



U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
Aerospace Medicine Policy

**ORDER
NUMBER
9120.1A**

Effective Date:
05-23-2008

SUBJ : Drug and Alcohol Compliance and Enforcement Inspector Handbook

The Federal Aviation Administration (FAA), Office of Aerospace Medicine (AAM) has prepared this order for Drug Abatement Division (AAM-800) personnel to follow when inspecting and investigating the drug and alcohol testing programs of aviation industry employers, contractors, and individuals for compliance with the provisions of 49 CFR part 40, "Procedures for Transportation Workplace Drug Testing Programs;" 14 CFR part 121, appendix I, "Drug Testing Program;" and appendix J "Alcohol Misuse Prevention Program."

Unless otherwise directed by the Drug Abatement Division Manager, inspectors and investigators must adhere to the procedures in this order. The FAA invites comments and suggestions from those who use the order. Input should be submitted to:

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Office of Aerospace Medicine
Drug Abatement Division (AAM-800)
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Washington, D.C. 20591

A handwritten signature in black ink, appearing to read "F. E. Tilton", is positioned above the printed name.

Frederick E. Tilton, M.D.
Federal Air Surgeon

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Chapter 1. General Information

1. Purpose of this Order. This order documents the procedures used by Federal Aviation Administration (FAA) drug and alcohol compliance and enforcement inspectors and investigators to assess the compliance of aviation industry employers with the requirements in the Code of Federal Regulations (CFR). Specifically, the regulatory requirements including the Department of Transportation's (DOT) 49 CFR part 40, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs;" the FAA's 14 CFR part 121, appendix I, "Drug Testing Program," and appendix J, "Alcohol Misuse Prevention Program;" and other relevant Federal Aviation Regulations. This order is used in conjunction with FAA's "Compliance and Enforcement Program" (Order 2150.3B) to ensure that inspections and investigations are conducted accurately, fairly, and consistently throughout the Drug Abatement Division.

2. Audience. All Drug Abatement Division personnel.

3. Where Can I Find this Order? You can find this order on the MyFAA Employee Web site: https://employees.faa.gov/tools_resources/orders_notices/. This order is available to the public at <http://rgl.faa.gov>.

4. What this Order Cancels. This order cancels Order 9120.1, FAA Anti-Drug Program Compliance Inspector Order, dated January 26, 1994.

5. Inspection Authority. The Omnibus Transportation Employee Testing Act of 1991 (49 USC §§ 45101-45107) and the FAA's general statutory safety authority outlined in 49 USC §§ 106(g) and 44701 provide the authority to conduct the inspections and investigations described in this order.

6. Objectives of the Inspection and Investigation Process. Ensuring compliance with the drug and alcohol testing regulations is the primary objective of the inspection and investigation process. The safety of the traveling public and integrity of the inspection and investigation process form the foundation of every inspection. The regulations and the inspection and investigation processes balance the privacy interests of aviation employees with the safety mandate to detect and deter illegal drug use and alcohol misuse. Inspections and investigations must be conducted in a constructive, ethical, unbiased, and professional manner. Implementation of the procedural safeguards within Federal regulations and this order will ensure these objectives.

7. Who Do We Inspect? We inspect the following parties in accordance with the drug and alcohol testing regulations, 14 CFR part 121, appendices I and J, and 49 CFR part 40:

a. Employers. Part 40 defines an employer as "A person or entity employing one or more employees (including an individual who is self-employed) subject to DOT agency regulations requiring compliance with this part. The term includes an employer's officers, representatives, and management personnel. Service agents are not employers for the purposes of this part." Appendices I and J define an employer as:

- (1) A part 119 certificate holder with authority to operate under parts 121 and/or 135;
- (2) Sightseeing operators conducting flights under 14 CFR § 91.147; and

- (3) Air traffic control facilities not operated by the FAA, or by or for the U.S. Military.

An employer must ensure that individuals hired to perform safety-sensitive functions, directly or by contract (including subcontract at any tier), are subject to drug and alcohol testing. Employers are responsible for all actions of its officials, representatives, and service agents in carrying out the requirements of the testing regulations.

b. Contractors. The appendices define a contractor as, “an individual or company that performs a safety-sensitive function by contract for an employer or another contractor.” There are two options for drug testing contractors:

(1) The contractor obtains and implements its own drug and alcohol testing programs. If the contractor chooses this option, it must implement the programs as if it were the employer.

(2) The employer includes the contractor under its own drug and alcohol testing programs.

c. Service Agents. Part 40 defines a service agent as, “Any person or entity, other than an employee of the employer, who provides services specified under this part to employers and/or employees in connection with DOT drug and alcohol testing requirements.”

(1) A Consortium/Third-Party Administrator (C/TPA) is a service agent that may implement all or portions of the testing program for an employer.

(2) Service agents may provide the following services:

- (a) Urine drug collections, as specimen collectors
- (b) Breath alcohol testing, as breath alcohol technicians (BAT)
- (c) Alcohol saliva testing, as screening test technicians (STT)
- (d) Laboratory¹
- (e) Medical review officer (MRO) functions
- (f) Substance abuse professional (SAP) functions

As part 40 prescribes, service agents are required to comply with all aspects of the regulations. The roles and responsibilities of a service agent are addressed under subpart Q of part 40. Inspections or investigations of any employer may include a review of its service agent’s practices and procedures. The employer is responsible for compliance with the regulations even when using a service agent. Therefore, a service agent’s failure to comply with the regulations may result in violations against the employer.

¹ The Department of Health and Human Services is responsible for monitoring certified laboratories.

A service agent may be subject to a public interest exclusion (PIE), as described under subpart R of part 40, for egregious violations of the regulations. If an inspection or investigation results in allegations of egregious violations of the regulations by a service agent, the inspector must immediately report this information to his/her Compliance and Enforcement (C&E) Center Manager. The C&E Center Manager must forward the information to the Special Investigations and Enforcement Branch Manager in Washington, DC.

Chapter 2. Inspection

1. General. A successful inspection entails accomplishing a sequence of five interrelated activities. This sequence begins with inspection scheduling; proceeds through detailed planning, completion of on-site inspection activities, and reporting of inspection results; and concludes with post-inspection follow-up activities. Inspections are executed according to this chapter and the procedures established under the Quality Management System (QMS) of ISO AAM-800-003. Failure to follow these procedures may result in a corrective action report, as described in the ISO procedure. The Drug Abatement Division has established an inspection checklist, which contains the drug and alcohol regulations in question format. The checklist may be found under Appendix A of this order and in the Compliance and Enforcement Tracking Subsystem (CETS). This checklist must be followed by all inspectors and investigators during each inspection. Deviations from the inspection checklist, including the creation of a personal checklist, are prohibited.

2. Inspection Scheduling. The FAA employs a variety of inspection activities to ensure companies comply with the drug and alcohol testing regulations. Prior to the beginning of the calendar year, the inspection weeks are published in CETS. Before every quarter, the Drug Abatement Division's management team composes a quarterly inspection schedule based on ISO process AAM-800-004, Drug Abatement's Strategic Compliance Monitoring Plan¹ (SCMP), and recommendations from Division personnel.

The C&E Center Managers and Field Operations Branch Manager are responsible for assigning inspectors to an inspection team and appointing the team's inspection lead. When scheduling, the C&E Center Manager will identify whether the inspection is required to be comprehensive (full) or focused and announced or unannounced. Additionally, inspectors and investigators will be assigned to participate in high impact, special emphasis, and service agent inspections. Inspectors and investigators are required to access his/her schedule in CETS.

a. Comprehensive (Full) Inspections. Comprehensive inspections are thorough reviews of all aspects of employers' drug and alcohol testing programs. Although we may sometimes focus emphasis on specific areas based on information concerning potential problems, the overall format of such inspections is standardized in accordance with this order. In some cases, the comprehensive inspection may be conducted without advance notice to the employer. The determination as to whether a comprehensive inspection will be announced or unannounced is made by the Drug Abatement Division, Field Operations Branch, or C&E Center Manager.

b. Focused Inspections. Under certain circumstances, focused inspections, which are narrow or limited in scope, may be conducted in response to a specific problem. Problems may be identified from any of a variety of information sources, including analyses of prior inspection results, annual testing reports, individual or union complaints, or other alternative means. For example, FAA headquarters may receive complaints concerning improper collection procedures. In that case, an inspection focusing on the employer's collection procedures may be conducted. Focused inspections may involve a single employer or entity, as in the example above, or a representative group of employers if information indicates that a problem is widespread.

¹ The Strategic Compliance Monitoring Plan (SCMP) is the Drug Abatement Division's policy for scheduling inspections.

A focused inspection must include the employer's administrative and quality assurance activities and mandatory testing (i.e., pre-employment, random, post-accident, reasonable cause/suspicion, return to duty, and follow-up). The determination as to whether a focused inspection will be announced or unannounced is made by the Drug Abatement Division, Field Operations Branch, or C&E Center Manager.

c. Announced Inspections. An announced inspection requires advance notification to employers. This notification is accomplished when the inspection lead faxes or mails a letter of notification (LON) informing an employer/contractor of an upcoming inspection (see sample LON in Figure 2-1). E-mail notification is not permitted. All LONs and attachments must be generated using the CETS template, and they must also be documented in CETS. Send LONs to the employer as far in advance as possible, but no later than two weeks before the inspection. The inspection lead encloses the following documents with the LON:

- (1) A list of records and documents that should be available for review.
- (2) A request for the employer's points of contact (POCs).
- (3) The anticipated on-site schedule of inspection activities.

Prior to the inspection, the inspection lead ensures that the POC information has been received from the employer and updated in CETS. The inspection team is prohibited from coaching employers or distributing unauthorized documents to them at anytime.

