**REPORT OF DOE CONTRACTOR DRUG TESTING PROGRAM**

**Subcontractor Name**

**Reporting Period: Month 01, 20XX through Month 3X, 20XX**

1. **Testing Designated Positions – Random Testing Results**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DOT | | HRP | | WSAP | | Reactor | |
| Positions In Pool |  | |  | |  | |  | |
|  | Neg | Pos | Neg | Pos | Neg | Pos | Neg | Pos |
| Positions Tested |  |  |  |  |  |  |  |  |
| Percent Tested |  | |  | |  | |  | |
| Tests Refused |  | |  | |  | |  | |
| Contacted -No Show |  | |  | |  | |  | |

1. **MRO Verified Random and Non-random Tests**

*Notes: HRP drug screens include breath-alcohol test. WSAP Baseline category for Security Clearance is included in “Company”.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DOT | | HRP | | WSAP | | Reactor | | Company | |
|  | Neg | Pos | Neg | Pos | Neg | Pos | Neg | Pos | Neg | Pos |
| Baseline/Pre-placement |  |  |  |  |  |  |  |  |  |  |
| Follow-up |  |  |  |  |  |  |  |  |  |  |
| Occurrence |  |  |  |  |  |  |  |  |  |  |
| Post-Accident |  |  |  |  |  |  |  |  |  |  |
| Random |  |  |  |  |  |  |  |  |  |  |
| Required Random |  |  |  |  |  |  |  |  |  |  |
| Reasonable Suspicion |  |  |  |  |  |  |  |  |  |  |
| Return to Duty |  |  |  |  |  |  |  |  |  |  |
| Voluntary |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |

1. **Positive MRO Verified Test Results**

|  |  |
| --- | --- |
| **Substance** | **Number of Positives & Test Type** |
| THC |  |
| Cocaine |  |
| Phencyclidine |  |
| Opiates |  |
| Amphetamine |  |
| Ecstasy |  |

**REPORT OF DOE CONTRACTOR DRUG TESTING PROGRAM (CONT’D)**

1. **Confirmed Breath Alcohol Tests Conducted Under DOT or Corporate Authority**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Company** | | | **DOT** | | | **DOT** | |
|  | Neg. | .02<.04 | >.04 | Neg. | .02<.04 | >.04 | Positions in Pool | % Tested |
|  |  |  |
| Baseline/Pre-placement |  |  |  |  |  |  |  |  |
| Follow-up |  |  |  |  |  |  |  |  |
| Occurrence |  |  |  |  |  |  |  |  |
| Post-Accident |  |  |  |  |  |  |  |  |
| Random |  |  |  |  |  |  |  |  |
| Reasonable Suspicion |  |  |  |  |  |  |  |  |
| Return-to-duty |  |  |  |  |  |  |  |  |

1. **Actions Taken Related to Drug Test**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Oral Reminder |  |  |  | Treatment Referral |  |
| Written Warning |  |  |  | Refused Employment |  |
| Suspension |  |  |  | Reassignment to Non-TDP |  |
| Termination |  |  |  | Resignation in Lieu of Termination |  |

1. **Additional Information**

|  |  |
| --- | --- |
| TDPs returned to duty following violation of 10 CFR 707 |  |
| TDPs with simultaneous positive drug and breath alcohol test |  |
| Non-testing violations of 10 CFR 707 |  |

1. **Education and Awareness Training**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**REPORT OF DOE CONTRACTOR DRUG TESTING PROGRAM (CONT’D)**

1. **Changes to Contractor Information:**
2. **Signature Program Director**

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**Program Director Name, Title Date**