			C	alenda	r Year (	overed	l by this	s Re	oort: 201	3			OME	No. 210	5-0529			
I. Emple	oyer my Name: DENVER P		SCH(	വവ ഒ														
	Business As (DBA) Name (if			JULS									· · · · · · · · · · · · · · · · · · ·	·				
Addres	ss: <u>2915 W 7TH AVE I</u>	FNVE	 3. CC	8020	4				E-ma	ail:	ronnie	forrest	@dpsk1	2.org				
	of Certifying Official: RC																	
			Date Certified:								1/20/2016							
•			Date Certified:															
-	Name and Telephone (if app																	
Check tl	he DOT agency for which	vou ar	e repe	orting	MIS da	ta: and	comp	lete 1	the infor	matio	n on th	at same	line as a	ppropr	iate:			
	A - Motor Carrier: DOT #:									or [	NO	Exempt:	(circle one	) YES	or NO			
FAA -	Aviation: Certificate # (if app	licable):					Pla	ın / R	egistratio									
PMSH.	A - Pipeline: (Check) Gas Gas	hering	Gas T	ransmis	ssion	Gas Di	stributio	n	Transport	Hazaro	dous Liq	juids^	Ггаnsport	Carbon I	Dioxide_			
FRA -	Railroad: Total Number of ob	served/d	ocume	nted Pa	rt219 "R	ule G" (	Observat	ions	for covere	ed empl								
_USCG	- Maritime: Vessel ID # (USO	CG- or St	ate-Iss	ued):							(]	f more th	an one ve	ssel, list	separatel			
FTA - ′																		
II. Cove	red Employees: (A) Enter	Total l	Numb	er Saf	ety-Sen	sitive E	Employ	ees l	in All Er	nploye	e Cate	gories:	}	333				
(B) Ente	r Total Number of Emplo	vee Ca	tegor	ies:		1												
			ſ					_						1.0				
$(\mathbf{C})$	Employee Category		Total Number of Employees in this Category								If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy							
<u> </u>	Debias			11				$\dashv$	for each employee category and complete Sections II (C), III,									
L'	Driver		333							and IV for each separate employee category.								
II. Druc	g Testing Data:																	
	5 Tosting Duan	1		2	3	4	5	6	7	8	9	10	t1	12	13			
		est ial	2,		خ						<u> </u>	Refusa	l Results	1	1			
		Total Number Of Test Results [Should equal	e sum of columns 2, 9, 10, 11, and 12]	é	l se	<u>.</u>	밑	ų.		Positive for Amphetamines			"Shy Bladder" ~ With No Medical Explanation	Other Refusal To Submit To Testing	Cancelled Results			
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TO	OTAL:	97975	50	)	50	0	A NULL	0	Maria C	)	0	0	0		0			

Calendar Year Covered by this Report: 2014 OMB No. 2105-0529 I. Employer Company Name: **DENVER PUBLIC SCHOOLS** Doing Business As (DBA) Name (if applicable): E-mail: ronnie forrest@dpsk12.org Address: 2915 W 7TH AVE DENVER, CO 80204 RONNIE FORREST Name of Certifying Official: Signature: 1/20/2016 Telephone: (720)423-4079 Date Certified: \_\_\_\_ Telephone: Prepared by (if different): 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: YES or NO Exempt: (circle one) YES or NO Owner-Operator: (circle one) X FMCSA - Motor Carrier: DOT #: FAA - Aviation: Certificate # (if applicable): Plan / Registration # (if applicable): PMSHA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide FRA - Railroad: Total Number of observed/documented Part219 "Rule G" Observations for covered employees: (If more than one vessel, list separately) USCG - Maritime: Vessel ID # (USCG- or State-Issued):\_\_ FTA - Transit 333 II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: (B) Enter Total Number of Employee Categories: **(C)** If you have multiple employee categories, complete Sections I **Total Number of Employees Employee Category** and II (A) & (B). Take that filled-in form and make one copy in this Category for each employee category and complete Sections II (C), III, Driver 333 and IV for each separate employee category. III. Drug Testing Data: Refusal Results Total Number Of Test Results [Should equal the sum of columns 2, 3, 9, 10, 11, and 12] Results ~ For Onc Or More Drugs Positive for Amphetamines Other Refusal To Submit To "Shy Bladder" ~ With No Medical Explanation Cancelled Results Verfied Negative Results Positive for PCP Positive for Marijuana Positive for Cocaine Positive for Verfied Positive Opiates Adulterated Substituted Testing Type of Test 0 0 0 0 0 0 0 0 Pre-Employment 0 0 1 0 0 ō 0 0 0 185 182 3 2 Random 0 0 0 0 0 0 0 0 0 0 Post-Accident a 0 0 0 n ٥ 0 0 ō 0 0 0 0 Reasonable Susp./Cause 0 0 0 0 ō 0 0 ō 0 0 0 0 Return-to-Duty O 0 ō 0 0 0 0 n 0 0 0 0 0 Follow-Up 0 0 0 0 0 0 0 TOTAL 192 IV. Alcohol Testing Data Screening Tests With Results 0.02 Or Greater Screening Test Results [Should equal-the sum of Columns Confirmation Tests With Results 0.04 Or Greater Refusal Results With Confirmation Tests With Results 0.02 Through 0.039 Screening Tests Wir Results Below 0.02 Number Of Confirmation Tests Shy Lung ~ With No Medical Explanation Cancelled Results Fotal Number of Other Refusals To Submit To Testing 2,3,7, and 8] Results Type of Test 0 0 0 0 0 Pre-Employment 0 0 0 0 0 0 53 53 Random 0 0 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 Return-to-Duty 0 0 0 0 0 0 0 0 0 0 Follow-Up 0 0 TOTAL

