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

Calendar Year Covered by this Report: 01/01/2020-01/31/2021

I. Employer:

Company Name: Eco First ECOFIRST

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

Address: P O Box 390, Lesage, WV 25537 E-mail: ecofirst@earthlink.net

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: 3

(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 Opioids	8 Positive for Amphetamines	9 Refusal Results: Adulterated	10 Refusal Results: Substituted	11 Refusal Results: "Shy Bladder" With No Medical Explanation	12 Refusal Results: Other Refusals To Submit To Testing	13 Canceled Results
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0
Random	4	4	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	4	4	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	7 Refusal Results: "Shy Lung" With No Medical Explanation	8 Refusal Results: Other Refusals To Submit To Testing	9 Canceled Results
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	1	1	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	1	1	0	0	0	0	0	0	0