



# Post-Accident Training

## Part 219 Subpart C Testing Requirements **Revised: January 1, 2023**

This is a tool to assist railroads and contractors in providing the required minimum FRA post-accident training for supervisors responsible for regulated service employees per Part 219.11 (g).

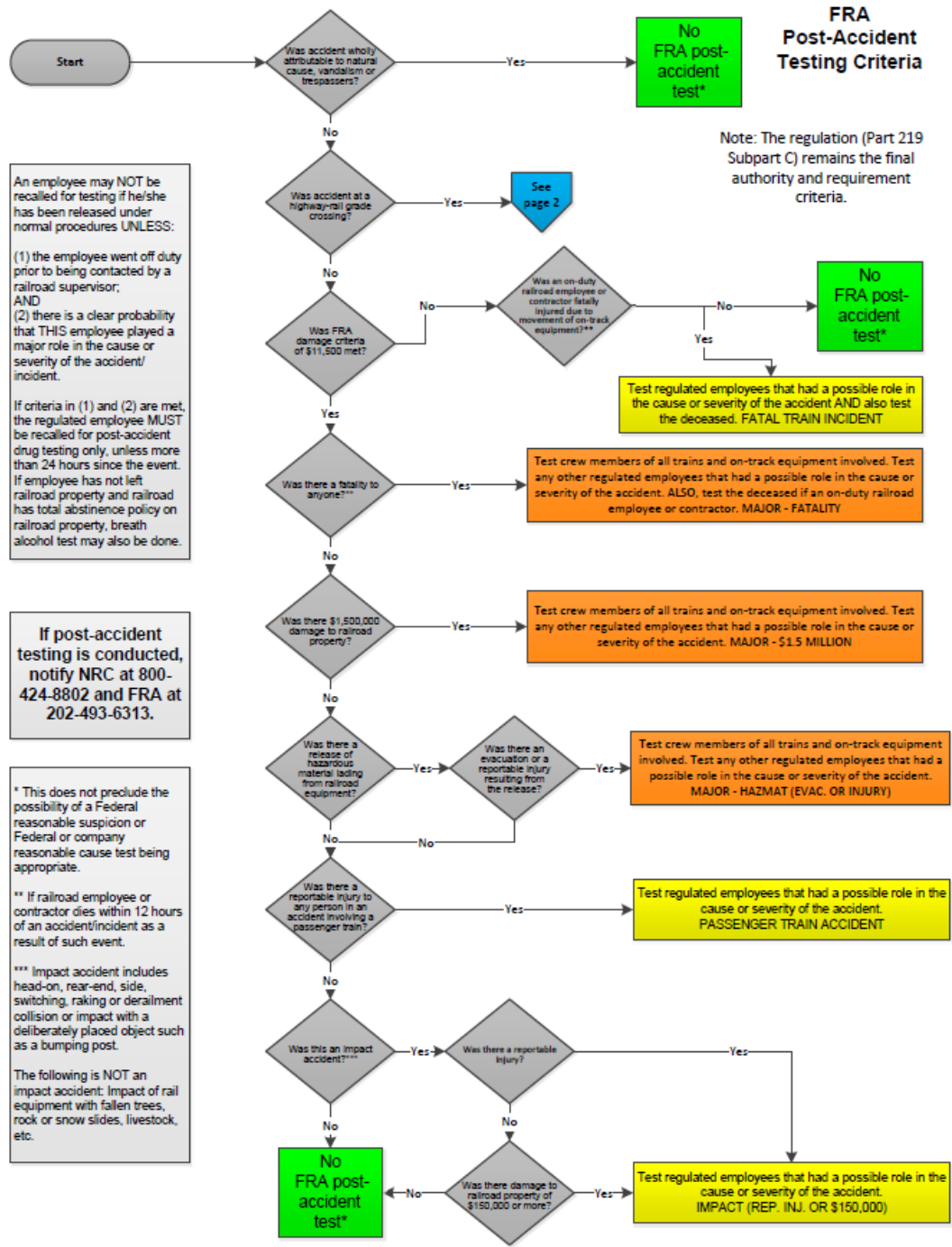


# Post-Accident Tox Boxes





# FRA Post-Accident Testing Criteria



Note: The regulation (Part 219 Subpart C) remains the final authority and requirement criteria.

An employee may NOT be recalled for testing if he/she has been released under normal procedures UNLESS:

- (1) the employee went off duty prior to being contacted by a railroad supervisor; AND
- (2) there is a clear probability that THIS employee played a major role in the cause or severity of the accident/incident.

If criteria in (1) and (2) are met, the regulated employee MUST be recalled for post-accident drug testing only, unless more than 24 hours since the event. If employee has not left railroad property and railroad has total abstinence policy on railroad property, breath alcohol test may also be done.

If post-accident testing is conducted, notify NRC at 800-424-8802 and FRA at 202-493-6313.

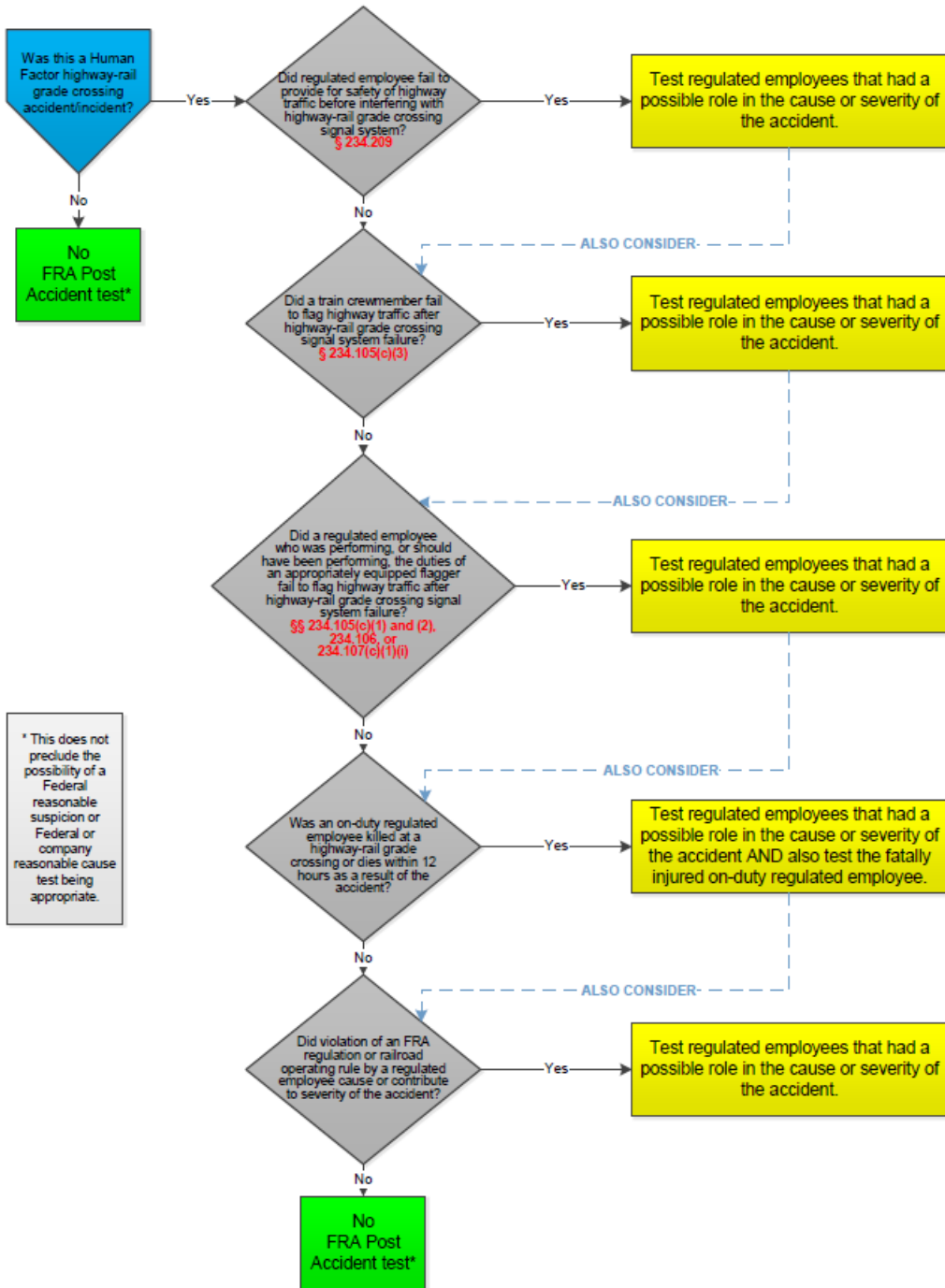
\* This does not preclude the possibility of a Federal reasonable suspicion or Federal or company reasonable cause test being appropriate.

