

Washington Metropolitan Area Transit Authority
Board Action/Information Summary

Action Information

MEAD Number:
201322

Resolution:
 Yes No

TITLE:

Approval of Drug and Alcohol Policies

PRESENTATION SUMMARY:

This presentation provides an overview of Metro's drug and alcohol policies and requests Board adoption of Metro's revised Drug and Alcohol Policy and Testing Program policy (D&A Policy) and the revised Drug-Free Workplace policy.

PURPOSE:

The D&A Policy, which was originally adopted by the Board in 1994, has been revised, as required by Department of Transportation (DOT) regulations and the Fiscal Year 2014 Federal Transit Administration (FTA) Triennial Review, to incorporate Metro's established practices in its: 1) drug and alcohol testing procedures; 2) requirement that covered employees submit to testing; and 3) negative-dilute testing procedures. DOT regulations and the Triennial Review corrective action require that the Board adopt the revised D&A Policy. Metro staff is therefore requesting that the Board approve and adopt as Board policy the revised D&A Policy, P/I 7.7.3/4.

Metro staff is also requesting that the Board approve and adopt as a Board policy the revised Drug-Free Workplace Act policy, P/I 7.7.1/1. The Drug-Free Workplace policy, approved by Metro's General Manager and Chief Executive Officer (GM/CEO) in 1991, is a related anti-drug policy with FTA oversight during the Triennial Review. Metro staff, unrelated to the FY 2014 Triennial Review, has revised the policy to clarify the time frame in which Metro employees must report drug-related arrests and convictions under Metro policy and to further delineate Metro staff responsibility in carrying out the policy.

DESCRIPTION:

The D&A Policy was originally adopted by the Board in 1994, and has undergone periodic revisions since that time. Metro's current D&A Policy, P/I 7.7.3/3, fulfills the DOT/FTA regulatory requirement that grantees, such as Metro, have an anti-drug and alcohol policy and testing program to deter and detect the use of prohibited drugs and misuse of alcohol by covered (safety-sensitive) employees.

FTA conducted a FY 2014 Triennial Review of Metro. In its Triennial Review Report, FTA issued a corrective action requiring Metro to provide FTA with an amended D&A Policy, adopted by the Board, which incorporates the following information into the policy: 1) testing procedures; 2) a statement requiring that covered employees submit to testing; and 3) a policy regarding secondary testing upon receipt of a negative-dilute result from the medical review officer. Although these items were missing from Metro's policy document, Metro has well-

established practices for these missing items and these established practices comply with the DOT regulations. As required by FTA, Metro has now incorporated these missing items into the attached D&A Policy to reflect our current practices.

The revised D&A Policy also includes several additional revisions that, while not required by the FTA, clarify drug and alcohol standards, such as confirmatory and screening levels for drugs and alcohol, expound on prescription and over-the-counter drug reporting requirements and harmonize the time span employees must be available for post-incident and post-accident testing.

In the revised D&A Policy, the Board delegates to the GM/CEO full authority to implement a drug and alcohol-testing program. The revised D&A policy also delineates the GM/CEO's responsibility, reporting requirements to the Board and the delegation authority to ensure the effective implementation of the D&A Policy. Specifically, the GM/CEO is responsible for establishing employee standards of conduct and a system of accountability for performance; establishing a system for the timely review of drug and alcohol program elements; and establishing a system for reporting information regarding drug and alcohol testing activities to the Board. The GM/CEO shall report information on the following activities to the Board at least twice annually in March and September for the prior 6-month period: a) report of drug and alcohol testing activity including trends and outcomes; b) report of drug and alcohol training activity of safety-sensitive employees and supervisors; c) report on regulatory proceedings or litigation which relate or refer to any portion of the Drug and Alcohol Policy; and d) report of the drug and alcohol program oversight conducted on contractors.

Additionally, in connection with Management's review of the D&A Policy, Management has determined that Metro would benefit from the documentation of certain additional procedures to ensure the effective implementation of the revised D&A and Drug-Free Workplace policies. Metro staff will therefore establish meaningful desk procedures in a Drug and Alcohol Manual which will resemble the detail, formatting, and structure of the Grants Management Manual. Metro staff has determined that establishing documented procedures is critical for ensuring that all safety-sensitive employees and contractors are included in Metro's (or a contractor's) drug and alcohol testing program. Specifically, documented procedures must be established in the following areas to ensure that all safety-sensitive employees are subject to drug and alcohol testing:

- **Determining safety-sensitive positions:** Documented procedures will be established for how Metro staff determine, track, store, update, and maintain the list of safety-sensitive positions subject to drug and alcohol testing under the DOT regulations and Metro policy;
- **Contractor Oversight Process:** Documented procedures will be established for Metro drug and alcohol contractor oversight obligations, including process for identifying safety-sensitive contractor employees, ensuring that Metro adheres to contract obligations, and inserting into future contracts drug and alcohol testing obligations; and
- **Procedures across Departments:** Documented procedures will be established for ensuring that departments throughout Metro (e.g. Bus, Rail, MetroAccess) adhere to uniform procedures for meeting our drug and alcohol testing obligations. For example, documented procedures will be established for how departments track employee absences and notify Medical that a safety-sensitive employee has been inactive for 90 days or longer—which would trigger a drug and alcohol test before returning to work.

Metro will also establish other documented procedures to ensure the proper administration of our complete D&A Policy. The Drug and Alcohol Manual will therefore include, but not be limited to, establishing documented procedures for: each category of testing; drug and alcohol test collection; reporting prescription medication; education and training programs; and recordkeeping procedures. Metro staff will report milestone progress on the development of these procedures to the Finance and Administration Committee on September 10, 2015 and present the final implementing procedures to the Finance and Administration Committee on December 3, 2015.

In addition to the drug and alcohol policy and testing program, separate DOT regulations require Metro to comply with the provisions of the Drug-Free Workplace Act, which mandates that grant recipients maintain a drug-free workplace for all employees and an ongoing drug-free awareness program. Metro's current *Drug-Free Workplace Act* policy, P/I 7.7.1, fulfills Metro's obligation to comply with the Drug-Free Workplace Act.

The Drug-Free Workplace policy has been revised to clarify Metro's policy regarding the reporting of drug-related arrests and convictions in the workplace. Specifically, the Drug-Free Workplace Policy includes a revision, unrelated to the FTA Triennial Review, clarifying that, although the Drug-Free Workplace Act requires employees to notify their supervisors no later than five calendar days following a drug-related conviction occurring in the workplace, Metro employees are required to comply with P/I 7.8.6, Disclosure and Disposition of Arrests and Convictions, and report all arrests and convictions, including those that fall under the Drug-Free Workplace Act within 24 hours of the event.

In the revised Drug-Free Workplace Policy, the Board delegates to the GM/CEO full authority to implement a drug-free workplace program. The revised Drug-Free Workplace Policy also delineates the GM/CEO's responsibility, reporting requirements to the Board and the delegation authority to ensure the effective implementation of the Drug-Free Workplace Policy. The GM/CEO is responsible for establishing employee standards of conduct and a system of accountability for performance; establishing a system for the timely review of drug free workplace program elements; establishing a system for reporting information regarding an employee's criminal conviction for a drug statute violation occurring in the workplace to the Board; and distributing the P/I to all employees.

Key Highlights:

- In February 2015, FTA confirmed that the policy elements staff incorporated into the Drug and Alcohol Policy and Testing Program (P/I 7.7.3/4), are compliant with DOT/FTA regulations and the FTA Triennial Review corrective actions.
- Upon Board approval of the Drug and Alcohol Policy and Testing Program, FTA will close the FY14 Triennial Review drug and alcohol program findings.

Background and History:

In 1989, the Urban Mass Transit Act required grantees to establish and adopt a drug

testing program. Accordingly, in December 1989, Metro's Board of Directors adopted the initial drug testing policy. In 1994, Metro adopted a drug and alcohol testing program policy to meet its obligations under the new DOT/FTA drug and alcohol testing regulations. Since 1994 that policy has undergone five revisions (1999, 2001, 2002, 2013 and 2014) in keeping pace with regulatory changes.

Discussion:

Drug and Alcohol Policy and Testing Program

General Overview

The policy is applicable to safety-sensitive employees, contractors and candidates for employment. The major elements of the policy include the identification of positions that require testing; categories of testing; consequences of positive drug or alcohol tests; testing procedures; prescription and over-the-counter drug reporting requirements; education and training; and time limits for reporting for testing.

