

## **COURSE SYLLABUS**

DOT Urine Drug Screen Collections Winter, 2014

INSTRUCTOR: Aaron Harrison email: [aaron.harrison@clackamas.edu](mailto:aaron.harrison@clackamas.edu)

CLASS TIME: February 18, 2014 5:00 – 9:00 and February 19, 2014 8:00 – 6:00 ROOM: H360

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**COURSE DESCRIPTION:** This course is designed to qualify students to perform Urine drug screen collection under the Department of Transportation regulations.

**STUDENT OUTCOME:** Upon successfully completing the course students will be able to:

- State the goals and objectives of the Urine Drug Screen Collector / Breath Alcohol Technician training.
- Cover all terminology and abbreviations.
- Explain what the DOT drug and alcohol misuse prevention rules are, who is affected by them, what testing is required, what conducts is prohibited, and what the consequences are for a violation.
- Explain what equipment is to be used for testing.
- Describe the different types of equipment.
- Describe location requirements for urine and /or breath alcohol testing.
- Demonstrate knowledge of the CCF/ATF
- Instructor demonstrations and hands-on practice
- Describe what records must be maintained and for how long they must be kept.
- Conduct 5 error free mock collections

**GRADING:** Pass / No pass

**ATTENANCE:** Class attendance is essential to completing the DOT Qualification.

**TEXT:** **49 CFR part 40** located at [http://www.dot.gov/sites/dot.dev/files/docs/PART40\\_2012.pdf](http://www.dot.gov/sites/dot.dev/files/docs/PART40_2012.pdf)

**Urine Specimen Collection Guidelines** located at

[http://www.dot.gov/sites/dot.gov/files/docs/ODAPC%20Urine\\_Specimen\\_Collection\\_Guidelines\\_Octobe\\_1\\_2\\_010.pdf](http://www.dot.gov/sites/dot.gov/files/docs/ODAPC%20Urine_Specimen_Collection_Guidelines_Octobe_1_2_010.pdf)

**CLASS RULES:** No cell phones used in class, Participation is required.

Should you need additional assistance please speak with your instructor.

	objective	material
FRIDAY	<p>Introduction and overview .</p> <p>How to access information from DOT, why we follow DOT guidelines, recognize testing authorities, understand equipment , correct documentation, violation issues, how to conduct tests</p>	<p>49 CFR part 40 covered explaining how DOT-wide regulation that states <i>how</i> to conduct testing and <i>how</i> to return employees to safety-sensitive duties after they violate a DOT drug and alcohol regulation. Part 40 applies to all DOT-required testing, regardless of what DOT agency-specific rule applies to an employer. Training requirements, error correction training and refresher training and record keeping. Cover testing authorities and their specific rules, what are all the reasons for testing and what they mean and how they are conducted. Consequences for violations</p> <p>Methodology for both EBT and/or UDS. How to prepare for testing understanding how to complete ATF and/or CCF</p> <p>How to collect DOT specimens EBT and/or UDS How to handle problem collections. This will include demonstrations</p>
SATURDAY	Proficiency	Everyone will perform 5 error free collections

	objective	material
WEEK 1	introduction and overview How to access information from DOT why we follow DOT guidelines	49 CFR part 40 covered explaining how DOT-wide regulation that states <i>how</i> to conduct testing and <i>how</i> to return employees to safety-sensitive duties after they violate a DOT drug and alcohol regulation. Part 40 applies to all DOT-required testing, regardless of what DOT agency-specific rule applies to an employer. Training requirements, error correction training and refresher training and record keeping. Brief discussion on the effects of alcohol and drugs on the body
WEEK 2	recognize testing authorities, understand equipment , correct documentation, violation issues	Cover testing authorities and their specific rules, what are all the reasons for testing and what they mean and how they are conducted. Consequences for violations Methodology for both EBT and UDS. How to prepare for testing understanding how to complete both ATF and CCF
WEEK 3	how to conduct tests	How to operate the equipment. How to collect DOT specimens both EBT and UDS How to handle problem collections. This will include demonstrations
WEEK 4	WRITTEN TEST	Test covering understanding of 49 CFR part 40
WEEK 5	Proficiency	group of 4 will complete EBT Proficiency group of 8 will complete UDS Proficiency the other students will be assigned a project involving the use of the DOT site to present in last week
WEEK 6	Proficiency	group of 4 will complete EBT Proficiency group of 8 will complete UDS Proficiency the other students will be assigned a project involving the use of the DOT site to present in last week
WEEK 7	Proficiency	group of 4 will complete EBT Proficiency Aaron will begin covering special collection
WEEK 8	Proficiency	group of 4 will complete EBT Proficiency Aaron will begin covering special collection
WEEK 9	Proficiency	group of 4 will complete EBT Proficiency Aaron will begin covering special collection
WEEK10	Special collections	Special collections will be recapped and questions answered
WEEK 11	FINAL	test covering the collections of urine and breath alcohol

