

UNIVERSAL TREATMENT STANDARDS

[Note: NA means not applicable]

Regulated constituent common name	CAS <sup>1</sup> No.	Wastewater standard concentration <sup>2</sup> in mg/l	Nonwastewater standard concentration <sup>3</sup> in mg/kg unless noted as "mg/l TCLP"
<b>Organic Constituents</b>			
Ethyl ether .....	60-29-7	0.12	160
bis(2-Ethylhexyl)phthalate .....	117-81-7	0.28	28
Hexachloroethane .....	67-72-1	0.055	30
Hexachloropropylene .....	1888-71-7	0.035	30

\* \* \* \* \*

**Footnotes to Table UTS**

1. CAS means Chemical Abstract Services. When the waste code and/or regulated constituents are described as a combination of a chemical with its salts and/or esters, the CAS number is given for the parent compound only.

2. Concentration standards for wastewaters are expressed in mg/l and are based on analysis of composite samples.

3. Except for Metals (EP or TCLP) and Cyanides (Total and Amenable) the nonwastewater treatment standards expressed as a concentration were established, in part, based upon incineration in units operated in accordance with the technical requirements of 40 CFR part 264, subpart O or 40 CFR part 265, subpart O, or based upon combustion in fuel substitution units operating in accordance with applicable technical requirements. A facility may comply with these treatment standards according to provisions in 40 CFR 268.40(d). All concentration standards for nonwastewaters are based on analysis of grab samples.

\* \* \* \* \*

**PART 270—EPA ADMINISTERED PERMIT PROGRAMS: THE HAZARDOUS WASTE PERMIT PROGRAM**

■ 49. The authority citation for part 270 continues to read as follows:

**Authority:** 42 U.S.C. 6905, 6912, 6924, 6925, 6927, 6939, and 6974.

■ 50. Amend § 270.4 as follows:

■ a. By redesignating paragraph (a)(1) as paragraph (a)(1)(i).

■ b. By redesignating paragraph (a)(2) as paragraph (a)(1)(ii).

■ c. By redesignating paragraph (a)(3) as paragraph (a)(1)(iii).

■ d. By redesignating paragraph (a)(4) as paragraph (a)(1)(iv).

■ e. By redesignating paragraph (a) as introductory text (a)(1).

■ f. By adding paragraph (a)(2) to read as follows:

**§ 270.4 Effect of a permit.**

(a) \* \* \*

(2) A permit may be modified, revoked and reissued, or terminated during its term for cause as set forth in §§ 270.41 and 270.43, or the permit may be modified upon the request of the permittee as set forth in § 270.42.

\* \* \* \* \*

[FR Doc. 2010-5700 Filed 3-17-10; 8:45 am]

BILLING CODE 6560-50-P

**DEPARTMENT OF TRANSPORTATION**

**Office of the Secretary**

**49 CFR Part 40**

**[Docket DOT-OST-2008-0088]**

**RIN OST 2105-AD84**

**Procedures for Transportation Workplace Drug and Alcohol Testing Programs**

*Correction*

In rule document 2010-3731 beginning on page 8528 in the issue of Thursday, February 25, 2010, make the following corrections:

**§40.225 [Corrected]**

1. On page 8529, in §40.225, in the first column, amendatory instructions 2 and 3 are corrected to read as follows:

■ 2. Section 40.225 (a) is amended by removing the words "beginning February 1, 2002".

■ 3. Appendix G is revised to read as follows:

**Appendix G to Part 40 [Corrected]**

2. On page 8530 and 8531, in Appendix G to Part 40, the graphics are reprinted to read as follows:

## U.S. Department of Transportation (DOT) Alcohol Testing Form

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

*Print Screening Results  
Here or Affix with  
Tamper Evident Tape*

**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 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 US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

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

*Print Confirmation  
Results Here or Affix  
with Tamper Evident  
Tape*

**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 US 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 # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result

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 \_\_\_\_\_

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

*Print Additional  
Results Here or Affix  
With Tamper Evident  
Tape*

**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

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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 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 US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Month Day Year

*Print Confirmation  
Results Here or Affix  
with Tamper Evident  
Tape*

**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 US 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

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

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

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

*Print Additional  
Results Here or Affix  
With Tamper Evident  
Tape*

**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

Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

**COPY 2 – EMPLOYEE RETAINS**