Positions Tested

Covered positions that require testing, referred to as “safety-sensitive positions,” are identified by function, as described below, along with examples of the types of positions:

- Operation of revenue vehicles (bus operators, rail operators);
- Operation of vehicles that require a commercial driver’s licensure (sign and shelter mechanics);
- Maintenance of vehicles (mechanics);
- Dispatch of vehicles (operations control center technicians);
- Carrying a firearm for security purposes (Metro Transit Police);
- Maintenance of equipment used to transport people (elevator/escalator mechanics); and
- Performance of station services (station managers).

Categories of Testing

Drug and alcohol testing is a condition of employment and is performed on specific occasions and under specific circumstances as described below.

- Pre-employment: Performed on candidates for employment or employees transferring into safety-sensitive functions.
- Pre-assignment: Performed on safety-sensitive employees who have been off the job for 90 or more days.
- Surveillance, follow-up and return to duty testing: Performed on employees who previously tested positive for drugs and/or alcohol.
- Post-accident testing: Performed on safety-sensitive employees and contractors after fatal accidents or non-fatal accidents requiring, for example, a vehicle to be removed from service.
- Post-incident testing: Performed on employees and contractors not designated as

DOT/FTA safety-sensitive and/or where the incident failed to meet the criteria of a DOT/FTA post-accident test.

- Random testing: Performed unpredictably on employees in safety-sensitive positions.
- Reasonable suspicion: Performed on employees and contractors who exhibit behavior such as speech, appearance and/or body odors lending to the possibility of being under the influence.

Consequences of Positive Drug and/or Alcohol Test Results

Candidates for employment are denied employment but may reapply after 365 days and be considered after completion of a substance abuse program. Employees are immediately removed from duty and are referred to the substance abuse program for evaluation.

Drug and Alcohol Testing Procedures

Metro's drug and alcohol testing procedures comply with the DOT requirements. DOT regulations require specific collection techniques for breath and urine testing to ensure that the test results are valid and accurately reflect whether an individual has passed an alcohol and/or drug test. The revised D&A Policy incorporates the testing procedures outlined in the DOT regulations.

Prescription Drug Reporting

Under Metro policy, safety-sensitive employees are required to report the usage of prescription medication to Medical Services.

Education and Training

All safety-sensitive employees are required to attend at least a 60 minute training session on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use.

Metro employees who supervise safety-sensitive employees have an additional requirement and are required to receive at least 60 minutes of training on making objective determinations about physical, behavioral, speech and performance indicators of probable drug use and at least 60 minutes of training on the physical, behavioral, speech and performance indicators of probable alcohol misuse.

Allocated Reporting Time Limits for Testing

Employees are provided specific time limits for reporting to the collection site to the Jackson Graham Building for testing. These time limits are based on the employee's location within the system in proximity to the distance from the Jackson Graham Building and range from 20 to 80 minutes. Employees are required to utilize the rail system to travel to the collection site.

Drug-Free Workplace Policy

To comply with DOT regulations, Metro has a Drug-Free Workplace policy. As a condition of employment, the Drug-Free Workplace Act of 1988 prohibits employees from unlawfully manufacturing, distributing, dispensing, possessing, or using any controlled substance in the workplace and establishes a five calendar day limitation for employees to report to their supervisors any drug-related conviction. Metro employees are required, however, to comply with Policy/Instruction 7.8.6, Disclosure and Disposition of Arrests and Convictions, and report all arrests and convictions, including those that fall under the Drug-Free Workplace Act of 1988, within 24 hours of the event.

FUNDING IMPACT:

Administrative action, no impact on funding.	
Project Manager:	Amy-Celeste Quillen
Project Department/Office:	Department of Human Resources

TIMELINE:

Previous Actions	1989 - Initial adoption of Metro's drug testing program. 1994 – Initial adoption of Metro’s drug and alcohol testing program Subsequent revisions: 1999, 2001, 2002, 2013, and 2014
Anticipated actions after presentation	June 17, 2015 - Distribution and acknowledgement of receipt of revised policies by Metro employees

RECOMMENDATION:

- Approve and adopt as a Board policy the revised Drug and Alcohol Policy and Testing Program, as required by the FTA 2014 Triennial Review and DOT regulations.
- Approve and adopt as a Board policy the revised Drug-Free Workplace Act policy, a related anti-drug policy overseen by FTA during the Triennial Review.

PRESENTED AND ADOPTED: May 28, 2015

**SUBJECT: APPROVAL OF REVISIONS TO DRUG AND ALCOHOL AND DRUG-FREE
WORKPLACE POLICIES**

2015-31

**RESOLUTION
OF THE
BOARD OF DIRECTORS
OF THE
WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**

WHEREAS, The Washington Metropolitan Area Transit Authority's (WMATA) current Drug and Alcohol Policy and Testing Program policy, P/I 7.7.3/3 (D&A Policy), fulfills WMATA's obligation to comply with the United States Department of Transportation (DOT) and the Federal Transit Administration (FTA) requirement that grant recipients, such as WMATA, have an anti-drug and alcohol policy and testing program to deter and detect the use of prohibited drugs and to prohibit alcohol misuse by covered employees; and

WHEREAS, WMATA's current Drug-Free Workplace policy, P/I 7.7.1 (Drug-Free Workplace Policy), fulfills WMATA's obligation to comply with the Drug-Free Workplace Act of 1988, which mandates that grant recipients maintain a drug-free workplace for all employees and have an ongoing drug-free awareness program; and

WHEREAS, The FTA conducted a Fiscal Year 2014 Triennial Review of WMATA and issued its Triennial Review Report, which included a corrective action requiring that WMATA incorporate the following established WMATA practices into its D&A policy: 1) testing procedures; 2) a statement requiring that covered employees submit to testing; and 3) a policy regarding secondary testing upon receipt of a negative-dilute result from the medical review officer; and

WHEREAS, The attached revised D&A Policy fulfills FTA's corrective action, and includes additional revisions that, while not required by the FTA Triennial Review, clarify processes and standards, such as inserting confirmatory levels for drugs and alcohol, expounding on the prescription and over-the-counter medication reporting process, and harmonizing the number of hours an employee must be available for post-accident and post-incident testing; and

WHEREAS, In connection with staff's review of the attached revised D&A Policy, staff has determined that WMATA would benefit from the documentation of certain additional procedures necessary to implement the Board policy directives reflected in the revised D&A and Drug-Free Workplace policies, in an effective and consistent manner; and

Motioned by Mr. Euille, seconded by Mrs. Hynes

Ayes: 8 – Mr. Downey, Mr. Goldman, Mr. Euille, Mr. Price, Ms. Tregoning, Ms. Harley, Mrs. Hynes and Mr. Evans

WHEREAS, The attached revised Drug-Free Workplace policy includes a revision, unrelated to the FTA Triennial Review, clarifying that, although the Drug-Free Workplace Act of 1988 requires employees to notify their supervisor no later than five calendar days following a conviction for violation of any criminal drug statute occurring in the workplace, Metro employees are required to report all arrests and convictions, including convictions that fall under the Drug-Free Workplace Act, within 24 hours of the event; and

WHEREAS, The attached revised D&A and Drug-Free Workplace policies delegate to the General Manager and Chief Executive Officer (GM/CEO) full authority to implement the policies, delineate the GM/CEO's responsibility, and establish reporting requirements to the Board of Directors; and

WHEREAS, The FTA requires Board of Directors action to address the Triennial Review corrective actions prior to June 17, 2015; now, therefore be it

RESOLVED, That the Board of Directors approves the attached revised P/I 7.7.3/4, Drug and Alcohol Policy and Testing Program policy and P/I 7.7.1/1, Drug-Free Workplace policy; and be it further

RESOLVED, That the Board of Directors directs staff to develop additional procedures necessary to implement the Board policy directives reflected in revised policies, report milestone progress on the development of these procedures to the Finance and Administration (F&A) Committee on or about September 10, 2015, and present final implementing procedures to the F&A Committee on or about December 3, 2015; and be it finally

RESOLVED, That to comply with the FTA directive, this Resolution shall be effective immediately.

