

#### FEDERAL RAILROAD ADMINISTRATION (FRA) DRUG AND ALCOHOL MANAGEMENT INFORMATION SYSTEM (DAMIS) INTERNET REPORTING USER MANUAL ISSUED FEBRUARY 2024

49 CFR Part 219 Subpart I – Annual Report - Who is required to report FRA drug and alcohol MIS data:

Each railroad that has a total of 400,000 or more employee hours (including hours worked by all employees of the railroad, regardless of occupation, not only while in the United States, but also while outside the United States), must submit to FRA by March 15 of each year a report covering the previous calendar year (January 1–December 31), summarizing the results of its alcohol misuse and drug abuse prevention program.

In addition, a contractor who establishes an independent alcohol and drug testing program that meets the requirements of this part and is acceptable to the railroad, must comply with this subpart if it has 200 or more regulated employees.

#### **Start Here:**

Sign into https://Damis.dot.gov

<b>N</b> Unite Depo	Ounited States Department of Transportation								
2020 Drug & A	Icohol Testing Management Information System								
	Welcome to Drug & Alcohol Testir	ng Management Information System							
	If you have an activation code, please register first.	If you have a registered DAMIS account, login on Login.Gov							
	Register	→ <b>)</b> Login							
	Click here to obtain an accou	nt or if you have any questions.							
	WARNING:								
			Paperworl (as requir	DOT Privacy Policy k Reduction Act Notice red by 5 CFR 1320.21)					

First time users will click "Register" (for reporting year 2023, everyone will need to register a DAMIS account with Login.gov). Enter the activation code from the notification letter or invitation email.

Ounited States Department of Transportation								
2020 Drug & Alcohol Te	sting Management Information System							
	Login         First time login         Enter your one-time code:							
		DOT Privacy Policy Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)						

Once the code is entered, click "Submit". This will bring you to the <u>https://Login.gov</u> screen.

If you already have a Login.gov account, choose "Sign in". Once you have signed into your Login.gov account, you will be brought back to your DAMIS company page where you may start entering your data.

If you do not have a Login.gov account, click "Create an account" and follow the steps below.



Once an account is created, you will see the following screen directing you to check your email for the confirmation code. This email will be from Login.gov.



The confirmation email will look similar to the screenshot below.

# LOGIN.GOV

# **Confirm your email**

Thanks for submitting your email address. Please click the link below or copy and paste the entire link into your browser. This link will expire in 24 hours.

# Confirm email address

https://idp.int.identitysandbox.gov/sign\_up/email/confirm? \_request\_id=f127a571-e61b-4c0b-9870-972361008413&confirmation\_token=AzGjCxVSym\_LGhHYSN8U

Please do not reply to this message. If you need help, visit login.gov/help/

Once the email is confirmed, you will be asked to create a password for Login.gov.

UCGIN.GOV	U.S. Department of Transportation
You have confirmed you	ur email address
Create a strong	password
Your password must be <b>12 cl</b> common phrases or repeated	<b>haracters</b> or longer. Don't use d characters, like abc or 111.
Password	
Confirm password	
Show password	
Continue	

After your password is set, you will be asked to select a second authentication method. Follow prompts depending on the method chosen.

\*\*If you choose "Backup Codes" as your validation method, be aware that once this list of 10 codes has been exhausted, you will no longer have access to your Login.gov account. Your account will need to be deactivated and reactivated by Login.gov and you will need to re-register your account with DAMIS. You may request an additional list of "Backup Codes" from Login.gov before you use the last code.



U.S. Department of Transportation

# **Authentication method setup**

Add another layer of security by selecting a multi-factor authentication method. We recommend you select at least two different options in case you lose one of your methods.



	Security key
V	A physical device, often shaped like a USB drive, that you plug in to your device.
	Government employee ID
	PIV/CAC cards for government and military employees. Desktop only.
Cor	ntinue

You may choose to add an additional authentication method, or you may skip this and set it up later.



After you click "Agree and continue", you will be redirected to your company reporting page in DAMIS.

Note: If you are an FRA regulated Railroad or Railroad Contractor required to report to DAMIS, FRA will provide your 32-digit activation code in a letter sent to the "Certifying Official" as provided in the previous year's MIS.