\*\* If railroad employee or contractor dies within 12 hours of an accident/incident as a result of such event.

\*\*\* Impact accident includes head-on, rear-end, side, switching, raking or derailment collision or impact with a deliberately placed object such as a bumping post.

The following is NOT an impact accident: Impact of rail equipment with fallen trees, rock or snow slides, livestock, etc.







# Post-Accident Qualifying Events

- Major Train Accident
- Impact Accident
- Passenger Train Accident
- Fatal Train Incident
- Human-Factor Highway-Rail Grade Crossing Accident/Incidents

**All have to first meet the \$11,500 monetary reporting threshold except for which type?**



# Post-Accident Testing Exceptions

## Exceptions from testing:

- Highway/rail grade crossing accident unless it meets the Human Factor criteria set forth above in 219.201(a)(5)(i-v).
- Wholly natural-caused accident or incident (flood, tornado, etc.)
- Wholly caused by vandalism or trespasser(s)

**Is a sun kink wholly natural caused?**



# Highway/Rail Grade Crossing Accident Exception

- One rationale for this exception is that a heavy train operating at high speeds requires a long stopping distance that would not allow the crew sufficient time to avoid an accident by the time the motor vehicle is spotted on the railroad tracks.
- The second rationale is that motor vehicle operators cause the vast majority of these accidents since the train has the right of way over motor vehicles at public crossings.
- In the case of a mechanical employee struck by a hump yard switching crew while backing his pickup truck onto a yard crossing, this exception would not apply, and consideration should be made as to whether this was a qualifying post-accident testing event.



# Post-Accident Qualifying Events

**Major Train Accident** - Rail equipment accident \$11,500+ that involves one or more of these:

- Fatality of an on-duty railroad employee or regulated contractor; or
- Release of hazmat lading with an
  - Evacuation; or
  - Reportable injury from hazmat;
- \$1.5 Million+ railroad property damage





# Evacuation

- An evacuation is the relocation of people to a safe area to avoid exposure. It is normally initiated by local authorities, usually by the responding fire or police department, and may be either a mandatory or voluntary evacuation.



# Fuel Oil Spill

- A fuel oil spill from the fuel tank of a locomotive, although a hazardous material, is not considered hazmat “lading” since the fuel tank is part of the locomotive. Nor would it be considered a release of hazmat lading if a fuel tender car(s), connected to the locomotive (as part of the locomotive consist) would spill fuel oil.
- However, if a fuel tender car is not part of a locomotive consist, any fuel oil spill would be considered hazmat lading.



# Post-Accident Qualifying Events

**Impact Accident** – Rail equipment accident \$11,500+ resulting in:

- A reportable injury; or
- \$150,000 railroad property damage
- Includes head-on, rear-end, side, switching, **raking or side** collision or impact with bumping post
- Doesn't include impact of rail equipment with fallen trees, rock or snow slides, livestock, etc.



# Post-Accident Qualifying Events

**Passenger Train Accident** – Rail equipment accident  
\$11,500+

- Involving a passenger train:
  - In revenue service
  - Intercity, commuter or other short-haul, or excursion service
  - With a reportable injury to any person in the accident (employee, passenger, bystander, etc.)



# Post-Accident Qualifying Events

**Fatal Train Incident** - Any train incident that involves a fatality (within 12 hours) to any on-duty railroad employee (or regulated service contractor)

- Involving the operation of on-track equipment
- Regulated or non-regulated employee
- No railroad property damage threshold
- Fatality cannot be excluded from testing

# Highway-Rail Grade Crossing Accident/Incident

## Exceptions:

- No test may be required in the case of a collision between railroad rolling stock (including any on-track equipment) and a motor vehicle or other highway conveyance at a rail/highway grade crossing, unless it meets the criteria set forth above in 219.201(a)(5)(i-v).



# Human-factor highway-rail grade crossing accident/incident (Exclusions to the Exception)

- A regulated employee who interfered with the normal functioning of a grade crossing signal system;
- A train crewmember who was, or who should have been flagging highway traffic due to an activation failure of the grade crossing system;
- A regulated employee who was performing or should have been performing the duties of an appropriately equipped flagger due to an activation failure, partial activation or false activation of the grade crossing signal system;
- A fatality to any regulated employee performing duties for the railroad;
- A regulated employee who violated an FRA regulation or railroad operating rule and whose actions may have played a role in the cause or severity of the accident/incident

219.201(a)(5)(i-v)



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# Post Accident Qualifying Events

If an impact accident, passenger train accident, or fatal train incident also meet the criteria for a “Major Train Accident” you must classify the event as a Major Train Accident

**Why is this so important?**



# Which Crewmembers to Test?

MUST test crew members of all trains and on-track equipment for a:

- Major Train Accident (regardless of fault)

MUST exclude crew members of all trains and on-track equipment if clear they did not cause or contribute to the accident for:

- Impact Accident
- Passenger Train Accident
- Fatal Train Incident (except fatality)
- Human Factor Highway-Rail Grade Crossing Accident/Incident

# Other Regulated Employees to Test

For all 5 qualifying events:

- In any case where an operator, dispatcher, signal maintainer, roadway worker or other regulated employee (or regulated service contractor) is directly and contemporaneously involved in the circumstances of the accident/incident
- He or she must be post-accident tested (if they appear to be at fault)

# Event Determination

If an accident/incident falls into more than one category of events, testing will be conducted pursuant to the criteria for the higher testing category. For example, if a collision occurs with \$1.5 Million in property damage, testing will be conducted for a “Major Train Accident,” rather than for an “Impact Accident.” Therefore, all crewmembers would be required to be tested.



# Group Quiz

A train runs an absolute stop signal and hits the rear-end of standing on-track equipment, resulting in a fatality to a crew-member of the on-track equipment and \$12,000 property damage.

What type of event is this and who should be tested?



# Group Quiz

Two hi-rail vehicles collide with damage estimated at \$15,000, and a reportable injury to the trackman who exceeded his track & time limits. The signal maintainer (in regulated service) on the other hi-rail operated by a regulated service employee is not at fault.

Is this a qualifying event?

If so, who should be tested?



