorp (P)
3440 W. Cheyenne Ave., A400
North Las Vegas, NV 89032
702-645-5794
Mon - Fri 9:00 am - 10:30 am | 12:00 pm - 3:00 pm

TONOPAH

Nye Regional Medical Center (P)
825 Erie Main St.
Tonopah, NV 89049
775-482-6233
Monday - Friday 8:00 am - 5:00 pm
Post Accident: 24/7

For assistance with a laboratory, please call Drug Free Workplaces, Inc. at 1-850-434-3782, or contact the Department of Personnel at 775-684-0111.
CONFIRMATORY TEST SITES FOR ALCOHOL TESTING (ONLY)
(State and Local Law Enforcement Jurisdictions)
(Attachment 006)

The following is a list of breath machine locations available to State agencies:

Region I - Las Vegas
Southern Area Commander
Telephone # (702) 486-4100 (ext. 273 or 275 for non-emergency dispatch.)
Alamo -- Lincoln County Sheriff's Office
Beatty -- Nye County Sheriff's Office
Boulder City -- Police Department
Caliente -- Lincoln County Sheriff's Office
Goldfield -- Esmeralda County Sheriff's Office
Henderson -- Jail
Indian Springs -- Metropolitan Police Department Substation
Lake Mead -- National Park Service Ranger Station
Las Vegas -- Clark County Detention Center
Las Vegas -- Las Vegas City Detention Center
Las Vegas -- Juvenile Court Detention Center
Las Vegas -- Metropolitan Police Department
Laughlin -- Metropolitan Police Department Substation
Mesquite -- Police Department and Juvenile Processing Center
Mt. Charleston -- Metropolitan Police Department Substation
Moapa -- Police Department
Nellis Air Force Base
North Las Vegas -- Police Department
Overton -- Metropolitan Police Department Substation
Pahrump -- Nye County Sheriff's Office
Pioche -- Lincoln County Sheriff's Office
Searchlight -- Metropolitan Police Department Substation
Tonopah -- Nye County Sheriff's Office

Region II - Reno
Region Commander
Telephone # (775) 688-2500 (press 2 for non-emergency dispatcher)
Carson City -- Carson City Jail
Dayton -- Lyon County Sheriff's Office Substation
Fallon -- Churchill County Sheriff's Jail
Fallon -- Police Department
Fernley -- Lyon County Sheriff's Office Substation
Hawthorne -- Mineral County Sheriff's Office
Incline Village -- Washoe County Sheriff's Office
Lovelock -- Pershing County Sheriff's Office
Minden -- Douglas County Jail
CONFIRMATORY TEST SITES FOR ALCOHOL TESTING (ONLY)
(State and Local Law Enforcement Jurisdictions)
(Attachment 007)

Reno -- Washoe County Sheriff's Office Jail
Silver Springs -- Lyon County Sheriff's Office Substation
Stateline -- Douglas County Jail
Yerington -- Lyon County Jail

Region III - Elko
Region Commander
Telephone # (775) 753-1111 (rolls to dispatch after 5:00pm)
Battle Mountain -- Lander County Sheriff's Office
Carlin -- Police Department
Crescent Valley -- Eureka County Sheriff's Office
Elko -- Elko County Sheriff's Office Jail
Ely -- White Pine County Sheriff's Office
Eureka -- Eureka County Sheriff's Office
Jackpot -- Elko County Sheriff's Office
McDermitt - Humboldt County Sheriff's Office
Wells -- Nevada Highway Patrol Office
Wendover -- Police Department
Winnemucca -- Humboldt County Sheriff's Office
ALCOHOL/DRUG TEST CONSENT FORM

EMPLOYER: If applicable, state objective facts giving rise to the belief that the employee is under the influence of alcohol or a controlled substance.

I, ____________________________________________, pursuant to a request by my appointing authority or as a

(Name)  Employee ID #

condition of employment with the State of Nevada (State), Department of ____________________________, hereby
give my consent to and authorize the State and the testing laboratory designated by the State to perform analytical
tests deemed necessary to determine the absence or the presence of alcohol and/or drugs (Employer: circle one or
both) in my urine, blood, or breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to
individuals within the State who, pursuant to statute or regulation, have a need to know of the alcohol and drug
testing results and to the use of all such reports or other medical information by the State in its assessment of my
employment application and/or employment status. I understand the results of the test may not be used in any
criminal proceeding.

