

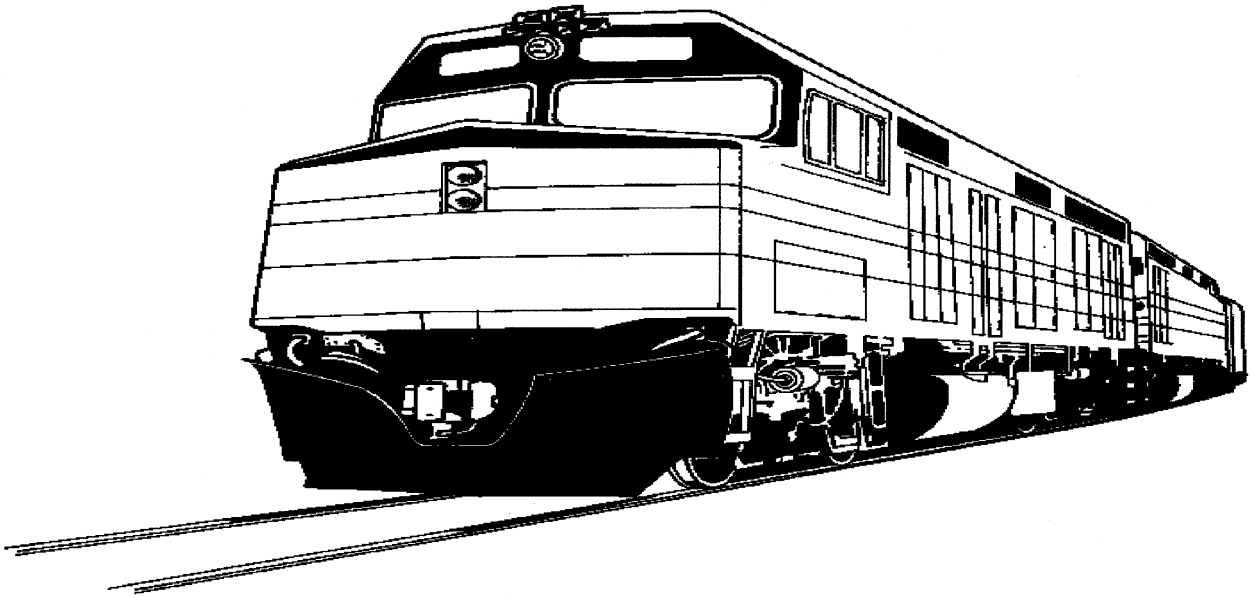
FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TOXICOLOGICAL

TESTING INSTRUCTIONS

FOR SURVIVING REGULATED RAILROAD

AND RAILROAD CONTRACTOR EMPLOYEES



- **Medical Facility Frequently Asked Questions (FAQs)**
- **General Instructions for the Medical Facility and for the Blood and Urine Collectors**
- **General Instructions for the Blood Collector**
- **General Instructions for the Urine Collector**
- **General Instructions for Preparing the Specimens for Shipment**
- **Instructions for the Senior Onsite Employer Representative**
- **Instructions for the Railroad Employee or Contractor**

**Federal Railroad Administration
U.S. Department of Transportation
Effective June 12, 2017**

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Federal Railroad Administration Mandatory Post-Accident Testing Program Medical Facility Frequently Asked Questions (FAQs)

What is the purpose of this collection?

Since 1986, the Federal Railroad Administration (FRA) has required the drug and alcohol testing of Federally-regulated employees who are involved in certain major railroad accidents and incidents. There are about 80-100 of these events each year, currently involving the testing of around 160-200 railroad and railroad contractor employees.

The purpose of the testing is for accident investigation, specifically to help rule out whether drugs and/or alcohol were a cause or a contributing cause of the major rail accident or incident.

Is this collection required by law?

The collection and testing of blood and urine specimens from these employees is mandatory under Federal regulations. However, your facility's participation in the collection is voluntary. The FRA is grateful for your willingness to support rail safety by collecting the required specimens in an environment that is safe for the employee.

