



Moving Public Transportation
Into the Future

Monitoring Collection Sites: Conducting the “Mock Collection”

October 2025
AWC Expo

Presented By: Sean K. Oswald,
Chief of Operations, Director of Drug & Alcohol Initiatives



Discussion Topics

- ◆ The Bottom Line.... Why compliance is important and how it affects safety
- ◆ The Employer's responsibilities
- ◆ Common methods of providing oversight to your collection site(s)
- ◆ Tools/Checklists



Why is it so Important?

- ◆ Collection Sites Play a Central Role
 - No collection site = No drug & alcohol testing program
 - Most regulations to follow = Highest likelihood of flaws

- ◆ Susceptibility to Cheating
 - 75% failed basic security/integrity procedures¹
 - Technicians are often the lowest paid

Endnote: ¹ US Government Accountability Office



Employer Responsibilities

- ◆ When audited, findings are attributed to the **transit system**, not the service agent
- ◆ **All agreements between employers and service agents are deemed as a matter of law to require compliance (40.11)**
- ◆ Good faith use is not a defense for non-compliance (40.15)
- ◆ Employer is responsible for obtaining information that is needed for compliance purposes



Ask Yourself...

- ◆ Do you review your drug and alcohol testing paperwork on a regular and ongoing basis?

- ◆ Have you ever provided any type of inspection or conducted mock collections/tests with you collection site(s)?

- ◆ Have any of the technicians at your collection site made a mistake which caused a alcohol or drug test to be cancelled?
 - Did you verify that they received the required Error Correction Training?



Are You Satisfied?

- ◆ Are you satisfied with your collection site? ... Based on what?
 - ◆ Volume capacity, location, and service hours
 - ◆ After-hours testing?
 - ◆ Repeat errors?
 - ◆ Number and explanation for canceled tests?
 - ◆ Ease of communicating and reporting?



Are You Satisfied?

- ◆ What if your collection site is unwilling or unable to meet your needs?
 - Compliance vs Customer Service

- ◆ Alternative Resources/Approaches



Providing Oversight

- ◆ What EXACTLY are you expected to do?!?!
 - Are you required to go onsite?
 - Can you do a “desk audit” only?
 - Do you have to mimic the FTA’s audit procedures?
 - How often are you required to conduct oversight efforts?
 - Every quarter?
 - Semi-annual?
 - Annually?
 - As needed?



Providing Oversight

- ◆ What EXACTLY are you expected to do?!?!
 - Whatever is required to ensure compliance and safety
 - **At minimum:**
 1. Ongoing desk review oversight
 - CCF/ATF reviews following tests
 - Training credential oversight
 2. Onsite visits
 - Mock collections



Providing Oversight

- ◆ What EXACTLY are you expected to do?!?!
 - What works for you/ is “doable”?...What is NEEDED?
 - Usually progressive in nature (risk based)
 - i.e., Initial comprehensive review
 - Followed by more succinct/focused reviews ongoing



Collection Site Monitoring

Compliance Tips

- ◆ Investigate any reports by employees of flawed procedures
- ◆ **Provide vendors copies of USDOT and FTA handbooks and procedural manuals**
- ◆ Even though not a regulatory requirement, consider requiring vendors to hold memberships in their respective industry's trade association



Collection Site Monitoring

Compliance Tips

- ◆ Monitor cancelled test rates, and require detailed explanations for each cancelled test and other flaws
 - Data driven decisions
- ◆ Include specific and detailed minimum performance standards in contracts that provide disincentives for cancelled tests or non-performance



Collection Site Monitoring

Onsite Visits: Purpose

- ◆ Provides the inspector with an understanding of the technician's knowledge and the site's operating procedures

- ◆ Improves compliance with Federal regulations

- ◆ **Face to Face Relationship Building**

- ◆ Inspection opportunity:
 - Equipment, facility, security
 - Training credentials, access to resources, etc.



Collection Site Monitoring

Onsite Visits: Drawbacks

- ◆ “Best” collector

- ◆ Will Never Create Exact Experience as a “Real” Test
 - Extra mistakes may be made by the collector due to nervousness

 - Normal mistakes made by collectors may be fixed due to the advanced notice



Collection Site Monitoring

LEVEL 1 - Site Visits: Mock Collections

- ◆ Open Process
 - Purpose and process clear to everyone
 - Schedule in advance (Best Practice: at least annually)

- ◆ Prepare your self before you conduct the review

(Watch U.S. DOT Video)

- ◆ Conduct mock collection as if you are an employee

- ◆ Assessment of Collector: **Know** the job vs **DO** the Job



Collection Site Monitoring

Level 1 Site Visits: Follow-Up Interview

- ◆ Immediately following mock collection
 - Discuss errors identified during mock collection
 - Ask to see training credentials
 - Quality Assurance Plan (QAP) for the breath testing device
 - Ask them to show they have access required resources:
 - 49 CFR Part 40
 - ODAPC's Urine Specimen Collection Guidelines
 - Signed up for ODAPC List-Serv



Collection Site Monitoring

Level 2 Site Visits: Follow-Up Interview

- ◆ LEVEL 2 – Conduct interview covering policies and procedures for “Uncommon” collections
 - Shy Bladder
 - Temperature out of range
 - Directly Observed Tests
 - Refusals
 - Fatal Flaws vs. Correctable Flaws
 - Record Reviews



General Information

CONDUCTING THE “MOCK COLLECTION”



Conducting “Mock Collections”

- ◆ Make Experience As Authentic As Possible
 - Create “Real” Order for Testing Form for Drug and Alcohol Testing (Example Random, Post-Accident)

- ◆ Set Ground Rules
 - Instruct BAT/Collector to Perform, **NOT** “Talk” the Collections
 - Establish a Method For BAT/Collector to “Pause” and “Play”

- ◆ Use an Order for Testing Form and a Checklist to Record Observations



How to Conduct The “Mock Collections”

ALCOHOL TESTING PROCESS



Alcohol Testing Process

- ◆ Conduct the Alcohol Test First

- ◆ Should Not Be Asked to Sign a Consent, Waiver or Release Before Testing

- ◆ Collection Must Take Place in an Area That Affords Privacy

- ◆ Photo ID Is Required
 - Keep it available for drug test, too



Alcohol Testing Process

- ◆ EBT Must Be on ODAPC Web Page “Approved Evidential Breath Measurement Devices”
- ◆ <https://www.transportation.gov/odapc/Approved-Evidential-Breath-Measurement-Devices>
- ◆ Write the Name and Model on the Checklist



Alcohol Testing Process

- ◆ Use of DOT Alcohol Testing Form?
- ◆ BAT Checks ID & Explains Procedure and Shows the Back of Alcohol Testing Form
- ◆ BAT Completes Step 1
- ◆ BAT Asks Employee (EE) to Read and Sign Step 2

**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 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 _____/_____/_____
 _____/_____/_____

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 SIT 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

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 _____/_____/_____
 _____/_____/_____

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 _____/_____/_____
 _____/_____/_____

Print Screening Results Here or Affix with Tamper Evident Tape

Print Confirmation Results Here or Affix with Tamper Evident Tape

Print Additional Results Here or Affix With Tamper Evident Tape



Alcohol Testing Process

- ◆ BAT Opens a New Mouthpiece in the Presence of the EE
- ◆ BAT Instructs EE How to Blow into the EBT
- ◆ EE Blows Into EBT





Alcohol Testing Process

- ◆ BAT Shows the Result to the Employee
- ◆ After EBT Prints Result, It Is Affixed to the ATF by Tamper-Evident Tape or Another Means, Such as Adhesive Backing



Alcohol Testing Process

- ◆ BAT Completes the Process by Signing Step 3 and Giving Copy 2 to the Employee
- ◆ Keep Copy 1 (Original) for your files and sca/mail/fax employer copy to them



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 JOE DUE
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 2164

C: Employer Name City Transit
Street 21 MAIN ST.

City, State, ZIP SOMEWHERE, MA 02111

DER Name and Telephone No. CANDICE SMITH 617 215 3100
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 [Signature] Date 11 / 28 / 18 / 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 regulations, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

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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 # QR 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:

Collect-N-Go 3 Park St.
Alcohol Technician's Company Company Street Address

Jammy JOHNSON SOMEWHERE, MA 02111
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip

617 215 3430
Phone Number (Area Code & Number)

Signature of Alcohol Technician [Signature] 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

EVIDENT

RBT I# 012854
DATE 11-28-18
TEST NO. 0345
ID#
2164
AS I# 005066
SCREENING
G/210L TIME
000 AUTO 10:11

TAMPER



How to Conduct The “Mock Collections”

URINE COLLECTION PROCESS



Urine Collection Process

- ◆ Use of “Federal” CCF
 - New Form vs Old Form

- ◆ Collector Checks ID, Explains Procedure and Shows CCF Instructions to EE
 - Instructions now online (not on form)

 - <https://www.samhsa.gov/sites/default/files/workplace/urine-ccf-instructions.pdf>



Urine Collection Process

- ◆ Collector Completes Step 1
 - Use information from “Order for Testing”
 - “FTA” as Testing Authority
 - Reason for Test
 - Drug Tests to be Performed

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **0000001** ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. ABC Transit 55 Broadway Street Boston, MA 02101 ID#19272064		B. MRO Name, Address, Phone No. and Fax No. Dr. Jack Jefferson 227 Lexington Place Washington, DC 13202 Phone: 315-443-1242 Fax: 315-4432351	
C. Donor SSN, Employee I.D., or CDL State and No. <u>123-45-6789</u>			
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input checked="" type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG			
E. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____			
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____			
G. Collection Site Address: DOT Testing, Inc. 421 Cambridge Court Boston, MA 02111		Collector Contact Info: Phone <u>617-494-1234</u> Fax <u>617-494-4321</u> Other _____	

OMB No. 0930-0158



Asked to Empty Pockets

- Empty all pockets



Including the Back and Shirt Pockets

- Empty all pockets



And Wallet

- Empty all pockets





Urine Collection Process

- ◆ Collector Asks Donor to Empty Pockets and Remove Outer Garments, Including Hat
 - All pockets should be checked, including back pants and shirt pockets
 - Donor can keep wallet after being searched

- ◆ Looking for Anything That Can Be Used to Adulterate or Substitute Actual Urine Specimen Collection

People Try to Cheat





Urine Collection Process

- ◆ Collector Asks Donor to Wash and Dry Hands
- ◆ Collector Must OBSERVE the EE to Make Sure Proper Hand Washing





Urine Collection Process

- ◆ Collector or Donor Chooses Collection Kit
- ◆ Collector Opens Kit
- ◆ Collector Gives Donor the Cup
 - Explains the minimum amount for a successful void – 45 mL
- ◆ Collector Must Inspect the Collection Area Before Allowing Donor to Enter

Items in Collection Kit





Produce at Least 45 mL



DOT's 10 Steps to Collection Site Security and Integrity

Office of Drug and Alcohol Policy and Compliance
U.S. Department of Transportation



COLLECT

◆ Removing process.

◆ ODAPC po

◆ Consider a

1. Pay careful attention to employees throughout the collection process.
2. Ensure that there is no unauthorized access into the collection areas and that undetected access (e.g., through a door not in view) is not possible.
3. Make sure that employees show proper picture ID.
4. Make sure employees empty pockets; remove outer garments (e.g., coveralls, jacket, coat, hat); leave briefcases, purses, and bags behind; and wash their hands.
5. Maintain personal control of the specimen and CCF at all times during the collection.
6. Secure any water sources or otherwise make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets, secure tank lids).
7. Ensure that the water in the toilet and tank (if applicable) has bluing (coloring) agent in it. Tape or otherwise secure shut any movable toilet tank top, or put bluing in the tank.
8. Ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present.
9. Inspect the site to ensure that no foreign or unauthorized substances are present.
10. Secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas, ceiling tiles) that appear suitable for concealing contaminants.

oring

IRITY

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Bathroom Security & Integrity





Bathroom Security & Integrity

- ◆ No access to clear water
 - Check for **Bluing** in the Water

- ◆ Look for Areas Where Contraband Can Be Hidden
 - Behind the toilet; Under the sink; In an unsecured cabinet or drawer
 - Ceiling tiles
 - Paper dispensers
 - Plumbing access covers

- ◆ Contaminants removed?

