

FAA DRUG ABATEMENT PROGRAM INSPECTION GUIDE

PART 1: ADMINISTRATIVE AND QUALITY ASSURANCE REVIEW GUIDE

The following guide must be used during each inspection to ensure that areas regarding the company and their testing program are addressed. It is important that the inspector(s) and investigator(s) listen to the answers to verify the information during the records review.

NOTE: It may be necessary to tailor these questions when the company is a single-owner operator. For example, you would not ask the single-owner operator if he/she asked him/herself whether he/she ever tested positive on a pre-employment test for which he/she was not hired. The better way to phrase the question is to ask, "Have you ever tested positive or refused a pre-employment drug test for which you were not hired in the previous two years?" Also, some of these tailored questions may be a good opportunity to educate the operator for when they plan to hire safety-sensitive employees in the future.

Company Name/Certificate or Registration Number: _____

Inspection Date(s): _____

Inspection Team: _____

Company President/CEO Name: _____

Number of Aircraft(s): _____

Please explain the type of business you conduct and whether your company is affiliated with any other operator(s) (e.g., air carrier, repair station or air tour). _____

(If affiliated, obtain copies of A449, LOA and/or registration.)

What kind of work do(es) your employee(s) perform that requires him/her to be subject to the FAA drug and alcohol testing regulations?

Coverage

1. How many total employees do you have? _____

2. How many safety-sensitive employees do you have? _____

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3. Where are they located and what are their job categories? _____

4. Do you contract out any or all safety-sensitive work? _____

5. How do you ensure employees hired by contract are subject to an FAA-mandated drug and alcohol testing program? (Alternative Question – If so, are they subject to testing under their own FAA-mandated drug and alcohol testing program?) _____

6. Do you have a company testing program for non safety-sensitive employees?

Service Agent

1. Do you use a consortium/third party administrator to help with your program? If so, provide Name/Location. _____

2. Where do you conduct your collections? _____

3. (If applicable) What collection site do you use for employees at other locations or during non- regular business hours? _____

4. Have you ever received a safety concern letter or report with a negative result from your MRO? If yes, what actions (if any) did you take? _____

Mandatory Testing

Pre-employment Testing

1. Have you hired any new safety-sensitive employees in the last 24 months? What is your process for hiring an employee, identifying the duties from one job category to the other? _____

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2. Have you transferred any non safety-sensitive employees into safety-sensitive positions in the last 24 months? What is your process and how is this documented? _____

3. How and when do you advise employees of the requirement for testing and the five drugs? _____

4. Do you perform alcohol pre-employment testing? If not, move on. If so, are all applicants tested? _____

5. Explain your process for performing the drug and alcohol records check. Have you ever not received a response from a previous employer? When and/or do you make a good faith effort if no response is received? _____

6. Have you ever received a drug and alcohol records check request for a previous employee? If so, how did you respond? _____

7. How do you ask employees about pre-employment positives or refusals that the employee was not hired for? (required under § 40.25(j)) _____

Random Drug and Alcohol Testing

1. Do you manage your own random testing program, or does your C/TPA administer the program for you? _____

2. Are you in your own pool or combined (if managed by a C/TPA)? _____

3. How do you (or your C/TPA) generate the random selection list and how often? _____

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4. How do you receive the random selection list? _____

5. Explain your random testing process (at each location) once selections are done, starting from receiving the list, to notification, to ensuring the collection is completed? _____

6. How are employees added or removed from the random testing pool? _____

7. Are you, as the program manager or DER, a safety-sensitive employee? If so, please explain how you are notified. _____

Note: Additional questions relating to random review are in Appendix C of this Order.

Post-accident Testing

1. Have you ever had any post-accident testing? If not, move on. _____

2. If so, ask to explain the accident. Verify documentation during the records review. _____

Reasonable Cause/Suspicion Testing

1. Have you ever had a reasonable cause or suspicion test? If not, move on to supervisory training.

2. If so, ask to explain the circumstances including information regarding the trained supervisor who made the determination. Verify information during the records review.