This FRA mandatory post-accident testing program has been accepted as constitutional and therefore legal under Federal law by the U.S. Supreme Court (see *Skinner v. RLEA*, 489 U.S. 602 (1989)).

What is involved?

Your facility is asked to first draw blood and then collect a urine specimen from each employee using a single chain-of-custody form to ensure that the specimens collected belong to the employee who provided them. The specimens (especially the blood) should be collected as soon as possible from the time when the employee arrives at your facility.

The specimens are not intended for use in legal or criminal proceedings brought against the employee by the FRA or by Federal, state, or local law enforcement.

FRA requires the specimens to be collected at a medical facility like yours for the protection of the railroad employee in case medical intervention becomes necessary due to injury from the accident or there is an adverse reaction during the blood draw.

None of your personnel are required to produce personal or work identification to the employee.

Is it a DOT (Department of Transportation) workplace test? Do I need special qualifications to collect these specimens?

No, this is not a normal workplace urine drug test required by DOT agencies. This collection is part of an FRA accident investigation. You do not need to have special qualifications or DOT collector training to collect these specimens. FRA deems you to be well qualified to collect these specimens on the basis of your professional experience and medical training. We request only that you follow FRA's special collection protocols.

Is written consent required from the employee? What if the employee is unconscious?

Under Federal regulations, railroad and railroad contractor employees are deemed to have consented to these FRA post-accident collections on the basis of performing their regulated job duties. No consent by the employee, written or otherwise, is required.

However, FRA's greatest concern is the health and well-being of the employee being tested. No specimens may be collected from the employee until their medical condition is stable. Blood may be drawn while the employee is unconscious, but the unconscious employee may not be catheterized solely for the purpose of collecting the urine specimen. If you are already catheterizing the unconscious employee for your own medical purposes, then you can collect FRA specimens through that catheter.

My facility requires consent and liability waiver forms to be filled out before we can provide service. Can I require the employee to sign my forms?

Yes and no. Under Federal regulations, the medical facility can require the employee to sign a medical facility consent and release form but not forms that waive liability or any other normal patient right. We do request that you collect the blood samples as soon as possible, and not unnecessarily delay the blood collection filling out forms.

Do I need to be concerned about HIPPA?

No. It is the Secretary of Transportation's published legal opinion that all DOT drug and alcohol testing is exempted by HIPPA. This exemption is echoed in the preamble to the HIPPA regulation.

What about my liability? Has anybody ever been sued for collecting FRA post-accident specimens?

Since 1986, blood and urine specimens have been collected from about 4,000 railroad employees in medical facilities like yours. To FRA's knowledge, no individual collector or medical facility collecting post-accident specimens on FRA's behalf has ever been sued or taken to arbitration for performing this role. However, FRA has no ability to exempt you from legal liability from a future legal challenge.

What if it is determined later the employee should not have been tested?

The railroad or railroad contractor is responsible for determining if an employee is to be tested based on the thresholds found in FRA regulations. It is not your role or responsibility to determine whether an employee should or should not have been tested.

Is somebody available from FRA to answer my questions?

Yes, on a 24/7 basis. The railroad or railroad contractor can put you in touch with a FRA representative who is knowledgeable about your collector requirements and how these collections should be performed.

General Instructions for the Medical Facility and for the Blood and Urine Collectors

The Federal Railroad Administration (FRA) is requesting that you collect whole blood and urine specimens from each of the Federally-regulated railroad or railroad contractor employees brought to you after they were involved in a major railroad accident or incident. FRA greatly appreciates your willingness to participate in this process and has provided an attached set of Frequently Asked Questions (FAQs) which should answer many of your questions.