Reviewed as to form and legal sufficiency,



Mark R. Pohl
Acting General Counsel

WMATA File Structure Nos.:
16.1.2 Drug & Alcohol Tests
22.6.1 Federal Transit Administration (FTA) Safety Oversight



POLICY/INSTRUCTION: 7.7.3/4	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/3	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

*A portion of Metro’s drug and alcohol testing requirements exceed the DOT/FTA requirements set forth in 49 Code of Federal Regulations Parts 40 and 655. Provisions set forth under this policy that exceed the DOT/FTA regulations appear in **bold print**.*

1.00 PURPOSE

- 1.01 This P/I establishes Washington Metropolitan Area Transit Authority’s (Metro) drug and alcohol policy and testing program and incorporates the U.S. Department of Transportation/Federal Transit Administration (DOT/FTA) guidelines on drug/alcohol misuse, prevention and testing. Compliance with this policy/instruction (P/I) is a requirement of Metro employees and applicants and is therefore a condition of employment. Covered employees, applicants and contractors are required to submit to drug and alcohol testing as specified herein.
- 1.02 Locations and contacts for Metro’s Drug and Alcohol Policy and Testing Program are located in Section 5.11 of this P/I.

2.00 POLICY

- 2.01 Metro is committed to maintaining an operation free of prohibited drugs and alcohol to protect the health and safety of employees, patrons, and the general public. To accomplish this, it is the policy of WMATA to maintain a workplace free from the misuse or influence of alcohol and drugs.
- 2.02 Drug and alcohol testing is mandated for covered employees and contractors by the FTA in 49 CFR Part 655, *Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations*, as amended. The DOT has rules on how the testing should take place, set forth in 49 CFR Part 40, *Procedures for Transportation Workplace Drug and Alcohol Testing Programs*, as amended.

2.00 SCOPE

This policy applies to all Metro employees, applicants for employment and employees of Metro contractors and subcontractors (collectively “contractors”) as specified herein.

3.00 DEFINITIONS

- 3.01 Accident is an occurrence associated with the operation of a vehicle by a DOT/FTA safety-sensitive employee or contractor if as a result:
 - (a) An individual dies (fatal); or
 - (b) An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident (non-fatal); or
 - (c) With respect to an occurrence in which the mass transit vehicle involved is a bus, electric bus, van, or automobile, one or more vehicles (including non-FTA funded vehicles) incurs

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disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle; or

(d) With respect to an occurrence in which the public transportation vehicle involved is a rail car, trolley car, trolley bus, or vessel, the public transportation vehicle is removed from operation.

- 3.02 Alcohol is the intoxicating agent in beverage alcohol, ethyl alcohol, methyl, isopropyl, and other low molecular weight alcohols.
- 3.03 Alcohol Confirmation Test is a test using an evidential breath testing device, following a screening test with a result of 0.02 or greater, that provides quantitative alcohol concentration data.
- 3.04 Anti-Drug/Alcohol Program is a program to detect and deter the misuse of alcohol and prohibited drugs.
- 3.05 Breath Alcohol Technician (BAT) is a trained individual who instructs donors during the alcohol testing process and operates an evidential breath testing device (EBT).
- 3.06 Cancelled Test is a drug or alcohol test that has a problem identified that cannot be or has not been corrected, or a drug or alcohol test which DOT/FTA and Metro otherwise requires to be canceled. A cancelled test is neither a positive nor negative test result.
- 3.07 Chain of Custody refers to the procedures used to document the handling of the urine specimen from the time the employee or contractor gives the specimen to the collector until the specimen is destroyed. Metro complies with all DOT/FTA testing procedures, chain of custody requirements, and mandated safeguards for the validity of test results in all specimen collections.
- 3.08 Collection Site is a designated location selected by Metro where donors present themselves for the purpose of providing a specimen of urine and/or breath to be analyzed for the presence of drugs and/or alcohol.
- 3.09 Confidentiality is the required non-disclosure of test results except to the donor, the Medical Review Officer (MRO), management, and DOT/FTA as required by law.
- 3.10 Covered Applicant is an individual, under consideration for employment, including former employees, in a position that is classified as safety-sensitive as defined by DOT/FTA regulations **or Metro policy**.
- 3.11 Covered Contractor refers to an individual who is the employee of a Metro contractor or subcontractor and who performs safety-sensitive functions as defined by DOT/FTA regulations **or Metro policy**.
- 3.12 Covered Employee is a person, including an applicant or transferee, who performs a safety-sensitive function as defined by DOT/FTA regulations **or Metro policy**.

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- 3.13 Cut-off level for Alcohol is the minimum alcohol level determined by blood alcohol concentration level as identified by the evidential breath testing device process facilitated by a breath alcohol technician.
- 3.14 Cut-off level for Drugs is the current, standard minimum amount of drug or its metabolite presence in a urine sample (as detected by immunoassay and gas chromatography/mass spectrometry techniques) used by Substance Abuse & Mental Health Services Administration (SAMHSA) to determine whether a urine sample is positive for drugs or classes of drugs which include marijuana, cocaine, opiates, PCP, and amphetamines.
- 3.15 Designated Employer Representative (DER) is a Metro-appointed employee authorized to remove an employee or contractor from performing safety-sensitive functions.
- 3.16 DHHS-Certified Laboratory is a chemical testing laboratory that meets Department of Health & Human Services (DHHS) requirements to perform chemical analyses.
- 3.17 Dilute Urine Drug Specimen is a urine specimen with creatinine and specific gravity values that are not within the expected concentrations for human urine.
- 3.18 Disabling Damage is damage that precludes the departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs, including damage to motor vehicles that could have been driven, but would have been further damaged if so driven. Disabling damage does not include:
 - (a) Damage that can be remedied temporarily at the scene of the accident without special tools or parts;
 - (b) Tire disablement without other damage even if no spare tire is available;
 - (c) Headlamp or taillight damage; and/or
 - (d) Damage to turn signals, horn, or windshield wipers rendering them inoperable.
- 3.19 Donor is an individual from whom a specimen is being collected for drug and alcohol testing purposes.
- 3.20 Drug and Alcohol Testing Program is a program to detect and deter the misuse of alcohol and prohibited drugs.
- 3.21 Employee Assistance Program (EAP) is a confidential program offering counseling and referral for employees who have substance abuse problems, marital, emotional, family, or financial concerns which may cause poor attendance, unsatisfactory job performance, or create safety hazards for the employee, co-workers, and/or the public.
- 3.22 Evidential Breath Testing (EBT) is a device utilized to detect the presence and measure breath alcohol concentration.

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- 3.23 Medical Provider is a licensed healthcare professional, practicing within the scope of that licensure and is authorized to prescribe medications, i.e., medical doctors, dentists, nurse practitioners, and podiatrists.
- 3.24 Medical Review Officer is a licensed physician (Medical Doctor or Doctor of Osteopathy) responsible for receiving and reviewing laboratory results generated by an employer’s drug and alcohol testing program and evaluating medical explanations for drug test results.
- 3.25 Negative-Dilute Urine Drug Test Result is a laboratory report indicating that there was no drug present at the screening cut-off level or higher and that the specimen was diluted (thinner or less concentrated by adding a liquid such as water) based on the specific gravity and creatinine values.
- 3.26 Non-covered contractor is an employee of a Metro contractor or subcontractor who does not perform a safety-sensitive function as defined by DOT/FTA regulations **or Metro policy** and is not subject to random drug and alcohol testing. **However, all Metro contractors are subject to Metro post-incident testing when circumstances require such testing.**
- 3.27 Non-covered employee is an employee who does not perform a safety-sensitive function as defined by DOT/FTA regulations **or Metro policy** and is not subject to random drug and alcohol testing. **However, all Metro employees are subject to Metro post-incident and follow-up drug and alcohol testing when circumstances require such testing.**
- 3.28 Non-Negative Drug Test Result is a report, after review by the MRO, with one or more of the following:
 - (a) Positive, with drug(s)/metabolite(s) noted;
 - (b) Positive-dilute, with drug(s)/ metabolite(s) noted, with numerical values for creatinine and specific gravity;
 - (c) Adulterated, with adulterant(s) noted, with confirmatory test values (when applicable), and with remarks(s);
 - (d) Substituted, with confirmatory test values for creatinine and specific gravity; and/or
 - (e) Invalid result, with remark(s) - laboratories will report actual pH values.
- 3.29 Public Transportation Vehicle is a bus, electric bus, van, automobile, rail car or trolley car that is DOT-funded or unfunded, whether in or out of revenue service used for public transportation or ancillary services.
- 3.30 Refusal to Test constitutes a verified positive test result and occurs when a selected or required employee or contractor:
 - (a) Fails to appear within the specified timeframes for random and follow-up testing as directed to the designated collection site specified in *Appendix C* to this policy.

