

Submitting your MIS Report





PHMSA MIS submission changes

It is the responsibility of the contractor's company to gain access to the DAMIS system and submit their own MIS statistical data reports.

Please follow the instructions provided in the slides to complete this process.

Setup a *login.gov* account

To enter the DAMIS system, you must have a login.gov account.



Proceed to the following pages to learn how to set up your account.



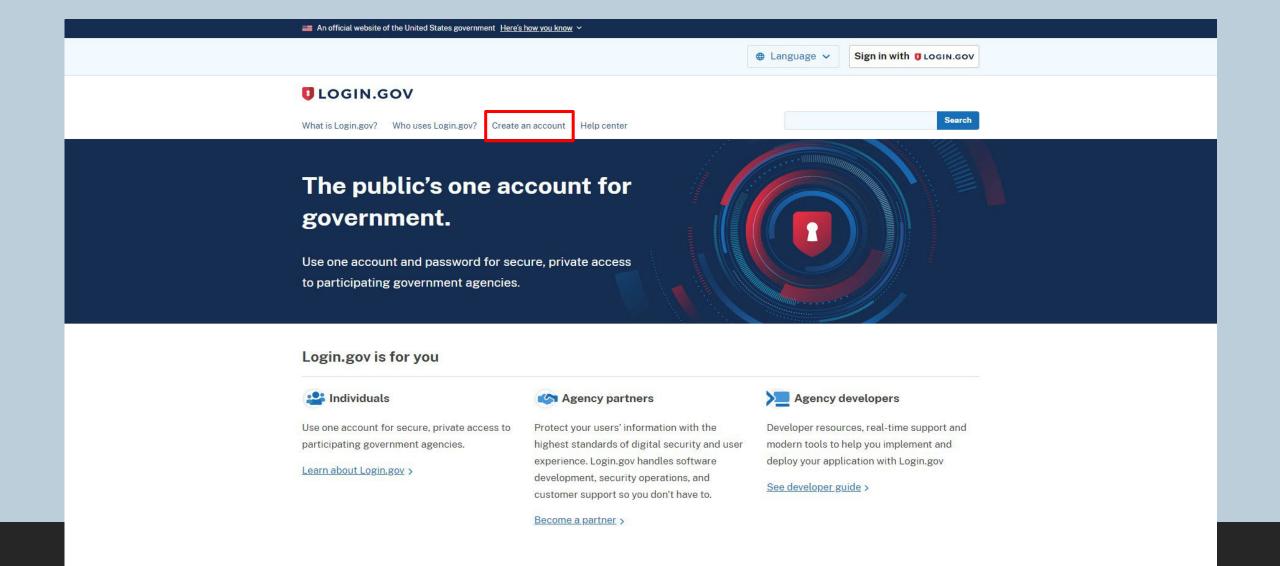
Login.gov

proceed to page 8.