- Each FRA post-accident toxicology box provided you by the railroad or contractor has three (3) kits. Each kit contains the supplies you need to collect blood and urine from one (1) employee. Every FRA toxicology box and collection kit are identical. If you need more kits, just ask for an additional FRA toxicology box.
- The blood and urine collections for each employee are documented on a single multipart carbonless form (the FRA Form F6180.74). These forms are in the FRA toxicology box.
- An additional multipart carbonless form (FRA F6180.73) is also in the FRA toxicology box. It is to be given to the attending railroad or contractor representative to be filled out and given back to you when you are preparing the samples for shipment.
- Please try to collect the blood sample first from each employee as soon as possible after their arrival at your facility. The urine collection is your second priority.
- It is permissible to use more than one collector for each employee (e.g. one for blood and one for urine). It is also permissible to use more than one collector for the blood and more than one collector for the urine.
- Regardless of whether you are using a single collector or not, it is permissible to collect all the employee blood samples and then go back and collect all of the urine samples.
- If the employee does not cooperate with your collection instructions, or refuses to provide one or both of the required samples, immediately involve the onsite employer representative. It is not your role to force the employee to cooperate.
- Ensure that your collection process properly documents each collection, the specimens are properly labeled and sealed in the employee's presence, and that there was no possibility that the samples from different employees could have been mixed up before labeling and sealing.
- Testing will occur at the FRA's own contract post-accident laboratory, and results will be reported by that laboratory to the FRA and the employer---your role is limited to collection only.

FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)

NOTE: This form must be completed in accordance with instructions provided by the Railroad representative. Separate instructions are available for the employee and the collectors. If more than one collector provides services, each must direct special attention to properly documenting the chain of custody for the blood and urine specimens, as applicable.

| | | |
|--|---|---|
| Date (Mo/Day/Yr) 6 / 22 / 17 | Name of Employing Railroad ABC RAILROAD | Sample Set Identification Number (Pre-printed) 333900 |
|--|---|---|

STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

| | | | | |
|--|-----------------------|--|--------------------------|---|
| Name Print (last, first, mi) DOE, JOHN J | | Employee Identification Number or Social Security Number 123 654 | | |
| Home Address 4824 MOUNTAIN RD | City LAUREL | State MD | Zip Code 27906 | Telephone Number 240 765-2519 |

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

| | | |
|--|--|--|
| Name of Collector Print (last, first, mi) JANE, THOMAS | Date (Mo/Day/Yr) 6 / 22 / 17 | Time of Collection 10:17 AM PM |
|--|--|--|

Remarks:

I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

Thomas Jane
Signature of Collector

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

| | | | |
|--|---|--|---|
| Name of Collector Print (last, first, mi) KURTIS, JOSEPH | | Date (Mo/Day/Yr) 6 / 22 / 17 | Time of Collection 1040 AM PM |
| Temperature of specimen was read within 4 minutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Temperature was within range of 32°-38°C/90°-100°F <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | If not, actual temperature was _____° | |

Remarks:

I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

Joseph Kurtis
Signature of Collector

STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS

JD

John Doe
Signature of Employee

STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

| | | |
|--|---|----------------------------|
| Received Blood <input checked="" type="checkbox"/> | Received Urine <input checked="" type="checkbox"/> | |
| JUSTIN HOLLER Name of Collection Personnel (print) | <i>Justin Holler</i> Signature of Collection Personnel | 6 / 22 / 17 Date |

Released specimens to:

- Overnight courier service (name) **Fed Ex** OR
- Railroad representative (name) _____ for delivery to overnight courier service (name if known) _____

STEP 6. COMPLETED BY MEDICAL FACILITY

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.

NONE

STEP 7. BREATH ALCOHOL TEST

Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? Yes
 No

If yes, include ATF in box.

General Instructions for the Blood Collector

- IF AT ALL POSSIBLE, COLLECT BLOOD FROM EACH EMPLOYEE FIRST.
- If the collection begins with you, identify the employee using a picture ID. If no picture ID is available, ask the attending employer representative to identify the employee.
- Fill out Step 1 of the post-accident collection form (FRA F6180.74). A completed example of this section of the form is on the back of this page.
- Complete one employee blood collection, document the collection (an example of your sections is provided on the back of this page), and label and seal the blood tubes before proceeding to the next employee.
- Cleanse the venipuncture site with a sterilizing swab. **DO NOT USE A SWAB CONTAINING ETHYL ALCOHOL.**
- Draw two (2) ten mL grey-stoppered tubes full of blood (tubes provided in the kits).
 - If the FRA supplied tubes do not have sufficient vacuum, discard them and use tubes from your own supplies. Grey-top tubes are preferred, but any color can be used. It is important, however, to use 10 mL tubes.
- Seal each tube over the top of the stopper and down the sides of the tube using the designated labels attached to the collection form.
- Have the donor initial each label once it is on the tube. Add the date of the collection on the label.
- Complete all of the entries, and then sign and date Step 2 of the collection form. A completed example of this section of the form is on the back of this page.
- Keep the labeled blood tubes and collection form together awaiting the urine collection and packaging for shipment.

FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)

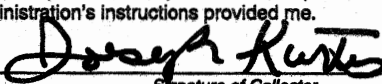

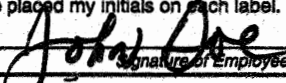
NOTE: This form must be completed in accordance with instructions provided by the Railroad representative. Separate instructions are available for the employee and the collectors. If more than one collector provides services, each must direct special attention to properly documenting the chain of custody for the blood and urine specimens, as applicable.

| | | |
|---|---|---|
| Date (Mo/Day/Yr) 6 / 22 / 17 | Name of Employing Railroad ABC RAILROAD | Sample Set Identification Number (Pre-printed) 333900 |
| STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS | | |
| Name Print (last, first, mi) DOE, JOHN J | Employee Identification Number or Social Security Number 123654 | |
| Home Address 4824 MOUNTAIN RD | City LAUREL | State MO |
| | Zip Code 27906 | Telephone Number 240 765-2519 |
| STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN | | |
| Name of Collector Print (last, first, mi) JANE, Thomas | Date (Mo/Day/Yr) 6 / 22 / 17 | Time of Collection 10:17 <input checked="" type="radio"/> AM <input type="radio"/> PM |
| Remarks: | | |
| I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me. | | |
| | | <i>Thomas Jane</i> Signature of Collector |

General Instructions for the Urine Collector

- IF AT ALL POSSIBLE, COLLECT BLOOD FIRST. However, if the collection begins with you, identify the employee using a picture ID. If no picture ID is available, ask the attending employer representative to identify the employee. Fill out Step 1 of the FRA post-accident collection form (FRA F6180.74). A completed example of this section of the form is on the back of this page.
- FRA post-accident urine collections are not directly observed, but should be closely monitored.
 - The employee should remove all unnecessary outer garments (coats, jackets, hat, etc.), but does not need to disrobe solely for this collection. They may retain any valuables.
 - Place the provided bluing tablets in all standing water and tape off any running water to which the employee has access. Ensure that the employee does not have access to any chemicals or products that could be placed in the urine.
 - If a single toilet bathroom is used, stand outside the door and monitor the urination.
 - If a multi-stall bathroom is used, stand outside the closed stall door and monitor the urination.
- Unwrap the provided specimen collection cup in front of the employee and ask the employee to try to fill the cup to at least the 60 mL mark in a single void.
- If they return a single void urine volume less than 45 mLs, dump the urine and have them try again. They are allowed up to three (3) full hours and 40 ounces of water. The employee should be monitored during any waiting time by one of your team or by the employer representative. If they can't provide the required amount in a single void in the three (3) hours, cease the collection and note the failure in the Remarks section of Step 3. **DO NOT COMBINE VOIDS.**
- Take the completed void from the employee of 45 mLs or greater, always keeping it in their presence until it is labeled and sealed. Immediately check the temperature using the temperature strip attached to the collection cup and annotate the temperature on the collection form. If the temperature is outside the normal range, you do not need to perform a new collection under direct observation. Do not put anything into the voided urine and do not pour off any of the urine for your own tests.
- Pour off at least 30 mLs in one of the two provided urine transport bottles and the remaining sample (at least 15 mLs) in the second. Tightly secure the lids of both transport bottles.