This is based on a class one day a week 2 hours in length



1225 N.E. 2nd, Portland, OR 97232  
(503) 413-5295 1-800-950-5295

SPECIMEN ID NO.

**F880894251**

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

**C. Kirby Griffin MD**  
Paragon MRO  
9370 SW Greenburg Rd Ste 200  
Portland, OR 97223

PH: (503) 977-3225  
FAX: (503) 244-6790

C. Donor SSN or Employee I.D. No.

D. Specify Testing Authority: ☐ HHS ☐ NRC ☐ DOT - Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) \_\_\_\_\_

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) \_\_\_\_\_

G. Collection Site Address:

**Clackamas Community College/Harmony**  
7738 SE Harmony Rd  
Milwaukie, OR 97222

Collector Phone No. **503-594-3200**

Collector Fax No. **503-594-3205**

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.**

Temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark \_\_\_\_\_ Collection: ☐ Split ☐ Single ☐ None Provided, Enter Remark \_\_\_\_\_ ☐ Observed, Enter Remark \_\_\_\_\_

REMARKS

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

**X**

Signature of Collector

AM  
PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr)

Time of Collection

**SPECIMEN BOTTLE(S) RELEASED TO:**

Name of Delivery Service

**RECEIVED AT LAB OR IITF:**

**X**

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr)

Primary Specimen  
Bottle Seal Intact

☐ YES ☐ NO

If NO, Enter remark  
in Step 5A.

**SPECIMEN BOTTLE(S) RELEASED TO:**

**STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY**

☐ **NEGATIVE**

☐ **DILUTE**

☐ **POSITIVE for:** ☐ Marijuana Metabolite ( $\Delta 9$ -THCA)

☐ Cocaine Metabolite (BZE)

☐ PCP

☐ 6-Acetylmorphine

☐ Morphine

☐ Codeine

☐ Methamphetamine

☐ Amphetamine

☐ MDMA

☐ MDA

☐ MDEA

☐ **REJECTED FOR TESTING**

☐ **ADULTERATED**

☐ **SUBSTITUTED**

☐ **INVALID RESULT**

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

**X**

Signature of Certifying Technician/Scientist

(PRINT) Certifying Technician/Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr)

**STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY**

Laboratory Name

Laboratory Address

☐ **RECONFIRMED** ☐ **FAILED TO RECONFIRM - REASON** \_\_\_\_\_

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

**X**

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr)

**F880894251**

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**MetroLab**  
Legacy Laboratory Services

**LEGACY**  
LABORATORY  
SERVICES

**MetroLab**  
Legacy Laboratory Services

**LEGACY**  
LABORATORY  
SERVICES

**CENTER**

**OVER CAP**

**CENTER**

**OVER CAP**

**SPECIMEN BOTTLE SEAL/LABEL**

**F880894251**

Date (Mo. Day Yr) \_\_\_\_\_ Donor's Initials \_\_\_\_\_

**SPECIMEN BOTTLE SEAL/LABEL**

**F880894251**

Date (Mo. Day Yr) \_\_\_\_\_ Donor's Initials \_\_\_\_\_

**PEEL**

**F880894251**

**F880894251**

**F880894251**

**F880894251**

**PEEL**



## **COURSE SYLLABUS**

Breath Alcohol Technical training Winter, 2014

INSTRUCTOR: Tammi Harrison EMAIL: [tammi.harrison@clackamas.edu](mailto:tammi.harrison@clackamas.edu)

CLASS: February 19, 2014 4:00 – 9:00 LABS TBA ROOM: H360

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**COURSE DESCRIPTION:** This course is designed to qualify students to perform Evidential Breath Testing as a Breath Alcohol Technician under the Department of Transportation regulations.