There may be instances in which an employer, after receiving an LON, will question the need for an inspection, because it has ceased operations under 14 CFR § 119.63, but continues to hold a certificate (i.e., 121 or 135). Regardless of whether an employer that holds a certificate is exercising the privileges of its certificate, it must be available for inspection. If the employer advises the FAA that it has ceased its operations, the inspector/investigator must contact the employer's Principal Operations Inspector (POI)/Principal Maintenance Inspector (PMI) to determine whether the employer has surrendered its certificate. That information must then be given to the C&E Center Manager for a determination as to whether the employer will be inspected. If an employer, which has ceased operations under 14 CFR § 119.63 but has retained its certificate, is unwilling to be inspected, it must contact its POI/PMI to surrender its certificate. The inspector/investigator must follow-up with the POI/PMI to ensure that this has been accomplished.

d. Unannounced Inspections. Unannounced inspections are essential to an effective compliance program. Each inspector is responsible for conducting unannounced inspections during the fiscal year.

(1) C&E Center Managers may schedule an unannounced inspection for any inspector during any inspection week.

(2) Inspection teams may conduct an unscheduled unannounced inspection, as time allows, which require the inspector to locate employers/contractors or service agents in their assigned geographical areas to inspect on an unannounced basis.

(3) Preparations for unannounced inspections might include contact with the local Flight Standards District Office (FSDO) to ascertain that the employer is still operating and has an active certificate.

(4) Inspection leads inform the C&E Center Manager(s) and other teams in the geographical area, if possible, before conducting unscheduled inspections, to preclude multiple inspection attempts at the same employers/contractors.

(5) For all unannounced inspections, the inspection lead or team must not contact the employer in advance of the inspection.

e. High Impact Inspections. High impact inspections are conducted by multiple teams of inspectors and investigators from two or more Drug Abatement offices during a one or two week period. This approach permits the concentration of inspector and investigator resources in a planned geographic area and maximizes visibility for the Drug Abatement Program. By involving inspectors and investigators from two or more offices, high impact inspections promote consistency within the inspection process and the application of the regulations, provide cross-training, and permit managers to directly observe and assess an inspector's/investigator's performance. During high impact inspection weeks, a meeting is scheduled for inspectors, investigators, and managers to meet and discuss program issues. These discussions provide management with topics to be covered in future inspector and investigator training or identify a need for guidance and/or policy development.

f. Special Emphasis Inspections. Special emphasis inspections are defined as inspections that are scheduled to focus on one element of the regulations at a national level.

g. Service Agent Inspections. Service agent inspections specifically focus on MROs, C/TPAs, collectors, and BATs. Service agent inspections are independent inspections and are not related to a specific company inspection. The standard operating procedures (SOP) for service agent inspections are in Appendix B of this order.

h. Inspection Schedule Changes and Cancellations. While all efforts are made to maintain the schedule as is, at times it is essential to the program to make necessary changes. All requests to change the final inspection schedule must be submitted through the C&E Center Manager to the Field Operations Branch Manager in Washington, DC. Once an inspector's schedule is established, the inspection planning must begin. Prior to canceling an inspection, the inspector must contact the C&E Center Manager. When a scheduled inspection is cancelled, the cancellation must be documented in CETS.

3. Preparation for the Inspection. The inspection lead is responsible for all planning of the assigned inspections. He/she has a critical role in accomplishing the goals of the inspection, ensuring that all critical aspects of an inspection, including planning and reporting, are accomplished according to established procedures (see inspection lead guide in Figure 2-2).

a. The inspection lead examines CETS and the drug and alcohol enforcement history of each employer to find past noncompliance issues.

b. At a minimum, each inspection will include a review of mandatory testing records (i.e., pre-employment and random testing; positive drug tests, alcohol violations, and refusals) and the records specified in 49 CFR § 40.25. The inspection lead determines if additional areas require evaluation, based on the past enforcement history of the employer, such as previous investigations, voluntary disclosures, legal enforcement actions, etc.

c. Each team member must bring the following inspection tools:

- Copy of the regulations
- Inspection checklist
- Forms (in/outbriefing sheet, witness form)
- Laptop
- Evidence certification stamp
- Office supplies (note pads, paper clips, stapler, etc.)

d. The inspection lead notifies the C&E Center Manager if additional personnel are needed or if a comprehensive inspection is necessary.

4. Travel Requirements. Although the inspection lead is responsible for making travel arrangements, such as lodging and rental cars, for each of their assigned inspections, each inspector and investigator is responsible for adhering to the following travel requirements:

a. Inspectors and investigators must adhere to the FAA Travel Policy (FAATP), which is available on the FAA's Employee Web site.

b. Whenever possible, inspectors and investigators will arrive in the inspection city at approximately the same time. All travel and lodging preparations must be confirmed at least one week prior to the inspection, unless schedule changes preclude this.

c. Inspectors and investigators will conserve time and fiscal resources. For instance, inspectors and investigators will lodge near inspection sites, when possible. The FAATP states, "You must exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business." The Policy further states, "You are responsible for excess costs and any additional expenses that you incur for personal preference or convenience. FAA will not pay for excess costs resulting from circuitous routes, delays, or luxury accommodations or services unnecessary or unjustified in the performance of official business."

d. Travel must be arranged so that inspections begin Monday at 1:00 PM and end at noon on Friday. Consequently, it may be necessary for the inspector/investigator to travel on the Sunday prior to and the Saturday after the inspection.

