



INSTRUCTIONS FOR ONLINE REPORTING OF DOT FMCSA DRUG AND ALCOHOL TESTING RESULTS

The Federal Motor Carrier Safety Administration (FMCSA) collects drug and alcohol testing results in order to quantify the incidence of drug and alcohol abuse in the commercial motor vehicle industry; this data is used to determine FMCSA's random drug and alcohol testing rates for the next year.

Each year FMCSA collects data from a random sample of companies with fewer than 1,000 drivers, and from all companies with 1,000 or more drivers.

FMCSA notifies companies of reporting requirements by email (and physical mail if email bounces back undeliverable). Your notification includes a username and password that allows you to complete the required summary report online (or using a downloadable form). All interstate and intrastate commercial motor vehicle operators (including owner-operators) are required to participate in a U.S. Department of Transportation (DOT) drug and alcohol program.

You must complete your MIS filing or respond to the notice you received for the previous year's drug and alcohol results by March 15 of the current year.

Note: If you encounter technical problems with the site, please call 617-494-6336.

Instructions: Employer Section

U.S. Department of Transportation
Federal Motor Carrier Safety Administration
Management Information System

Logout

Company Name	Data	Status
Test Company 1 Orange, TN	Enter or Edit Your Data View Your Data(Read Only) MIS Data Collection Form (PDF Format) *	Data is Incomplete 01/31/XXXX 07:31:54 AM

Legend: Data is Incomplete No Data Has Been Entered Completed and Signed

* In order to view PDF files, you will need the Adobe® Reader®, available from Adobe Systems, Inc. You may obtain this free plug-in at: <http://www.adobe.com/prodindex/acrobat/readstep.html>

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[Department of Transportation Act Notice \(49 CFR 1320.21\)](#)

[Enter or Edit Your Data](#) ←

[View Your Data\(Read Only\)](#)

[MIS Data Collection Form \(PDF Format\) *](#)

Log on to <https://damis.dot.gov/login/default.aspx> by entering the user name and password provided in your notification; then select "enter data".





**Drug and Alcohol Testing
Management Information System**



Status
Logout

Instructions

Please enter your data in each of the five sections below. Completed sections will be denoted with a check mark on the section tab. Navigate to different sections by clicking the section tab, or by clicking the button(s) at the bottom of the screen.

Employer Information
Covered Employees
Drug Testing Data
Alcohol Testing Data
Wrap Up

I. Employer

Company Name:	Your Company Name 1
Doing Business As (DBA) Name (if applicable):	
Address:	123 Address Road
City:	Metropolis
State:	Pennsylvania <input type="text"/>
Zip Code:	12345
E-Mail:	JDoe@YourComapany.com
Disposition Code:	06A <input type="text"/>
Name of Certifying Official:	James Smith 2
Phone (and extension):	555-555-1234 3
Prepared by (if different):	<input type="text"/> 4
Phone (and extension):	<input type="text"/> 5
Consortium/Third Party Administrator (C/TPA) (if applicable):	<input type="text"/> 6
Phone (and extension):	<input type="text"/> 7
You are reporting MIS data to: FMCSA - Motor Carrier 8	
DOT #: 7654321 9	
Are you an owner/operator? <input type="radio"/> Yes <input checked="" type="radio"/> No 10	
Are you exempt? <input type="radio"/> Yes <input checked="" type="radio"/> No 11	

>> Covered Employees

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- 1 Enter your company's name, "doing business as" name (if applicable), address, and email.
- 2 Enter the name and complete telephone number of the company official certifying the accuracy of the report and the date that the person certified the report. The company official cannot be a service agent (e.g., representative of a consortium or third party administrator). A service agent can prepare the report, but a company official (e.g., safety officer or other authorized company representative) must certify the accuracy of the report by submitting it.
- 3 If someone other than the certifying official completed the D&A testing form, enter that person's name and phone number.
- 4 If you use a Consortium/Third Party Administrator (C/TPA), please enter the name and phone number.
- 5 Please verify FMCSA is typed in. This may be auto-filled.
- 6 Please enter your company's DOT#.
- 7 If you are the only employee at the company, please select "yes" for owner-operator. If you have more than one employee, please select "no".
- 8 If you are operating vehicles that require CDLs on the public roads in intrastate or interstate commerce, please select "no" for exempt. In addition, an owner-operator is required to be registered in a consortium. (A consortium is a DOT random pool comprised of many different companies.) Please make sure you have the consortium name and phone number listed in the drug and alcohol testing report if you are an owner-operator.