Urine Collection Process

- ◆ Collector Receives Fresh “Void” from Donor
 - Must be handed to the Collector, not placed in a window
- ◆ Collector Checks Temp and Volume
- ◆ Does the Collector Recheck the Security of Bathroom?





Urine Collection Process

◆ Collector Completes Step 2

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

URINE

ORAL FLUID

COLLECTION: Split Single None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? Yes No, Enter Remark Observed, Enter Remark

ORAL FLUID: Split Type: Serial Concurrent Subdivided | Each Device Within Expiration Date? Yes No | Volume Indicator(s) Observed

REMARKS:



Urine Collection Process

- ◆ After removing seals from CCF, the Collector places them on bottles



000001
SPECIMEN A

/ /
Date (Mo/Day/Yr)

Donor's Initials



000001
SPECIMEN B

/ /
Date (Mo/Day/Yr)

Donor's Initials



Urine Collection Process

- ◆ Collector Attaches Seals and Dates Seals



- ◆ Employee Initials the Seals





Urine Collection Process

- ◆ Donor Reads, Completes, and Signs Step 5 on **COPY 2**
- ◆ **Make sure they do Step 5 BEFORE Step 4***



STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle/tube is correct.

Sean Oswald Sean Oswald 03 22, 24
 Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Email address: None Daytime Phone No. (617) 234 1111 Evening Phone No. () N/A Date of Birth 11 22, 81
 (Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.



Urine Collection Process

- ◆ Collector Reviews CCF and Completes Step 4, on **COPY 1**



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 Sally Shells
Signature of Collector

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

3 22 24 105 PM
Date (Mo/Day/Yr) Time of Collection

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

Fedex - UPS

Name of Delivery Service



Urine Collection Process

- ◆ Collector Places Both Bottles into Bag with CCF





Urine Collection Process

- ◆ Collector Distributes The CCF
 - Lab Copy in Bag
 - Employee Copy
 - Collection Site Copy
 - MRO Copy
 - Employer Copy

- ◆ Collection Complete



Urine Collection Process

Dos and Don'ts

- ◆ Do Not Use Actual Urine
 - Inform the Collector that you will be using water
- ◆ Do Not Have Sample Shipped to the Lab
- ◆ Do Not Correct the Collector during the Collection Process
 - Wait until the end
- ◆ Do Not Participate in a Direct Observation



Urine Collection Process

Dos and Don'ts (continued)

- ◆ Do Make the Collection Process as Realistic as Possible
 - Have them show you the procedure, not merely describe it

- ◆ Do Take Notes and Complete the “Collection Site – Mock Collection - Checklist”

- ◆ Communicate “findings” to the collection site and require them to provide some type of “corrective action”



Resources

- ◆ PowerPoint Slide Deck
- ◆ Collection Site Review Checklist
- ◆ ATF and CCF Examples & Review Checklists
- ◆ ODAPC Resources
 - <https://www.transportation.gov/odapc/employer>
 - [*“What Employers Need to Know About Monitoring Collection Sites”*](#)
 - [*“What Employers Need to Know About DOT Drug and Alcohol Testing”*](#)
 - [*“ODAPC “10 Steps” for Collection Site Security and Integrity”*](#)

Resources

- ◆ ODAPC Resources (cont.)
 - Mock Collection Video
 - <https://www.transportation.gov/odapc/dot-mock-collection-instructional-video>
 - ODAPC “List-Serv”
 - Best practice for employer
 - REQUIRED for technicians
 - https://www.transportation.gov/odapc/ListServe_Notices

Resources

- ◆ ODAPC Resources (cont.)
 - Direct Observation Procedure Poster
 - https://www.transportation.gov/odapc/DOT_Direct_Observation_Procedures

- ◆ FTA's "[Tools & Resources](#)" Page
 - ATF Review Checklist
 - CCF Review Checklist
 - Example completed CCF
 - Example completed ATF
 - Mock Collection Checklists (Breath and Urine)



Questions?

EMAIL – Soswald@rlsandassoc.com

RLS & Associates, Inc.
3131 South Dixie Highway, Suite 545
Dayton, Ohio 45439
937-299-5007