

**Pt. 40, App. B**

specimen and 15 mL for the split) of urine that must be poured into the bottles.

d. Must be designed so that the required tamper-evident bottle seals made available on the CCF fit with no damage to the seal when the employee initials it nor with the chance that the seal overlap would conceal printed information.

e. Must be wrapped (with caps) together in a sealed plastic bag or shrink wrapping separate from the collection container; or must be wrapped (with cap) individually in sealed plastic bags or shrink wrapping; or must have peelable, sealed lid or other easily visible tamper-evident system.

f. Plastic material must be leach resistant.

**3. Leak-Resistant Plastic Bag**

a. Must have two sealable compartments or pouches which are leak-resistant; one large enough to hold two specimen bottles and the other large enough to hold the CCF paperwork.

b. The sealing methodology must be such that once the compartments are sealed, any tampering or attempts to open either compartment will be evident.

**4. Absorbent material**

Each kit must contain enough absorbent material to absorb the entire contents of both specimen bottles. Absorbent material must be designed to fit inside the leak-resistant plastic bag pouch into which the specimen bottles are placed.

**5. Shipping Container**

a. Must be designed to adequately protect the specimen bottles from shipment damage in the transport of specimens from the collection site to the laboratory (*e.g.*, standard courier box, small cardboard box, plastic container).

b. May be made available separately at collection sites rather than being part of an actual kit sent to collection sites.

c. A shipping container is not necessary if a laboratory courier hand-delivers the specimen bottles in the plastic leak-proof bags from the collection site to the laboratory.

**APPENDIX B TO PART 40—DOT DRUG TESTING SEMI-ANNUAL LABORATORY REPORT TO EMPLOYERS**

The following items are required on each laboratory report:

Reporting Period: (inclusive dates)

Laboratory Identification: (name and address)

Employer Identification: (name; may include Billing Code or ID code)

C/TPA Identification: (where applicable; name and address)

**1. Specimen Results Reported (total number)**

By Test Reason

- (a) Pre-employment (number)
- (b) Post-Accident (number)
- (c) Random (number)
- (d) Reasonable Suspicion/Cause (number)

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- (e) Return-to-Duty (number)
- (f) Follow-up (number)
- (g) Type of Test Not Noted on CCF (number)

**2. Specimens Reported**

- (a) Negative (number)
- (b) Negative and Dilute (number)

**3. Specimens Reported as Rejected for Testing (total number)**

By Reason

- (a) Fatal flaw (number)
- (b) Uncorrected Flaw (number)

**4. Specimens Reported as Positive (total number) By Drug**

- (a) Marijuana Metabolite (number)
- (b) Cocaine Metabolite (number)
- (c) Opiates (number)
  - (1) Codeine (number)
  - (2) Morphine (number)
  - (3) 6-AM (number)
- (d) Phencyclidine (number)
- (e) Amphetamines (number)
  - (1) Amphetamine (number)
  - (2) Methamphetamine (number)
  - (3) MDMA (number)
  - (4) MDA (number)
  - (5) MDEA (number)

**5. Adulterated (number)**

**6. Substituted (number)**

**7. Invalid Result (number)**

[75 FR 49863, Aug. 16, 2010]

**APPENDIX C TO PART 40—DOT DRUG TESTING SEMI-ANNUAL LABORATORY REPORT TO DOT**

Mail, fax, or e-mail to: U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, W62-300, 1200 New Jersey Avenue, SE., Washington, DC 20590. Fax: (202) 366-3897. E-mail: [ODAPCWebMail@dot.gov](mailto:ODAPCWebMail@dot.gov).

The following items are required on each report:

Reporting Period: (inclusive dates)

Laboratory Identification: (name and address)

**1. DOT Specimen Results Reported (total number)**

- 2. Negative Results Reported (total number)
  - Negative (number)
  - Negative-Dilute (number)

**3. Rejected for Testing Results Reported (total number)**

By Reason

- (a) Fatal flaw (number)
- (b) Uncorrected Flaw (number)

**4. Positive Results Reported (total number)**

By Drug

- (a) Marijuana Metabolite (number)
- (b) Cocaine Metabolite (number)
- (c) Opiates (number)
  - (1) Codeine (number)
  - (2) Morphine (number)
  - (3) 6-AM (number)
- (d) Phencyclidine (number)