

MIS

- [MIS Report](#)

MIS Report

The MIS Report page prepares the official U.S. Department of Transportation drug and alcohol testing compliance form (DOT Form F 1385). It automatically pulls your organization's employee and testing data for the year you choose, and lets you download a ready-to-submit PDF for each employee category.

Accessing the MIS Report

From the left-hand menu, open Reports and select MIS. The page always shows data for the organization you currently have selected at the top of the screen.

If your organization has not been set up with a DOT agency, the page will let you know that an MIS report is not required, as shown below.

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Integration

MIS Report: Prepares the official DOT F 1385 form for drug & alcohol testing compliance, one report per employee category.

MIS Data Collection Report

Form DOT F 1385 (Rev. 4/2019)
OMB No. 2105-0529

3

YEAR 2026

GENERATE REPORT

1 Employer

COMPANY NAME	DOING BUSINESS AS (DBA)	ADDRESS	E-MAIL	NAME OF CERTIFYING OFFICIAL	SIGNATURE	DATE CERTIFIED
SOCALGAS - FMCSA			aaa@aaa.com			dd/mm/aaaa
TELEPHONE	PREPARED BY (IF DIFFERENT)	TELEPHONE (PREPARED BY)	C/TPA NAME AND TELEPHONE (IF APPLICABLE)			
()		()	()			

Generating a Report

Choose the calendar year in the Year list, then click Generate Report. The page will load the employer information, the DOT agency checked for your organization, and the employee and testing totals for that year.

Underneath the employer details, the report marks an X next to the DOT agency your organization reports to, together with that agency's specific fields (for example FMCSA's Owner-Operator and Exempt questions, or PHMSA's pipeline types). Only the agency assigned to your organization is shown; the other five possible agencies are simply left off the report, so this section always matches your organization's setup automatically.

The screenshot shows the 'MIS Data Collection Report' form in the NEXUS system. The form is titled 'MIS Data Collection Report' and includes a 'Form DOT F 1385 (Rev. 4/2019)' header. The 'YEAR' is set to 2026. The form is divided into two main sections: 'I Employer' and 'II Covered Employees'.

Section I: Employer

COMPANY NAME	DOING BUSINESS AS (DBA)	ADDRESS	E-MAIL	NAME OF CERTIFYING OFFICIAL	SIGNATURE	DATE CERTIFIED
			aaa@aaa.com			dd/mm/aaaa
TELEPHONE	PREPARED BY (IF DIFFERENT)	TELEPHONE (PREPARED BY)	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:

	DOT #	OWNER-OPERATOR (CIRCLE ONE)	EXEMPT (CIRCLE ONE)
☒ FMCSA Motor Carrier	217407	YES or NO	YES or NO

Section II: Covered Employees

(A) Safety-sensitive employees – all categories	(B) Employee categories	(C) EMPLOYEE CATEGORY	
252	2	All Categories	252 employees in this category

COMBINED VIEW – NOT A SUBMITTABLE REPORT

One PDF per category. 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. 'All Categories' and '— CATEGORY NOT DEFINED —' are screen-only views — downloading is disabled until one real category is chosen.

Covered Employees (Section II)

This section shows how many safety-sensitive employees your organization has in total, and how many employee categories they are split into (for example Driver, or Operations/Maintenance). Use the Employee Category list to switch between categories - the count on the right updates immediately to show how many employees belong to the category you picked.

II Covered Employees

(A) Safety-sensitive employees – all categories: **252** | (B) Employee categories: **2** | (C) EMPLOYEE CATEGORY: **Driver** | **242** employees in this category

One PDF per category. 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. "All Categories" and "— CATEGORY NOT DEFINED —" are screen-only views – downloading is disabled until one real category is chosen.

III Drug Testing Data

ID	Full Name	Test Date	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results – For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opioids	Positive For Amphetamines	Refusal Results				Cancelled Results
											Adulterated	Substituted	"Sly Bladder" – With No Medical Explanation	Other Refusals To Submit To Testing	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Downloading the PDF Report

The official DOT form must be submitted one category at a time, so the Download PDF button is only active once you have chosen a real employee category. While All Categories or CATEGORY NOT DEFINED is selected, the button stays disabled and explains why if you hover over it:

MIS Report: Prepares the official DOT F 1385 form for drug & alcohol testing compliance, one report per employee category.

MIS Data Collection Report | Form DOT F 1385 (Rev. 4/2019) | OMB No. 2105-0529 | YEAR: 2026 | **GENERATE REPORT** | **DOWNLOAD REPORT**

Select a specific employee category to download the MIS PDF – the official form requires one report per official category. All Categories and CATEGORY NOT DEFINED cannot be submitted.