20 Drug & Al	cohol Testing Management Inform	Welcon	ne damis@dot.gov Logo				
Status							
Company Na	me	Data	Status	Users			
FRA Company Cambridge, MA		Enter or Edit your Data View Your Data (Read Only) MIS Data Collection Form (PDF Format)	01/24/2024 11:42:46 AM	damis@dot.gov Registered Add/Edit Users			
Legend	Completed and Signed	🔴 Data is In	complete	🔴 No Data Has Been B	intered		

### **Status Page**

You are now on the **Status** page. The status column shows the standing of your data submission. The table below provides status descriptions of an employer's MIS data.

Below is the list of options under the "Data" column and a description of each option.

Data Column	Description
Edit or Enter Your Data	Click to begin entering data
View Your Data (Read Only)	Select to view data previously entered
MIS Data Collection Form (PDF	Download completed data on the U.S. DOT
Format)	Drug and Alcohol Testing MIS Data
	Collection Form
Notification Letter	Download a copy of your notification letter
	(once you have used the 32-digit activation
	code to register your account, it is no
	longer valid).

To start entering your data, click on "Edit or Enter Your Data".

# Helpful Hints:

- □ Context-related help is accessible by clicking on the ⑦ icon.
- □ After 15 minutes of inactivity, your browser will time out and you will be required to log in again to continue entering your data. Prior to timing out, all data entered is saved.
- □ If you have questions about the Internet reporting process or any regulatory questions, please call the FRA Drug and Alcohol Program Specialist at (615) 719-2951 or email <u>sam.noe@dot.gov</u>.

## **Employer Information**

Enter or edit the appropriate information in the fields provided.

*Note:* An asterisk marks a required field; a section is complete once you populate all required fields. When a section is complete, a green check mark ( $\sqrt{}$ ) will appear on the section tab at the top of the page.

To advance to the next section, click the Covered/*Regulated Employees* tab at the top or bottom of the page.

20 Drug & Alcohol Tes	ting Management Information System		Welco	me damis@dot.gov Logo	
Employer Information	Covered Employees Dr	ug Testing Data	Alcohol Testing Data	Wrap Up	
				Back to Sta	
	I. Employer 🕐				
	* Required			-	
	* Company Name (?)	FRA Company			
	Doing Business As (DBA) Name (if applicable) (	?			
	* Address (?)	55 Broadway	55 Broadway		
	Address 2				
	* City 🕝	Cambridge			
	* State 🕝	Massachusetts	~		
	* Zip Code 💿	02142			
	* Email (?)	damis@dot.gov			
	* Name of Certifying Official (?)	Robert Smith			
	* Phone (and extension)	555-555-5555			
	Prepared by (if different) (2)				
	Phone (and extension)				
	Consortium/Third Party Administrator (C/TPA) (?)				
	You are reporting MIS data to	FF	RA - Railroad		
	* Total Number of observed/documen G Observations for covered employed	ted Part 219 Rule			
	Covere	d Employees >>			

# Helpful Hint:

• You can navigate to any section at any time by clicking on one of the corresponding tabs at the top of the screen.

### **Covered/Regulated Employees**

Enter the number of covered/regulated employees in the appropriate employee category. Determine the number of covered/regulated employees by averaging the number of the employers' covered/regulated employees in the random testing pool for the calendar-reporting year. (Example: If you perform monthly random selections, add the number of your employees in the random testing pool for each of the 12 months and divide by 12). You must enter a zero for any employee category for which you did not have covered/regulated employees in order to complete the section.

# Helpful Hint:

□ Click the <sup>(?)</sup> icon next to "II. Employees Subject to Testing" for assistance in determining the number of covered/regulated employees.

20 Drug & Alcohol Te	esting Man	agement Information System			Welcom	e damis@dot.gov	Logo
Employer Information	<i></i>	Covered Employees	Drug Test	ng Data	Alcohol Testing Data	Wrap Up	
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	II. Em	ployees Subject to Testing ?					
		Employee Category		Total Number	of Employees in this Category		
	Engine	Service		50			
	Train S	Service		40			
	Dispat	cher/Operator		20			
	Signal	Service		30			
	Mainte	nance-of-Way/Roadway Workers		30			
	Mecha	nical Operator		30			
	Other			0			
	Tota	I Number of Employees in all Cate	gories:	200			
		et Employer Int	formation	Doug Testing I	ato a a		
		<< Employer in	rormation	Drug Testing L	Jata >>		

To advance to the next section, click the Drug Testing Data tab at the top or bottom of the page.

## **Drug Testing Data**

Begin with Column 2 (Column 1 is the sum of columns 2, 3, 9, 10, 11, and 12, and will be automatically totaled). Enter data in the appropriate testing categories provided.

Employer Informat	ion 🔿	Cov	ered Employe	er 🔎	Dr	ug Testing Da	**	Al	cohol Testing (	lata		Wrap I	lo
				•••••								Ва	ck to St
COMPLETE Engine Service	INCOMPLET Train Servi	re Disp	COMPLETE atcher/Oper	ator Sig	OMPLETE nal Service	Mainte	co nance-of-V	MPLETE /ay/Roadwa	y Workers	CC Mechan	MPLETE ical Operat	or	MPLETE Other
III. Drug Testing	Data 🕜 : T	rain Servi	ce										
	1	2	3	4	5	6	7	8	9	10 Defined Dec	11	12	13
Type of Test	Total Number of Test Results (Should equal the Sum of Columns 2,3,9,10,11 & 12]	Verified Negative Results (?)	Verified Positive Results ~For One or More Drugs	Positive for Marijuana	Positive for Cocaine (?)	Positive for PCP ?	Positive for Opioids ⊙	Positive for Amphe- tamines ⑦	Adulterated	Substituted	"Shy Bladder"~ with No Medical Explanation	Other Refusals to Submit to Testing	Cancelle Results
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0
Random (?)	10	10	0	0	0	0	0	0	0	0	0	0	0
Reasonable Suspicion/Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-up?	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	10	10	0	0	0	0	0	0	0	0	0	0	0
				Set << En	blanks to ze gine Service ed Employe	ro Clea Dispationes Alcol	r all Ui cher/Operat	ndo lor >> Data >>					

Enter all drug testing data for each test type (Pre-Employment, Random, Reasonable Suspicion/Cause, Return-to-Duty, and Follow-up) performed during the reporting year for each employee category.

Advance to the next employee category by clicking the appropriate tab at the top of the page, or by clicking the employee category button near the bottom of the page.

You must enter a value in each field to complete this section.

Employer Informat	ion 🥪	Covered Empl	oyees 😡		Drug Tes	ting Data 😡	Alcohol	Testing Data	10 Mar	۷	Vrap Up
											Back to S
COMPLETE	COMPLETE	COMPLET	E	COMPLE	TE	INCO	OMPLETE		COMPLETE		COMPLETE
Engine Service	Train Service	Dispatcher/O	perator	Signal Se	rvice	Maintenance-of-W	Vay/Roadway Wo	orkers	Mechanical Ope	rator	Other
V. Alcohol Test	ing Data 🕐 : Ma	aintenance-of-	Way/Road	way Wor	kers						
	1	2	3		4	5	6	7	8		9
								Ref	usal Results (?)		
Type of Test	Total Number of Screening Test Results (7) [Should equal the Sum of Columns 2,3,7 & 8]	Screening Tests With Results below 0.02 (?)	Screening 1 with Results or greater	Tests s 0.02 C ⑦ Tes	Number of onfirmation ts Results (?)	Confirmation Tests with Results 0.02 through 0.039 (?)	Confirmation Tests with Results 0.04 or greater ?	"Shy Lung" No Medic Explanation	with Other Refus.	als to sting	Cancelled Results (?)
Pre-Employment	0	0	0	0		0	0	0	0	1	0
Random 🕜	25	25	0	0		0	0	0	0	1	0
Reasonable Suspicion/Cause	0	0	0	0		0	0	0	0	1	0
Return-to-Duty	0	0	0	0		0	0	0	0	(	0
ollow-up 💿	0	0	0	0		0	0	0	0	1	0
fotal:	25	25	0	0		0	0	0	0	(	D
			5	Set blanks	to Zero	Clear all Ur	ndo				
				Signal Se	anico M	lechanical Operat	lor >>				

## Helpful Hints:

- There are three buttons at the bottom of the drug testing data table: Undo Changes, Clear All, and Set Blanks to Zero. Clicking Undo Changes will revert all fields to their original values. Clicking Clear All will completely clear all fields on the screen, leaving them blank. Clicking Set Blanks to Zero will enter a zero (0) in any blank field.
- □ Zeros entered in the **covered/regulated Employees** section will automatically fill into the testing fields for that employee category. You must still proceed to each employee category to accept.



To advance to the next section, click the Alcohol Testing Data tab at the top or bottom of the page.