5. Inspection Work Plan. Each inspector must submit an inspection work plan to the C&E Center Manager, Team Coordinator(s), and secretary/program assistant of his/her center no later than Wednesday of the week prior to inspections (see sample work plan in Figure 2-3). The work plan will contain businesses to be inspected, along with their POCs and telephone numbers. Service agent information will include the name of the employer associated with them.

6. Pre-Inspection Team Meetings. The inspection lead will hold a meeting before the inspection to help ensure a smooth, professional inspection. These meetings must occur prior to arriving at the inspection site. During the pre-inspection team meeting, the inspection lead will:

- a. Provide the past enforcement history of the employer to all members of the inspection team;
- b. Assign one or more of the following inspection areas to each inspection team member: Administrative and Quality Assurance; Specimen Collection; Breath Alcohol Collection; MRO Activities; SAP Activities; Employee Assistance Program (Education and Training); and Recordkeeping and Reporting;
- c. Establish his/her responsibility for the inbriefing, outbriefing, CETS entry, and record reviews; and
- d. Confirm each inspection team member's responsibility to inform the inspection lead immediately of any out-of-compliance issues or evidence.

7. On-Site Inspection Activities. It is critical, and mandatory under ISO procedures, to ensure that each inspection is conducted according to the Drug Abatement Division's inspection protocol. During each inspection, the following requirements must be adhered to:

- a. **Conduct.** All division personnel will conduct themselves professionally and must:
 - (1) Maintain decorum in speech, dress, and behavior;
 - (2) Treat their team members and employer representatives with respect;
 - (3) Avoid socializing with any individual associated with an employer's inspection, including service agents, in accordance with the Ethics Regulations (5 CFR part 2635);
 - (4) Avoid discussing internal FAA activities, e.g., anticipated changes in policy, procedures, or rulemaking, with employers and service agents;
 - (5) Avoid discussing pending enforcement matters pertaining to current or previous inspections and investigations;
 - (6) Avoid conversations regarding other operators; and
 - (7) Bring inspection issues to the attention of the inspection lead.
- b. **Inbriefing.** The inspection lead will conduct the inbriefing with the employer and the inspection team members (see inspection inbriefing/outbriefing guide in Figure 2-4).
 - (1) The inspection lead makes introductions, circulates a sign-in sheet (see Figure 2-5), and explains the inspection process.

(2) At the conclusion of the inbriefing, the inspection lead should invite questions or comments from the employer and other inspection team members.

c. Administrative and Quality Assurance Interview. At the conclusion of the inbriefing, the inspection lead begins the interview with the company representative (program manager or designated employer representative (DER)) regarding the drug and alcohol testing programs. Using the checklist, the questions must include, but are not limited to, the following:

- (1) Types of employees subject to testing;
- (2) Procedures for conducting all types of testing;
- (3) Notification procedures;
- (4) Employer responsibilities;
- (5) Use of service agents; and
- (6) Actions following verified positive drug tests, alcohol violations, and refusals.

All information provided during the interview must be verified during the record review and evidence collection.

d. Drug and Alcohol Testing Records Review. Records are the most common form of evidence used to verify the statements of the employer's representative (see document/record review in Figure 2-6). As an example, an employer may provide the inspection team with a spreadsheet that includes dates of hire, transfer, and pre-employment testing. The inspection team must verify the spreadsheet information by assembling the source documents (personnel action forms, custody and control forms (CCF), etc.) that pertain to each item on the spreadsheet. The inspection team must not request the employer to generate a spreadsheet for the purpose of the inspection.

- (1) Inspection leads and team members will take part in record review activities and enter their findings in the inspection results section of CETS.
- (2) Inspectors/investigators are responsible for reviewing, copying, and certifying documents, as assigned by the inspection lead. The inspector/investigator certifies a document by noting on the back of each page when, where, and from whom the document was obtained. This can be accomplished with the certification of authenticity (see Figure 2-7). Documents should be certified at the inspection site whenever possible.
- (3) All testing records must be reviewed for the time period established by the C&E Center Manager and inspection lead prior to the inspection. Depending on the circumstances, the time periods may include the past two years, since the last inspection, or the last six months.
- (4) Records to review and document, if applicable, include the following categories:

(a) Positive Drug Test and Alcohol Violation Records. Inspectors/investigators must review all verified positive drug test results and alcohol violation results, except those that have already been investigated by the Special Investigations and Enforcement Branch (AAM-830) or should have been reported to AAM-830. Inspectors/investigators must also review the records that document the employee's removal from a safety-sensitive function. The employer has the authority to terminate or rehabilitate the employee prior to his/her return to safety-sensitive functions. If the employee is returned to safety-sensitive functions, the inspection team must review all return-to-duty records. These records may include the SAP reports, return-to-duty test result, and follow-up test results.

