

**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)



Howard Skolnik, Director

7/20/10  
Date

**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/FALLON**

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.  
Lovelock, 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.

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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.

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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)

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(Witness Signature)

(Date)

\_\_\_\_\_  
(Witness Name)

\_\_\_\_\_  
(Date)

DOC-1004

**STATE OF NEVADA**  
**EMPLOYEE BREATH TEST FOR ALCOHOL**  
**INTOXILYZER 5000 CHECK LIST**  
**INSTRUMENT SERIAL #:**

DEPARTMENT	DIVISION:
EMPLOYEE:	DATE:
OPERATOR:	CERTIFICATE #:

OPERATOR SHALL READ, PERFORM, AND CHECK EACH STEP

TIME OBSERVATION PERIOD STARTED: \_\_\_\_\_ HOURS (OBSERVE SUBJECT MINIMUM 15 MINUTES BEFORE TESTING)

- G 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.
- G 2 Check subject's mouth for foreign objects (i.e., chewing tobacco, breath mints, candy, gum, coins).
- G 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!**
- G 4 OBSERVATION PERIOD WAS COMPLETED SATISFACTORILY:  
COMMENTS:
- G 5 The simulator solution **MUST** be 34 ± 0.5 Degrees Centigrade. Fill in information from label attached to simulator.  
  
G Certified Value of Simulator Solution:  
Lot Number:  
Replacement Value of Simulator Solution:
- G 6 In display window observe **READY TO START** scrolling across screen. To start the test, push the **START TEST** button at any time.
- G 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.
- G 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.
- G 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**.
- G 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.
- G 11. **SUBJECT MUST PROVIDE A SECOND SAMPLE.** It can be considered a refusal if the second sample is not given.
- G 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.
- G 13. If subject is not willing to provide an additional sample, check here 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.
- G 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.
- G 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.

RESULTS: SIMULATOR\_\_\_\_ TEST #1\_\_\_\_ TEST #2\_\_\_\_ TEST #3\_\_\_\_ END OF TEST:  
HOURS

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.)

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**REPORT FORM - SUSPECTED ALCOHOL/DRUG IMPAIRMENT (cont'd)**

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.

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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.

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Signature of Supervisor

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Date

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Signature of Witness

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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: \_\_\_\_\_

Eligible Driver's Names(List alphabetically)	Random Selection Number	Collection Date	Alcohol Test Result	Drug Test Results

**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 #: \_\_\_\_\_

STATE OF NEVADA DEPARTMENT OF CORRECTIONS  
DRIVER POST – ACCIDENT REPORT FORM (page 2 of 2)



**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  
**Time Month/Day/Year Driver/Other**

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**



**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.

**STATE OF NEVADA  
DEPARTMENT OF CORRECTIONS  
POST – ACCIDENT REVIEW FORM**



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.