

Post Accident Testing

Sound Transit Drug Free Card Program

May 19, 2020

Post Accident Testing – Requirements

Contractors shall require testing of any employee who is involved in an accident in the course of job duties or while on a project site which involved use of vehicles, heavy equipment, power tools or other dangerous instrumentalities or working conditions and which resulted in injury to the employee or others, or property damage, and the Contractor's designated safety representative or designee or Sound Transit concludes that:

- ✓ The accident may have been caused by human error or could have been avoided by reasonably alert action; and
- ✓ The employee to be tested was an active participant in the accident circumstances.

Post Accident Testing – Decision

- If need assistance in determining whether to Post Accident test, contact Sound Transit Safety Representative.
- Employee may request union steward presence in pre-test meeting if readily available – cannot delay the meeting.
- Provide first-aid or other appropriate medical attention first if employee to be tested is injured.

Post Accident Testing – Scheduling

- Immediately schedule Post Accident testing with the Testing Administrator – Pacific Pro Testing: 425-243-3115
- If collection cannot occur at the project site, Contractor must provide transportation for the employee to the collection site.
- Post Accident Testing must be completed as soon as possible and preferably need to be completed within two (2) hours after the accident occurred.

Post Accident Testing – Result Actions

- If results of both drug and alcohol tests are known at the time of the collection and results are negative, the employee is Eligible to return to work.
- If the alcohol test result is positive or the drug test must be sent to the laboratory for testing, the Contractor must remove the employee and provide transportation home.
- If results are reported negative, the employee is Eligible to return to work with back pay (if applicable). Reported positive results will make the employee Ineligible to work at any Sound Transit project site for 90 days.

Post Accident Testing – Form



Reasonable Cause / Post Accident Form

Purpose of this form: To document the facts and circumstances behind a decision to request a reasonable suspicion or post-accident test.

Employee's Name:	Employee Unique Identifier:	Date:
Type of Test (Describe in detail below in comments)		
<input type="checkbox"/> Reasonable Cause		
<input type="checkbox"/> Observed behavior		
<input type="checkbox"/> Observed drug/alcohol use		
<input type="checkbox"/> Difficulty maintaining balance		
<input type="checkbox"/> Slurred speech		
<input type="checkbox"/> Abnormal/erratic behavior		
<input type="checkbox"/> Apparent inability to safely perform assigned work		
<input type="checkbox"/> Other: (Explain)		
<input type="checkbox"/> Post-Accident		
<input type="checkbox"/> Accident involved use of vehicle, heavy equipment, power tools or other dangerous instrumentalities or working conditions		
<input type="checkbox"/> Accident caused an injury to worker or co-worker		
<input type="checkbox"/> Accident caused property damage		
<input type="checkbox"/> Accident may have been caused by human error		
<input type="checkbox"/> Accident could have been avoided by reasonable alert action		
<input type="checkbox"/> Worker being tested was an active participant in the accident circumstances		
Comments (Describe, in detail, the rationale for requesting testing, including observed facts and circumstance, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.) Use additional paper if needed.		
Requestor's Printed Name and Signature	Title	Date
2 nd Requestor's Printed Name and Signature	Title	Date

Within 1 working day of completing a Reasonable Cause or Post Accident Test, this form must be completed, scanned, and emailed to Sound Transit Labor Compliance,

Michael.Lockman@SoundTransit.org.

- Post Accident Testing Form must be completed and submitted within one (1) working day of testing.
- Document criteria for testing and provide brief details of accident.
- Link to form can be found on DFC website under Resources tab.



ATTACHMENT B - SUBSTANCE ABUSE PREVENTION PROGRAM

SOUND TRANSIT
Drug-Free Card Program
Revised 4-1-2020



Reasonable Cause / Post Accident Form

Purpose of this form: To document the facts and circumstances behind a decision to request a reasonable suspicion or post-accident test.

Employee's Name:	Employee Unique Identifier:	Date:
Type of Test (Describe in detail below in comments) <input type="checkbox"/> Reasonable Cause		
<input type="checkbox"/> Observed behavior <input type="checkbox"/> Observed drug/alcohol use <input type="checkbox"/> Difficulty maintaining balance <input type="checkbox"/> Slurred speech <input type="checkbox"/> Abnormal erratic behavior <input type="checkbox"/> Apparent inability to safely perform assigned work <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Post-Accident <input type="checkbox"/> Accident involved use of vehicle, heavy equipment, power tools or other dangerous instrumentalities or working conditions <input type="checkbox"/> Accident caused an injury to worker or co-worker <input type="checkbox"/> Accident caused property damage <input type="checkbox"/> Accident may have been caused by human error <input type="checkbox"/> Accident could have been avoided by reasonable alert action <input type="checkbox"/> Worker being tested was an active participant in the accident circumstances	
Comments (Describe, in detail, the rationale for requesting testing, including observed facts and circumstance, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.) Use additional paper if needed.		
Requester's Printed Name and Signature	Title	Date
2 nd Requester's Printed Name and Signature	Title	Date

Within 1 working day of completing a Reasonable Cause or Post Accident Test, this form must be completed, scanned, and emailed to Sound Transit Labor Compliance, Michael.Lockman@SoundTransit.org.

Review Documents

Drug Free Card Website

- Labor Compliance Manual SAPP
- DFC Administrative Guide
- Post Accident Form

www.drugfreebusiness.org/sound-transit.html

Thank you.



 [soundtransit.org](https://www.soundtransit.org)