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- (b) Fails to remain until the testing process is complete;
- (c) Possesses/wears a prosthetic or other device used to tamper with the testing process;
- (d) Fails or attempts to fail to provide the required urine or breath specimen for any drug or alcohol test;
- (e) Fails to remain readily available for a post-accident **or Metro post-incident testing** as determined by the DER;
- (f) Provides a MRO verified adulterated or substitute specimen;
- (g) Refuses to comply with direct observation urine collection test procedures, including failing to follow the observer's instructions to raise clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if there is any type of prosthetic or other device that could be used to interfere with the collection process;
- (h) Fails to provide a sufficient amount of urine or breath when directed and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
- (i) Fails to undergo medical examination, as directed by the MRO, as part of the verification process for "Shy Bladder" or "Shy Lung";
- (j) Fails to take a directed second test;
- (k) Admits to the adulteration or substitution of a specimen to the compliance collector or MRO;
- (l) Refuses to sign Step 2 of the alcohol test form; and/or
- (m) Refuses to cooperate with any part of the testing process, e.g., refusal to empty pockets when directed by the collector or displays behavior in a confrontational way that disrupts the collection process.

3.31 Substance Abuse and Mental Health Services Administration (SAMHSA) Drug refers to the required substances for which testing is conducted and includes cocaine, marijuana, amphetamines, opiates, and phencyclidine.

3.32 Safety-Sensitive Function (DOT/FTA) is any of the following duties, when performed by employees or contractors:

- (a) Operating a revenue service vehicle, including when not in revenue service;
- (b) Operating a non-revenue service vehicle, when required to be operated by a holder of a Commercial Driver's License;

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- (c) Maintaining (including repairs, overhaul, and rebuilding) a revenue service vehicle or equipment used in revenue;
- (d) Controlling dispatch or movement of a revenue service vehicle; and/or
- (e) Carrying a firearm for security purposes.

3.33 **Safety-Sensitive Function (Metro) is any of the following duties, when performed by employees or contractors:**

- (a) **Maintaining (including repairs, overhauls, and rebuilding) all equipment used to transport people (escalators/elevators); and**
- (b) **Monitoring and performing station services, assisting passengers in the use of station services and equipment (station managers).**

3.34 Substance Abuse Professional (SAP) is a person who evaluates Metro employees who have violated a drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

3.35 Split Specimen is a urine specimen that is divided and sent to separate testing laboratories in the event that the donor requests a secondary test following a verified positive test of the primary specimen or a verified adulterated or substitute test result.

3.36 Substitute Urine Drug Specimen is urine that has been submitted in place of the donor's urine as evidenced by creatinine and specific gravity values. A substituted specimen is a refusal to test.

3.37 Transferee is an employee currently in a non-safety-sensitive function who has applied for or is being considered for a safety-sensitive function.

3.38 Verified Test is a drug test resulting in the detection of drugs or alcohol from a DHHS-certified laboratory that has undergone review and final determination by the MRO.

3.39 **Workplace is any location, either permanent or temporary, where employees or contractors perform any act in connection with their Metro employment or contractual relationship. These locations can include, but are not limited to, all Metro owned or leased transit facilities, equipment locations, garages, depots, terminals, rail stations, offices, vehicles, buses, trains, or non-revenue vehicles whether owned or not owned, leased, or operated by Metro.**

4.00 RESPONSIBILITY AND AUTHORITY

4.01 WMATA Board of Directors will adopt the provisions of this policy as required by 49 CFR Part 655. The Board is responsible to ensure that Metro is complying with all applicable federal laws, rules, or regulations relating to federal drug and alcohol testing.

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4.02 General Manager/Chief Executive Officer. The Board delegates to the GM/CEO full authority to implement a drug and alcohol testing program consistent with this policy. The GM/CEO shall not modify this Drug and Alcohol P/I without authorization by the Board, except that the GM/CEO may update Medical Services employee contact information in Section 5.11 without Board authorization. The GM/CEO is responsible for establishing employee standards of conduct and a system of accountability for performance; establishing a system for the timely review of drug and alcohol program elements; and establishing a system for reporting information regarding drug and alcohol testing activities to the Board. More specifically, the GM/CEO is responsible for ensuring proper drug and alcohol collection and testing procedures; maintaining an updated and accurate list of safety-sensitive job codes and safety-sensitive employees to ensure that all employees are captured in Metro’s drug and alcohol testing program; maintaining accurate and timely drug and alcohol recordkeeping and reporting to FTA; establishing a contractor oversight program, including establishing an updated and accurate list of contracting entities and contractor employees who perform safety-sensitive job functions for Metro and ensuring that all applicable Metro contracts include a DOT drug and alcohol testing program clause; ensuring timely and comprehensive safety-sensitive employee and supervisor drug and alcohol training; enforcing consequences for employees who fail to comply with drug and alcohol policies, procedures, and DOT drug and alcohol regulations; distributing this P/I to all employees; ensuring proper oversight and administration of related policies, such as P/I 7.7.1/1, *Drug-Free Workplace*; and complying with all other drug and alcohol requirements provided for in 49 CFR Parts 655 and 40 and Metro policy. The GM/CEO shall report information on the following activities to the Board at least twice annually in March and September for the prior 6-month period:

- (a) Report of drug and alcohol testing activity including trends and outcomes;
- (b) Report of drug and alcohol training activity of safety-sensitive employees and supervisors;
- (c) Report on regulatory proceedings or litigation which relate or refer to any portion of the Drug and Alcohol Policy; and
- (d) Report of the drug and alcohol program oversight conducted on contractors.

4.03 Delegation Authority. The GM/CEO is authorized to delegate management authority to qualified program officers and may authorize the re-delegation of authority to other qualified employees of the Authority and for approving related implementing policies and procedures that augment this policy.

5.00 POLICY AND PROCEDURES

5.01 Misuse of Alcohol, Use of Prohibited Drugs and Reporting of Medications

- (a) Covered employees and contractors are prohibited from being under the influence of illegal drugs to include the use of cocaine, marijuana, amphetamines, opiates, or phencyclidine (PCP) and, **under Metro policy, illegal prescription medication, the presence of which may be detected by urinalysis.**

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- (b) Covered employees and contractors who perform safety-sensitive functions may not consume alcohol under the following circumstances:
 - (1) Four hours before performing safety-sensitive functions;
 - (2) While performing any safety-sensitive function;
 - (3) After an accident until the employee/contractor has been tested or eight hours have elapsed, whichever occurs first; or
 - (4) **Under Metro policy, any covered employee and contractor found to have an alcohol concentration of 0.02 or greater shall not be permitted to remain on duty. An alcohol concentration of 0.02 or greater requires a return to duty test as specified in Section 5.02 (j) of this P/I.**
- (c) Covered employees are not prohibited from taking legally prescribed or over-the-counter medication. They are required, however, to report all prescription medication to Medical Services. Covered employees are also required to report to Medical Services over-the-counter medications that may impair job performance, mental function or motor skills. Covered employees will be held off from performing safety-sensitive duties if the MRO determines that the prescription or over-the-counter medication may impair the employee’s job performance, mental function or motor skills.

5.02 Categories of Testing

Covered employees and contractors are required to submit to drug and alcohol testing administered in accordance with FTA regulations and Metro policy.

Note: When both DOT/FTA and Metro-designated safety sensitive drug testing is required, Metro will collect separate specimens, collecting the DOT/FTA specimen prior to the Metro specimen.

Metro’s Medical Services is responsible for conducting all drug and alcohol tests listed below. The Compliance Collector will conduct the tests and adhere to the testing and collection procedures established in Sections 5.05, 5.06, and 5.07 of this P/I. Contractors must be enrolled and subject to the contracting entity’s drug and alcohol testing program. In addition, contractors must submit to Metro post-accident, reasonable suspicion, and post-incident testing.

