

**HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION  
APPLICATION AND/OR ANNUAL RENEWAL FOR  
DRUG-FREE WORKPLACE CERTIFICATION**

APPLICANT'S NAME \_\_\_\_\_ CERTIFICATE NO. \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

DATE PROGRAM IMPLEMENTED \_\_\_\_\_

**APPLICANT'S CERTIFICATION STATEMENT**

The undersigned applicant hereby certifies that it has in place a Drug-Free Workplace for employees or licensees in "safety-sensitive" positions. The applicant understands that a "safety-sensitive" position means a position in which a drug or alcohol impairment constitutes an immediate and direct threat to public health or safety, or one in which a momentary lapse in attention could result in injury or death to another person. The applicant further understands that "safety-sensitive" positions include, but are not limited to, drivers, dispatchers, and mechanics. Finally, the applicant certifies that it has adopted a written policy setting forth the specifics of its program, including:

- A. A statement of its policy\* regarding drug and alcohol use by employees and licensees in all "safety-sensitive positions.
- B. The job classifications for which employees, licensees, or job applicants are subject to testing.
- C. The circumstances under which testing may be required (including post-accident testing, testing for cause, pre-employment, or public vehicle driver's license applicant testing, testing after prior use and unannounced testing and random testing, all as set forth in the Hillsborough County Public Transportation Commission Drug Testing Policy Rules).
- D. The substances for which testing may be required (at a minimum testing shall be for marijuana, opiates, PCP, cocaine, amphetamines, and alcohol).
- E. The testing methods and collection procedures to be used.
- F. The standards to determine what constitutes a positive drug test and constitutes alcohol use.
- G. The consequences of a refusal to participate in the testing.
- H. The adverse action that may be taken based on the testing procedure or results.
- I. The right of an individual to explain in confidence positive test results.
- J. The right of the individual to obtain all information relating to the testing of that individual.
- K. Confidentiality requirements for testing.
- L. The available appeal procedures, remedies, and sanctions.
- M. The provisions for a drug education program.
- N. The provisions for a Certificate holder's employee/licensee assistance program.

\* Standards for probable cause, laboratory security, chain-of-custody, transporting and receiving of specimens, specimen processing, retesting, storage of specimens, instrument calibration, reporting of results, and confidentiality provisions must conform to those set forth in Florida Statutes Section 440.102, and its attendant rules as established by the Florida Agency for Health Care Administration.

**PROCEDURES FOR NOTIFICATION OF POLICY**

Yes      No

- Notice of the applicant's Drug-Free Workplace Policy is posted in an area prominently accessed by employees and licensees.
- A written copy of the applicant's Drug-Free Workplace Policy is provided to each employee who, or may be, subject to it.
- Any time a change is made to the written policy, notice of the change is posted in an area prominently accessed by employees and a written copy of the change is provided to each employee who is, or may be, subject to it.

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NAME OF MEDICAL REVIEW OFFICER \_\_\_\_\_

NAME OF DHHS OR AHCA APPROVED LAB \_\_\_\_\_

ADDRESS OF APPROVED LAB \_\_\_\_\_

TELEPHONE NUMBER OF APPROVED LAB \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

OFFICER/OWNER'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

APPLICATION MUST BE SIGNED BY AN OFFICER OR OWNER

**ACKNOWLEDGEMENT**

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STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, personally appeared before me \_\_\_\_\_, the \_\_\_\_\_ (Title)

Who is personally known to me or who has produced \_\_\_\_\_ (write n/a if personally known) as identification, who executed the foregoing application, stating under penalties of perjury that the information contained therein is true, correct, and complete to the best of his or her knowledge and belief, and who  did  did not take an oath.

(CHECK ONE, AS APPROPRIATE)

\_\_\_\_\_ NOTARY PUBLIC

Notary Name: \_\_\_\_\_  
Notary Number: \_\_\_\_\_  
Commissioner Expires: \_\_\_\_\_