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3. How many trained supervisors do you have? If you have multiple worksites/times, do you have a trained supervisor available (if applicable)? _____

4. Who conducts your supervisory training? How often? _____

5. What is covered during this training? _____

Positive Drug Test Results/Alcohol Violations/Refusals

1. Have any of your employees had a verified positive drug test result, alcohol violation, or refused to submit to testing? If not, move on. _____

2. If so, describe your company's response to the outcome of the test. _____

4. Do you provide the SAP information to every employee who tests positive? Verify SAP qualifications during record review and/or SAP interview (if applicable). _____

5. Have any of your employees who hold a part 67 airman medical certificate had a verified positive drug test result or alcohol violation? If so, have you reported the information to the Federal Air Surgeon? _____

6. Have any of your employees refused? If part 61, 63, 65, or 67 airmen, have you reported the information to the Federal Air Surgeon? _____

Note: Inspectors/Investigators must verify with the MRO whether he or she is responsible for results for this company.

Return-to-Duty Testing

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1. (If they have a return-to-duty process) Please explain your process for returning individuals or employees to duty after a verified positive drug test, alcohol violation, or refusal. _____

2. How do you receive the SAP recommendation? _____

3. How do you ensure that all return-to-duty tests are conducted under direct observation? _____

Follow-up Testing

1. Explain your follow-up testing process? _____

2. Who performs your follow-up testing notifications? _____

3. When do you perform your follow-up testing? _____

4. How do you ensure that all follow-up tests are conducted under direct observation? _____

Program Responsibilities

How do you or your Consortium/Third Party Administrator (C/TPA) advise your collector of the required information in § 40.14 (e.g., employee name, ID number, type of test, required direct observation, etc.)? _____

Have you received a result indicating insufficient specimen, dilute, cancelled, or invalid? If not, move on. If so, ask to explain what they did with the result.

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EAP/Training

1. Where do you display your drug use/abuse materials? _____

2. How do you make your alcohol information available to your employees? _____

3. What information/training do you provide to your employees (including supervisors) about the drug and alcohol testing program? Is this documented? _____

4. Who provides your training and how often? _____

Recordkeeping

1. Where do you maintain your drug and alcohol testing records, which include your drug and alcohol records check? _____

2. Who has access to these records? Are they secured and how? _____

Additional Notes: _____

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This is the conclusion of PART 1, Administrative and Quality Assurance Review. The inspection team must move to PART 2, Record Review, to obtain evidence to verify the procedures described. For inspections of service agents (collection site, MRO, or SAP) for this company, use PARTS 3, 4, or 5 of this guide accordingly.

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PART 2: RECORDS REVIEW GUIDE

Each inspection must include a review of one or all of the following program documents/records. For each area inspected, the responsible inspector/investigator must initial in the box on the right.

Documents/Records		Insp/Inv Initials	Time Period of Review (Start to	Comments
1. Pre-employment Records, including:				
1a. Federal Drug Testing Custody & Control Forms and Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
1b. Job Descriptions	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
2. Drug and Alcohol Records Check Records, including:				
2a. Written Release Forms and Responses	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
2b. Employment Applications	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
2c. Documentation of Good Faith Effort (if applicable)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
2d. Confirmation of Compliance with § 40.25(j)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
3. Random Testing Records, including:				
3a. Listing of Random Pool Prior to Selection	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
3b. Random Selections	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
3c. Verified Drug Test Results and/or Custody and Control forms.	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
3d. Alcohol Testing Forms w/ Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
4. Work Records, including:				
4a. Maintenance Records/Logs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			

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4b. Pilot Flight Records/Logs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
4c. Other Work Records/logs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
5. Reportable Accident Records & Post-Accident Test Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
6. Reasonable Cause & Reasonable Suspicion Results and Documentation	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
7. Verified Positive Drug Test Records, including:				
7a. Verified positive Drug Test Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
7b. Documentation of Removal from Safety-Sensitive Functions, to include Work Records/Logs/Personnel Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
7c. Notifications to the Federal Air Surgeon (for part 67 medical certificate holders)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
7d. If Employee Terminated, Documentation that SAP Contact Information was Provided	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
8. Alcohol Misuse Violation Records, including:				
8a. Records of alcohol misuse test results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
8b. Documentation of Removal from Safety-Sensitive Functions, to include Work Records/Logs/Personnel Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
8c. Notifications to the Federal Air Surgeon (for part 67 medical certificate holders)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
9. Refusal records (drug and/or alcohol), including:				
9a. Documentation of	<input type="checkbox"/> Reviewed			