- Seal each transport bottle over the top of the cap and down the sides of the bottle using the designated labels attached to the collection form. Use the "A" label over the transport bottle with the most volume.
- Have the donor initial each label once it is on the bottle. Add the date of the collection on the label.
- Complete all of the entries, and then sign and date Step 3 of the collection form. Note any unusual behavior or concerns in the Remarks section of Step 3 of the collection form. A completed example of this section of the form can be found below.
- Have the employee sign, initial, and date Step 4 of the collection form.
 - If the employee refuses to sign and/or initial Step 4, but was willing to provide the blood and urine samples, document the refusal in the Step 3 Remarks section and continue to process the specimens.
- Keep the labeled urine transport bottles and collection form together awaiting the packaging for shipment.

| STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN | | | |
|--|---|--|---|
| Name of Collector <i>Print (last, first, mi)</i> KURTIS, JOSEPH | | Date (Mo/Day/Yr) 6 / 22 / 17 | Time of Collection 10 40 <input checked="" type="radio"/> AM <input type="radio"/> PM |
| Temperature of specimen was read within 4 minutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Temperature was within range of 32°-38°C/90°-100°F <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | If not, actual temperature was _____ ° | |
| Remarks: | | | |
| I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me. | | | |
|  Signature of Collector | | | |
| STEP 4. COMPLETED BY EMPLOYEE | | | |
| I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.) | | | |
| EXAMPLE OF MY INITIALS  |  Signature of Employee | | |
| STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT | | | |

General Instructions for Preparing the Specimens for Shipment

The blood collector, the urine collector, or a third person from your facility can be responsible for packaging and sealing the specimens for shipment. An example of how to fill out your sections of the collection form (FRA F6180.74) is on the back of this page.

- Receive the sealed blood tubes and sealed urine specimens from the assigned collectors.
- Ensure that you have two (2) sealed blood tubes, two (2) sealed urine bottles, and one completed collection form (the FRA Form F6180.74) for each employee. Keep the samples and collection form for each employee together.
- When the collections from all employees are complete, you can prepare the samples for shipment.
- Place each of an individual employee's samples back into any one of the kit boxes (one employee per kit box). Do not put the employee's collection form (the FRA F6180.74) in his/her individual kit box.
 - Place the employee's sealed blood tubes into the foam holder, and place the holder in the kit box.
 - Place the employee's sealed urine bottles into the kit box.
 - Close the kit box. Sign and date the included kit box seal, and place it to cover the kit box opening.
- Place each of the three (3) kit boxes (including any unused kits) into the FRA toxicology shipment box so the toxicology box is full.
- Complete Step 5 of each of the collection forms (the FRA F6180.74s). **YOU ARE THE ONLY ONE TO SIGN IN THIS SECTION.**
 - In the Release Specimens entries (both for the employer's chosen overnight courier service or for the employer representative who will take the shipment box from you), **PRINT THEIR NAMES ONLY---DO NOT ASK THEM TO SIGN IN THEIR RESPECTIVE BLOCKS.**
- Complete Step 6 and Step 7 of each of the collection forms if you personally have any information. It is fine to leave Step 6 and Step 7 blank.
- Remove the Collection Site copy of each collection form and retain it for your records. Provide the employee with the Employee copy and the onsite employer representative with the Employer copy.

- Place all the remaining copies of the collection form along with the remaining copies of the additional summary accident form (the FRA F6180.73) completed by the onsite employer representative into the included zip-lock type bag.
- Put the zip-lock bag and all the left-over supplies into the FRA toxicology shipping box with the three (3) kits, whether utilized or not.
- Close the FRA toxicology box and place the included box seal to cover the box opening. Place the mailing label on the toxicology shipping box, making sure it covers any previous mailing labels.
 - If you forgot to put one or more of the forms in the FRA toxicology box before sealing it, don't reopen the box. Just hand the forms to the onsite employer representative who will ensure the forms are sent to FRA or FRA's Testing Laboratory.
- Retain the sealed FRA toxicology shipping box in a secure place until you personally turn it over to the overnight shipper or the onsite employer representative.

STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood Received Urine
 _____ JUSTIN HOLLER _____ Justin Holler _____ 6/22/17
 Name of Collection Personnel (print) Signature of Collection Personnel Date

Released specimens to:
 • Overnight courier service (name) Fed Ex OR
 • Railroad representative (name) _____ for delivery to overnight courier service (name if known) _____

STEP 6. COMPLETED BY MEDICAL FACILITY

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.