- (a) **Attendance Reporting Procedure (ARP) Drug and Alcohol Testing, under Metro policy, is conducted in accordance with the applicable collective bargaining agreements for represented employees as a result of excessive unscheduled absences.**
- (b) Follow-up Testing is conducted after any Metro employee has returned to duty following a mandatory EAP referral. The employee shall be subject to unannounced drug and alcohol testing for up to 60 months. The SAP shall determine the frequency and number

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of follow-up tests. A covered employee shall undergo a minimum of six drug and six alcohol tests for the first 12 months after returning to duty. Follow-up testing reporting procedures and allocated time reporting limits are included with this policy in *Appendices B and C* respectively.

- (c) **Periodic Testing**, under Metro policy, is conducted every two years on the following covered employees:
 - (1) **Employees required to maintain commercial driving licensure;**
 - (2) **Train operators and interlocking operators as part of Metro’s fitness for duty certification; and**
 - (3) **Employees who are required to maintain police commission certification.**
- (d) **Pre-assignment Testing** is performed on covered employees who have neither performed safety-sensitive functions nor have been in random selection testing pools for 90 calendar days or longer. A verified negative drug and alcohol test is required prior to the employee resuming safety-sensitive functions.
- (e) **Pre-employment Testing** is conducted on all covered applicants, former employees under consideration for employment reinstatement, and transferees to safety-sensitive functions as follows:
 - (1) Metro must receive a verified negative drug and alcohol result before the applicant/employee may begin safety-sensitive duties. Cancelled tests are redone.
 - (2) Within 30 days of employment, applicants are required to cooperate with Metro’s efforts to obtain their drug and alcohol test history from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee’s application or transfer, by providing written consent authorizing the release of information from the prior employer.
- (f) **Post-Accident Testing** is conducted for covered employees and contractors under the following circumstances:
 - (1) **Fatal Accidents**: When an accident results in the death of an individual, any surviving covered employee or contractor who operated the public transportation vehicle at the time of the accident must be tested even if the operator can be completely discounted as contributing to the accident. Medical Services will also test any other covered employee or contractor whose actions could have contributed to the accident will also be tested.
 - (2) **Non-Fatal Accidents**: Any covered employee or contractor who operated the public transportation vehicle at the time of the accident must be tested unless the operator can be “completely discounted”, 49 CFR 655.44, as a contributing factor to the accident. Any other covered employee or contractor whose actions could

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have contributed to the accident will also be tested. Non-fatal accidents occur when:

- (i) An accident results in an individual suffering bodily injury and immediately receives medical treatment away from the scene of the accident;
- (ii) An accident involves disabling damage to a vehicle or a vehicle requires towing from the accident scene; or
- (iii) An accident results in the removal of a rail vehicle from operation.

(3) Drug and Alcohol Testing Protocols

- (i) Alcohol tests should be administered as soon as practicable but within 2 hours following the accident. An alcohol test can be administered within 8 hours following an accident, but any test not administered within 2 hours must include a record stating the reason the alcohol test was not promptly administered.
- (ii) Drug tests are administered as soon as practicable but within 32 hours of the accident. **Under Metro policy, the employee is required to be escorted to the collection site by a supervisor or manager.**
- (iii) Identified employees and contractors are required to abstain from consuming alcohol for 8 hours or until tested, whichever occurs first.
- (iv) Identified employees and contractors must remain available for urine drug testing for 32 hours.
- (v) All Metro employees and contractors are required to notify their supervisors of their location if they leave the scene of the accident prior to submission of a drug and alcohol test.

Note: Nothing in this P/I shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

(g) **Post-Incident Testing**, under Metro policy, is performed on employees and contractors whose performance cannot be “completely discounted”, (applying 49 CFR 655.44 post-accident standard to Metro’s post-incident policy), as the cause or a contributing factor to an incident. Post-incident test is triggered when the employee or contractor is not designated as DOT/FTA safety-sensitive and/or where the incident failed to meet the criteria of a DOT/FTA post-accident test.

(1) Examples of circumstances that require post-incident testing are as follows:

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- (i) Injuries not requiring immediate medical treatment away from the scene; and/or
 - (ii) Accidents where the mass transit vehicle(s) involved are not disabled to the extent that they must be transported by towing or is removed from service.
- (2) **Post-Incident Testing is administered as soon as practicable but no later than 8 hours for alcohol or 32 hours for drugs from the time of the incident.**
- (h) Random Testing is performed on covered employees who are identified using software generating the random selection. Testing is conducted for DOT/FTA safety-sensitive employees and **separately for non-DOT/FTA safety-sensitive employees covered under Metro policy.** Testing is unannounced, unpredictable and performed during the employee's regular work hours. Random testing reporting procedures and the associated allocated time reporting limits are included with this policy as *Appendices B and C* respectively.
 - (i) Reasonable Suspicion Testing is a DOT test performed when a Metro supervisor with the appropriate training has reason to believe that any covered Metro employee or contractor has used a prohibited drug and/or engaged in alcohol misuse based on specific, contemporaneous articulable observations concerning the appearance, behavior, speech, or body odors. The employee's supervisor, a Street Operations Manager (SOM), or another member of management must escort the employee or contractor to the designated collection site when reasonable suspicion testing is requested. **Under Metro policy, employees and contractors who are not DOT/FTA safety-sensitive are also subject to a drug and alcohol test when reasonable suspicion exists that the employee or contractor may have used a prohibited drug and/or engaged in alcohol misuse. Medical Services will categorize the test as a post-incident for employees and contractors who are not DOT/FTA safety-sensitive**
 - (j) Return to Duty Testing, under Metro policy, is performed before any employee is allowed to return to duty following a verified positive drug test result, an alcohol result of 0.02 or greater, a refusal to submit to a test, or any other activity that violates DOT/FTA regulations. In these instances, the employee must:
 - (1) Be evaluated by the SAP to determine whether the employee has properly followed the recommendations for action by the SAP; and
 - (2) Under Metro policy, had a return to duty drug test with verified negative results and an alcohol test with a confirmed negative alcohol concentration of 0.00.
 - (k) Surveillance Testing, under Metro policy, is performed on employees who are enrolled in Metro's Substance Abuse Program and are held off from returning to

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duty in accordance with the applicable collective bargaining agreements and/or Metro policies.

5.03 Consequences of Verified Positive Drug Test or Confirmed Alcohol Test

(a) Applicants for Employment (including former employees under consideration for reinstatement/rehire) who are under consideration for a position that has a DOT/FTA or Metro-designated safety sensitive function and who receive a verified positive drug test result and/or alcohol pre-employment test indicating an alcohol concentration of 0.02 or greater will have his/her employment application rejected.

- (1) The applicant may re-apply for employment after a one-year waiting period and will be subjected to pre-employment drug and alcohol testing.
- (2) The applicant must provide documented evidence of having successfully participated, completed, and complied with the requirements of an alcohol or drug treatment program. Applicants must show proof of full SAP referral and participation, per federal regulations.

(b) Employees and Contractors

(1) As set forth below, Compliance Collectors are responsible for informing the Metro supervisor that the employee or contractor must be held off from performing safety-sensitive functions if the employee or contractor has refused to undergo a drug or alcohol test. If the employee or contractor receives a non-negative test result, the DER is responsible for informing the Metro supervisor that the employee or contractor cannot perform safety-sensitive duties. The employee's or contractor's supervisor is then responsible for ensuring that the individual is removed from performing safety-sensitive duties. The Medical Compliance Supervisor will refer an employee who receives a non-negative test result to the SAP consistent with the applicable collective bargaining agreement and Metro policy.

(i) Transfer Employees under consideration for a DOT/FTA or **Metro-designated safety sensitive position** and who receive a verified positive drug test, an alcohol concentration of 0.02 or greater, or refuse to test are immediately removed from performing safety-sensitive duties **and will undergo evaluation by a SAP as specified by the applicable collective bargaining agreements and/or Metro policies. If the employee fails to complete the EAP program successfully, he or she will be subject to disciplinary action up to and including termination. The employee shall successfully complete the recommended counseling and/or rehabilitation program and receive a return to duty drug test with verified negative results and/or return to duty alcohol test with an alcohol concentration of 0.00. SAP has discretion on which, or both, tests to require.**

(ii) Probationary employees, under Metro policy, who receive a verified positive drug test, an alcohol concentration of 0.02 or greater, or refuse

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to test are immediately removed from performing safety-sensitive duties and will be terminated from employment.