(b) Part 67 Medical Certificate Holders. If the employer fails to report a refusal, a violation involving the misuse of alcohol, or a verified positive test result by a part 67 medical certificate holder to the Federal Air Surgeon (through the Drug Abatement Division), the inspection lead will contact the C&E Center Manager immediately and the C&E Center Manager will notify the Special Investigations and Enforcement Branch Manager. Inspectors must not investigate, comment, or discuss the alleged violation with the company or individual.

(c) Refusal Records. Inspectors must review all records concerning refusals to submit to testing, including walk-aways, adulterations, substitutions, etc., as defined in 49 CFR part 40. However, if the refusal was by an individual who holds a part 61, 63, 65, or 67 certificate, the matter must be referred to the Special Investigations and Enforcement Branch for investigation. The employer has the authority to terminate or rehabilitate the employee prior to his/her return to safety-sensitive functions. If the employee is returned to safety-sensitive functions, the inspection team must also review all return-to-duty records. It is important that the C&E Center Manager be immediately notified about a suspected failure on the part of the employer to report a refusal by an airman who holds a part 61, 63, or 65 FAA certificate. The C&E Center Manager will, in turn, report this information to the Special Investigations and Enforcement Branch Manager.

(d) Return-to-Duty Testing Records. Return-to-duty tests are conducted prior to returning an employee to a safety-sensitive function after a verified positive drug test, an alcohol misuse violation, or a refusal. The objective of these tests is to ensure that those who have committed such violations are alcohol or drug-free prior to returning to the performance of safety-sensitive functions. These tests occur after the SAP reports that the individual has successfully complied with the prescribed education and/or treatment. Inspectors/investigators must conduct a thorough review of these records, including: (1) documentation of the triggering event (drug positive, alcohol misuse violation, or refusal to submit to testing), (2) SAP reports (initial and follow-up evaluations, including the follow-up testing schedule), (3) return-to-duty CCFs/breath alcohol testing forms and verified drug test results/confirmed alcohol test results, and (4) documentation that the employee was returned to safety-sensitive functions and placed into the random drug and alcohol testing pools. A flowchart of the return-to-duty process is shown in Figure 2-8.

(e) Follow-up Testing Records. The SAP establishes a written follow-up testing plan after the individual successfully complies with his/her education and/or treatment. The required follow-up tests are conducted after an employee passes the return-to-duty test and has been returned to the performance of safety-sensitive functions. Similar to the return-to-duty testing, the objective of these tests is to ensure that individuals, who have committed violations involving

the misuse of alcohol, a verified positive drug test result, or the refusal to submit to a drug or alcohol test, are compliant with the regulations governing the use of alcohol or prohibited drugs. Inspectors/investigators must conduct a thorough review of these records, including: CCFs/breath alcohol testing forms and verified drug test results/confirmed alcohol test results.

(f) Pre-employment Testing Records. Pre-employment testing is directly tied to aviation safety, in that it is the gateway to safety-sensitive positions. Historically, pre-employment testing has resulted in the highest rate of verified positive results, demonstrating that such tests are effective in detecting illegal drug use. Pre-employment alcohol testing is optional, but if an employer orders an alcohol pre-employment test for one potential hire, all other new hires/transfers to safety-sensitive functions must also be pre-employment alcohol tested.

Pre-employment testing records could include personnel position descriptions, personnel action forms, payroll records, internal company hiring and transfer reports, CCFs, and MRO reports. In addition to reviewing the records, the inspector/investigator should interview any individual whose records, if questionable, need to be clarified or confirmed. Interviews may be the only evidence available to prove a hire/transfer date, or identify other evidence to be gathered, such as maintenance logs, flight logs, or other performance documentation showing the date safety-sensitive functions were performed. Documentation of performance would be used to show aggravating circumstances in an impending legal enforcement action.

(g) Random Testing Records. It is essential for inspectors and investigators to have a thorough knowledge of what comprises a random testing program. Appendix C of this order further explores random testing regulations, including minimum annual rate, selection methodology, excusal policies and over-selection, notification and testing procedures, and testing frequency. Records that could be of use when inspecting an employer's random testing program are: (1) random drug and alcohol selection lists, (2) a listing of who was, or is, in the random pool during the covered period, (3) documentation that employees in the pool perform safety-sensitive functions, (4) dates employees were added or deleted, (5) notification procedures, including notifications to out-lying locations, (6) documentation of whether employees proceeded immediately to the collection site after notification of selection, (7) CCFs, (8) verified drug test results, (9) breath alcohol testing forms with the alcohol test results, and (10) verification that the employer is satisfying the minimum testing rate that is published in the Federal Register.