NONE

STEP 7. BREATH ALCOHOL TEST

Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? Yes No
 If yes, include ATF in box.

Instructions for the Senior Onsite Employer Representative

As the senior onsite employer representative, your responsibility during the FRA post-accident specimen collection process is to:

- a) Introduce yourself to the medical facility personnel as the person that can answer questions and assist with employee management, but not as someone that can have an active part in the collection process.
 - b) Ensure that the collection site has been given the appropriate number of FRA toxicology boxes necessary to collect specimens from the number of employees requiring testing.
 - c) Explain to your employees what is about to happen to them and the importance of their cooperation.
 - d) Be prepared to provide answers for questions asked by both your employees and the medical facility during the collection process (obtain help as needed from your Designated Employer Representative (DER)).
 - e) Manage and monitor your employees at all times, helping to ensure that they are always cooperating with the medical facility and the collectors.
 - f) Oversee the collection process, but do not become an active part of it or become distracted by other demands on your time.
 - g) At the completion of the collection process, ensure that the sealed FRA toxicology shipping box is in your personal possession or in the possession of an overnight courier service to be transferred to the FRA post-accident testing laboratory.
- Provide the collection facility with the required number of FRA post-accident toxicology boxes (at least one (1) FRA toxicology box for every three (3) employees tested).
 - Show the medical facility the forms and the collection instructions in the zip-lock bag in the FRA toxicology box.
 - Request the medical facility read the Frequently Asked Questions (FAQs) and ask if they have any questions.
 - Request the medical facility distribute the sets of instructions to the person(s) assigned to perform the blood collections, urine collections, and preparing the specimens for shipping.
 - Show the medical facility the collection forms used to document the employee blood and urine collections (the FRA Form F6180.74s), and remind them that each form documents the collection of blood and urine from a single employee.
 - Remove the multi-part carbonless FRA Form F6180.73, Accident Information Required For Post-Accident Toxicological Testing (49 CFR Part 219) from the FRA post-accident toxicology box.

- Complete the Form F6180.73 by the end of the collection process (obtain help as needed from your DER).
- Remove the MRO, Collection Site, and Employer copies from the completed form. Retain the MRO and Employer copies to send to your DER. Give the Collection Site copy and the remaining copies still attached to the form to the medical facility person handling the shipping.
- Monitor but do not participate in the collections.
 - Be prepared to provide advice and suggestions, but do not interfere with any collector or collection.
 - Manage and monitor each of your employees at all times while they are in the medical facility.
 - Do not become an active part of the collection process or handle specimens. You are permitted to assist the medical facility by monitoring employees while they are waiting to provide a specimen.
 - If anything occurs that you think might be an issue, take notes and/or inform the DER.
- If requested, verify the identity of any employee who lacks acceptable picture identification.
- Ensure that the sealed FRA post-accident toxicology box containing specimens is shipped to the FRA's post-accident testing laboratory either from a direct pickup at the medical facility by the overnight courier service or by accepting the sealed FRA toxicology box used for shipping.
 - If the later, the employer is responsible for maintaining the security of the box and taking it as soon as possible to the nearest overnight courier location.
 - All costs associated with the shipping are the responsibility of the employer.



U.S. Department
of Transportation
Federal Railroad
Administration

ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)

NOTE: This form must be completed by the Railroad Representative present at the collection facility.

| | |
|--|---|
| 1. Name of Railroad or Regulated Service Contractor ABC RAILROAD | 2. Name(s) of Other Railroads or Regulated Service Contractors NONE |
| 3. Date of Accident (month/day/year) 6/22/17 | 4. Time of Accident 9 : 05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <small>Hr Min</small> |
| 5. Location of Accident (City and State) HOBETH MD | 6. FRA Tax Box Number 5940 |

7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked)
NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.