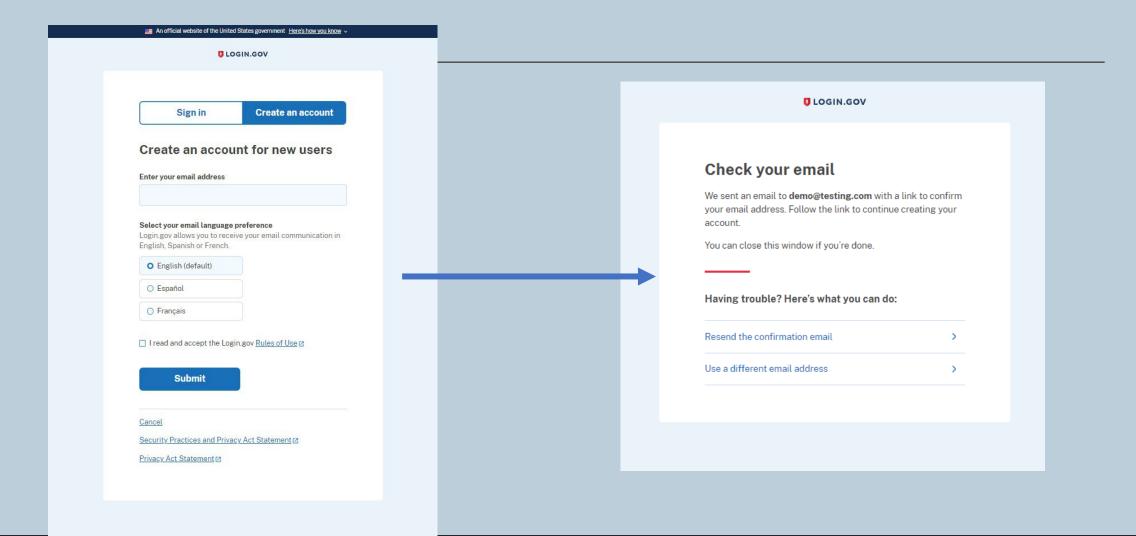


If you already have an account set up, with Login.gov

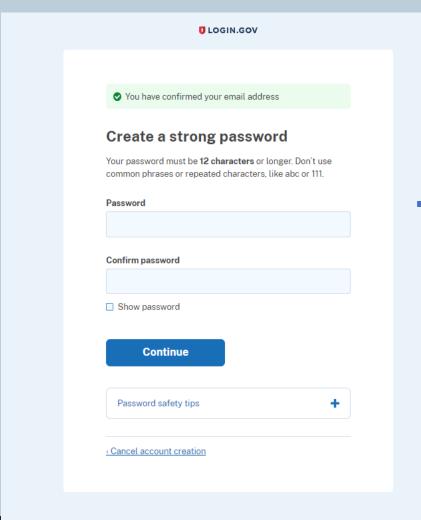
Navigate to login.gov and click "Create an account"

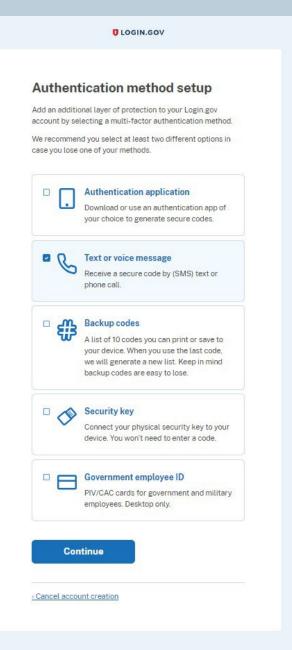


Enter your email and confirm



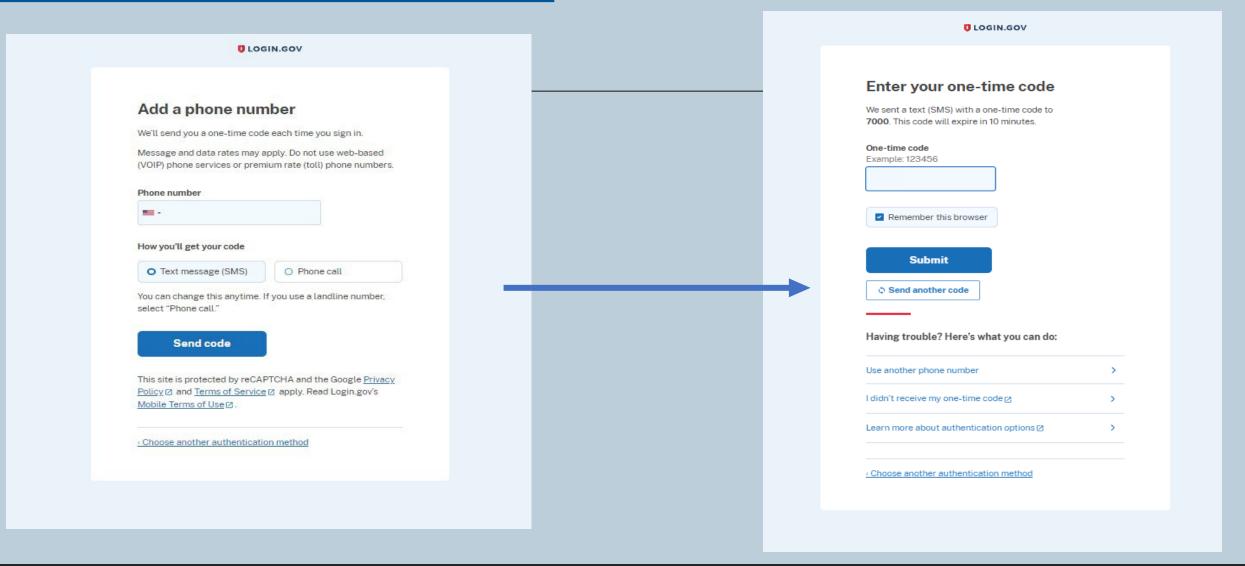
Create a *password* and choose a *multi-factor authentication* method





Add a phone number and enter the one-time code

Whichever multi-factor authenticator method chosen; you will receive a one-time code.



