

Coastal Transport Co., Inc.
DOT Drug & Alcohol Policy Addendum

Beginning January 06, 2020, a repository created by the FMCSA will collect information on driver's DOT drug and alcohol violations occurring under the Company's FMCSA DOT testing program. The Company and service providers are called upon to report DOT drug and alcohol testing violations to the Clearinghouse. Motor carriers, medical review officers, third-party administrators, and substance abuse professionals must provide information when a driver:

- Tests positive for drugs or alcohol
- Refuses drug and alcohol testing
- Undergoes the return-to-duty drug and alcohol rehabilitation process.

The following records will be collected and maintained by the Clearinghouse:

- A verified positive, adulterated, or substituted drug test result;
- An alcohol confirmation test with a concentration of 0.04 or higher;
- A refusal to submit to any test required by Subpart C of Part 382;
- An employer's report of actual knowledge, as defined at Part 382.107, including:
On duty alcohol use pursuant to Part 382.205;
Pre-duty alcohol use pursuant to Part 382.207;
Alcohol use following an accident pursuant to Part 382.209; and
Controlled substance use pursuant to Part 382.213;
- A substance abuse professional report of the successful completion of the return-to-duty process; and
- An employer's report of completion of follow-up testing.

The Clearinghouse will aid the Company in learning of a driver's need to start or continue with the necessary steps in the DOT return-to-duty process (i.e., Substance Abuse Professional (SAP) in order to operate a commercial motor vehicle (CMV).

FMCSA requires the motor carrier employers to:

- Query the system for information on driver applicants, and
- Search the database annually for current employees.

Before the Company may gain access to the information in the Clearinghouse, the driver must grant consent. Failure to provide consent prevents the company from using the CDL driver in a safety sensitive function.

RECEIPT OF POLICY

I acknowledge that I have received a copy of the Company's addendum to its DOT Drug & Alcohol Policy dated January 06, 2020.

Drivers full name (printed): _____ Employee #: _____

Driver's signature: _____ Date: _____

Company Representative Signature: _____ Date: _____

Routing:

Original to DQ file at SAO

Copies to driver, TM (local file), VPO