I am currently taking or have taken within the last (3) months the following medication. Please list all prescriptions,
over the counter drugs, diet aids, vitamins, and indirect exposure to drugs which may result in a false positive test.
Write 'none' if appropriate.

I understand that:

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a
lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice when I have
a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days
of the receipt of the original positive test result. The results of the sample must be forwarded to me by the
appointing authority of the agency.

A positive test for illegal drugs, or my refusal to authorize the test(s) by signing this form, take the specified
test(s) or produce a specimen, may result in the following action:

Applicants - rejection of my employment application for public safety related positions for one year
or until I demonstrate I have successfully completed a substance abuse treatment program.

Employees - referral to an Employee Assistance Program and/or disciplinary action up to and
including termination in accordance with statute and regulation.

(Applicant/Employee Signature)  (Date)
STATE OF NEVADA
EMPLOYEE BREATH TEST FOR ALCOHOL
INTOXILYZER 5000 CHECK LIST
INSTRUMENT SERIAL #: [Blank]
DEPARTMENT: [Blank] DIVISION: [Blank]
EMPLOYEE: [Blank] DATE: [Blank]
OPERATOR: [Blank] CERTIFICATE #: [Blank]

OPERATOR SHALL READ, PERFORM, AND CHECK EACH STEP
TIME OBSERVATION PERIOD STARTED: [Blank] HOURS (OBSERVE SUBJECT MINIMUM 15 MINUTES BEFORE TESTING)

1. Does subject have removable dental work (dentures, partial)? G YES G NO If yes, have subject remove dental work, rinse mouth out with water, and then replace dental work.
2. Check subject’s mouth for foreign objects (i.e., chewing tobacco, breath mints, candy, gum, coins).
3. Wait 15 MINUTES with close visual contact of subject before taking the first sample. If the subject eats; drinks; smokes; belches; burps; regurgitates; vomits; or puts any foreign object in his/her mouth, you must wait an additional 15 MINUTES!
4. OBSERVATION PERIOD WAS COMPLETED SATISFACTORILY:
COMMENTS:
5. The simulator solution MUST be 34 ± 0.5 Degrees Centigrade. Fill in information from label attached to simulator.
   - Certified Value of Simulator Solution:
     Lot Number:
     Replacement Value of Simulator Solution:
6. In display window observe READY TO START scrolling across screen. To start the test, push the START TEST button at any time.
7. Insert an evidence card into the card slot located on front of the instrument. Make sure to insert the card face up with the top edge “in” according to instructions printed on the card.
8. Display will request an IDENTIFICATION NO. Enter zeros (000000) for the employee testing and answer subsequent prompts by following TEST DATA ENTRY SEQUENCE accompanying the instrument.
9. After completing the “test data entry sequence”, the instrument will automatically run an air blank and calibration check using the simulator solution. A test cannot be administered if the simulator solution tests OUT OF RANGE. If this occurs, determine reason why or replace simulator solution. Unit is OUT OF SERVICE if simulator solution continues to test OUT OF RANGE.
10. When prompt displays “PLEASE BLOW/R INTO MOUTHPIECE UNTIL TONE STOPS” attach a clean mouthpiece and request subject blow with a long, continuous breath into the breath tube until the tone stops.
11. SUBJECT MUST PROVIDE A SECOND SAMPLE. It can be considered a refusal if the second sample is not given.
12. When prompt displays “PLEASE BLOW/R INTO MOUTHPIECE UNTIL TONE STOPS” “PLEASE BLOW/R” (flashing) attach a clean mouthpiece and request subject blow into mouthpiece again until tone stops.
13. If subject is not willing to provide an additional sample, check G. Then press the “R” key followed by RETURN. The instrument will not accept this command until after the beep is heard and “PLEASE BLOW/R” is flashing in the display.
14. If the two samples given do not agree with 0.02%, the instrument will automatically request another sample be given. When requested, have subject deliver THIRD sample. Check G if third sample requested. Failure to provide a third sample can be considered a refusal.
15. Instrument will automatically printout the results, REMOVE TEST PRINTOUT and fill in information requested. CORRECT TIME/DATE IF NECESSARY and INITIAL. RECORD necessary information below.

AR 348
RESULTS: SIMULATOR____ TEST #1____ TEST #2____ TEST #3____ END OF TEST:

TS-69 2/14/92

ATTACH TEST RECORD
REPORT FORM FOR SUSPECTED ALCOHOL/DRUG IMPAIRMENT

REQUIRED ACTION
It is the responsibility of each supervisor to take immediate action and to complete this form whenever the supervisor observes or is made aware of a situation where an employee is suspected of being under the influence of alcohol or a controlled substance and objective facts support a drug screening test.