# Deadhead Crew

- If a crew is deadheading on a train that is involved in a qualifying accident/incident, the deadheading crewmembers would not be tested, unless they actually performed hours of service by taking over the duties of a crewmember.

# Remaining Available

- Involved regulated employees must be kept on duty until a testing determination is made
- If an employee fails to remain available (AWOL), it is considered a refusal
- However, the railroad should still try to contact the AWOL employee for testing



# Remaining Available

The initial estimated damages for a derailment are \$700,000 & you release the train crew to go home. An hour later, the mechanical people change their estimate and say that the damages are now going to be \$1.5 Million. Can you recall the crew for post-accident testing?



# Subpart C—Post-Accident Toxicological Testing - RECALL

**A railroad must immediately recall and place on duty a regulated employee for post-accident drug testing. See next slide.**

# Subpart C—Post-Accident Toxicological Testing

A railroad must immediately recall and place on duty a regulated employee for post-accident drug testing, if -

- (i) The employee could not be retained in duty status because the employee went off duty under normal railroad procedures before being contacted by a railroad supervisor and instructed to remain on duty pending completion of the required determinations (e.g., in the case of a dispatcher or signal maintainer remote from the scene of an accident who was unaware of the occurrence at the time he or she went off duty);

***And***

- (ii) ...



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# Subpart C—Post-Accident Toxicological Testing

- (ii) The railroad's preliminary investigation (contemporaneous with the determination required by § 219.201) indicates a clear probability that the employee played a role in the cause or severity of the accident/incident.

# Subpart C—Post-Accident Toxicological Testing

- If the criteria in paragraph 219.203(e)(2)(i)&(ii) of this section are met, a regulated employee must be recalled for post-accident drug testing regardless of whether the qualifying event happened or did not happen during the employee's tour of duty as per 219.203(e)(3).
- However, an employee may not be recalled for testing if more than 24 hours have passed since the qualifying event. An employee who has been recalled must be placed on duty for the purpose of accomplishing the required post-accident drug testing.

# Subpart C—Post-Accident Toxicological Testing

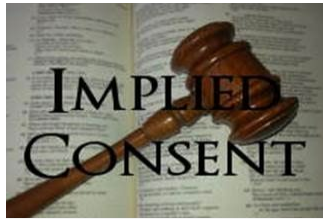
- Urine and blood specimens must be collected from an employee who is recalled for testing in accordance with this section.
- If the employee left railroad property before being recalled, however, the specimens must be tested for drugs only.
- A railroad is prohibited from requiring a recalled employee to provide breath specimens for alcohol testing, unless the regulated employee has remained on railroad property since the time of the qualifying event and the railroad has a company policy completely prohibiting the use of alcohol on railroad property.

# Subpart C—Post-Accident Toxicological Testing

- A railroad must document its attempts to contact an employee subject to the recall provisions of this section.
- If a railroad is unable, as a result of the non-cooperation of an employee or for any other reason, to obtain specimen(s) from an employee subject to mandatory recall within the 24-hour period after a qualifying event and to submit specimen(s) to FRA as required by this subpart, the railroad must contact FRA and prepare a concise narrative report according to the requirements of paragraph 219.203(d)(1) of this section.
- The report must also document the railroad's good faith attempts to contact and recall the employee.

# Subpart C—Post-Accident Toxicological Testing

- Place of specimen collection. With the exception of Federal breath testing for alcohol (when conducted as authorized under this subpart), *an employee must be transported to an independent medical facility* for specimen collection.
- In all cases, blood may be drawn only by a qualified medical professional or by a qualified technician subject to the supervision of a qualified medical professional (e.g., a phlebotomist).
- A collector contracted by a railroad or medical facility may collect and/or assist in the collection of specimens at the medical facility if the medical facility does not object and the collector is qualified to do so.



# Employee's Consent

Remember that:

- For FRA post-accident tests only, an employee may be required to sign a consent form, as long as, it doesn't waive liability
- A regulated employee has consented to testing by performance of regulated service duties per 219.11(a)
- A railroad employee, regulated service contractor or Volunteer (including a non-regulated service employee per 219.11(f)) who performs service for a railroad has consented to post-accident testing if he or she dies as a result of a qualifying accident or incident within 12 hours of that event





# Prepare in Advance

## **Review Instructions Inside Tox Box:**

There are instruction sheets for:

- Employees to be tested (3 copies)
- Railroad representative
- Blood collector
- Urine collector

# Prepare in Advance

## Current Blood Tubes & Shipping Label:

- Make sure your blood tubes inside tox box are not expired
- If expired, email Sandra Volante at [Sandra.volante@dot.gov](mailto:Sandra.volante@dot.gov) and Kevin Breen at [kevin.breen@dot.gov](mailto:kevin.breen@dot.gov) and provide name and mailing address of your railroad (**must be a physical mailing address**)
- If you have a qualifying event and they're expired, ask the hospital to replace them with their own gray-top blood tubes (which is preferred) or any other 10 mL tubes
- Make sure you have the Chesapeake Toxicology Resources shipping label for their testing lab in Frederick, MD



# Prepare in Advance

## **Review Testing Forms Inside Tox Box:**

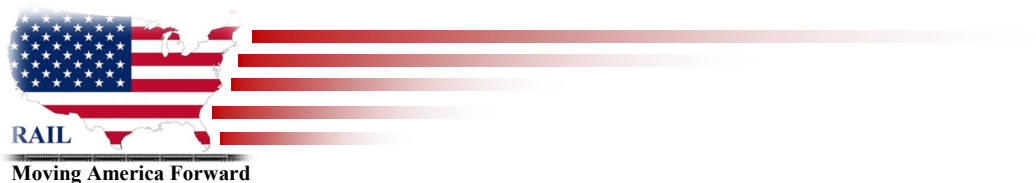
- One Form F 6180.73 (Form 73) to be completed by railroad representative (know the name, address & phone of your Medical Review Officer)
- Three Form F 6180.74 (Form 74) forms – 1 for each employee tested to be completed by the blood & urine collectors



# Standard Post-Accident Tox Box

## Standard Post-Accident Tox Box:

- All railroads should have at least one standard tox box
- Has 3 kits inside to collect from 3 employees



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# Post-Accident Tox Boxes



# Timely Collection

- FRA expects post-accident collections to be collected within 4 hours but they are required to be completed regardless of time or hours of service of the employees
- If not completed within 4 hours, railroad must prepare & maintain a “why not” record and must submit to FRA Drug and Alcohol Program Manager Jerry Powers at [Gerald.Powers@dot.gov](mailto:Gerald.Powers@dot.gov)



# Timely Collection

- Any violation for non-compliance with speed of testing requirements will be from FRA's assessment of the railroad's action/inaction and level of effort in getting the employee to the medical facility.
- If the railroad representative makes a timely decision on who to test, and uses diligence in coaxing the medical facility into doing the testing, FRA will not penalize the railroad.

# Medical Treatment

- If an employee needs medical attention, treatment takes priority & should not be delayed to collect a FRA required specimen.