Instructions: Employer Section

**Drug and Alcohol Testing
Management Information System**

Status
Logout

Instructions
 Please enter the total number of employees in each employee category below. Enter a zero for any employee category for which you have no employees.

Employer Information ✓
Covered Employees ✓
Drug Testing Data ✓
Alcohol Testing Data ✓
Wrap Up

II. Employees Subject to Testing:

Employee Category	Total Number of Employees in this Category ?
Driver	<div style="display: flex; align-items: center; justify-content: center;"> 9 10 <input style="width: 30px; text-align: center; border: 1px solid red;" type="text" value="6"/> </div>
Total Number of Employees in this Category:	<div style="display: flex; align-items: center; justify-content: center;"> 11 10 <input style="width: 30px; text-align: center; border: 1px solid red;" type="text" value="6"/> </div>

Employer Information <<
>> Drug Testing Data

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9 Safety sensitive categories are job positions that require participation in a drug and alcohol testing program. FMCSA has only one safety-sensitive category, which is “drivers”. Anybody that operates a vehicle that requires a commercial driver’s license on public roads in intrastate or interstate commerce, including a part-time or occasional employee, is considered a driver. For example, if the number of drivers varied for your company during the previous year, you will need to calculate the average number of positions throughout the year.

A selection period reflects how often a motor carrier conducts random draws among drivers for testing – typically monthly or quarterly. If you conduct quarterly random draws, you would need to determine the number of drivers in your company during each quarter. For example, if your company had 30 drivers in quarter 1, 20 drivers in quarter 2, 40 drivers in quarter 3, and 25 drivers in quarter 4, you would divide the total of 115 drivers by 4 – resulting in an average of 28.75. Always round up the average results. Therefore, in this instance, the average number of driving positions to be entered is 29.

If you conduct monthly random draws (or more frequent random draws), add the total number of drivers for all selection periods, and then divide by the number of selection periods to get the average number of drivers. Thus, for monthly random draws, you would add all drivers, and then divide by 12 for the average number of drivers.

10 Enter the total (or total average) number of drivers.

11 Enter the total (or total average) number of drivers again.



Instructions: Drug Testing Data Section

**Drug and Alcohol Testing
Management Information System**

Status
Logout

Instructions
 Please enter drug testing data for each employee category even if you have no employees in a category. All fields must be completed.
 TIP: Click 'Set blanks to zero' to fill all empty fields with a zero.

Employer Information
Covered Employees
Drug Testing Data
Alcohol Testing Data
Wrap Up

Employee Categories:
 YOU MUST FILL IN EACH CATEGORY TO COMPLETE THIS PORTION OF THE REPORTING.
 A green check mark will appear next to the category name when it has been completed.

Complete
Driver

III. Drug Testing Data: [Driver]

Type of Test	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total Number Of Test Results (Should equal the sum of Columns 2-12)	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Adulterated	Substituted	Refusal Results		Cancelled Results
	1	2	3	4				5		6	7		
										"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing		
Pre-Employment	0	0	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 Suspicion	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	0	0	0	0	0	0	0	0	0	0	0	0	0