I Employer

COMPANY NAME: [redacted] | DOING BUSINESS AS (DBA): [redacted] | ADDRESS: [redacted] | E-MAIL: aaa@aaa.com | NAME OF CERTIFYING OFFICIAL: [redacted] | SIGNATURE: [redacted] | DATE CERTIFIED: dd/mm/yyyy

TELEPHONE: () | PREPARED BY (IF DIFFERENT): [redacted] | TELEPHONE (PREPARED BY): () | 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:

FMCSA (Motor Carrier) | DOT #: 217407 | OWNER-OPERATOR (CIRCLE ONE): YES or **NO** | EXEMPT (CIRCLE ONE): YES or **NO**

II Covered Employees

(A) Safety-sensitive employees – all categories: **252** | (B) Employee categories: **2** | (C) EMPLOYEE CATEGORY: **All Categories** | **COMBINED VIEW – NOT A SUBMITTABLE REPORT** | **252** employees in this category

One PDF per category. 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. "All Categories" and "— CATEGORY NOT DEFINED —" are screen-only views – downloading is disabled until one real category is chosen.

Once you pick a real category, the button turns on:

MIS Data Collection Report

Form DOT F 1385 (Rev. 4/2019)
OMB No. 2105-0529

YEAR: 2026 [GENERATE REPORT](#) [DOWNLOAD PDF](#)

I. Employer

COMPANY NAME: _____ DOING BUSINESS AS (DBA): _____ ADDRESS: _____ E-MAIL: aaa@aaa.com NAME OF CERTIFYING OFFICIAL: _____ SIGNATURE: _____ DATE CERTIFIED: dd/mm/yyyy

TELEPHONE: () PREPARED BY (IF DIFFERENT): _____ TELEPHONE (PREPARED BY): () 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:

☒ **FMCSA** DOT # 217407 OWNER-OPERATOR (CIRCLE ONE) YES or **NO** EXEMPT (CIRCLE ONE) YES or **NO**

II. Covered Employees

252 (A) Safety-sensitive employees – all categories | 2 (B) Employee categories | (C) EMPLOYEE CATEGORY: Driver | 242 employees in this category

III. Drug Testing Data:

Type of Test	1	2	3	4	5	6	7	8	9	10	11	12	13
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0

Clicking Download PDF opens a preview of the finished form. Use the download icon inside this preview window (next to Print) to save the file - this is the recommended way to download, rather than any download control your browser may show on its own PDF viewer.

MIS Report 2026 Preview

MIS Report 202... 1 / 1 | 67% | [Download](#) [Print](#)

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM
Calendar Year Covered by this Report: 2026

I. Employer:

Company Name: _____ Doing Business As (DBA) Name (if applicable): _____ Address: _____ E-mail: aaa@aaa.com

Name of Certifying Official: _____ Signature: _____ Telephone: () Date Certified: _____

Prepared by (if different): _____ Telephone: ()

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:

☒ **FMCSA** - Motor Carrier DOT #: 217407 Owner-operator (circle one) YES or **NO** Exempt (Circle One) YES or **NO**

☐ **FAA** - Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____

☐ **RSPA** - 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: 252

(B) Enter Total Number of Employee Categories: 2

(C)

Employee Category	Total Number of Employees in this Category
Driver	242

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	2	3	4	5	6	7	8	9	10	11	12	13
Pre-Employment	0	0	0	0	0	0	0	0	0	0	0	0	0

Workflow Scenarios

Single employee category: Generate the report, confirm Section I and the DOT agency information, then download the PDF directly - the employee category is chosen automatically.

Multiple employee categories: Generate the report once per year, then for each real category: select it in the Employee Category list, review Sections II, III and IV for that category, and download

its PDF. Repeat for every category before considering the year complete.

Validations and Restrictions

- A PDF can only be downloaded for one specific employee category at a time - never for All Categories or CATEGORY NOT DEFINED.
- Section I (Employer) and the DOT Agency fields come from your organization's profile and cannot be edited from this page.
- Only the DOT agency assigned to your organization is shown on the form.
- If CATEGORY NOT DEFINED appears, it means some employees have not been assigned to a category yet; contact your administrator to have this corrected before submitting the report.

Additional Notes / Support

The MIS report is intended to match the official DOT F 1385 form exactly, so the numbers shown here should always match what you submit. If something looks incorrect, check the employee category assignments and testing records first; if the issue persists, contact your administrator.