# U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 01/21/2016-12/31/2016

## I. Employer:

Company Name: Eco First ECOFIRST

Doing Business As (DBA) Name (if applicable):

Address: P O Box 390, Lesage, WV 25537 E-mail:

Name of Certifying Official: Signature:

Telephone: (304) 736-7303 Date Certified:

Prepared by (if different): Lori Mullins Telephone: 304-736-8764

C/TPA Name and Telephone (if applicable):

**Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:**

X FMCSA - Motor Carrier: DOT#: 840513 Owner-operator: (circle one) YES or NO Exempt (Circle one) YES or NO

___ FAA - Aviation: Certificate # (if applicable): Plan / Registration # (if applicable):

___ PHMSA- Pipeline (Check) Gas Gathering___ Gas Transmission___ Gas Distribution ___ Transport Hazardous Liquids___ Transport Carbon Dioxide___

___ FRA - Railroad: Total number of observed/documented Part 219 "Rule G" Observations for covered employees:

___ USCG - Maritime: Vessel ID # (USCG- or State Issued): (If more than one vessel, list separately)

___ FTA - Transit

## II. Covered Employees: (A) Enter Total Number Safety Sensitive Employees in All Employee Categories:

## (B) Enter Total Number of Employee Categories: 1

(C)

| Employee Category | Total Number of Employees in this Category |
|---|---|
| Driver | |

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II(C), III, and IV for each separate employee category.

## III. Drug Testing Data:

| Type of Test | 1 Total Number of test Results (Should equal the sum of Columns 2, 3, 9, 10, 11 and 12) | 2 Verified Negative Results | 3 Verified Positive Results - For One Or More Drugs | 4 Positive for Marijuana | 5 Positive for Cocaine | 6 Positive for PCP | 7 Positive for Opiates | 8 Positive for Amphetamines | Refusal Results: 9 Adulterated | 10 Substituted | 11 "Shy Bladder" With No Medical Explanation | 12 Other Refusals To Submit To Testing | 13 Canceled Results |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pre-Employment | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Random | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Post-Accident | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reasonable Susp./Cause | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Return-To-Duty | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Follow-Up | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## IV. Alcohol Testing Data:

| Type of Test | 1 Total Number Of Screening Test Results (Should equal the sum of Columns 2, 3, 7 and 8) | 2 Screening Tests With Results Below 0.02 | 3 Screening Tests With Results 0.02 Or Greater | 4 Number Of Confirmation Test Results | 5 Confirmation Tests With Results 0.02 Through 0.039 | 6 Confirmation Tests With Results 0.04 Or Greater | Refusal Results: 7 "Shy Lung" With No Medical Explanation | 8 Other Refusals To Submit To Testing | 9 Canceled Results |
|---|---|---|---|---|---|---|---|---|---|
| Pre-Employment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Random | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Post-Accident | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reasonable Susp./Cause | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Return-To-Duty | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Follow-Up | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |