I. Employer:

Company Name: Iowa Assn of Muni Utilities

Do Business As (DBA) Name (if applicable):

Address: 1735 NE 70th Ave, Ankeny, IA 50021

Name of Certifying Official: ________________________________

Signature: ____________________________

Telephone: ( ) ________________________ Date Certified: ____________

Prepared by (if different): ________________________________

CTPA Name and Telephone (if applicable): ________________________________

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

- FMCSA - Motor Carrier: DOT #: ____________________________ Owner-Operator (circle one) YES or NO Exempt (circle one) YES or NO

- FAA - Aviation: Certificate # (if applicable): ________ Plan / Registration # (if applicable): ________

- PHMSA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

- FRA - Railroad: Total Number of observed/documented Part 219 "Rule G" Observations for covered employees: ________

- USCG - Maritime: Vessel ID # (USCG- or State-Issued): (If more than one vessel, list separately.) ________ (If more than one vessel, list separately.)

- FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: ________

(B) Enter Total Number Employee Categories: ________

(C) Employee Category Total Number of Employees

<table>
<thead>
<tr>
<th>Employee Category</th>
<th>Total Number of Employees in this Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver-CDL</td>
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</tbody>
</table>

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
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<tbody>
<tr>
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<tr>
<td>Post-Accident</td>
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<tr>
<td>Reasonable Susp./Cause</td>
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<tr>
<td>Follow-up</td>
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IV. Alcohol Testing Data:

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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>8</th>
<th>9</th>
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<tbody>
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<td>Pre-Employment</td>
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<tr>
<td>Post-Accident</td>
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<td></td>
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<tr>
<td>Reasonable Susp./Cause</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Return-to-Duty</td>
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<td></td>
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</tr>
<tr>
<td>Follow-up</td>
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</tbody>
</table>
**U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM**

Calendar Year Covered by this Report: **2019**

Pool Run Dates from 01/01/2019 to 03/31/2019

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

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- **Company Name:** Iowa Assn of Mun Utilities
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---

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(A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

(B) Enter Total Number Employee Categories:

(C) Employee Category | Total Number of Employees in this Category
--- | ---
Pipeline | 3

**Refusal Results**

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Pre-Employment</th>
<th>Random</th>
<th>Post-Accident</th>
<th>Reasonable Susp./Cause</th>
<th>Return-to-Duty</th>
<th>Follow-up</th>
<th>Total</th>
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</tr>
</tbody>
</table>

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**III. Drug Testing Data:**

- **Type of Test:**
  - Pre-Employment
  - Random
  - Post-Accident
  - Reasonable Susp./Cause
  - Return-to-Duty
  - Follow-up

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**IV. Alcohol Testing Data:**

- **Type of Test:**
  - Pre-Employment
  - Random
  - Post-Accident
  - Reasonable Susp./Cause
  - Return-to-Duty
  - Follow-up

---

**Date Certified:**

**Signature:** dhylcr@iamu.org