# Post-Accident Collections

**Transport employees (surviving) & have Independent Medical Facility collect:**

- Blood (two tubes)
- Urine (split specimen)

**Follow instructions in the tox box!**

A Federal breath test is optional if it doesn't delay collection of blood & urine

- Put copy of breath alcohol testing form in tox box



# Where to Collect Post-Accident Specimens

## Must be Collected at An Independent Medical Facility:

- **Hospital** - check those in your area to see if they are willing to do these collections
- **Clinic** - sometimes best option
- **Laboratory**
- **Physician's office**

# Where to Collect Post-Accident Specimens

- You cannot have your normal collector come out to the railroad office to collect post-accident specimens, but they can assist **at the medical facility** if there are no objections by the medical facility
- Blood must be collected by a phlebotomist **or** person with extensive experience with the drawing of blood
- Medical personnel at facility don't have to be Part 40 certified collectors



# Post-Accident Tox Box



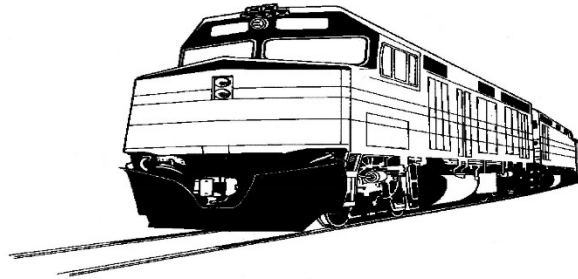


# Post-Accident Tox Boxes



# Standard Post-Accident Tox Box Instructions

**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





# Standard Post-Accident Tox Box



# Standard Post-Accident Tox Box – Form F6180.73 (Rev. 06-17)

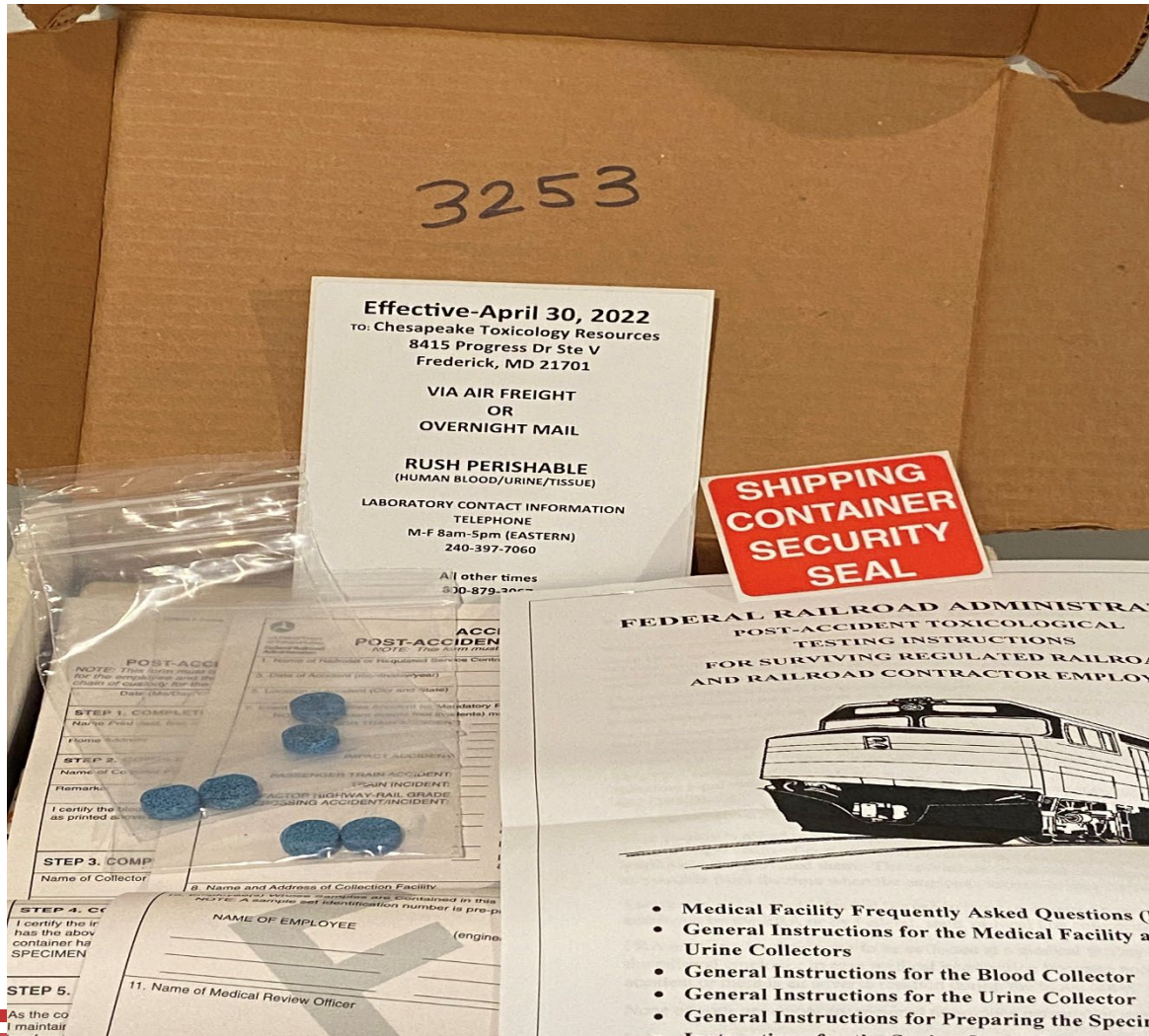
 <b>ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)</b> <small>NOTE: This form must be completed by the Railroad Representative present at the collection facility.</small>			
1. Name of Railroad or Regulated Service Contractor		2. Name(s) of Other Railroads or Regulated Service Contractors	
3. Date of Accident (month/day/year)		4. Time of Accident Hr : Min <input type="checkbox"/> AM <input type="checkbox"/> PM	
5. Location of Accident (City and State)		6. FRA Tox Box Number	
7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked) <small>NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.</small> <b>MAJOR TRAIN ACCIDENT:</b> <input type="checkbox"/> Fatality <input type="checkbox"/> \$1,500,000 damage or more (to railroad property) <input type="checkbox"/> Release of hazardous material (and evacuation) <input type="checkbox"/> Release of hazardous material (and reportable injury from product) <b>IMPACT ACCIDENT:</b> <input type="checkbox"/> Reportable injury <input type="checkbox"/> Damage of \$156,000 or more (to railroad property) <input type="checkbox"/> Reportable injury to any person in the accident <b>PASSENGER TRAIN ACCIDENT:</b> <input type="checkbox"/> Fatality to on-duty railroad employee <b>TRAIN INCIDENT:</b> <input type="checkbox"/> Regulated employee failed to provide for safety of highway traffic before entering highway-rail grade crossing signal system. <b>HUMAN-FACTOR HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT:</b> <input type="checkbox"/> Train crewmember failed to flag highway traffic after highway-rail grade crossing signal system failure. <input type="checkbox"/> 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. <input type="checkbox"/> Fatality of any regulated employee. <input type="checkbox"/> 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		9. Telephone Number of Collection Facility ( ) ( ) ( ) ( ) ( ) ( )	
10. Employee(s) Whose Samples are Contained in this Shipping Box. <small>NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.</small>			
NAME OF EMPLOYEE	JOB TITLE (conductor, conductor, etc.)	TRAIN ID/ON TRACK EQUIPMENT	SAMPLE SET IDENTIFICATION NUMBER
11. Name of Medical Review Officer		12. Address of Medical Review Officer  Telephone: ( ) ( ) ( ) ( ) ( ) ( )	
13. Name of Railroad Representative		14. Address of Railroad Representative  Telephone: ( ) ( ) ( ) ( ) ( ) ( )	
15. Signature of Railroad Representative	16. Date (month/day/year)	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 type="checkbox"/> NO	

FRA F 6180.73 (Rev. 06-17) OMB No. 2130-0566  
 \*U.S. GPO: 1995-817-905 FRA Please see back page for FRA Public Protection Statement