(h) Reasonable Cause/Reasonable Suspicion Testing Records. Reasonable cause/suspicion testing is critical in the detection of employees reporting for or performing duties while under the influence of drugs and/or alcohol. Employers/contractors must ensure that supervisors are trained to make a testing determination. Inspectors/investigators must review all reasonable cause/suspicion testing records, including: (1) documentation of the event that led to testing, (2) documentation of supervisory training and the material covered, (3) CCFs, (4) verified drug test results, and (5) breath alcohol testing forms with the alcohol test results.

(i) Post-Accident Testing Records. A post-accident test occurs when an employee's performance may have contributed to an aviation accident or cannot be completely discounted as a contributing factor to the accident. Inspectors/investigators must review all post-accident testing records including: (1) documentation of the accident, (2) information regarding the circumstances that led to the determination whether or not to test the employee, (3) CCFs,

(4) verified drug test results, (5) breath alcohol testing forms with the alcohol test results, (6) documentation on why alcohol testing was not conducted within 2 hours and/or 8 hours of the accident, and (7) documentation that drug testing was conducted within 32 hours of the accident.

(j) **Drug and Alcohol Records Check.** Inspectors/investigators must examine all drug/alcohol records check forms during inspections, e.g., records relating to 49 CFR § 40.25(j), regarding whether applicants for safety-sensitive functions had a previous positive test result or refusal at another DOT employer during the past two years. In addition, the inspectors/investigators should make all attempts to interview any individual whose records, if questionable, need to be clarified.

e. Other Elements of an Inspection. In addition to the above elements, the inspection is divided into the following remaining sections:

(1) Collector and BAT. Collector and BAT evaluations may include:

(a) A simulated collection (both drug and alcohol) (see Figure 2-9 for a description of the CCF process);

(b) Review of collector, SST, and BAT records pertaining to qualification training and proficiency demonstration;

(c) Review of CCFs and alcohol testing forms;

(d) Review of areas of noncompliance or concerns noted in previous inspections;

(e) Inspection of all of the employer's collection sites, which may include a medical facility, a mobile facility (e.g., a van), a dedicated collection facility, or any other location that meets the requirements of the regulation; and

(f) Records of equipment checks and calibrations.

(2) MRO. MRO evaluations may include:

(a) An interview with the MRO to verify his/her knowledge of the regulations;

(b) Records pertaining to credentials, qualification training, and continuing education; and

(c) Records pertaining to non-negatives (such as positives, refusals, and invalid tests) and negatives.

(3) SAP. SAP evaluations must include:

(a) The SAP's records pertaining to credentials, qualification training, and continuing education; and

(b) Records for compliance with the return-to-duty requirements.

f. Service Agent Issues Discovered. If any collector, laboratory, MRO, or SAP issues/discrepancies are discovered, regardless of the employer, the inspector/investigator should collect all the evidence and report to the C&E Center Manager. Any egregious noncompliance discoveries should be reported to the C&E Center Manager, who then notifies the Special Investigations and Enforcement Branch Manager.

8. Evidence Collection. Evidence collection is the most critical element of the inspection. Inspectors/investigators must review all evidence relevant to an alleged noncompliance issue whether it proves or disproves a suspected item of noncompliance by the employer. This evidence must answer the questions about what happened, who was involved, and where, when, and why it occurred. The following describes different types of evidence and how each type of evidence should be handled, per Order 2150.3B.

a. Physical evidence consists of tangible objects, such as specimen collection materials or computer software programs relating to random testing. Inspectors/investigators must exercise care in handling physical evidence so that damage, loss, or alteration does not occur.

b. Witness interviews may be used to prove noncompliance and may be helpful in leading the inspector/investigator to other people who have direct knowledge or documentation of the issue.

(1) When possible, interview all witnesses who may be aware of a noncompliance issue.

(2) Witness accounts should be written and signed by the author, who may be the witness or the inspector/investigator. Witnesses should be informed that they are not under oath.

(3) The interview must be conducted in a professional manner with consideration for the following (see employee interview guide in Figure 2-10 and sample witness statement in Figure 2-11):

(a) Plan the interview and questions in advance.

(b) Be attentive and take notes.

(c) Maintain control of the interview.

(d) Ask direct, relevant, and open-ended questions.

(4) Inspectors and investigators will prepare a record of interview when outlining the interview/conversation conducted with witnesses or alleged violators (Note: The record of interview job aid is located in Appendix A (Figure A-3) of FAA Order 2150.3B). It should only state what the witness provided and it must not include the inspector's/investigator's personal views and/or opinions. A record of interview is necessary if a witness declines to provide a statement.

(5) Inspector/investigator statements are used to document findings that are not available in witness statements, technical publications, logbooks, and manuals, etc. They are also used to document a violation that is observed by the inspector/investigator or to capture an interview when a witness is unwilling to sign a record of interview. Inspector/investigator statements must

include the date, time, location, and contact information of those present. They must be personally signed and dated by the inspector/investigator and must not include his/her personal views and/or opinions.