**STUDENT OUTCOME:** Upon successfully completing the course students will be able to:

- State the goals and objectives of the Urine Drug Screen Collector / Breath Alcohol Technician training.
- Cover all terminology and abbreviations.
- Explain what the DOT drug and alcohol misuse prevention rules are, who is affected by them, what testing is required, what conducts is prohibited, and what the consequences are for a violation.
- Explain what equipment is to be used for testing.
- Describe the different types of equipment.
- Describe location requirements for urine and /or breath alcohol testing.
- Demonstrate knowledge of the CCF/ATF
- Instructor demonstrations and hands-on practice
- Describe what records must be maintained and for how long they must be kept.
- Conduct 7 error free mock collections

**GRADING:** Pass / No pass

**ATTENANCE:** Class attendance is mandatory to completing the DOT Breath Alcohol Technician Certificate.

**TEXT:** **49 CFR part 40** located at [http://www.dot.gov/sites/dot.dev/files/docs/PART40\\_2012.pdf](http://www.dot.gov/sites/dot.dev/files/docs/PART40_2012.pdf)

**Urine Specimen Collection Guidelines** located at

[http://www.dot.gov/sites/dot.gov/files/docs/ODAPC%20Urine Specimen Collection Guidelines Octobe 1 2010.pdf](http://www.dot.gov/sites/dot.gov/files/docs/ODAPC%20Urine_Specimen_Collection_Guidelines_Octobe_1_2010.pdf)

**CLASS RULES:** No cells phones used in class, Participation is required.

Should you need addition assistance please speak with your instructor.

	objective	material
FRIDAY	<p>Introduction and overview.</p> <p>How to access information from DOT, why we follow DOT guidelines, recognize testing authorities, understand equipment , correct documentation, violation issues, how to conduct tests</p>	<p>49 CFR part 40 covered explaining how DOT-wide regulation that states <i>how</i> to conduct testing and <i>how</i> to return employees to safety-sensitive duties after they violate a DOT drug and alcohol regulation. Part 40 applies to all DOT-required testing, regardless of what DOT agency-specific rule applies to an employer. Training requirements, error correction training and refresher training and record keeping. Cover testing authorities and their specific rules, what are all the reasons for testing and what they mean and how they are conducted. Consequences for violations</p> <p>Methodology for both EBT and/or UDS. How to prepare for testing, understanding how to complete ATF and/or CCF</p> <p>How to collect DOT specimens EBT and/or UDS How to handle problem collections. This will include demonstrations</p>
SATURDAY	Proficiency	4persons per lab will perform 7 error free collections



Clackamas Community College  
Workshop Outline

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**Course Prefix:** CLA

**Course Number:** 009

**Title of Workshop:** DOT Breath Alcohol Technician Course

**Hours of Instruction:** 10 hrs lecture/lab

**Date(s) Offered:** TBA

**Workshop Continuing Ed Approval:** (must choose one of the following. See definitions at bottom of outline for definitions.)

☐ Health & Fitness    ☐ Safety    ☐ Workforce    ☐ Hobby & Recreation    ☒ XCTE Supplementary    ☐ Other/Unknown

**Instructor:** Tammi Harrison / Aaron Harrison- assistant

**Department:** Health Science Department

**Workshop Description:**

This course is designed to qualify students to perform Evidential Breath Alcohol testing under U.S. Department of Transportation (DOT) regulations. The final examination will include a demonstration of collection proficiency, equipment management, quality control will be addressed.