Access the DAMIS system

https://damis.dot.gov

Once reviewed and approved your full year statistical report, you will take the numbers from the approved report and enter it, in the DAMIS system.

If you already have your login.gov account please login to the DAMIS website to submit your MIS.

Otherwise, you will receive an email invitation from PHMSA; click on the "DAMIS Login" hyperlink which will take you automatically to another screen.

This new screen should show your 32-digit code that is noted in the body of the email; click on the "submit" button and a pop-up screen will appear asking you to agree to the terms. Then you are ready to access the DAMIS website and begin the submission process required by DOT/PHMSA.

1. Employer Information

Once in the DAMIS system, begin with the "Employer Information" tab.

The text shown with an *asterisk* (*), should all be completed and be specific to your company.

I. Employ	ver 🕐					
* Compan	y Name ?					
Doing Bus	iness As (DBA) Name (if app	olicable) ?				
* Address	?					
* City ?						
* State ?)					
* Zip Code	?					
* Email (?)					
* Name of	* Name of Certifying Official ?					
* Phone (a	and extension)					
Prepared b	oy (if different) ?					
Phone (an	d extension)					
Consortiur (C/TPA) (if	n/Third Party Administrator (applicable) d extension)	?				
	You are reporting MIS date	porting MIS data to PHMSA - Pipeline				
	GAS Gathering	GAS Transmission		GAS Distribution		
	Transport Hazardous Liquid	Transport Carbon Dioxid	e			

Covered Employees >>

1. Employer Information

The *PHMSA-Pipeline* section refers to the oil/gas operator's type of work.

Select one or all categories, depending on the oil/gas operator you work for.

When this page is complete, click the *Covered Employees* button to continue.

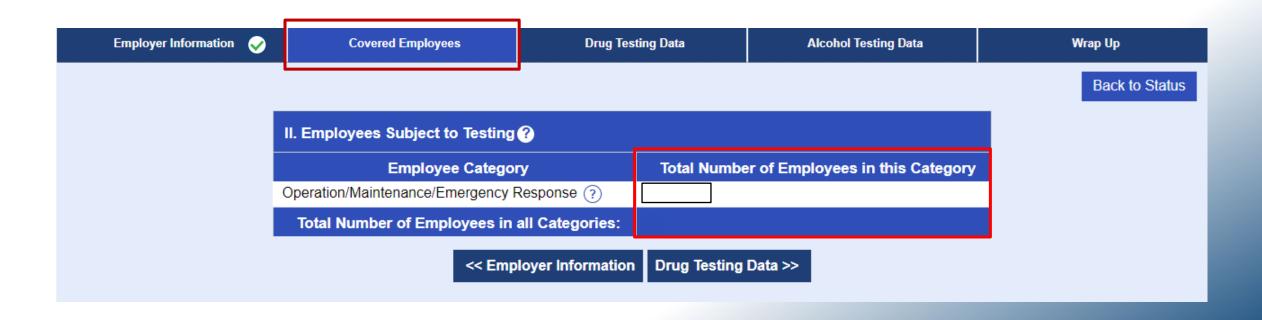
I. Employ	yer 🕜					
* Company Name ?			VOPAK TERMINALS DEER PARK, INC.			
Doing Business As (DBA) Name (if applicable) ?						
* Address	?					
* City ?						
* State ?			unknown			
* Zip Code ?						
* Email (?						
* Name of Certifying Official ?						
* Phone (and extension)						
Prepared by (if different) ?						
Phone (and extension)						
Consortiur (C/TPA) (it	m/Third Party Adr f applicable) id extension)	ninistrator	2)			
	You are reporting MIS data to		PHMSA - Pipeline			
	GAS Gathering		GAS Transmission		GAS Distribution	
	Transport Hazardous Liquid		Transport Carbon Dioxid	le		

Covered Employees >>

2. Employees Subject to Testing

In the blank field, enter the *total number of employees* who are part of your testing pool that perform PHMSA covered job functions.

When completed click the *Drug Testing Data* button to continue.

