**SAP Referral: Procedure for Positive Drug/Alcohol Test**

All applicants **or** employees for DOT covered positions who test positive for a drug or alcohol test must be given a **Substance Abuse Professional** **(SAP) Referral** **Letter**. The letter must be provided to the applicant/employee by the Employer regardless of whether the applicant/employee is terminated. The letter should include the names of at least two qualified SAPs.

|  |
| --- |
| **Company/Employer – Action Steps** |
| **1.** | **Provide Individual with SAP Referral Letter/Form*** If the Individual is present, obtain a signature on the form.
	+ If the individual refuses to sign the form, document the individual’s refusal.
* If the individual is not present, give a copy to the individual.
	+ Ensure the letter includes the names of (2) two qualified SAPs.
	+ SAPs can be found online at [SAP Directory](https://www.saplist.com/) or at [American Substance Abuse Professionals, Inc](https://go2asap.com/about-asap/contact-us).**[[1]](#footnote-1)**
 |
| **2.** | **Document that a copy of the SAP Referral Letter/Email was given to the individual.**  |
| **3.** | **Keep a copy of the SAP Referral Letter/Email in the applicant/employee file.** |
| **4.** | **Follow additional discipline procedure steps outlined in Employer/Company policy.** Possible actions include: 1) not hiring the applicant, 2) terminating the employee, 3) placing the employee in a non-safety position, or 4) allowing applicant/employee to begin/resume safety sensitive duties following the completion of rehabilitation requirements per 49 CFR Part 40, Subpart O. |
| **Employee – Action Steps** |
| **1.** | Contact the SAP listed on the SAP Referral Letter. |
| **2.** | Follow the SAP treatment plan. |
| **3.** | Contact the - Human Resource/Drug and Alcohol Manager with questions. |
| **4.** | (SAP) Frequently Asked Questions is available at: [**https://www.saplist.com/knowledge-center/faqs-for-employees/**](https://www.saplist.com/knowledge-center/faqs-for-employees/) |

**\*\*Confidential\*\***

**Substance Abuse Professional (SAP) Referral**

This document serves to notify that the individual listed below was in violation of DOT drug and alcohol regulations, 49 CFR Part Part 40, as amended (insert date).

In accordance with 49 CFR Part 40, this agency is required to advise the individual of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse.

|  |  |
| --- | --- |
| The cost of this service will be paid by: |  |

**Substance Abuse Processional Referral (SAP):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone:** |  |
| **Email:** |  |

**Alternate Substance Abuse Professional (SAP) Referral:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone:** |  |
| **Email:** |  |

I acknowledge that I have received a referral to a Substance Abuse Professional (SAP) in accordance with 49 CFR Part 40, as amended.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Employee – Full Name** |  | **Date** |
|  |  |  |
| **Employee – Signature** |  |  |

**Employer Representative**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Signature:** |  |
| **Date:** |  |

Additional SAPs can be found online at SAP List [www.saplist.com](http://www.saplist.com) and American Substance Abuse Professionals, Inc. – <https://go2asap.com>

**(SAP) Frequently Asked Questions** is available at:

<https://www.saplist.com/knowledge-center/faqs-for-employees/>

**\*\*Confidential\*\***

**Substance Abuse Professional (SAP) Referral – Individual Not Present**

|  |  |
| --- | --- |
| **Applicant/Employee Name:** |  |
| **Employee SS/ID Number:** |  |

This letter serves to notify that the individual listed above was in violation of DOT drug and alcohol regulations, 49 CFR Part 40, as amended on (insert date). In accordance with 49 CFR Part 40, as amended this agency is required to advise the individual of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse.

The following Substance Abuse Professional(s) is available for the individual:

**Substance Abuse Processional Referral (SAP):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone:** |  |
| **Email:** |  |

**Alternate Substance Abuse Professional (SAP) Referral:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| The cost of this service will be paid by: |  |

**Employer Representative**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Signature:** |  |
| **Date:** |  |

Additional SAPs can be found online at SAP List [www.saplist.com](http://www.saplist.com) and American Substance Abuse Professionals, Inc. – <https://go2asap.com>

**(SAP) Frequently Asked Questions** is available at:

<https://www.saplist.com/knowledge-center/faqs-for-employees/>

1. SAP Website Resources – SAP List [www.saplist.com](http://www.saplist.com) and American Substance Abuse Professionals, Inc. – <https://go2asap.com> [↑](#footnote-ref-1)