- (iii) **Non-probationary employees**, under Metro policy, who perform safety sensitive functions and who receive a verified positive drug test or an alcohol concentration of 0.02 or greater are treated as a mandatory referral to SAP as specified by the applicable collective bargaining agreements and/or Metro policies. If the employee fails to complete the EAP program successfully, he or she will be subject to disciplinary action up to and including termination. Under Metro policy, the employee shall successfully complete the recommended counseling and/or rehabilitation program and receive a return to duty drug test with verified negative results and/or return to duty alcohol test with a confirmed alcohol concentration of 0.00. SAP has discretion on which, or both, tests to require.
- (iv) **Covered contractors**, under Metro policy, who receive a verified positive drug test, an alcohol concentration of 0.02 or greater, or refuse to test will be removed from duty and escorted from the workplace.

5.04 Confirmatory Levels for Drugs and Alcohol

WMATA screens employees and contractors to the confirmatory standards listed below. Employees and contractors who exceed the following confirmatory levels will be subject to disciplinary action.

DRUG CLASS & ALCOHOL	DOT/FTA		METRO	
	SCREEN	CONFIRM	SCREEN	CONFIRM
Cocaine	150 ng/mL	100 ng/mL	150 ng/mL	100 ng/mL
Opiates	2000 ng/mL	2000 ng/mL	300 ng/mL	300 ng/mL
Marijuana (THC)	50 ng/mL	15 ng/mL	20 mg/mL	10 ng/mL
Phencyclidine (PCP)	25 ng/mL	25 ng/mL	25 ng/mL	25 ng/mL
Amphetamines	500 ng/mL	250 ng/mL	500 ng/mL	250 ng/mL
MDMA (Ecstasy)	500 ng/mL	250 ng/mL	500 ng/mL	250 ng/mL
6-Acetylmorphine	10 ng/mL	10 ng/mL	10 ng/mL	10 ng/mL
Barbiturates			300 ng/mL	200 ng/mL
Benzodiazepines			300 ng/mL	300 ng/mL
Methadone			300 ng/mL	300 ng/mL
Alcohol	0.02%	0.02%	0.02%	0.02%

Note: When required by federal regulations or when advised by authoritative sources, Metro will amend screen/confirm drug and alcohol levels.

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5.05 Drug and Alcohol Testing Collection Procedures

(a) Alcohol Testing

- (1) The collector will perform the breath alcohol testing in strict accordance with 49 CFR Part 40 Subparts J, K, L, M, and N. Outlined below is the general alcohol testing procedure, however, any technical interpretation will be based on the actual regulation.
- (2) The collector shall begin the testing process when the donor enters the collection site without undue delay. When alcohol testing is required, the collector conducts and completes the alcohol test prior to drug testing. Collector instructs the donor to present photo identification and/or be identified by his/her supervisor.
- (3) After the collector explains the testing procedures to the donor, the collector prepares and completes the alcohol testing form (ATF) with the donor's identifying information, requires the donor to certify and sign that he/she is submitting to an alcohol test confirming the information is true and correct. A donor's refusal to sign step 2 of the ATF is a refusal to test and carries up to the maximum consequences of a positive test.
- (4) The donor or collector selects a wrapped mouth piece; the collector connects the mouth piece to the EBT and verbally instructs the donor in providing an adequate breath sample. The collector displays the result to the donor, records the result of the alcohol test on the ATF and provides a copy to the donor.
- (5) Should the alcohol result be 0.020 or greater, the collector performs a confirmation breath analysis after a waiting period of 15 minutes but not more than 30 minutes after the completion of the initial test. The confirmation breath analysis serves as the final alcohol report. If the confirmation result is 0.020 or greater, the donor is instructed to certify by signature that he/she has submitted to the alcohol test, the results are accurately recorded on the ATF, and that he/she understands that they must immediately cease to perform safety-sensitive duties.
 - (i) Should the donor refuse to sign this statement, the collector indicates this on the ATF with a copy provided to the donor. Refusal to sign the statement in Step 4 of the ATF is not a refusal to test.
- (6) Should the donor fail to provide an adequate amount of breath for the test (shy lung), the compliance collector will make a second attempt. If the second attempt fails to produce a sample, the collector indicates the failure in the remarks section of the ATF and the donor is then removed from all safety-sensitive duties. Within 5 business days of the test, the donor can provide the MRO with documented medical proof from an approved, licensed physician that justifies the insufficient breath sample. Failure to provide sufficient medical documentation is a refusal to test.

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(b) Drug Testing

- (1) The collector will perform urine specimen collections in strict accordance with 49 CFR Part 40 Subparts C, D, and E. Outlined below is the general collection procedure, however, any technical interpretation will be based on the actual regulation.
- (2) The collector shall begin the testing process when the donor enters the collection site without undue delay. Collector instructs the donor to present photo identification and/or be identified by his/her supervisor. The collector will explain the collection process to the employee.
- (3) The donor removes any unnecessary outer garments, displays the contents of his/her pockets, washes and dries hands and selects a sealed collection kit.
- (4) Prior to the collection of the specimen, the collector will complete Step 1 of the Custody and Control form (CCF).
- (5) Collector instructs the donor to provide a urine specimen in the privacy of a stall and immediately exits the stall after providing the specimen without flushing the toilet. The collector inspects the specimen to ensure there is no evidence of contamination; the temperature is within acceptable range; and there is sufficient specimen volume.
- (6) If there is reason to believe that the donor altered or substituted the specimen, the collector will conduct an immediate direct observation specimen collection on the donor.
- (7) The collector splits the urine specimen into two specimen bottles with the minimum volume required. The specimen bottles are sealed and dated by the collector. The donor verifies both seals' unique identification number with the CCF and initials both seals verifying that the bottles contain his/her urine specimen.
- (8) The donor certifies and signs the CCF indicating that his/her urine specimen was provided to the collector, that the specimen container was sealed in the donor's presence and that the information on the form and on the seals affixed to the specimen container are correct. The collector completes the CCF, places the sealed urine specimen bottles and the laboratory copy of the CCF in a shipping bag and seals the bag. The donor is provided with the donor copy of the CCF. MRO and Metro also retain copies of the CCF.
- (9) If the donor is unable to provide an adequate urine specimen (shy bladder) at the initial time of the collection, the collector will advise the donor to consume up to 40 ounces of water and to remain in the designated collection site waiting area. The donor has up to 3 hours to provide an adequate urine specimen. If the donor is unable to provide an adequate urine specimen at the end of the 3 hours, the donor can, within 5 business days of the test, provide the MRO with documented medical proof from an approved, licensed physician that justifies the insufficient urine sample. Failure to provide sufficient medical proof is a refusal to test.

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5.06 Direct Observation Procedures

- (a) The collector shall perform the direct observation under DOT requirements when:
 - (1) The original specimen appears to have been tampered with;
 - (2) The collector identifies a donor’s attempt to alter or tamper with the specimen;
 - (3) A specimen test result is reported as invalid because there is no adequate medical explanation for the result;
 - (4) A positive, adulterated or substituted test result is reported as a cancelled test because testing on the split specimen could not be performed;
 - (5) The temperature of the specimen falls outside of the acceptable range; and/or
 - (6) The test is a Return to Duty or a Follow-up.
- (b) The observer must be the same gender as the donor. If the collector is not the observer, the collector instructs the observer on the procedures for checking the donor for prosthetic or other devices capable of carrying “clean” urine and urine substitutes.
- (c) The observer will instruct the donor to raise his/her garments, as appropriate, above the waist just above the navel and lower clothing and underpants to mid-thigh and demonstrate by turning around, that the donor does not have such a device.
 - (1) If the donor does not have a device, the donor is permitted to return clothing to the proper position for the observed collection. The observer observes the urine specimen going from the donor’s body into the collection container. The observer must watch the donor deliver the specimen to the collector.
 - (2) If the donor has a device, the observer must immediately notify the collector. The collector must stop the collection and thoroughly document the circumstances surrounding the event in the remarks section of the CCF. The collector must notify the DER. This is a refusal to test.
- (d) When a donor fails or declines to permit any part of the direct observation procedure, the donor has refused to test.