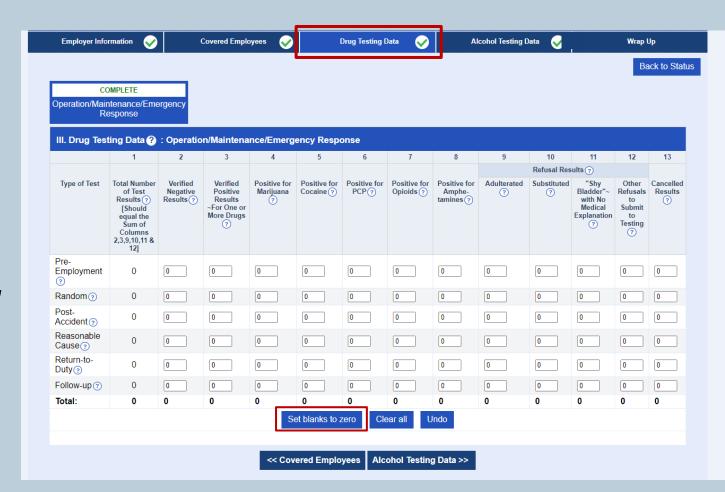


3. Drug Testing Data

Acquire your data –Enter your Data

When all applicable fields are completed click the "Set blanks to zero" button.

When completed click the *Alcohol Testing Data* button to continue.

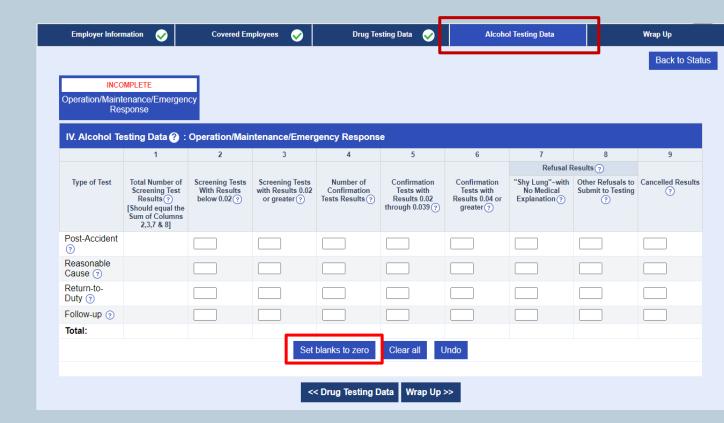


4. Alcohol Testing Data

If you had any alcohol tests for Post Accident (these should be PHMSA reportable accidents only), Reasonable Cause, Return to Duty, or Follow-up then you will document the number of tests in this section.

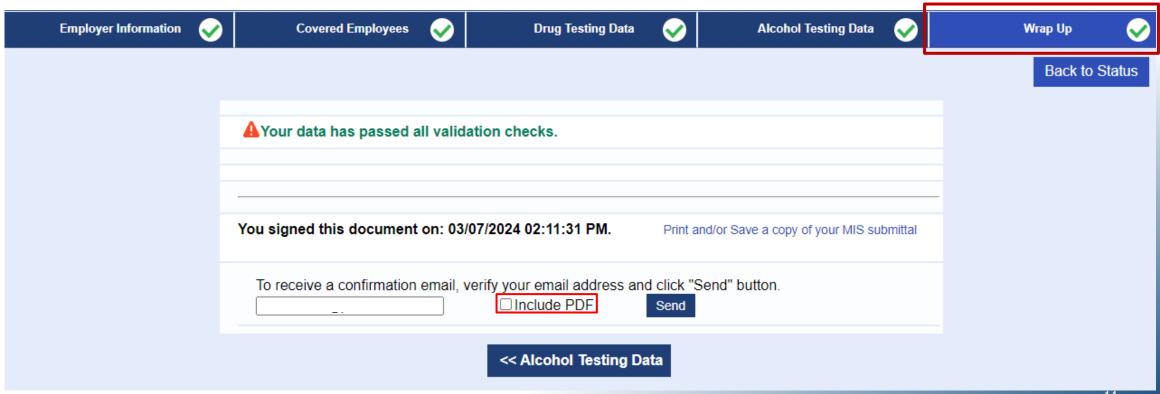
All fields must be completed; Once all applicable fields are completed click the "Set blanks to zero" button.

Lastly click on the *Wrap Up* button to complete your MIS report.



