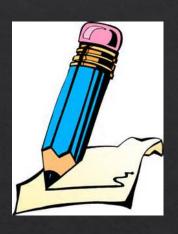


Drug and Alcohol MIS Reporting



Each large operator (having more than 50 covered employees) must submit an annual Management Information System (MIS) report to PHMSA of its anti-drug testing using the MIS form and instructions as required by 49 CFR part 40 (at § 40.26 and appendix H to part 40), not later than March 15 of each year for the prior calendar year (January 1 through December 31).

The Administrator may require by notice in the PHMSA Portal (https://portal.phmsa.dot.gov/phmsaportallanding) that small operators (50 or fewer covered employees), not otherwise required to submit annual MIS reports, to prepare and submit such reports to PHMSA.



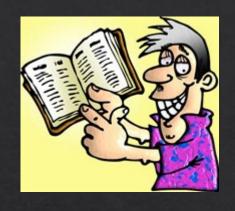
LESS Than 50 employees—get ready PHMSA is splitting it up so that 1/3 of all operators will have to submit each year

If you submit any DAMIS to PHMSA—you must also submit to OCC

If your random is less then 50%--guess who is first

SUBCHAPTER 11. DRUG TESTING

- ♦ 165:20-11-1. Control of drug use in pipeline operations
- ♦ The Commission adopts the provisions of 49 C.F.R. Part 199, with all amendments and appendices thereto as such exist on January 1, 2020.
- ♦ [**Source:** Amended at 35 Ok Reg 983, eff 10-1-18; Amended at 37 Ok Reg 1126, eff 10-1-20]
- ♦ 165:20-11-2. Reporting of anti-drug testing results
- Each operator who is required to submit anti-drug testing results pursuant to 49 C.F.R. §
 199.119 shall file a duplicate with the Pipeline Safety Department.
- ♦ [**Source:** Added at 28 Ok Reg 1125, eff 7-1-11]



An operator must obtain the user name and password needed for electronic reporting from the PHMSA Portal --
PORTAL https://portal.phmsa.dot.gov/portal

Each report required under this section must be submitted electronically at DAMIS Damis.dot.gov

PHMSA Pipeline and Hazardous Materials
Safety Administration

U.S. Department of Transportation



PHMSA Home | Contact Information | DOT Vulnerability Disclosure Policy

PHMSA Portal Access Page



Username: Password: Login Create Account OPID Registration Forgot Password | Forgot Username

Announcements

Announcement Message

. IMPORTANT MESSAGE: Registrants please do NOT submit your online HAZMAT Registrations before May 1, 2022. The early registration period for the 2022-2023 registration period begins May 1st. Our system is not open to accept registrations

PHMSA Home

- Hazmat Home
- Pipeline Home

Annual Reports

DAMIS

Notifications

ODES 2.0

OPID Access

OPID Access Management

OPID Contact Management

PDM - Pipeline

PRIMIS

State Inspection Calc Tool

Resource Management

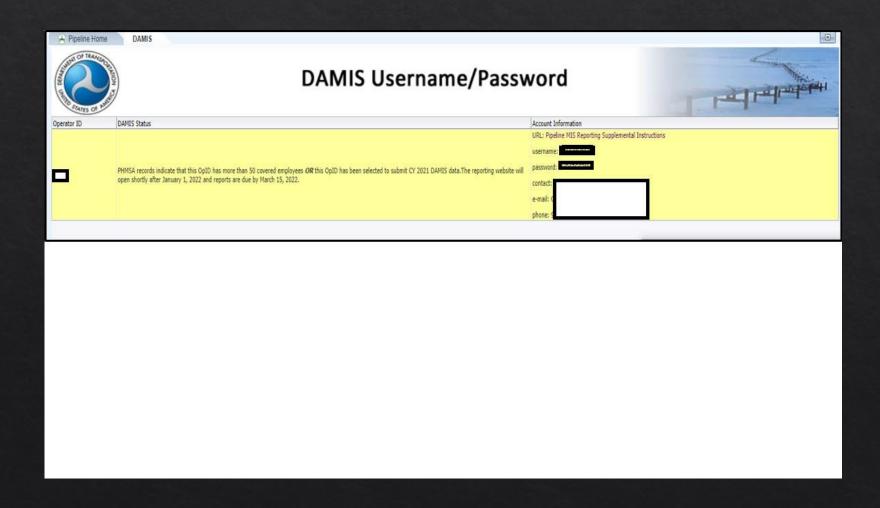
User Profile

▶ PHMSA Resources

Portal Feedback

Click on DAMIS

Copy and paste username & password into DAMIS website: DAMIS.dot.gov There are Instructions



DAMIS website insert username & password



2021 Drug & Alcohol Testing Management Information System

User Name:	
Password:	
Click here to obtain	a user name and password or if you have any questions.
	Submit
/ARNING:	
	n system. This information system, including all related equipment,
etworks, and network devices, is provided for U.	nd criminal penalties, or administrative disciplinary action. The

A service agent (e.g., Consortia/Third Party Administrator as defined in 49 CFR Part 40) may prepare the MIS report on behalf of an operator. However, each report shall be certified by the operator's anti-drug manager or designated representative for accuracy and completeness.