Undo Changes
Clear All
Set Blanks to Zero

Covered Employees <<
>> Alcohol Testing Data

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- 1 Pre-employment testing (column 1). This column is the total for columns 2-12; the system will complete it automatically, so skip to column 2 to begin entering data.
- 2 In column 2, enter the number of verified negative results.
- 3 In column 3, enter the number of positive results.
- 4 If your company had any positive test results, you must enter the totals in columns 4 through 8 for each drug for which DOT requires testing (e.g., Marijuana, Cocaine, etc.). Columns 4 through 8 must equal the value you entered in column 3. For example, if you indicated that you had 5 positive results, you must ensure that columns 4 through 8 add up to 5.
- 5 If there are zeros for all columns, please use the button at the bottom that will fill the remaining columns with zeros for this row. Please follow the same procedure for the remaining 5 columns (pertaining to refusals).
- 6 For column 11, enter the number of donors who did not provide an adequate specimen in 3 hours, and went through the Shy Bladder procedure, but were determined by the medical review officer to not have a valid medical condition that precluded giving an adequate specimen. This is considered a refusal per [49 CFR § 40.193 \(d\) \(2\) \(i\)](#).
- 7 For column 12, enter the appropriate number of refusals, based on refusal information in [49 CFR § 382.107](#) and [49 CFR 40.191](#). In addition, [What Employers Need to Know about DOT Drug and Alcohol testing](#) on pages 25 through 27, lists the deciding official for each refusal situation.



Instructions: Alcohol Testing Data Section

**Drug and Alcohol Testing
Management Information System**

Status Logout

Instructions
 Please enter alcohol testing data for each employee category even if you have no employees in a category. All fields must be completed.
 TIP: Click 'Set blanks to zero' to fill all empty fields with a zero.

Employer Information
Covered Employees
Drug Testing Data
Alcohol Testing Data
Wrap Up

Employee Categories:
YOU MUST FILL IN EACH CATEGORY TO COMPLETE THIS PORTION OF THE REPORTING.
 A green check mark will appear next to the category name when it has been completed.

Complete
• Driver

IV. Alcohol Testing Data: [Driver]

Type of Test	1	2	3	4	5	6	Refusal Results		Cancelled Results
	Total # Of Screening Test Results (Should equal the sum of 2, 3, 4, 5, 6, 7, 8)	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.03g	Confirmation Tests With Results 0.04 Or Greater	'Shy Lung' - With No Expiration	Other Refusals To Submit To	
Pre-Employment	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Random	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Post-Accident	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Reasonable Suspicion	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Return-to-Duty	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Follow-up	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Undo Changes
Clear All
Set Blanks to Zero

Drug Testing Data <<
>> Wrap Up

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- 1 Pre-employment testing (column 1): this is the total for columns 2, 3, 7, and 8, and will be populated by the system. Skip to column 2 to begin entering data.
- 2 You must enter a number for columns 2 through 9.
- 3 If there are zeros for all these columns, please see the button at the bottom that will fill the remaining columns with zeros. Please follow the same procedures for the remaining 5 types of DOT alcohol tests.
- 4 For column 7, enter the number of refusals for Shy Lung, based on [49 CFR § 40.265 \(B\)](#).
- 5 For column 8, enter the number of refusals, per [49 CFR § 40.261](#).



Instructions: Wrap Up Section

**Drug and Alcohol Testing
Management Information System**

Status
Logout

Instructions
Please electronically sign your submission when you have completed all sections. All sections must be completed, and all data validation errors must be corrected before your data can be signed and submitted.

Employer Information ✓
Covered Employees ✓
Drug Testing Data ✓
Alcohol Testing Data ✓
Wrap Up

Your data has passed all validation checks.
1

Data was submitted by paper. [Click here to receive a confirmation by e-mail](#)

[Print and/or Save a copy of your MIS submit!](#) *

Click the "Data was signed" box if the submitted data was signed.

Data was signed

* In order to view PDF files, you will need the Adobe® Reader®, available from Adobe Systems, Inc. You may obtain this free plug-in at: <http://www.adobe.com/prodindex/acrobat/readstep.html>

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You will be prompted with an error notice to correct any problems with your submission.

- 1 Once your data makes it through data validation without errors, a dialog box will pop up, asking you to certify the results, provide your electronic signature, and submit your data. Then select the "okay" button to complete your report submission.

You will then get an option to receive an email confirmation of your completed submission. Click on the link to receive email confirmation.