**Student Learning Outcomes:**

*Upon successful completion of this workshop, students should be able to:*

1. discuss, describe and demonstrate Breath Alcohol Technician requirements, collector qualifications and responsibilities;
2. demonstrate knowledge of DOT Website and other informational sites,
3. demonstrate and illustrate BAT collection requirements,
4. demonstrate knowledge of BAT collection equipment, forms, and supply requirements;
5. demonstrate the aspects of and correct procedure to fill out the DOT BAT CCF and the proper method of handling the form after collection,
6. demonstrate knowledge of key terminology in the evidential breath alcohol collection,
7. discuss and determine the aspects of normal breath alcohol collections vs. problem collections,
8. discuss and determine collection and quality assurance to insure integrity of the collection,
9. demonstrate knowledge of federal agencies and the specific requirements for each in relation to the DOT BAT requirements,
10. compare and evaluate the difference between BAT and STT collections.

**Major Topic Outline:**

1. Collector Qualifications and Techniques
2. Equipment, Quality Control, and Security Requirements
3. Federal and DOT Requirements
4. Website Information
5. Paperwork Protocol
6. Supplies
7. Mock Collections

## Definitions for Adult Continuing Education Approvals:

<u>Health &amp; Fitness:</u>	These courses are noncredit and focus on noncompetitive physical fitness and/or health courses that focus on the knowledge and skills that promote healthy lifestyles over a lifetime. These courses must be at least 6 contact hours in length to qualify for reimbursement.
<u>Safety:</u>	These courses are noncredit and promote safe practices over a lifetime. These courses must be at least 6 contact hours in length to qualify for reimbursement.
<u>Workforce:</u>	These courses are open-enrollment based and noncredit that on the knowledge, skills and personal abilities people need to succeed in the workplace, increase life skills and engage in civic participation. These courses must be at least 6 contact hours in length to qualify for reimbursement.
<u>Hobby &amp; Recreation:</u>	These courses are taken for enjoyment which result in physical activities that individuals could reasonably be expected to participate in during most of their adult lives, those which result in the collection of objects or the production of works. These courses are non-reimbursable.
<u>CTE Supplementary:</u>	Courses whose intent is to upgrade existing skills and/or designed for persons already employed and seek to improve their job skills or knowledge or for career advancement. These courses must be at least 1 contact hour in length to qualify for reimbursement.
<u>Other/Unknown:</u>	Courses that do not fall into the other defined Adult Continuing Education categories. These courses will most likely be non-reimbursable but in the event they are approved as reimbursable, then the course must be at least 6 contact hours in length to qualify for reimbursement.



# U.S. Department of Transportation (DOT)

## Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

### STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name \_\_\_\_\_  
(Print) (First, M.I., Last)

B: SSN or Employee ID No. \_\_\_\_\_

C: Employer Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

DER Name and \_\_\_\_\_

Telephone No. \_\_\_\_\_

DER Name

DER (Area Code & Phone Number)

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

### STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_ Month / Day / Year

### STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT DEVICE: ☐ SALIVA ☐ BREATH\* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alcohol Technician's Company \_\_\_\_\_ Company Street Address \_\_\_\_\_

(PRINT) Alcohol Technician's Name (First, M.I., Last) \_\_\_\_\_ Company, City, State, Zip \_\_\_\_\_

Phone Number (Area Code & Number) \_\_\_\_\_

Signature of Alcohol Technician \_\_\_\_\_ Date \_\_\_\_\_ Month / Day / Year

### STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_ Month / Day / Year

Affix Or Print  
Screening Results Here

Affix With Tamper Evident Tape

Affix Or Print  
Confirming Results Here

Affix With Tamper Evident Tape

Affix Or Print  
Additional Test Results Here

Equal Employment Opportunity  
CASE is a WIA Title I- financially assisted program and is therefore an equal opportunity employer/program which provides auxiliary aids and services upon request to individuals with disabilities by calling 711 or 800.648.3458 TTY.

US Department of Labor  
The CASE grant project (\$18,679,289) is 100% funded through the US Department of Labor's Trade Adjustment Assistance Community College and Career Training program.

DOL Attribution  
This workforce solution was funded by a grant awarded by the US Department of Labor's Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the US Department of Labor. The Department of Labor makes no guarantees, warranties or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability or ownership.