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refusal to submit to testing	<input type="checkbox"/> Not Reviewed			
9b. Documentation of Removal from Safety-Sensitive Functions, to include Work Records/ Logs/ Personnel Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
9c. Notifications to the Federal Air Surgeon (for parts 61, 63, 65, or 67 certificate holders)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
9d. If Employee Terminated, Documentation that SAP Contact Information was Provided	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
10. Return-to-duty and follow-up testing records, including:				
10a. Initial and Follow-up Reports from SAP	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
10b. Return-to-duty Testing CCF/ATF and Result	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
10c. Follow-up Testing CCF/ATF and Result	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
10d. If Employee Terminated, Documentation that SAP Contact Information was Provided	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
11. Documents Pertaining to Drug and/or Alcohol Testing Arbitration or Litigation				
	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
12. Drug and Alcohol Program Training Records, including:				
12a. Employee Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
12b. Initial and Recurrent Training Records for Individuals Making Reasonable Cause/Suspicion Determinations.	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
13. EAP and Alcohol Misuse Information, including:				

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13a. Company's Policy on Drug and Alcohol Testing	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
13b. Distribution Requirement	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
13c. Display Requirement	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
14. Records to Verify Contractor Compliance	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
15. Collection Site Records, including:				
15a. Collector/Breath Alcohol Technician Training Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
15b. Specimen Collection Logs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
15c. Calibration Logs for EBT devices	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
16. MRO Records, including:				
16a. MRO Qualification/Training Documentation	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
16b. Records of Notification & Determination/Verification	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
16c. Evidence MRO personally reviews at least 5% of all CCFs reviewed by MRO staff quarterly	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
16d. MRO Process for Non-negative Test Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
17. SAP Records, including:				
17a. Qualification/Training Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable			

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17b. Initial and Follow-up Evaluations	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
18. Laboratory Records, including:				
18a.Semi-annual Summaries	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			

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PART 3: COLLECTION SITE REVIEW GUIDE

When a company inspection includes a comprehensive review of the company's collection sites, it must include a simulated collection with the specimen collector and/or screening test technician (STT) or breath alcohol technician (BAT) and a review of any areas of non-compliance or concerns noted in previous inspections.

Simulated Collection: A collection site review must include a simulated collection for both drug and alcohol collections. It is important that the inspection lead clearly explain to the collector and/or STT or BAT that the simulated collection should be treated as a real DOT collection. The inspector should not interrupt the process or provide feedback until the conclusion of the simulation.

Each inspector must use the following guide.

Collection Site Facility Name: _____
Interviewee (site manager and/or collector): _____
Lead Inspector/Investigator: _____ **Date:** _____

Evaluation of Facility:

- ___ Privacy for testing.
- ___ Security of the testing site, results and specimens.
- ___ Toilet area for collection is compliant.
- ___ EBT or ASD are on conforming products listing.
- ___ If the dry gas method is used to calibrate the EBT, check the expiration date on the "Scotty Bottle".

Documents/areas that must be reviewed:

- ___ Collector, STT, and BAT qualification and proficiency records and training certificates
- ___ Quality Assurance Plan for the EBT and ASD
- ___ Review of custody and control forms and alcohol testing forms used for DOT testing
- ___ Records of equipment checks and calibrations, including external calibration logs/documentation
- ___ Facility manuals, to ensure they include the up-to-date regulations.
- ___ Verify the collection site and personnel do not use any DOT or DOT Agency branding.
- ___ Verify the collector/BAT/STT is subscribed to the DOT list-serve.

How does the company or Consortium/Third Party Provider advise you of the following information (required under § 40.14)?