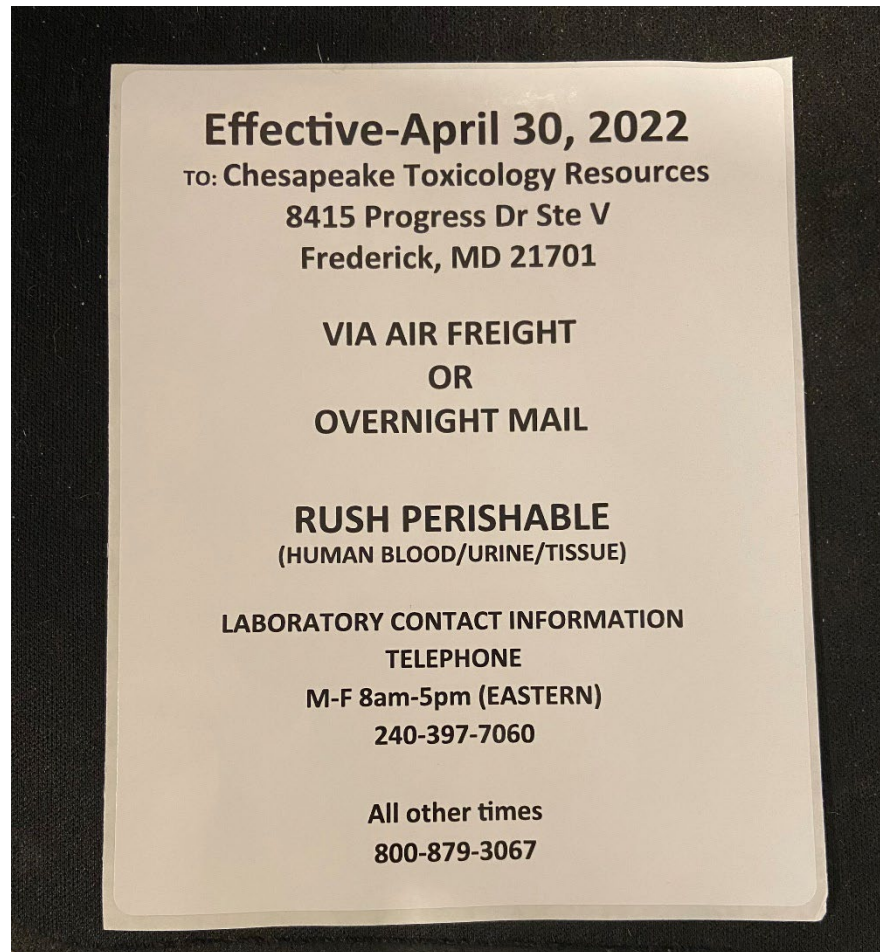


# Standard Post-Accident Tox Box





# Revised Post-Accident Shipping Label



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Administration**



# Standard Post-Accident Tox Box





# Standard Post-Accident Tox Box Form F6180.74 (Rev. 06-17)

Date (Mo/Day/Yr)		Name of Employing Railroad		Sample Set Identification Number (Pre-printed)	
				333900	
<b>FEDERAL RAILROAD ADMINISTRATION</b>					
<b>POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)</b>					
<small>NOTE: This form must be completed in accordance with instructions provided by the Railroad representative. Separate instructions are available for the employee and the collector. 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.</small>					
<b>STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS</b>					
Name (Print (last, first, mi))		Employee Identification Number or Social Security Number			
Home Address		City	State	Zip Code	Telephone Number ( )
<b>STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN</b>					
Name of Collector (Print (last, first, mi))		Date (Mo/Day/Yr)	Time of Collection 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.					
Signature of Collector					
<b>STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN</b>					
Name of Collector (Print (last, first, mi))		Date (Mo/Day/Yr)	Time of Collection AM PM		
Temperature of specimen was read within 5 minutes <input type="checkbox"/> YES <input type="checkbox"/> NO		Temperature was within range of 32°-38°C/90°-100°F <input 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					
<b>STEP 4. COMPLETED BY EMPLOYEE</b>					
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			
<b>STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT</b>					
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 transport box for shipment.					
Received Blood _____		Received Urine _____			
Name of Collector/Personnel (Print)		Signature of Collection Personnel		Date	
Released specimens to:					
<ul style="list-style-type: none"> <li>Overnight courier service (name): _____ OR _____</li> <li>Railroad representative (name): _____ for delivery to overnight courier service (name if known)</li> </ul>					
<b>STEP 6. COMPLETED BY MEDICAL FACILITY</b>			<b>STEP 7. BREATH ALCOHOL TEST</b>		
Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.			Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include A1+ in box.		
FRA F 6180.74 (Rev. 06-17)			COPY 1 - RAILROAD COPY		QVB No. 2130-0526 Please see back page for FRA Public Protection Statement



# Standard Post-Accident Tox Box

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219) NOTE: This form is to be completed in accordance with instructions contained in 49 CFR 219, Control of Alcohol and Drug Use in Railroad Operations, and supplemental instructions that accompany the specimen collection materials in the FRA Post-Accident Toxicology Kit.

_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION SPECIMEN IDENTIFICATION NO. <b>A</b> No 317885	URINE BOTTLE CUSTODY SEAL	Date _____ Signature of Collector _____
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION SPECIMEN IDENTIFICATION NO. <b>B</b> No 317885	URINE BOTTLE CUSTODY SEAL	<b>KIT CUSTODY SEAL</b> Federal Railroad Administration
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION SPECIMEN IDENTIFICATION NO. <b>A</b> No 317885	BLOOD TUBE CUSTODY SEAL	
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION SPECIMEN IDENTIFICATION NO. <b>B</b> No 317885	BLOOD TUBE CUSTODY SEAL	

FRA F 6180.74 (Rev. 3/12) OMB No. 2130-0526  
6180.74 Form Desk

# Letter Included in PATT Boxes



U.S. Department  
of Transportation

**Federal Railroad  
Administration**

Administrator

1200 New Jersey Avenue, SE  
Washington, DC 20590

DEC 16 2016

Dear Sir or Madam:

On behalf of the Federal Railroad Administration (FRA), please accept our thanks for your willingness to support national railroad safety by collecting blood and urine specimens that are to be tested as part of an accident investigation mandated by Federal law. Your participation is a critical and essential element in that effort.

FRA, which is part of the U.S. Department of Transportation, is responsible for ensuring railroad safety throughout the Nation. Since 1986, as a major part of our railroad accident investigation

If you have questions regarding the authority or process of this testing event, please contact Mr. Sam Noe, FRA Drug and Alcohol Program Specialist, at (615) 719-2951 or Sam.Noel@dot.gov. Mr. Noe is available 24 hours a day, 7 days a week.

Again, please accept FRA's thanks for your efforts on behalf of railroad safety.

Sincerely,

Sarah E. Feinberg  
Administrator



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U.S. Department  
of Transportation  
**Federal Railroad  
Administration**

# Clarification for FRA Post-Accident Testing

- Under 219.11(a), an employee is deemed to have consented to FRA testing by the act of performing regulated service for a railroad. A conscious employee may not refuse to provide urine from his/her catheter bag.

# Clarification for FRA Post-Accident Testing

- An employee, whether conscious or unconscious, may not be catheterized solely for the purpose of providing an FRA specimen.





# Clarification for FRA Post-Accident Testing

- Urine may be collected from an employee who has been catheterized for medical purposes, whether conscious or unconscious, for FRA Post-Accident Part 219 Subpart C testing only.