Calendar Year Covered by this Report: 2015 OMB No. 2105-0529 I. Employer **DENVER PUBLIC SCHOOLS** Company Name: Doing Business As (DBA) Name (if applicable): Address: 2915 W 7TH AVE DENVER, CO 80204 E-mail: \_\_ronnie\_forrest@dpsk12.org Name of Certifying Official: RONNIE FORREST Signature: 1/20/2016 Telephone: (720)423-4079 Date Certified: \_\_\_\_ Telephone: Prepared by (if different): 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: YES or NO Exempt: (circle one) YES or NO X FMCSA - Motor Carrier: DOT #: \_ Owner-Operator: (circle one) Plan / Registration # (if applicable): FAA - Aviation: Certificate # (if applicable): PMSHA - Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide FRA - Railroad: Total Number of observed/documented Part219 "Rule G" Observations for covered employees: (If more than one vessel, list separately) USCG - Maritime: Vessel ID # (USCG- or State-Issued):\_\_ 394 II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: (B) Enter Total Number of Employee Categories: If you have multiple employee categories, complete Sections I **(C) Total Number of Employees Employee Category** and II (A) & (B). Take that filled-in form and make one copy in this Category for each employee category and complete Sections II (C), III, Driver 394 and IV for each separate employee category. III. Drug Testing Data: Refusal Results Verfied Positive Results ~ For One Or More Drugs Fotal Number Of Test Results [Should equal the sum of columns 2, 3, 9, 10, 11, and 12] Positive for Amphetamines "Shy Bladder" ~ With No Medical Other Refusal To Submit To Cancelled Results Positive for Positive for Cocaine Positive for PCP Positive for Opiates Verfied Negative Marijuana Explanation Adulterated Substituted Testing Results Type of Test 0 0 0 0 0 0 0 6 0 Pre-Employment 0 0 1 1 0 0 0 0 0 0 197 195 1 Random ō 0 Ö 0 0 0 0 Post-Accident 2 0 0 ō 0 0 0 0 0 0 0 0 0 0 0 0 0 Reasonable Susp./Cause 0 0 ō 0 0 0 Return-to-Duty 0 0 0 ō 0 0 0 0 0 0 0 ō 0 0 0 0 Follow-Up 0 0 0 0 0 0 1 205 203 0 0 0 TOTAL IV. Alcohol Testing Data Screening Tests With Results 0.02 Or Greater Screening Test Results [Should equal-the sum of Columns Confirmation Tests With Results 0.04 Or Greater Refusal Results Screening Tests With Results Below 0.02 Confirmation Tests With Results 0.02 Through 0.039 Confirmation Tests Results Shy Lung ~ With No Medical Explanation Cancelled Results Total Number of Other Refusals To Submit To Testing 2,3,7, and 8] Number Of Type of Test 0 0 Pre-Employment 0 0 0 58 58 0 0 Random 0 0 0 0 0 0 0 Post-Accident 0 ō 0 0 ō 0 0 Reasonable Susp./Cause 0 0 0 0 0 0 ٥ 0 0 0 Return-to-Duty 0 0 0 Follow-Up 0 0 0 0 0 0 0 TOTAL

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Con	npany Name: DENVER PL	JBLIC S	CH	<u>DOLS</u>								Television (			
	ng Business As (DBA) Name (if a														and a supply
Add	Iress: <u>2915 W 7TH AVE D</u>	ENVER	. CC	8020	4				E-ma	il: <u> </u>	onnie	forrest	@dpsk1	2.org	
Nan	ne of Certifying Official: RC	NNIE F	ORI	REST			Sign	ature:							
Tele	ephone: (720)423-4079					Da	te Certii	fied: _	1/20	/2016					
	pared by (if different):									hone:					· <del></del>
C/T	PA Name and Telephone (if appli	cable):													
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	A - Transit														
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(B) E:	nter Total Number of Emplo	vee Cate	eor	ies:	···.	1	7						L		
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