#### **Alcohol Testing Data**

The **Alcohol Testing Data** section is similar to the **Drug Testing Data** section. The same directions apply for entering data for each of the six test types conducted for each of the five employee categories. You must enter a value in each field in order to complete this section.

020 Drug & Alco	hol Testing Man	agement Inform	ation System				We	Icome damis@d	ot.gov Log
Employer Informat	ion 🥪	Covered Emple	oyees 🥪	Drug Tes	ting Data 🥪	Alcohol	Testing Data	1	Wrap Up
									Back to St
COMPLETE	COMPLETE	COMPLET	E C	OMPLETE	INCO	MPLETE		COMPLETE	COMPLETE
Engine Service	Train Service	Dispatcher/Op	perator Sig	nal Service	Maintenance-of-W	/ay/Roadway Wo	rkers Mec	hanical Operator	Other
IV. Alcohol Test	ing Data 🕜 : Ma	aintenance-of-	Way/Roadway	Workers					
	1	2	3	4	5	6	7	8	9
							Refusal F	Results	
Type of Test	Total Number of Screening Test Results (?) [Should equal the Sum of Columns 2,3,7 & 8]	Screening Tests With Results below 0.02	Screening Tests with Results 0.0 or greater (?)	s Number of 2 Confirmation Tests Results (?)	Confirmation Tests with Results 0.02 through 0.039 (?)	Confirmation Tests with Results 0.04 or greater (?)	"Shy Lung"~with No Medical Explanation (?)	Other Refusals to Submit to Testing	Cancelled Results (?)
Pre-Employment	0	0	0	0	0	0	0	0	0
Random 🕐	25	25	0	0	0	0	0	0	0
Reasonable Suspicion/Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-up 💿	0	0	0	0	0	0	0	0	0
Total:	25	25	0	0	0	0	0	0	0
			Set	blanks to zero	Clear all Ur	obdo			
			<< Sig	nal Service N	lechanical Operat	or >>			
				Daug Tosting D	ata Wran He >				

**Reminder:** Zeros entered in the **Covered/Regulated Employees** section will fill zeros into the testing fields for that employee category. You must still proceed to each employee category to accept.

To advance to the next section, click the *Wrap Up* tab at the top or bottom of the page.

# <u>Wrap Up</u>

# Helpful Hint: Incomplete sections will prompt the following message: You have not finished entering your data. Please click the following button(s) to return to any incomplete section(s). Image: Section of the following button is any incomplete section is any incomplete sectin inclu

Validation checks run against the data entered. Items flagged by the validation checks will have a button to the right of each error or data check message linking directly back to that section.

Validation Checks	Description
ERROR	You must correct any data Error before
	electronically signing your data.
DATA CHECK	Review all "questionable" data that triggers a
	Data Check message. Verify the data entered and
	make corrections if the information is incorrect. If
	the data entered is correct, you do not need to
	change it.



Clicking the Sign and Submit button at the bottom of the page will complete the reporting process.

2020 Drug & Alcohol Testing Management Information System Welco								come damis@dot.gov	
Employer Information	<ul> <li>✓</li> </ul>	Covered Employees	<b>S</b>	Drug Testing Data	<b></b>	Alcohol Testing Data	<ul> <li>Image: A start of the start of</li></ul>	Wrap Up	
								Back to	
	<b>A</b>	Your data has passed a	II validation o	hecks.					
	You	have not yet signed ar	or Save a copy of your MIS s	ubmittal					
	I, R - Ra kno stat	obert Smith, certify that th ilroad Drug and Alcohol I wledge and belief, true, c ed.	he information MIS web site i correct, and co	provided on this FRA s, to the best of my mplete for the period	Sign a	nd Submit			
			<	< Alcohol Testing Da	ta				

## **Helpful Hints**:

- Confirm the email address listed and click the "Send" button to receive an email confirmation of your data submission. Check off the "Include PDF" box to include a PDF attachment with the confirmation email.
- To download your completed data and view it in Adobe Reader as it would appear on a U.S. DOT Drug and Alcohol Testing MIS Data Collection Form, click <u>Print and/or save a copy of</u> <u>your MIS submittal.</u>

Thank you for reporting your drug and alcohol results using the U.S. DOT's Drug and Alcohol Testing MIS online reporting application. If you have any questions about the reporting process, please call (615) 719-2951 or email <u>sam.noe@dot.gov</u>.

*Note:* Be sure to print/save a copy of your submission. You are required to retain copies of your annual *MIS* reports for at least five years.

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