# Clarification for FRA Post-Accident Testing

- Blood may also be taken from an injured employee, whether conscious or unconscious, subject to a physician's determination that drawing the required amount of blood for FRA Post-Accident Part 219 Subpart C testing is consistent with the employee's health (see 219.203(h)).

# Standard Post-Accident Tox Box





# Completing and Preparing the Collection for Shipment

The person preparing the specimens for shipment can be either the blood or urine collector, or another member of the medical staff (it cannot be a railroad representative). This person is responsible for carefully packaging the specimens for shipment, sealing the individual collection kits and the FRA Post Accident Shipping Box, and transferring Shipping Box to the onsite railroad representative or directly to the overnight courier.

Once all the collections are complete, skip to STEP 5 where medical facility personnel will initiate chain-of-custody by showing receipt of the urine and blood specimens. Perform this step only when you have custody of both the blood and urine specimens or when all collections of the individual's available fluids has been completed.

Step 5 should be completed by collector or medical facility personnel.

# Post Accident Form 74 – Step 5

SPECIMENS ARE SEALED.)  
 EXAMPLE OF MY INITIALS   \_\_\_\_\_  
Signature of Employee

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**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 \_\_\_\_

\_\_\_\_\_  
 Name of Collection Personnel (print)

\_\_\_\_\_  
 Signature of Collection Personnel

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

Released specimens to:

- Overnight courier service (name) \_\_\_\_\_ OR
- Railroad representative (name) \_\_\_\_\_ for delivery to overnight courier service (name if known) \_\_\_\_\_

---

STEP 6. COMPLETED BY MEDICAL FACILITY	STEP 7. BREATH ALCOHOL TEST
Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.	Was a breath alcohol test conducted _____ Yes on the donor above, pursuant to this accident, using FRA authority? _____ No If yes, include ATF in box.

FRA F 6180.74 (Rev. 06-17)

COPY 1 - FRA/LAB COPY

OMB No. 2130-0526  
 Please see back page for  
 PRA Public Protection Statement

# Sealing the Tox Box

- Once specimens are collected & sealed, the railroad representative may advise medical facility personnel in making sure the correct forms are included in the tox box (FRA & Lab copies)
- Send the MRO copy to your railroad's MRO
- Keep the employer copy
- Give each employee their copy

IF THE HOSPITAL HAS ALREADY SEALED THE TOX BOX, DON'T BREAK THE SEAL

- Email the FRA copy to Sandra Volante at [sandra.volante@dot.gov](mailto:sandra.volante@dot.gov) and Kevin Breen at [kevin.breen@dot.gov](mailto:kevin.breen@dot.gov)

# Transporting to Lab

- After sealing tox box with red seal, apply Chesapeake Toxicology Resources shipping label, place tox box in FedEx or other overnight courier shipping envelope, attach courier address labels, and ask medical facility to ensure it goes out ASAP
- If week-end service is not available, ask the medical facility to refrigerate, but railroad must check to make sure it got picked up

# Transporting to Lab

- If the medical facility is not willing to ship, then the railroad representative must take possession of the tox box (and refrigerate as necessary) and send via overnight courier ASAP
- Supervisor should keep his/her own record of the chain of custody if they took possession of the tox box





# Chesapeake Toxicology Resources

**EFFECTIVE – April 30, 2022**

## **FRA's Contracted Post-Accident Testing Lab:**

Chesapeake Toxicology Resources

8415 Progress Dr.

Ste V

Frederick, MD 21701

Phone: 240-397-7060 (M-F 8am-5pm Eastern Time)

Other: 800-879-3067 (All other times)



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U.S. Department  
of Transportation  
**Federal Railroad  
Administration**

# Post Mortem Post-Accident Tox Box



# Post Mortem Post-Accident Tox Boxes

## Fatality (Post-Mortem) Tox Box:

- Notify the NRC at 800-424-0201(preferred) or 800-424-8802 if you have a qualifying fatality event
  - Involving the operation of on-track equipment
- If you don't have a fatality box, FRA will either overnight the tox box to the medical examiner/coroner, or
- The railroad can borrow one from a neighboring railroad (Note: if the railroad "borrows" a tox box from another railroad, please let FRA know to ensure the replacement tox box is sent to the correct railroad.)
- Small railroads cannot order a fatality tox box



# Post Mortem Post-Accident Tox Box



# Post Mortem Post-Accident Tox Boxes

## Fatality (Post-Mortem) Tox Box:

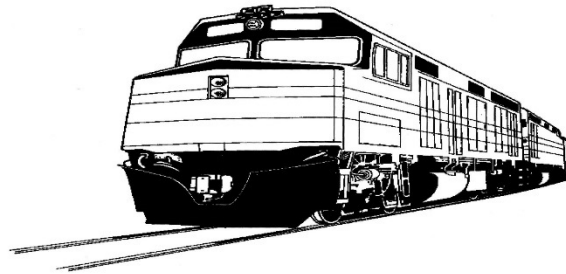
- Tissue, in addition to urine and blood specimens is collected by medical examiner/coroner (Forms 73 and 75)
- Railroad representative completes Form 73 and medical examiner/coroner completes Form 75
- Box is light blue in color (only distributed to the larger railroads)





# Post-Accident Post Mortem Tox Box Instructions

**FEDERAL RAILROAD ADMINISTRATION  
INSTRUCTIONS FOR THE REQUIRED COLLECTION OF  
POST-MORTEM TOXICOLOGICAL SPECIMENS FROM  
RAILROAD EMPLOYEES AND REGULATED  
RAILROAD CONTRACTOR EMPLOYEES KILLED IN A  
RAILROAD ACCIDENT/INCIDENT**



- Instructions for the Medical Examiner, Coroner, or Pathologist

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

# Post Mortem Post-Accident Tox Boxes

## Form F6180.73 (Rev. 06-17)

 <b>ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)</b> <small>NOTE: This form must be completed by the Railroad Representative present at the collection facility.</small>														
1. Name of Railroad or Regulated Service Contractor		2. Name(s) of Other Railroads or Regulated Service Contractors												
3. Date of Accident (month/day/year)		4. Time of Accident Hr. Min. <input type="checkbox"/> AM <input type="checkbox"/> PM												
5. Location of Accident (City and State)		6. FRA Tox Box Number												
7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked) <small>NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.</small> <b>MAJOR TRAIN ACCIDENT:</b> <input type="checkbox"/> Fatality <input type="checkbox"/> \$1,500,000 damage or more (to railroad property) <input type="checkbox"/> Release of hazardous material (and evacuation) <input type="checkbox"/> Release of hazardous material (and reportable injury from product) <b>IMPACT ACCIDENT:</b> <input type="checkbox"/> Reportable injury <input type="checkbox"/> Damage of \$150,000 or more (to railroad property) <b>PASSENGER TRAIN ACCIDENT:</b> <input type="checkbox"/> Reportable injury to any person in the accident <b>TRAIN INCIDENT:</b> <input type="checkbox"/> Fatality to on-duty railroad employee <b>HUMAN-FACTOR HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT:</b> <input type="checkbox"/> Regulated employee failed to provide for safety of highway traffic before entering highway-rail grade crossing signal system. <input type="checkbox"/> Train crewmember failed to flag highway traffic after highway-rail grade crossing signal system failure. <input type="checkbox"/> 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. <input type="checkbox"/> Fatality of any on-duty regulated employee. <input type="checkbox"/> Regulated employee violated FRA regulation or railroad operating rule which may have contributed to accident causes or severity.														
8. Name and Address of Collection Facility		9. Telephone Number of Collection Facility ( )												
10. Employee(s) Whose Samples are Contained in this Shipping Box. <small>NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.</small> <table border="1"> <thead> <tr> <th>NAME OF EMPLOYEE</th> <th>JOB TITLE (engineer, conductor, etc.)</th> <th>TRAIN ID/ON TRACK EQUIPMENT</th> <th>SAMPLE SET IDENTIFICATION NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN ID/ON TRACK EQUIPMENT	SAMPLE SET IDENTIFICATION NUMBER								
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11. Name of Medical Review Officer		12. Address of Medical Review Officer  Telephone: ( )												
13. Name of Railroad Representative		14. Address of Railroad Representative  Telephone: ( )												
15. Signature of Railroad Representative	16. Date (month/day/year)	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 type="checkbox"/> NO												