REASONABLE BELIEF
For the purposes of requiring an employee to submit to a drug screening test, a reasonable belief must exist that an employee is under the influence of alcohol or a controlled substance. Objective facts upon which a belief may be based include but are not limited to the following:

1. The operation of a motor vehicle in such a manner as to cause bodily harm;
2. The operation of a motor vehicle in such a manner as to cause more than $2,500 worth of property damage;
3. The operation of a motor vehicle in such a manner as to cause two property accidents within a one year period of time;
4. Abnormal conduct or erratic behavior not otherwise normally explained (use checklist to establish reasonable suspicion);
5. The odor of the breath and a decline in job performance that is not otherwise normally explainable.
6. Observation of alcohol use and a resulting decline in job performance that is not otherwise normally explainable.
7. Observation of the possession or use of a controlled substance that is reported by a credible source.

REQUIRED PROCEDURE
1. Have another supervisor or employee confirm your observations. Complete sections (2) through (9) on this form.

2. Name of Employee: ________________________________

3. Position of Employee: ________________________________

4. Date of Incident: ________________________________ 5. Time of Incident: ________________________________

6. State the objective evidence giving reasonable belief that the employee was under the influence of alcohol or a controlled substance at the time of the incident or observation. Physical evidence, witness statements, and other pertinent information should be retained and filed for future reference. (Use additional sheets, if necessary.)

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
7. The supervisor should request the employee's presence. The employee should be reminded of the State policy on the use of alcohol and controlled substances and be presented with the specific charge(s) and supporting evidence.

Be sure the employee receives a copy of the consent form which advises the employee that:

a. He will be tested for alcohol, drugs, or both;
b. The results of the test are not admissible in a criminal proceeding against him; and
c. He may refuse the test, but his refusal may result in his dismissal or other disciplinary action.

NOTE: NRS 284.4065 requires that an employee receive this information in writing. The consent form meets this requirement.

8. If the employee has a response to the charge(s), it should be recorded below and a proper investigation completed where warranted.

________________________________________________________________________

________________________________________________________________________

9. Request the employee to submit to a screening test for alcohol and/or controlled substance. (Circle one or both.)

a. If the employee agrees, have the employee sign the "Alcohol/Drug Test Consent Form" and proceed to have the employee tested. Pursuant to agency policy, place the employee on administrative leave if applicable, pending the results of the screening test and appropriate disposition by the appointing authority.

b. If the employee refuses to be tested or sign the consent form, the employee should be informed that his refusal may result in disciplinary action up to and including termination.

10. In cases where an employee is suspected of being under the influence of alcohol or a controlled substance, contact the Nevada Highway Patrol for assistance in conducting and transporting the employee for tests and to his home.

________________________________________________________________________  
Signature of Supervisor

Date

________________________________________________________________________  
Signature of Witness

Date

TS-77
1/09
STATE OF NEVADA
DEPARTMENT OF CORRECTIONS

DRIVER AUTHORIZATION FOR RELEASE OF TEST RESULTS
PERFORMED BY LAW ENFORCEMENT AGENCY

I, ___________________________, hereby authorized ____________________________

Driver’s Name

Name of Law Enforcement Agency

having independent authority to perform a breath test for the use of alcohol per the Alcohol and Drug Testing
requirements-Commercial Driver’s License (AR 348) and to release to the State of Nevada Department of
Corrections representative any such test result.

Driver’s social security number or CDL license number: __________________________

Signature of Driver __________________________________________________________

Date ______________________________________________________________________

Witness _____________________________________________________________________

Date ______________________________________________________________________

To be completed by NDOC Representative upon conclusion of test:

I affirm that the test was conducted on ____________________ at ________________

Month, Day, Year Time __________________________________________________________________________

by ________________________________ in ________________________________________________________

The result of the test were: _____ Negative

_____ Positive

RESULTS: Simulator _______ Test #1_________ Test#2 ______

________________________________________________

Signature NDOC Representative

DOC-10106 3/09


STATE OF NEVADA
DEPARTMENT OF CORRECTIONS

RANDOM TESTING DOCUMENTATION FORM

PREPARE THIS FORM EACH TIME TEST SELECTION IS PERFORMED

Employer: 

Location: 

Testing Periods Per Year: 

This Test Period Number: 

Numbers of Drivers To Be Tested This Period: 

Selection Date: 