5.07 Dilute Specimen Procedure

- (a) When a positive drug test is dilute, the test will be treated as a verified positive test. The collector shall not direct the donor to provide another test.
- (b) **Under Metro policy, a donor will be retested if he or she receives a negative-dilute drug test result.** Laboratory reports indicating a negative-dilute urine specimen will be

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first evaluated by the MRO to determine whether or not a retest should be conducted as follows:

- (1) If a donor receives a negative-dilute test result with a creatinine concentration greater than or equal to 2mg/dL but less than or equal to 5mg/dL, the donor will be required to do a second collection immediately by direct observation. If the second collection is also negative-dilute, the test result will stand as negative-dilute.
- (2) If a donor receives a negative-dilute with a creatinine concentration greater than 5mg/dL but less than 20 mg/dL, the donor will be required to do a second collection immediately not under direct observation. If the second collection is also negative-dilute, unless directed by the MRO to perform a direct observation in accordance with (b)(1) of this section, the test result will stand as negative-dilute.
- (3) When a retest is required, Metro's DER or Compliance Supervisor requires that the donor be escorted immediately by a supervisor to the testing site; or in the case of an applicant instructed to report to Metro Medical Services immediately. The escort must not allow the donor to drink any fluids, eat or take anything by mouth. A donor's failure to cooperate with the immediate retest requirement or leaving the collection site after receiving notification to retest is a refusal to test.

5.08 Reporting Prescriptions and Over-the-Counter Medications (Metro Policy)

(a) When to Report Medication Usage

Metro does not prohibit the appropriate use of legally prescribed and over-the counter (OTC) medication; however, due to potential impairment of job performance, covered employees must:

- (1) **Report the use of all prescribed medication to Medical Services prior to performing safety-sensitive duties and within 72 hours of starting the prescribed medication regardless of whether safety-sensitive duties have been performed. Covered employees are also required to report the use of OTC medication that may impair job performance, mental function or motor skills. Covered employees must report prescribed medication and applicable OTC medication by completing, signing and submitting Metro's "Prescription Reporting Form" to Medical Services.**
- (2) **Inform his/her medical provider of their job duties so the medical provider can determine whether the prescribed medication may impair job performance, mental function or motor skills and whether the employee is restricted from performing certain job duties.**
- (3) **Report prescriptions and applicable OTC medication to Medical Services every 30 days unless the medication has been discontinued or is no longer in use. Prescription medications reported to Medical Services**

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must be: 1) current; 2) prescribed to the employee; and 3) contain the medication name, dosage and duration.

- (4) Notify the MRO when they are no longer taking medication that the MRO had determined restricts them from performing certain safety-sensitive job duties or prevents them from returning to work. The MRO can then update the file and clear the employee for duty.

(b) Utilizing Prescriptions and Over-the-Counter Medications– Hold-off of Safety-Sensitive Duties

- (1) Employees may not perform safety-sensitive duties while taking medication with a warning label that states that an individual may not operate a vehicle or dangerous machinery when using such medication.
- (2) At the discretion of the MRO, employees may be responsible for providing Medical Services documentation from their medication prescriber indicating when they are no longer taking the medication. Metro’s MRO is responsible for determining whether the prescribed medication restricts the employee from performing certain job duties and when to clear employees for duty.

(c) Consequences for Failure to Report Prescriptions and OTC Medication

- (1) Employees failing to report medication usage may be removed from safety-sensitive duties.
- (2) Prescription and/or OTC medication detected by a urine drug test constitutes a non-negative test result. The MRO will verify the test as “MRO Negative” if there is sufficient evidence to support that the employee used such medication consistent with the procedures outlined in Section 5.08 (a)(3) above. However, failure to report such medication may result in disciplinary action.
- (3) An employee found to be under the influence of a substance including legal prescriptions or OTC medications at or above a level that can impair the performance of duties will be immediately removed from service and evaluated by the MRO to determine fitness for duty.

5.09 Education and Training Program

- (a) Metro’s education and training program includes notices on official bulletin boards, informational brochures and educational material on the misuse of alcohol and the effects of prohibited drug use, coordination with community referral programs and hot-line telephone numbers.
- (b) All covered employees shall attend at least a 60 minute training session on the effect and consequences of prohibited drug use on personal health, safety, and the work

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environment, and on the signs and symptoms that may indicate prohibited drug use. Covered employees will receive Metro anti-drug and alcohol misuse policy materials.

- (c) Metro employees supervising safety-sensitive employees shall receive at least 60 minutes of training on making objective determinations about physical, behavioral, speech and performance indicators of probable drug use and at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.
- (d) The common effects of alcohol misuse, signs and symptoms, and methods of intervention are included with this P/I as *Appendix A*.

5.10 Reporting, Record Retention and Confidentiality

- (a) The DER is responsible for notifying the employee's supervisor when an employee is removed from duty due to a non-negative drug and/or alcohol test.
- (b) The Medical Compliance Supervisor is required to submit annual reports to the DOT/FTA by March 15 for the previous calendar year (January 1 - December 31) summarizing the results of its anti-drug and alcohol misuse programs for covered employees.
- (c) Drug and Alcohol records are maintained and released in accordance with the recordkeeping provisions of 49 CFR Part 655.
- (d) Employees may obtain copies of records pertaining to his/her use of prohibited drugs and drug/alcohol testing reports by submitting a request in writing to HR, which is the designated responsible keeper of official employee file records.
- (e) HR shall not disclose test results to a third party absent the employee's specific written authorization.
- (f) Medical Services shall retain records of drug/alcohol test results as follows:
 - (1) Positive results and refusal to test - 5 years;
 - (2) Records of negative drug and/or alcohol (<0.02) tests - 1 year; and
 - (3) Training documentation records that include specimen collection, collector training, employee and supervisor training - 2 years
- (g) Alcohol and drug testing results for DOT/FTA covered employees are maintained separately from those records of alcohol and drug testing results for non-covered employees. The Medical Compliance Supervisor is responsible for maintaining these records at Medical Services.

5.11 Locations and Contacts for Metro Drug and Alcohol Policy and Testing Program

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Primary Collection Site: Jackson Graham Building, 600 5th Street, NW, Wash, DC 20001
Telephone 202-962-1921

Additional Services and Staff: 616 H St NW, Lower Level, Washington, DC 20001

Additional Services/Programs	Point of Contact	Telephone	Email
Employee Assistance Program	Kimberly Gillespie	202-636-7181	kgillepsie@wmata.com
Compliance Monitor	Santos Garcia	202-636-7185	sgarcia@wmata.com
Compliance Supervisor	Pamela Mosby	202-636-7186	pmosby@wmata.com
Drug/ Alcohol Program	Drug and Alcohol Compliance	202-636-7144	
Designated Employer Rep	Santos Garcia	202-636-7185	sgarcia@wmata.com
Medical Review Officer	Gina Pervall, MD	202-636-7141	gpervall@wmata.com
Substance Abuse Professional	Employee Assistance Program	202-636-7181	

6.00 ENFORCEMENT

Failure to comply with the provisions of this P/I will result in disciplinary action up to and including termination from employment.

7.00 EXCEPTIONS

There are no exceptions to this policy.

8.00 RELATED POLICIES, REGULATIONS AND RESOLUTIONS

- (a) *Controlled Substances Act, 21, Code of Federal Regulations, Section 812 and 1300.11-1300.15*
- (b) *Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations, 49 Code of Federal Regulations Part 655*
- (c) *Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 Code of Federal Regulations Part 40*
- (d) *Metro Policy/Instruction 7.7.1/1, Drug Free Workplace*
- (e) *Metro Policy/Instruction 7.3.3/1, Separation from Employment*
- (f) *Metro Policy/Instruction 7.7.2, Substance Abuse and Employee Assistance Program*
- (g) *Negotiated substance abuse/employee assistance program agreements*

9.00 APPENDICES

APPENDIX A - *Effects, Signs, and Symptoms of Alcohol Misuse and Methods of Intervention*