FRA F 6180.73 (Rev. 06-17) OMB No. 2130-0526  
U.S. GPO: 1985-017-305 FRA Please see back page for FRA Public Protection Statement



# Post Mortem Post-Accident Tox Box

## Form F6180.73 (Rev. 06-17)

**FEDERAL RAILROAD ADMINISTRATION  
COLLECTION OF POST-MORTEM TOXICOLOGY SAMPLES  
REQUIRED BY 49 CFR PART 219**

Samples taken will be tested as part of the Federal Railroad Administration's investigation to determine cause of the rail accident. Samples are being harvested in accordance with Federal law and consent is not required (49 CFR Part 219. 11 (f)). Collection instructions are included in the Fatality Box.
Specimen ID:  
**1001200**

<b>Railroad:</b>	<b>Date of Accident:</b>
<b>Deceased's Name (Print):</b>	<b>Date and Time Samples Taken:</b>
<b>Name and Address of Submitting Agency/Facility:</b>	<b>Telephone: (    )</b>
<b>I certify that I collected the samples identified below under proper Custody and Control procedures and with accepted scientific standards of practice.</b>	
<b>Print Name</b>	<b>Signature</b>
<b>Please Harvest all of the Samples Below if Possible (in Order of Priority to FRA):</b>	
Whole Blood (20 mL)	Yes <input type="checkbox"/> No <input type="checkbox"/> Source of Blood _____
Urine (60 mL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vitreous (All Available)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Liver (50 gr)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brain (50 gr)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Kidney (50 gr)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Optional Samples (if Two or More of the Above Samples are Not Available):</b>	
Bile, Spleen, Lung	Yes <input type="checkbox"/> Specify _____
<b>Other Samples of Interest if Vitreous or Urine are Not Available:</b>	
Spinal Fluid (All Available)	Yes <input type="checkbox"/> Gastric Contents (60 mL) Yes <input type="checkbox"/>
<b>Samples Released to (Courier Service):</b>	<b>Received at FRA Laboratory by:</b>
<b>Were there any signs of decomposition: ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____	
<b>Additional Remarks:</b> _____	

FRA6180.75 (Rev. 06-17)      COPY 1 - FEDERAL RAILROAD ADMINISTRATION      OMB No. 2130-0526  
 Please see back page for PRA Public Protection Statement





# Post Mortem Post-Accident Tox Box

NAME OF DECEASED: <b>900536</b> * <b>WHOLE BLOOD</b>	NAME OF DECEASED: <b>900536</b> * <b>WHOLE BLOOD</b>
NAME OF DECEASED: <b>900536</b> * <b>URINE</b>	NAME OF DECEASED: <b>900536</b> * <b>VITREOUS HUMOR</b>
NAME OF DECEASED: <b>900536</b> * <b>LIVER</b>	NAME OF DECEASED: <b>900536</b> * <b>KIDNEY</b>
NAME OF DECEASED: <b>900536</b> * <b>BRAIN</b>	OTHER NAME OF DECEASED: <b>900536</b>
OTHER NAME OF DECEASED: <b>900536</b>	OTHER NAME OF DECEASED: <b>900536</b>





# Chesapeake Toxicology Resources Frederick, MD

**EFFECTIVE – April 30, 2022**

## **FRA's Present Contracted Post-Accident Testing Lab:**

Chesapeake Toxicology Resources

8415 Progress Dr.

Ste V

Frederick, MD 21701

Phone: 240-397-7060 (M-F 8am-5pm Eastern Time)

Other: 800-879-3067 (All other times)



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Federal Railroad  
Administration



# Group Quiz

A train runs past a stop signal indication and hits the rear-end of a standing train, resulting in a fatality to a crew-member and \$400,000 property damage.

What type of event is this and who should be tested?

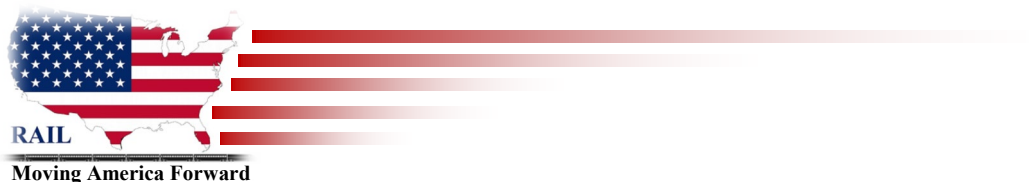


# Group Quiz

Two hi-rail vehicles collide with damage estimated at \$9,000, and a reportable injury to the roadway worker who exceeded his track & time limits. The signal maintainer on the other hi-rail is not at fault.

Is this a qualifying event?

If so, who should be tested?



U.S. Department  
of Transportation  
**Federal Railroad  
Administration**

# FRA Notification of Event

- Railroad must telephone FRA at **202-493-6313** and talk to Jerry Powers or leave a message to include:
  - Name of railroad
  - Accident date, time and location
  - Type of event (e.g., Impact with \$150,000)
  - Number of employees tested
- You may call Sam Noe at **615-719-2951** or **Melissa Van Dermeir at 612-720-9491** instead of Jerry – particularly if you have questions
- Must also call Nat'l Response Center at **800-424-0201 (preferred)** or **800-424-8802** to report that post-accident testing was done

# Current Post-Accident Testing Panel

## Current Panel (Blood, Urine, and Tissue in Fatalities):

Includes  
Standard  
(Part 40)  
Panel

- Marijuana
- Cocaine
- Amphetamines (amphetamine, methamphetamine, MDMA and analogues)
- Opiates (codeine, morphine, heroin, 6-acetylmorphine)
- PCP
- Synthetic Opioids (hydrocodone, hydromorphone, oxycodone, oxymorphone) – added 1/01/18

Plus:

- Benzodiazepines (**9 substances** including Xanax, Valium, Ativan, Klonopin)
- Barbiturates (**5 substances**)
- Additional Semi-synthetic Opioids (**4 substances** including Methadone, Propoxyphene (Darvon), Fentanyl, Tramadol)
- Alcohol
- Sedating Antihistamines (diphenhydramine-Benadryl, doxylamine-NyQuil, Chlorpheniramine, Brompheniramine, Pheniramine)



# Post-Accident Testing Panel

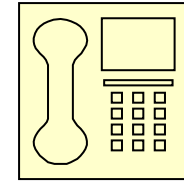
- Synthetic and Semi-Synthetic Opiates:
  - hydrocodone → Vicodin/Lortab/Lorcet
  - oxycodone → Oxycontin/Percocet
  - hydromorphone → Dilaudid
  - oxymorphone → Numorphan
  - methadone → Dolophine
  - propoxyphene → Darvon/Darvocet
  - fentanyl → Sublimaze
  - tramadol → Ultram