<table>
<thead>
<tr>
<th>Eligible Driver’s Names (List alphabetically)</th>
<th>Random Selection Number</th>
<th>Collection Date</th>
<th>Alcohol Test Result</th>
<th>Drug Test Results</th>
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CONFIDENTIAL - FOR INTERNAL USE ONLY

DOC-10107 3/09
STATE OF NEVADA
DEPARTMENT OF CORRECTIONS
DRIVER POST – ACCIDENT REPORT FORM (page 1 of 2)

Date of Accident: ____________________________
Time of Accident: ____________________________
Location of Accident: ____________________________
Driver: _______________________________________
Driver’s Social Security #: ______________________

Description of Accident:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List Involved Parties:

Name: _______________________________________
Address: _______________________________________
Phone #: ________________________________

Name: _______________________________________
Address: _______________________________________
Phone #: ________________________________

Name: _______________________________________
Address: _______________________________________
Phone #: ________________________________

Witnesses:

Name: _______________________________________
Address: _______________________________________
Phone #: ________________________________

Name: _______________________________________
Address: _______________________________________
Phone #: ________________________________

Name: _______________________________________
Address: _______________________________________
Phone #: ________________________________

Name: _______________________________________
Address: _______________________________________
Phone #: ________________________________
Investigating Officer

Name: __________________________________________
Address: ________________________________________
Phone #: _________________________________________

Were any tests administered by the law enforcement officer? _______________________________

Did any vehicle sustain disabling damages to the extent the vehicle was not drivable and required towing?

________________________________________________________

Did you sustain an injury that required immediate treatment away from the scene? (please describe).

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Treatment Facility:

Name: __________________________________________
Address: ________________________________________
Phone #: _________________________________________
Contact Person: _________________________________
Were there any fatalities? __________________________

Contact immediate supervisor to review the report form and receive instructions on providing a sample for alcohol and drug testing (if required).

DOC-10108 3/09
STATE OF NEVADA
DEPARTMENT OF CORRECTIONS
POST – ACCIDENT ALCOHOL AND DRUG TEST
DOCUMENTATION FORM

___________________________ was involved in a commercial motor vehicle accident on
Name of Driver

___________________________ requiring the administration of a post – accident alcohol and drug test
Month/Day/Year

pursuant to 49 CFR Part 382.303. The State of Nevada Department of Corrections was first notified of
the accident at ________ on __________ by _____________________________. The accident at or near __________________________________________. The following efforts were

undertaken to have the driver tested as required by the regulations:

A. An alcohol test was administered within two hours which demonstrated a blood alcohol
   Concentration level of: ____________________  .

B. An alcohol test could not be administered to the driver within two hours of the accident
   Because: _______________________________________________________
      _____________________________________________________________
      _____________________________________________________________

C. An alcohol test was administered after _________ hours (but not more than eight hours),
   which demonstrated a blood alcohol concentration level of: ________________ .

D. An alcohol test was not administered within eight hours of the accident because: _________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

E. A drug test was administered within 32 hours.
   _______________________________________________________________
   _______________________________________________________________

F. A drug test was not administered within 32 hours, because; ___________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

Department of Corrections Representative’s signature ___________________ Date ____________

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STATE OF NEVADA
DEPARTMENT OF CORRECTIONS
Post – Accident Release of Information

In the event that I am unable to provide a breath or urine sample for any reason following a reportable accident for which I received a citation for a moving violation or in which a fatality occurred, I, ________________________________, voluntarily consent and authorize release to the Department Personnel Division all hospital records providing information on whether I had any alcohol and/or drugs in my system following the accident on _________________ for the purpose of determining compliance with the Department of Corrections Commercial Driver’s License Alcohol and Drug Testing Requirements and assisting in any accident investigation.

__________________________________________  __________________________
Signature                                           Date

__________________________________________  __________________________
Witness                                              Date

This authorization is valid until revoked in writing by the above stated driver.
1. Review Driver’s Post – Accident Report Form.

2. Attempt to contact investigating officer to discuss circumstances of the accident and determine if there is a reason to believe the driver was under the influence of alcohol or drugs.

3. Notify driver of the closest collection site to proceed to provide a sample for alcohol and Drug testing (if required).

   Collection Site: _________________________________________________________________

   Address: ______________________________________________________________________

   Phone: _______________________________________________________________________

   Contact Person: _________________________________________________________________

   Appointment Time: ____________________________________________________________

4. Inform the driver that he/she will be placed on administrative leave of absence with pay pending receipt of the post-accident test results.