9. Documentation of Inspection Results. In preparation for the outbriefing, each inspection lead will, as soon as possible, enter his/her documentation of the inspection results into CETS. The following documentation must be entered into CETS in full detail:

a. Update of Company Profile. Any new information concerning the company, such as additional locations, company representatives, service agents, etc., must be added to its profile.

b. Outcome of Areas Reviewed and Discovered Issues. The results of an inspection should be noted with the following:

(1) Out-of-compliance items are noted when it is established that an alleged violation occurred. It is not sufficient to document only a few noncompliance items to show a pattern. All discovered issues must be documented. For example, if one checklist item was out of compliance on multiple occasions, then each occasion must be listed. Documentation of each out-of-compliance item must include a full description of what happened, who was involved, where and when it occurred, and any information on why it occurred.

(2) Concerns are noted when there are issues discovered that are not a violation, but may lead to a violation if the employer and/or service agent fails to resolve the issue. For example, if a collector has never dealt with a shy-bladder situation, he/she may be asked to explain the shy-bladder procedures as described in 49 CFR § 40.193. If the collector is unfamiliar with these procedures, this will be noted as an area of concern.

(3) Open items are noted when the issue cannot be resolved without clarification from management, or the team cannot agree on a specific item. These items are revisited after a determination is made in coordination with the C&E Center Manager and the inspection lead.

10. Inspection Conclusion. The inspection lead will meet with the inspection team to assure that all applicable items on the inspection checklist were covered and appropriate documentation was gathered, in accordance with this chapter. At this time the team will review and agree on all issues of noncompliance, concerns, or open items. If there is disagreement between the team on a particular item(s), the inspection lead must inform the employer at the outbriefing that the item(s) will be left open and addressed later. The inspection lead should document the inspection results in CETS prior to the outbriefing, if possible.

a. Outbriefing. The inspection lead is responsible for the outbriefing (see inspection inbriefing/outbriefing guide in Figure 2-4 and the sample outbriefing report in Figure 2-12).

(1) All members of the inspection team should attend and actively participate.

(2) The inspection lead circulates a sign-in sheet (see Figure 2-5).

(3) The inspection lead appraises the employer of the noncompliance items and concerns that were found. The inspection lead resolves any discrepancies between the information the inspectors/investigators have gathered and the employer's understanding of the issue(s). There will be no display of disagreement among team members at the outbriefing.

(4) The inspection lead should encourage the employer to institute immediate corrective action(s) or agree that corrective action will be taken by a specific date.

(5) Inspectors/investigators must not discuss any possible enforcement actions related to the inspection.

(6) The inspection lead should also use this opportunity to educate the employer if it appeared during the inspection that there was a lack of understanding about the regulations. Inspectors/investigators will refrain, however, from interpreting regulations or discussing possible enforcement actions.

b. Following the outbriefing, the inspection team should gather all records and materials and leave the company.

(1) Do not leave anything behind, for instance, papers, folders, extraneous copies of documents.

(2) It is not appropriate to socialize with employers' representatives or service agents, as this might give the appearance of a conflict of interest.

c. The inspection lead must hold a post-inspection meeting with the inspectors/investigators to discuss lessons learned and to ascertain that all documentation has been gathered and certified. If the outbriefing report has already been entered into CETS, the inspection lead should have each inspector/investigator approve and initial the outbriefing report.

11. Reporting Inspection Activities.

a. No later than 4 in-office working days after the inspection, each inspection lead must ensure that the information gathered is entered into CETS thoroughly and accurately. Specifically:

(1) Resources tab (i.e., date and time of inspection);

(2) Updates to company information (i.e., contacts, locations, etc.);

(3) Identifying out-of-compliance items, areas of concern, and undecided items;

(4) Violation description(s);

(5) Evidence collected;

(6) Programs tab (i.e., drug and alcohol program self-administered or C/TPA and random protocol information); and

(7) Interviews (all interviewees identified and a synopsis of their statements).

b. When an inspection results in no items of noncompliance, this is indicated in CETS and no further correspondence is sent to the employer. In this event, the inspection lead should let the company representative know that no further documentation will be sent.

c. When an inspection identifies items of noncompliance, further correspondence is prepared by the inspection lead using CETS (see inspection correspondence flowchart in Figure 2-13).

(1) Letter of Investigation (LOI). When an inspection results in an LOI, it must be prepared through CETS. This will generate an enforcement investigative report (EIR) file number. The LOI, which is the first step in preparing an EIR, must describe the items of noncompliance (see sample LOI in Figure 2-14). The inspection lead must provide a draft LOI and the outbriefing report to the Team Coordinator and/or C&E Center Manager within 4 in-office working days of returning from the inspection. The LOI and outbriefing report are either returned to the inspection lead for changes or approved. If the correspondence is returned to the inspection lead for changes, the review is documented under the Milestones Section in CETS and the process begins again. After the Team Coordinator and/or C&E Center Manager approves the LOI, he/she must enter the final sign-off into CETS in accordance with the Team Coordinator/C&E Center Manager Standards. Once the LOI is sent, the inspection lead prepares the 2150-5 form, except for the final action, and enters it into the EIS through CETS.