# Post-Accident Test Results

- FRA Lab will overnight the test results to the railroad's MRO & to FRA
- Lab will mail results directly to the employee
- If positive, the MRO will interview the surviving employees to check for a legitimate explanation (e.g., prescription medication or medical administration)
- MRO will report test results to the railroad's Designated Employer Representative (DER)
- Keep checking with your MRO for the test results



# FRA Contacts



Gerald “Jerry” Powers, Drug & Alcohol Program Manager,

[gerald.powers@dot.gov](mailto:gerald.powers@dot.gov)

202-493-6313

Sam Noe, Drug & Alcohol Program Specialist

[sam.noe@dot.gov](mailto:sam.noe@dot.gov)

615-719-2951

Melissa Van Dermeir, Drug and Alcohol Program Specialist

[melissa.vandermeir@dot.gov](mailto:melissa.vandermeir@dot.gov)

312-720-9491

Sandra Volante, Drug & Alcohol Program Specialist

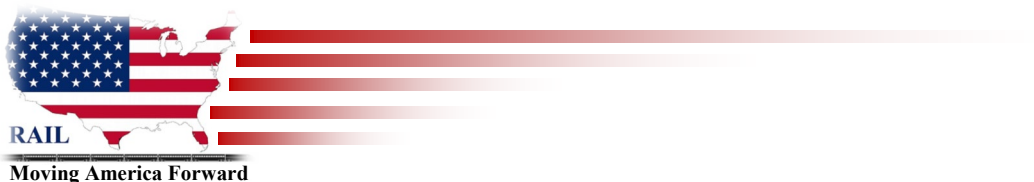
[sandra.volante@dot.gov](mailto:sandra.volante@dot.gov)

682-351-3428

Kevin Breen, Program Management Analyst

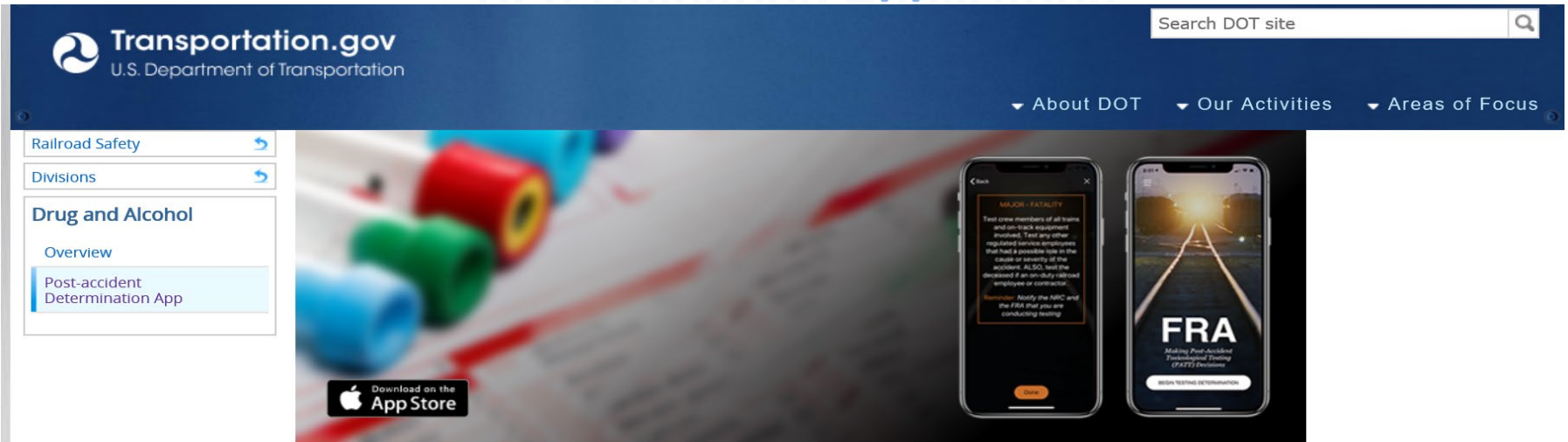
[Kevin.breen@dot.gov](mailto:Kevin.breen@dot.gov)

202-536-6644



U.S. Department  
of Transportation  
**Federal Railroad  
Administration**

# Post-Accident Tox Testing (PATT) Determination Application



## Post Accident Determination App.

The Federal Railroad Administration (FRA) is one of ten agencies under the U.S. Department of Transportation (USDOT). The FRA's mission is to enable the safe, reliable, and efficient movement of people and goods for a strong America, now and in the future. As part of FRA's drug and alcohol testing program, certain accidents/incident are subject to Part 49 CFR 219, Subpart C Post Accident Testing requirements. In order for railroad managers and their regulated contractors to make more rapid FRA Post-accident testing determinations, FRA has developed an Application available for use on Apple devices. A version for Android devices will be forthcoming. The application is also a tool that is available to all railroad and contractor employees to help them understand FRA's Post Accident requirements.

<https://railroads.dot.gov/railroad-safety/divisions/drug-and-alcohol/post-accident-determination-app>

Enter "PATT" at the Apple App Store or Google Play  
**Download it from the [Apple APP Store](#)**  
**Download it from the [Google Play Store](#)**



# FRA Post-Accident Toxicological Testing (PATT) Smart Phone Application

As part of FRA's drug and alcohol testing program, certain accidents/incident are subject to Part 49 CFR 219, Subpart C Post Accident Testing requirements.

In order, for railroad managers and their regulated contractors to make more rapid FRA Post Accident testing determinations, FRA has developed an Application available for use on Apple devices.

The application is also a tool that is available to all railroad and contractor employees to help them understand FRA's Post Accident requirements.

# FRA PATT Smart Phone Application

Part 219 Subpart C defines the train accident/incident thresholds that require testing. This post-accident testing helps FRA accident investigators determine whether the use of drugs and alcohol by involved railroad employees or contractors may have contributed to the cause or severity of a particular accident.

The goal of this application is to aid regulated employers (railroad or contractor) in determining whether a rule-triggering post-accident testing event has occurred as well as who to test; and that the decision to test is made quickly after reasonable inquiry and good faith judgment by an on-site supervisor

# FRA PATT Smart Phone Application

Blood and urine collections from surviving employees/contractors must be completed within for (4) hours of the accident with the proper supplies and forms; and blood, urine, and tissue collections from fatally injured personnel must be completed as soon as practicable.

In addition, this application is likewise intended to protect employees from inadvertent incursions upon their right-to-privacy represented by tests performed erroneously.

You can upload the application to your Apple or Android device:

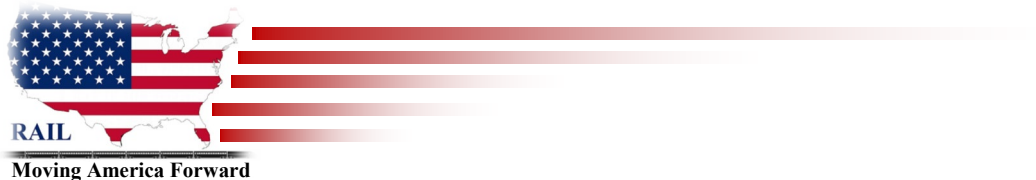


# **RAIL**– *Moving America Forward*

*Visit us at:*  
***www.fra.dot.gov***



Connect with us **USDOTFRA**



U.S. Department  
of Transportation  
**Federal Railroad  
Administration**