

APPENDIX D – DIRECT OBSERVATION PROCEDURES

DOT's Direct Observation Procedures
Office of Drug and Alcohol Policy and Compliance
U.S. Department of Transportation



1. DOT's 49 CFR Part 40 directly observed collections are authorized and required only when:

- The employee attempts to tamper with his or her specimen at the collection site.
 - The specimen temperature is outside the acceptable range;
 - The specimen shows signs of tampering ~ unusual color / odor / characteristic; or
 - The collector finds an item in the employee's pockets or wallet which appears to be brought into the site to contaminate a specimen; or the collector notes conduct suggesting tampering.
- The Medical Review Officer (MRO) orders the direct observation because:
 - The employee has no legitimate medical reason for certain atypical laboratory results; or
 - The employee's positive or refusal [adulterated / substituted] test result had to be cancelled because the split specimen test could not be performed (for example, the split was not collected).
- The test is a Follow-Up test or a Return-to-Duty test.

2. The observer must be the same gender as the employee.

3. If the collector is not the observer, the collector must instruct the observer about the procedures for checking the employee for prosthetic or other devices designed to carry "clean" urine and urine substitutes AND for watching the employee urinate into the collection container.

- The observer requests the employee to raise his or her shirt, blouse or dress / skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh and show the observer, by turning around, that the employee does not have such a device.
- *If The Employee Has A Device:* The observer immediately notifies the collector; the collector stops the collection; and the collector thoroughly documents the circumstances surrounding the event in the remarks section of CCF. The collector notifies the DER. This is a refusal to test.
- *If The Employee Does Not Have A Device:* The employee is permitted to return clothing to its proper position for the observed collection. The observer must watch the urine go from the employee's body into the collection container. The observer must watch as the employee takes the specimen to the collector. The collector then completes the collection process.

4. Failure of the employee to permit any part of the direct observation procedure is a refusal to test.



**City of Albuquerque
Pre-Employment
Medical/Substance Abuse
Consent Form - Applicant under the age of 18**

I, the below-named applicant under the age of 18, and I, the parent or legal guardian of the applicant, hereby give my permission for the below named applicant to be employed by the City of Albuquerque on the following terms and conditions:

I hereby give my permission to the City of Albuquerque to refer the below-named applicant for a complete medical examination and, if applicable, a tuberculosis ("TB") skin or tuberculosis blood test.

I understand the City of Albuquerque is a Drug Free Workplace. I hereby give permission for the City of Albuquerque to give the applicant a substance abuse test in accordance with the City of Albuquerque Substance Abuse Policy dated February 1, 2012 or as that policy is amended during the period of applicant's employment with the City, including pre-employment, random, post accident and reasonable suspicion testing. I understand that under certain circumstances a directly observed collection may be required as described in the attached "Appendix D - Direct Observation Procedures".

I understand any medical or drug testing will be performed by a private contractor engaged by the City. I hereby agree to indemnify and hold harmless the City, its contractors, their agents, employees, and representatives from any and all events, injuries or actions that might arise from or during such testing events.

Furthermore, I hereby give the City of Albuquerque permission to refer the below-named applicant for treatment of a work related injury or occupational disease, in particular, but not limited to emergency medical treatment.

Applicant (Print Name)

Date

Signature

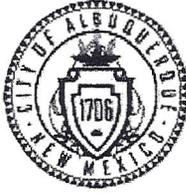
Social Security Number

Date of Birth

Parent or Guardian (Print Name)

Date

Parent or Guardian Signature



City of Albuquerque

HUMAN RESOURCES

Background Investigation Waiver and Release Form

In connection with my application of employment with the City of Albuquerque, hereby known as "Hiring Entity" I understand that investigative reports may be requested that will include information as to my performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, private insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information. A photocopy of this Designation and Authorization for Release and Rediscovery of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Hiring Entity and is received within one year of the signature date,

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment or as a volunteer.
I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the City of Albuquerque, the Agency and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

If I am denied employment, either wholly or partly because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. If the report contains information about me that is matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and address of any person to whom the information is reported.

Applicant Signature Date

Parent/Guardian Signature (If under 18) Relationship Date

APPLICANT INFORMATION - Please complete ALL blanks					
_____ Last Name	_____ First Name	_____ Full Middle Name	_____ Social Security Number		
_____ Maiden Name		_____ Other Names, Nicknames or Aliases used		_____ Date of Birth (Month/Day/Year)	
_____ Present Address	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long
_____ Previous Address (Within last 7 years)		_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code How Long
_____ Driver's License Number		_____ State Issued	_____ Expiration Date	_____ Operator	_____ Commercial (CDL)
City of Albuquerque Information:					
_____ Department/Job Title:			_____ Department No:		
_____ Position Applying for:			_____ Requested BY:		