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)

I. Employer:

Company Name: Iowa Assn of Muni Utilities
Doing Business As (DBA) Name (if applicable):
Address: 1735 NE 70th Ave , Ankeny, IA 50021 E-mail: dhyler@iamu.org
Name of Certifying Official: Signature:
Telephone: ( ) Date Certified:
Prepared by (if different): Telephone: ( )
C/TPA 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.)
__ FTA - Transit

II. Covered Employees:

(A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: 1

(B) Enter Total Number Employee Categories: 1

(C)

Employee Category	Total Number of Employees in this Category
X Driver-CDL	1

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:

Type of Test	1 Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	2 Verified Negative Results	3 Verified Positive Rersults ~ For One Or More Drugs	4 Positive For Marijuana	5 Positive For Cocaine	6 Positive For PCP	7 Positive For Opiates	8 Positive For Amphetimines	Refusal Results: 9 Adulterated	10 Substituted	11 "Shy Bladder" ~ With No Medical Explanation	12 Other Refusals To Submit To Testing	13 Cancelled Results
Pre-Employment	1	1	0	0	0	0	0	0	0	0	0	0	0
Random	0	0	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-up	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	1	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

Type of Test	1 Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	2 Screening Tests With Results Below 0.02	3 Screening Tests With Results 0.02 or Greater	4 Number of Confirmation Tests Results	5 Confirmation Tests With Results 0.02 Through 0.039	6 Confirmation Tests With Results 0.04 Or Greater	Refusal Results: 7 "Shy Lung" ~ With No Medical Explanation	8 Other Refusals To Submit To Testing	9 Cancelled Results
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-up	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

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__ 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.)
__ FTA - Transit

II. Covered Employees:

(A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: 3

(B) Enter Total Number Employee Categories: 1

(C)

Employee Category	Total Number of Employees in this Category
X Pipeline	3

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:

	1	2	3	4	5	6	7	8	9	10	11	12	13
									Refusal Results				
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Rersults ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetimines	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0
Random	0	0	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-up	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
							Refusal Results		
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 or Greater	Number of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	0	0	0	0	0	0	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-up	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0