MAJOR TRAIN ACCIDENT: Fatality
 \$1,500,000 damage or more (to railroad property)
 Release of hazardous material (and evacuation)
 Release of hazardous material (and reportable injury from product)

IMPACT ACCIDENT: Reportable injury
 Damage of \$150,000 or more (to railroad property)

PASSENGER TRAIN ACCIDENT: Reportable injury to any person in the accident

TRAIN INCIDENT: Fatality to on-duty railroad employee

HUMAN-FACTOR HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT: Regulated employee failed to provide for safety of highway traffic before interfering with highway-rail grade crossing signal system.
 Train crewmember failed to flag highway traffic after highway-rail grade crossing signal system failure.
 Regulated employee who is or who should have been performing the duties of an appropriately equipped flagger failed to flag highway traffic after highway-rail grade crossing signal system failure.
 Fatality of any on-duty regulated employee.
 Regulated employee violated FRA regulation or railroad operating rule which may have contributed to accident cause or severity.

| | |
|--|--|
| 8. Name and Address of Collection Facility ROCKVILLE GENERAL HOSPITAL 1740 JAMERSON HIGHWAY ROCKVILLE MD 20966 | 9. Telephone Number of Collection Facility 301, 674-3611 |
|--|--|

10. Employee(s) Whose Samples are Contained in this Shipping Box.
NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.

| NAME OF EMPLOYEE | JOB TITLE <small>(engineer, conductor, etc.)</small> | TRAIN ID/ON TRACK EQUIPMENT | SAMPLE SET IDENTIFICATION NUMBER |
|---------------------|---|--------------------------------|-------------------------------------|
| JOHN J. DOE | ENGINEER | 126 FG | 333900 |
| DONALD JONES | CONDUCTOR | 126 FG | 333901 |

| | |
|---|---|
| 11. Name of Medical Review Officer JAMES FERGAL, MD | 12. Address of Medical Review Officer UNIVERSAL MRO SERVICES 4214 RANDALL PIKE, SUITE 400 LENEXA KS 66224 Telephone: (800) 880-7220 |
|---|---|

| | |
|--|---|
| 13. Name of Railroad Representative DAWN ALLEN | 14. Address of Railroad Representative ABC RAILROAD-ELLERY YARD 1600 JACKSONVILLE RICHMOND MD 20911 Telephone: (410) 624-1670 |
|--|---|

| | | |
|---|---|--|
| 15. Signature of Railroad Representative Dawn Allen | 16. Date (month/day/year) 6/22/17 | 17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? If yes, include ATF in box. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|---|---|--|

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Instructions for the Railroad Employee or Contractor

- Your employer has determined that you must provide blood and urine specimens required by the Federal Railroad Administration (FRA) after certain railroad accidents or incidents. Under Federal regulations, you are required to provide these specimens as condition of your performing duties regulated by FRA.
- This is not a regular Federal workplace drug or alcohol test. The collection procedures and testing panels containing the drugs and drug cutoffs are different. The collection form is different.
- It is important you cooperate fully with your employer and the medical facility at all times when providing these specimens.
- Any behavior considered to be a refusal to test, including your failure to fully cooperate with the collectors, will result in your being disqualified by FRA from performing Federally regulated job functions for any employer for a minimum of nine months (see 49 CFR 219.213(a)).
- If you have a concern about either the blood or the urine collection, cooperate with the procedure and raise the issue with your employer later. NEVER refuse to proceed.
- You may be asked to sign a consent form by the medical facility. That is acceptable under Federal regulations. You are not required to sign any form that waives liability or any of your other rights to which you may be entitled.
- You will be asked to provide photo identification. If you don't have one or you do not have it with you, your employer can identify you.
- You may be asked for your social security number (SSN). Use of your SSN is voluntary and not mandatory. If you don't want to provide your SSN, you must provide your employee ID number.
- A qualified medical professional will draw blood and the same or another medical professional will collect your urine. The specimens should remain in your presence until they are labeled and sealed.
- Make sure the unique identifying (ID) number on the collection form matches the ID on your blood samples and urine samples. If it doesn't, immediately bring it to the attention of the collector.
- You will be asked to sign, initial, and date Step 4 of the collection form. You will also be asked to initial the seals on the blood tubes and urine bottles.

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Instructions for the Railroad Employee or Contractor

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