- (a) Full name of the employee being tested
- (b) Employee SSN or ID number
- (c) Laboratory name and address (if not pre-printed on the form)
- (d) Company name, address, phone number, fax number (if not preprinted on the form)
- (e) Designated employer representative (as required by § 40.35)
- (f) MRO name, address, phone number and fax number (if not preprinted on the form)

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- (g) DOT Agency which regulates the employee's safety-sensitive duties (if not pre-checked on the form)
- (h) Test reason, as appropriate: Pre-employment, random, reasonable suspicion/reasonable cause, post-accident, return-to-duty, and follow-up
- (i) Whether the test is to be observed or not
- (j) (Optional) Consortium/Third Party Administrator's name, address and fax number (if not preprinted on the form)

During the simulated urine collection, ensure that the following steps are demonstrated:

Name of Collector: _____

Lead Inspector/Investigator: _____ **Date:** _____

- Identify the donor by picture identification.
- Explain the collection process, including showing the instructions on the back of the CCF.
- Complete step 1 of the custody and control form.
- Instruct the donor to remove any unnecessary outer garments, empty pockets, etc. (allow the items to be locked and provide a key?)
- Instruct the donor not to list any medications on the CCF.
- Instruct the donor to wash and dry their hands. Instruct the donor not to wash their hands again until after delivering the specimen.
- Allow the donor to, or in their presence, select a collection cup.
- In the donor's presence, open the collection cup from a sealed bag/package.
- Prepare the collection area – blue dye in the toilet, tape/shut off faucets and/or soap dispensers.
- Inspect the collection area.
- Advise the donor to provide 45ml in the cup and not to flush.
- Upon receipt of the specimen, and in the presence of the donor, does the collector:
 - Read the temperature and note the CCF?
 - Evaluate specimen for signs of being tampered?
 - Open the two specimen bottles and pour 30ml into the first and 15ml in the second?
 - Firmly cap both bottles, place seal A over the 30ml and seal B over the 15ml bottles. Date both seals.
 - Have the donor initial each seal.
- Complete and sign Step 4 of the CCF.
- Instruct the donor to read the certification and complete Step 5 of the CCF.
- Provide the donor with copy 5; place the sealed bottles and copy 1 of the CCF into the shipping container. Seal the container.
- Initial and date the shipping container seal.
- Advise the donor that the collection process is complete and that he/she may leave.
- Transmit (via fax, mail, etc.) copy 2 to the MRO and copy 3 to the company within 24 hours or the next business day.

Further questions you may ask:

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1. Has the collector ever had a shy bladder situation? If so, explain the steps they followed.

2. Has the collector ever had a specimen outside of temperature or that showed signs of tampering for the inspection entity? If so, explain the steps they followed. _____

3. Has the collector ever had a refusal, where an individual refused to cooperate or provide? If so, explain the steps they followed. _____

4. Has the collector ever conducted a direct observation collection? If so, explain the steps they followed. _____

During the simulated alcohol test, ensure that the following steps are demonstrated:

Name of STT or BAT (if different from collector): _____

Lead Inspector/Investigator: _____ **Date:** _____

- Identify the donor by picture identification.
- Explain the testing process, including showing the instructions on the back of the ATF.
- Complete Step 1 of the ATF.
- Instruct the donor to complete Step 2 of the ATF and sign the certification.
- Open a sealed mouthpiece in view of the donor and attach it to the device.
- Instruct the donor to blow forcefully into the mouthpiece until adequate breath is provided.
- Show the donor the result displayed on the EBT.
- Record the displayed result, test number, device, the serial number of the device, time and result in Step 3 of the ATF or;
- Attach the printed result to the ATF in the proper place with tamper-evident tape.
- Advise the donor that the alcohol testing process is complete and that he/she may leave.
- Transmit (via fax, mail, etc.) the result to the designated employer representative (DER) in a confidential manner.

Further questions you may ask:

1. Has the BAT ever had a result that was above 0.02? If so, do they perform the following steps:
- Explain the confirmation procedure as follows:

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- Instruct the donor not to eat, drink or put any object or substance in their mouth, and to the extent possible, not belch during the waiting period before the confirmation test.
 - Wait 15 to 30 minutes after the completion of the initial test.
 - At the completion of the waiting period, conduct the confirmation test.
 - In the presence of the donor, conduct an air blank and show the reading to the donor.
 - Open a sealed mouthpiece in view of the donor and attach it to the device.
 - Instruct the donor to blow forcefully into the mouth piece until adequate breath is provided.
 - Show the donor the result displayed on the EBT.
 - Record the displayed result, test number, device, the serial number of the device, time and result in Step 3 of the ATF or; attach the printed result to the ATF in the proper place with tamper-evident tape.
 - Date and sign the ATF certification in step 3.
 - Instruct the donor to sign the ATF certification in Step 4.
 - Immediately transmit (via person, telephone or electronic means) the results using Copy 1 to the designated employer representative in a confidential manner, ensuring it was received.
2. At what point does the BAT perform the EBT calibrations? _____

3. Has the BAT ever had a situation with a shy lung? If so, explain the steps they followed.

4. Has the BAT ever had a refusal, where an individual refused to cooperate or provide? If so, explain the steps they followed. _____

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PART 4: MEDICAL REVIEW OFFICER (MRO) REVIEW GUIDE

If the company's MRO has had a comprehensive inspection within the last 2 years, the inspection team just needs to confirm that the MRO does work for that company. If not, each inspector must include the MRO in the inspection, using the following interview and document review guide.

NOTE: This is not an exhaustive listing of questions for the MRO. If you have information regarding a specific incident, you may require more specific questions.

MRO's Name: _____

Address: _____

Phone Number: _____

Lead Inspector/Investigator: _____ **Date:** _____

Interview Questions:

1. How long have you been a Medical Review Officer? _____

2. What type of initial and qualification training have you completed? _____

3. Are you the MRO for _____ (an employer or contractor)
or their Service Agent (_____)? _____

4. Explain your verification process for negatives and non-negatives. _____

5. Are your assistants involved in your verifications? If so, please explain. _____

6. How do you receive the laboratory confirmed results? _____

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7. Have you ever downgraded a confirmed positive? If so, please explain your process, including how and when you send a safety concern letter to the company. _____

8. How do you handle the following?

Invalid Results _____

Dilute Positives or Dilute Negatives _____

Shy bladder situations _____

9. Where do you maintain your MRO records and who has access? _____

10. How do you report verified results (negative and non) to the company? _____

11. What is your procedure for fatal flaws or correctible flaws? _____

Documents/areas that must be reviewed:

1. Qualification Training and Certification Records
2. Requalification Training
3. Verify that the MRO is conducting the required five percent quality check of negative drug test results
4. Downgrades and safety concern letters (if applicable)
5. Non-negative tests and verification notes
 - Efforts to contact employee documented?
 - Split offered?
 - Part 67 holder?
6. If the MRO is co-located with the C/TPA, ensure physical and operational separation.
7. Check one or more of the following organizations to ensure the MRO is licensed, trained or certified:
 - American Association of Medical Review Officer (AAMRO) at www.aamro.com,
 - Medical Review Officer Certification Council (MROCC) at www.mrocc.org,
 - American College of Occupational and Environmental Medicine (ACOEM) at www.acoem.org,
 - American Society of Addiction Medicine (ASAM) at www.asam.org,
 - American Medical Association (AMA) at www.ama-assn.org, or
 - American Board of Medical Specialties (ABMS) at www.abms.org.
8. Verify the MRO does not use any DOT or DOT Agency branding.
9. Verify the MRO is subscribed to the DOT list-serve.

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PART 5: SUBSTANCE ABUSE PROFESSIONAL (SAP) REVIEW GUIDE

When a company has return-to-duty and follow-up testing records, its inspection must include a review of the SAP. Each inspector must use the following interview and document review guides.

NOTE: This is not an exhaustive listing of questions for the SAP. If you have information regarding a specific incident, you may require more specific questions.

SAP's Name: _____

Address: _____

Phone Number: _____

Lead Inspector/Investigator: _____ **Date:** _____

Interview Questions:

1. How long have you been a Substance Abuse Professional? _____

2. What license(s) or certification(s) do you hold to perform as a SAP? _____

3. Have you received qualification training? _____

4. Explain your role in the evaluation, referral and treatment process of employees who have violated DOT drug and alcohol testing regulations. _____

5. What type of follow-up testing do you recommend? _____

6. How do you determine the number and frequency of follow-up tests? _____

7. How do you report your initial and follow-up evaluation assessment to the company? _____