They must list the OPID's on the form as to what operators the MIS report applies to.

Zovi	U.S. DEPAR	TMENT OF	TRANSP	ORTA	TION DI	RUG AN	D ALCO	HOL TE	STING M	IIS DAT	A COLI	LECTIO	N FORM			
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	ck the DOT agency FMCSA - Motor Carr FAA - Aviation: Cert PHMSA - PipeLine: (FRA - Railroad: Tota USCG - Maritime: Vo FTA - Transit Covered Employee Enter Total Number	rier: DOT #: if (icate # (if (Check) Gas C l Number of c essel ID # (US) s: (A) Enter	applicable Gathering X bbserved/do SCG- or Sta Total Num): Gas Ti cument te-Issue ber Safe	ransmissi ed Part 2 ed):	Owner on X Gas 19 "Rule	r-operator Pla s Distribu G" Obser	: (circle o an/Registration X Tr rvations for	ne) YE ration # (in ransport H for covered	S or NO applicat azardous employ (i	Exemptole): Liquids ees:	: (circle o	ne) YE			
(C)	Funl	yee Category		Tot	al Numbe	er of Emp	lorence in	1 -								
(-)	Limpie	100		Category	loyees in	If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one										
							882 copy for each employee category and complete Sections II									
	Operation/Mainten		302				(C), III, and IV for each separate employee category.									
III.	Drug Testing Data	a: 1	2	3	4	5	6	7	8	9	10	11	12	13		
		2 = 2	% = °,	or or			· ·		Refusal Results							
		I Number Of Test lts [Should equal um of Columns 2, 10, 11, and 12]	erified Negative	ned Positive ults ~ For One C c Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opioids	ositive For Amphetamines	dulterated	ubstituted	Bladder" ~ n No Medical anation	r Refusals To nt To ng	incelled Results		

	1	2	3	4	5	6	7	8	9	10	11	12	13
	s 2,	9	ŏ							Refu	sal Results		ya
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opioids	Positive For Amphetamines	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Employment	57	57	0	0	0	0	0	0	0	0	0	0	1
Random	477	475	2	1	0	0	0	1	0	0	0	0	4
Post-Accident	1	1	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	535	533	2	1	0	0	0	1	0	0	0	0	5
. Alcohol Testing D	ata:	1		2	0	3	4		5	6	7	8	9
				9089				2	a l	78.5	Refusal Results		
Type of Test		tal Number Of reening Test sults [Should equal sum of Columns	, 7, and 8]	reening Tests With sults Below 0.02	eening Tests W	sults 0.02 Or eater	umber Of onfirmation Tests	esults	onnrmanon Tests 7th Results 0.02 hrough 0.039	onfirmation Tests ith Results 0.04 Or eater	ry Lung" ~ th No Medical planation	ther Refusals o Submit To esting	Sancelled Results

		2	3	4	0	0	1	0	9
	of equal mns	ith 2	With	2	£ .,	s Or	Refusal Results		92
Type of Test	Total Number Of Screening Test Results [Should eque the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests W Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Post-Accident	1	1	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0	0

The minimum annual percentage rate for random drug testing shall be 50 percent of covered employees.

Each year, the Administrator will publish in the Federal Register the minimum annual percentage rate for random drug testing of covered employees.

The Administrator's decision to increase or decrease the minimum annual percentage rate for random drug testing is based on the reported positive rate for the entire industry.

When the minimum annual percentage rate for random drug testing is 50 percent, the Administrator may lower this rate to 25 percent of all covered employees if the Administrator determines that the data received under the reporting requirements of §199.119 for two consecutive calendar years indicate that the reported positive rate is less than 1.0 percent. When the minimum annual percentage rate for random drug testing is 25 percent, and the data received under the reporting requirements of $\S199.119$ for any calendar year indicate that the reported positive rate is equal to or greater than 1.0 percent, the Administrator will increase the minimum annual percentage rate for random drug testing to 50 percent of all covered employees.

The Good News

Congress has agreed to let us to piggy back off of another state or PHMSA review of your Drug & Alcohol plan.

A joint NASPR/PHMSA group looking at how to determine whose plan has been reviewed—IE: when operations are in multiple states/regions

We would still look at state specific records

QUESTIONS