

# Fairbanks North Star Borough

## Safety-Sensitive Positions

### **Transportation Department**

Customer Service Representative

Mechanic Helper

Transit Driver/Extraboard

Transit Maintenance Supervisor

Transit Mechanic

Transit Servicer

Transit Supervisor

Van Tran Driver/Extraboard

### **Public Works Department – Solid Waste Landfill**

Equipment Operator

Equipment Operator II

Operations Supervisor

**TRANSPORTATION DEPARTMENT**

**Post-Accident/Incident**

**Substance Abuse Testing Decision Matrix**

**For Safety Sensitive Employees in the Transportation Department**

**THIS FORM MUST BE COMPLETED FOR EACH ACCIDENT, REGARDLESS OF WHETHER AN EMPLOYEE WAS TESTED. THE FORM MUST BE FORWARDED TO RISK MANAGEMENT ALONG WITH ALL OTHER ACCIDENT RELATED INFORMATION.**

Employee Name: \_\_\_\_\_ Division: \_\_\_\_\_

Accident Date: \_\_\_ / \_\_\_ / \_\_\_ Time of Accident: \_\_\_\_\_ **AM/PM**

Location of Accident: \_\_\_\_\_

Other Employees Operating the Vehicle: Y/N Name(s) \_\_\_\_\_

Maintenance Performance Involved: Y/N Name(s) \_\_\_\_\_

**Criteria for Transportation Department Employees: (Reference FNSB 65.06 Section IV (D) 2)**

\_\_\_ Fatality \_\_\_ Injuries/Transported \_\_\_ Vehicle Towed Due to Disabling Damage

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**Alcohol Test** Performed? Y/N If Yes, Date and Time: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_ **AM/PM**

- If No, Why? \_\_\_ FTA Criteria Not Met  
\_\_\_ Employee(s) Completely Discounted as Contributing Factor  
\_\_\_ Other: \_\_\_\_\_

Was Alcohol Test Performed Within 2 Hours of Accident/Incident? Y/N Within 8 Hours After? Y/N  
If No, Why? \_\_\_\_\_

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**Drug Test** Performed? Y/N If Yes, Date and Time: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_ **AM/PM**

- If No, Why? \_\_\_ FTA Criteria Not Met  
\_\_\_ Employee(s) Completely Discounted as Contributing Factor  
\_\_\_ Other: \_\_\_\_\_

Was Drug Test Performed Within 8 Hours of Accident/Incident? Y/N Within 32 Hours After? Y/N  
If No, Why? \_\_\_\_\_

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**PUBLIC WORKS DEPARTMENT**

**Post-Accident/Incident**

**Substance Abuse Testing Decision Matrix**

**For Safety Sensitive Employees in the Public Works Department**

**THIS FORM MUST BE COMPLETED FOR EACH ACCIDENT, REGARDLESS OF WHETHER AN EMPLOYEE WAS TESTED. THE FORM MUST BE FORWARDED TO RISK MANAGEMENT ALONG WITH ALL OTHER ACCIDENT RELATED INFORMATION.**

Employee Name: \_\_\_\_\_

Accident Date:     /     /    

Time of Accident: \_\_\_\_\_ **AM/PM**

Location of Accident: \_\_\_\_\_

Other Employees Operating the Vehicle: Y/N Name(s) \_\_\_\_\_

Maintenance Performance Involved: Y/N Name(s) \_\_\_\_\_

**Criteria for Public Works Department Employees: (Reference FNSB 65.06 Section IV (D) 2)**

\_\_\_ Fatality

\_\_\_ Driver citation+ Injuries/Transported

\_\_\_ Driver citation+ Vehicle Towed Due to Disabling Damage

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**Alcohol Test Performed? Y/N If Yes, Date and Time:     /     /     \_\_\_\_\_ **AM/PM****

If No, Why? \_\_\_

DOT Criteria Not Met

Other: \_\_\_\_\_

**Was Alcohol Test Performed Within 2 Hours of Accident/Incident? Y/N Within 8 Hours After? Y/N**

If No, Why? \_\_\_\_\_

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**Drug Test Performed? Y/N If Yes, Date and Time:     /     /     \_\_\_\_\_ **AM/PM****