APPENDIX B - *Reporting Procedures for Random and Follow-Up Testing*

APPENDIX C – *Allocated Reporting Time Lists for Random and Follow-Up Testing*

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POLICY 7.7.3/4: DRUG AND ALCOHOL POLICY AND TESTING PROGRAM

APPENDIX A: EFFECTS OF ALCOHOL MISUSE ON INDIVIDUALS; SIGNS AND SYMPTOMS OF ALCOHOL MISUSE; AND METHODS OF INTERVENTION

EFFECTS OF ALCOHOL MISUSE ON INDIVIDUALS

Effects on Health	Effects on Work	Effects on Personal Life
<ol style="list-style-type: none"> 1. Alcohol tolerance 2. Alcohol-related illnesses: <ol style="list-style-type: none"> a. Hepatitis b. Cerebral degeneration 3. Psychological manifestations <ol style="list-style-type: none"> a. Anxiety b. Insomnia c. Depression d. Suicide Attempts 4. Physiologic Dependence (withdrawal signs/symptoms) <ol style="list-style-type: none"> a. Gross tremor b. Hallucinations c. Withdrawal seizures d. Delirium tremors 	<ol style="list-style-type: none"> 1. Tardiness 2. Absenteeism 3. Interpersonal problems with supervisor and colleagues 4. Decreased productivity 5. Deterioration in the amount of work accomplished and quality of work Increase in incidents/accidents 	<ol style="list-style-type: none"> 1. Preoccupation with recreational drinking 2. Social isolation 3. Frequent job changes 4. Frequent moves to new areas 5. Complaints by family members about behavior related to alcohol 6. Marital difficulties - divorce or separation 7. Child or spouse abuse 8. Loss of interest in non-drinking activities 9. Drinking before a party (in case there is not enough to drink at the party) 10. Blackouts (not remembering what happened during a drinking spell) 11. Drinking-related arrests or citations for driving under the influence

SIGNS AND SYMPTOMS OF ALCOHOL MISUSE

<ul style="list-style-type: none"> - Alcohol breath - Ruddy face - Unsteady gait - Tremors - Poor psychomotor coordination 	<ul style="list-style-type: none"> - Blackout spells - Behavioral difficulties resulting in interpersonal problems with spouse, children and co-workers 	<ul style="list-style-type: none"> - Withdrawal signs such gross tremor (alcohol-related), hallucinations and seizures - Alcohol-related anxiety, insomnia, depression and suicide attempts
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METHODS OF INTERVENTION WHEN AN ALCOHOL PROBLEM IS SUSPECTED

When alcohol misuse is suspected, the employee is approached by his/her supervisor in private and is then immediately escorted to the Medical Office or designated Collection Facility for breath alcohol testing. In accordance with Metro policy, a breath alcohol content of 0.02 and greater requires immediate removal from safety-sensitive duties and referral to Metro's Substance Abuse Professional (SAP). The SAP directs the employee to enroll in Metro's Employee Assistance Program (EAP) in accordance with Metro's Substance Abuse Policy. The basic principles of intervention include: (1) Assessment, (2) Referral, (3) Treatment, (4) Relapse Prevention, and (5) Education.

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POLICY/INSTRUCTION 7.7.3/4: DRUG AND ALCOHOL POLICY AND TESTING PROGRAM

APPENDIX B: REPORTING PROCEDURES FOR RANDOM AND FOLLOW-UP TESTING

REPORTING PROCEDURES FOR RANDOM AND FOLLOW-UP TESTING

SUPERVISORS	<p><u>Ensures selected employee:</u></p> <ul style="list-style-type: none"> • Ceases to perform duties immediately upon notification • Possesses valid Metro identification (<i>Employees without Metro identification must be escorted to the collection site by a supervisor.</i>) • Is escorted to the designated MetroRail Station • Is issued the Referral Form indicating the designated MetroRail Station, zone and the time dispatched • Is informed to report immediately to the MetroRail Station indicated on the Referral Form <p><u>Supervisors are responsible for:</u></p> <ul style="list-style-type: none"> • Directing employees to proceed directly to the collection site when MetroRail is not in operation or when station closures impede the most direct route to the collection site <ul style="list-style-type: none"> ○ Determining and denoting the reasonable allotted travel time on the Referral Form ○ Notifying the testing facility upon dispatching the employee of the allotted travel time and the time the employee was dispatched
EMPLOYEES	<p><u>Employees are responsible for:</u></p> <ul style="list-style-type: none"> • Proceeding directly to the MetroRail Station indicated on the Referral Form • Scanning Metro identification to register into MetroRail system fare gates <ul style="list-style-type: none"> ○ Reporting times are measured from the recorded time the employee accesses the fare gates at the originating station and arrives at the collection site. A 5 minute walk time is factored into the allocated reporting time. Should an employee exceed the maximum allocated reporting time limit, the compliance collector will contact RAIL to determine if headways or system delays were experienced during the timeframe the employee was registered in the MetroRail system. ○ Contacting the compliance collector on duty using the station manager’s kiosk at both originating and terminating stations should his/her identification badge fail to register at the fare gate; calls will be documented as the official time in/out of the MetroRail system • Ensuring referral form is stamped when arriving at the collection site, remaining there until testing is complete and released by the compliance collector
COMPLIANCE COLLECTORS	<p><u>Compliance Collectors shall:</u></p> <ul style="list-style-type: none"> • Investigate all late arrivals prior to collecting the specimen and: <ul style="list-style-type: none"> ○ Ask the employee and the supervisor to provide reason(s) for the late arrival ○ Validate the time the employee entered and exited the MetroRail system against the allocated time zones and headway times ○ Contact RAIL to verify any MetroRail delays ○ Follow-up on reports of traffic accidents, weather conditions or road repair/construction (if applicable) • If delay was beyond the employee’s control, the compliance collector will document the reason(s), notify the DER and report why the delay was beyond the employee’s control and proceed with the testing. • If delay was due to the employee’s failure to follow instructions or cannot be explained, the compliance collector will contact the DER and report the delay as a Refusal to Test. No specimens will be collected.

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**P/I: 7.7.3/4 (C)****DRUG AND ALCOHOL POLICY AND TESTING PROGRAM****APPENDIX C: ALLOCATED REPORTING TIME LIMITS FOR RANDOM AND FOLLOW-UP TESTS**

STATION	M-F 5 am – 7:30 pm	M-F after 7:30 pm & WEEKENDS	STATION	M-F 5 am – 7:30 pm	M-F after 7:30 pm & WEEKENDS
Addison Rd	60	65	Landover	60	65
Anacostia	45	50	Largo Town Center	75	80
Archives	30	30	McLean	45	50
Arlington Cemetery	45	50	McPherson Square	45	50
Ballston-MU	60	65	Medical Center	60	65
Benning Rd	60	65	Metro Center	30	30
Bethesda	45	50	Minnesota Avenue	60	65
Braddock Rd	60	65	Morgan Blvd	60	65
Branch Ave	60	65	Mt Vernon Square	30	30
Brentwood*	45	50	Navy Yard – Ballpark	45	45
Brookland – CUA	45	50	Naylor Road	60	65
Capitol Heights	60	65	New Carrollton	75	80
Capitol South	45	50	NoMa – Gallaudet U	30	30
Cheverly	60	65	Pentagon	45	50
Clarendon	45	50	Pentagon City	45	50
Cleveland Park	45	50	Potomac Avenue	45	50
College Park – U of M	60	65	Prince George's Plaza	60	65
Columbia Heights	45	50	Reagan Nat'l Airport	45	50
Congress Heights	60	65	Rhode Island Avenue	30	30
Court House	45	50	Rockville	60	65
Crystal City	45	50	Rosslyn	45	50
Deanwood	60	65	Shady Grove	75	80
Dunn Loring	60	65	Shaw-Howard U	30	30
Dupont Circle	45	50	Silver Spring	45	50
East Falls Church	60	65	Smithsonian	45	50
Eastern Market	45	50	Southern Ave	60	65
Eisenhower Ave	75	80	Spring Hill	60	65
Farragut North	30	30	Stadium-Armory	60	65
Farragut West	45	50	Suitland	60	65
Federal Center SW	45	50	Takoma	60	65
Federal Triangle	45	50	Tenleytown	45	50
Foggy Bottom – GWU	45	50	Twinbrook	60	65
Forest Glen	45	50	Tysons Corner	45	50
Fort Totten	45	50	U Street	30	30
Franconia-Springfield	75	80	Union Station	30	30
Friendship Heights	45	50	Van Dorn Street	75	80
Gallery Place	15	15	Van Ness – UDC	45	50
Georgia Ave	45	50	Vienna	75	80
Glenmont	60	65	Virginia Square	60	65
Greenbelt	60	65	Waterfront	45	50
Greensboro	45	50	West Falls Church	60	65
Grosvenor-Strathmore	60	65	West Hyattsville	45	50
Huntington	75	80	Wheaton	60	65
Judiciary Square	15	15	White Flint	60	65
King Street Old Town	60	65	Wiehle – Reston East	75	80
L'Enfant Plaza	30	30	Woodley Park	45	50

*Employees located at Brentwood may utilize the platform located outside the facility by requesting a flag stop. Supervisors must notate on the referral form the time the employee boarded the train.

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