5. Complete

Once complete, we recommend to check the *Include PDF* box to receive a PDF copy of your report.



If you click "Enter or Edit your Data", it will change the report back to Incomplete; If clicked by mistake, you will need to proceed through each page and "submit" the report once again, to receive the green dot completed status.

For questions or help with issues, email:

PHMSAPipelineDAMIS@dot.gov

Next Steps

https://damis.dot.gov

When you have completed and submitted your MIS report, your status will display a green dot.

If you return to your DAMIS account and want to view your information, ensure you click the "View Your Data (Read Only)" link.

VERY IMPORTANT

7.0 Supplemental Instructions

As explained in **Section 1.0** above, refer to the instructions for the DOT's *MIS Data Collection Form 1385* to complete the annual DAMIS reporting online: https://www.transportation.gov/odapc/MISreporting. The following Supplemental Instructions are PHMSA specific.

7.1 Section I. Employer

- If a primary or contractor operator submitted a DAMIS report in a previous calendar year, some of the contact information may be pre-populated. Enter and/or correct the information about the primary operator or contractor submitting the report.
- Each DAMIS report must be certified by the operator's or contractor's anti-drug manager or designated representative for accuracy and completeness and cannot be certified by a service agent.
- DOT Agency select PHMSA (X) and select (X) all the pipeline systems operated by the primary operator and the business units, if any.

IMPORTANT: List the primary operator's OPID and all business unit OPIDs covered by the report on the Doing Business As (DBA) line. PHMSA recognizes these are not DBAs, but it helps us to cross-check the Safety Program Relationship (SPR) and DAMIS databases.

3.2 <u>Large Operator vs Small Operator</u>

<u>Small operator</u> – a primary operator with 50 or fewer covered employees. A DAMIS report is only required if the operator receives a "written notice" from PHMSA requesting a report. PHMSA transmits written notices as messages in the PHMSA Portal in late December each calendar year https://portal.phmsa.dot.gov/pipeline.lf the PHMSA Portal message includes an online reporting Login.gov PIN, PHMSA has requested a DAMIS report from the small operator.

To calculate the number of D&A covered employees to determine whether you are a large or small primary operator

Include all covered employees of the primary operator plus all covered employees of any and all business units included in the DAMIS report under the D&A Program. See Sections 3.3 and 3.4.

If your covered employees are in a random drug testing pool managed by a consortium, count only your own covered employees.

If you have any covered employees subject to D&A testing under more than one DOT agency, count only those employees who were D&A tested under PHMSA. That is, the agency selected on the Federal Drug Testing Custody and Control Form (CCF) or on the Alcohol Testing Form.

Important: While contractor employees are covered employees requiring D&A testing, contractor employees are not used to calculate whether a primary operator is a large or small operator. Therefore, do not include contractor employees in the above calculations.

Helpful links

Federal Transit Administration

https://transit-safety.fta.dot.gov/DrugAndAlcohol/DAMIS/default.aspx

ODAPC

https://www.transportation.gov/odapc

MIS DATA

https://www.transportation.gov/odapc/DOT_Agency_MIS_Data

CONTRACTORS 199.115

The <u>Operator</u> remains responsible for ensuring the requirements of this part are complied with.

What to expect if I get selected to submit

- Did the collection site use the correct CCF form—Is the Collector qualified? Every 5 yrs, Ensure the specimen bottle is sealed when given to you the donor.
- Ensure that there is no unauthorized access into the collection areas and that undetected access (e.g., through a door not in view) is not possible.
- Make sure the collection site asks you to show proper picture ID.
- Make sure you empty your pockets; remove outer garments (e.g., coveralls, jacket, coat, hat); leave briefcases, purses, and bags behind; and wash their hands, might even ask about removal of boots—specimens can be hidden—Collection site usually asks you to do this
- Maintain personal control of the specimen and CCF at all times during the collection.
- Ensure any water sources or otherwise are made unavailable to you (e.g., turn off water inlet, tape handles to prevent opening faucets, secure tank lids).

What to expect if I get selected to test

Ensure that the water in the toilet and tank (if applicable) has bluing (coloring) agent in it. Tape or otherwise secure shut any movable toilet tank top or put bluing in the tank.

Ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present.

Inspect the site to ensure that no foreign or unauthorized substances are present.

Secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas, ceiling tiles) that appear suitable for concealing contaminants.

QUESTIONS