If No, Why? \_\_\_

DOT Criteria Not Met

Other: \_\_\_\_\_

**Was Drug Test Performed Within 8 Hours of Accident/Incident? Y/N Within 32 Hours After? Y/N**

If No, Why? \_\_\_\_\_

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**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:**     /     /    

Policy FNSB 65.06 - Attachment 2B

Updated: 01/22/20

**Supervisor's Reasonable Suspicion Observation Checklist**

<b>Employee Name</b>	<b>Date</b>
<b>Department</b>	<b>Time</b>
<b>Job Title</b>	

*Circle all that apply. Fill out as completely as possible. Use additional paper as necessary.*

Employee's Breath Smells Like Alcohol	Employee's Breath Smells Like Marijuana	
Body Odors Masked by Cologne/Mint	Eyes Bloodshot	
Eyes Glassy	Eyes Watery	Eyelids Swollen
Pupils Dilated	Pinpoint Pupils	Face Flushed
Face Pale	Unusual Sweating	Speech Slurred
Incoherent	Rambling	Voice Unusually Soft/Loud
Stumbles/Staggers/Falls When Walking	Sudden, Marked Mood Swings	
Sudden, Marked Changes in Activity Level	Unusually Quarrelsome/Irritable	
Doesn't Seem to Care About Anything	Movements Jerky/Uncoordinated	
Acts Hyperactive/Moves Very Slowly	Other (Explain)	
<b>Describe any recent changes in attendance:</b>		
<b>Describe any recent changes in quantity or quality of work:</b>		

# Supervisor's Reasonable Suspicion Observation Checklist, Continued

Describe any unexplained accidents/errors:

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Describe any other reasons why the employee has been selected for testing:

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What is the employee's explanation of behavior/appearance:

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**For covered safety sensitive employees under U.S. Department of Transportation regulations,  
only one signature is allowed.**

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

\_\_\_\_\_  
Date

*(Supervisors must be trained in substance abuse detection)*

**Fairbanks North Star Borough**  
**Substance Abuse Testing of Safety Sensitive Employees**

**Contacts**

**EMPLOYEE ASSISTANCE PROGRAM (EAP):**

ComPsych Guidance Resources  
www.guidanceresources.com  
Phone: 877-533-2363

**MEDICAL REVIEW OFFICER (MRO):**

Dr. David Nahin  
9501 Northfield Blvd.  
Denver, CO 80238  
Phone: 877-295-3381

**SUBSTANCE ABUSE PROFESSIONAL (SAP):**

SAP Referral Services  
8441 Belair Rd. Ste. 204  
Nottingham, MD 21236  
Phone: 888-720-SAPS  
www.srstoday.com

**SAMHSA/HSS CERTIFIED LABORATORY:**

Clinical Reference Laboratory (CLR)  
8433 Quivira Rd.  
Lenexa, KS 66215  
800-445-6917

**COLLECTION SITES:**

Beacon OHSS  
575 Riverstone Way, Unit 2  
Fairbanks, Alaska 99709  
Phone: 907-450-3398 Mon-Fri 8 am-5 pm  
Phone: 907-268-7187 After Hours  
referrals@beaconohss.com

**DESIGNATED EMPLOYER REP (DER):**

Michelle Michel  
Human Resources Director  
Fairbanks North Star Borough  
907 Terminal St., 3rd Floor  
Fairbanks, AK 99701  
(907) 459-1207

**ALTERNATE**

**DESIGNATED EMPLOYER REP (DER):**

Jennifer Martel  
Risk Manager  
907 Terminal St., 3rd Floor  
Fairbanks, AK 99701  
Fairbanks North Star Borough  
(907) 459-1396



# Fairbanks North Star Borough

## Substance Abuse Testing of Safety Sensitive Employees

### DOCUMENTATION OF POLICY AND PROCEDURES NOTIFICATION

I acknowledge that I have received a copy of the Fairbanks North Star Borough's Substance Abuse Testing of Safety Sensitive Employees Policy FNSB 65.06, Dated 02-25-2016. I understand that substance abuse testing is a mandatory condition of employment for this position with the Fairbanks North Star Borough.

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

Name (printed): \_\_\_\_\_

Position: \_\_\_\_\_

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

HR Rep: \_\_\_\_\_ Date: \_\_\_\_\_