(2) Enforcement Decision. Once the LOI response is received, the inspection lead must determine the appropriate type of enforcement action to be taken by using the Enforcement Decision Tool (EDT), which is in Appendix F of FAA Order 2150.3B. If the evidence gathered during the inspection will not support an administrative or a legal enforcement action, the inspection lead would recommend that no action is taken. The inspection lead should discuss his/her recommended action with the Team Coordinator or C&E Center Manager.

(a) Administrative Action. A letter of correction (LOC) or warning notice (WN) is used when an administrative action is appropriate. An LOC serves the same purpose as a WN, except the LOC is used when there is agreement with the company that corrective action acceptable to the FAA has been taken, or will be taken, within a reasonable time (see samples of an LOC in Figure 2-15 and a WN in Figure 2-16). The inspection lead must provide a draft of the LOC/WN to the Team Coordinator and/or C&E Center Manager within 45 in-office working days of returning from the inspection. The LOC/WN is either returned to the inspection lead for changes or approved. If it's returned for changes, the review is documented under the Milestones Section in CETS and the process begins again. After the Team Coordinator and/or C&E Center Manager approves the LOC/WN, he/she must enter the final sign-off into CETS in accordance with Team Coordinator/C&E Center Manager Standards. Once the LOC/WN is sent, the inspection lead enters the completed 2150-5 form, including the final action, into the EIS through CETS.

(b) Legal Enforcement Action. Legal enforcement action includes circumstances where serious safety issues are involved or there is a pattern of noncompliance that indicates an inability or unwillingness to comply with regulatory requirements. The Team Coordinator and/or C&E Center Manager should be consulted before preparing a legal enforcement report. Legal enforcement actions may include civil penalties or certificate actions. All follow-up activities are entered into CETS. The

inspection lead must provide a draft legal enforcement report to the Team Coordinator and/or C&E Center Manager within 30 in-office working days of returning from the inspection. The legal enforcement report is either returned to the inspection lead for changes or approved. If it's returned for changes, the review is documented under the Milestones Section in CETS and the process begins again. After the Team Coordinator and/or C&E Center Manager approves the legal enforcement report, he/she must enter the final sign-off into CETS in accordance with Team Coordinator/C&E Center Manager Standards. Once the legal enforcement report is approved, the inspection lead enters into CETS the date that it was sent to the Office of the Chief Counsel (AGC). He/she then enters the completed 2150-5 form into the EIS through CETS. There's additional information on this subject in "Legal Enforcement Report Guidance," which is located on the Drug Abatement Division (AAM-800) QMS Web site.

(c) No Action. The inspection lead will close out an issue with no action when there is insufficient evidence to prove the alleged violation or when the alleged violation is considered a stale complaint. A complaint is considered stale when the FAA is unable to meet its statutory time requirements for pursuing legal enforcement action. Either situation will result in the issuance of a no action letter (see samples of a no action letter in Figures 2-17 and 2-18). The inspection lead must provide a draft of the no action letter to the Team Coordinator and/or C&E Center Manager within 45 in-office working days of returning from the inspection. The no action letter is either returned to the inspection lead for changes or approved. If it's returned for changes, the review is documented under the Milestones Section in CETS and the process begins again. After the Team Coordinator and/or C&E Center Manager approves the no action letter, he/she must enter the final sign-off into CETS in accordance with Team Coordinator/C&E Center Manager Standards. Once the letter is sent, the team lead enters the completed 2150-5 form, including the final action, into the EIS through CETS.

d. The inspection lead ensures that all follow-up activities are entered into CETS. He/she must also ensure that any follow-up information, such as documentation of corrective action by the employer, and incoming and outgoing communication, is obtained and documented in CETS.

Figure 2-1. Sample Letter of Notification (LON)

U.S. Department
of Transportation

Federal Aviation Administration

September 30, 2005

Certified Mail - Return Receipt Requested

Brian Smith
One Twenty One Airways, Inc.
12 Air Carrier Ave.
Green Valley, VA 20004

Dear Mr. Smith:

The Federal Aviation Administration (FAA) will be conducting an inspection of your drug and alcohol testing programs beginning at 1:00 PM on October 31, 2005. The members of the inspection team will be John King and Vicky Lacy.

The purpose of this inspection is to determine whether One Twenty One Airways Inc.'s drug and alcohol testing programs comply with 49 CFR part 40 and 14 CFR part 121, appendices I and J.

The inspection will include your collection site, Medical Review Officer (MRO), and Substance Abuse Professional (SAP). Please make the following arrangements for the inspection:

Collection Site – Tuesday, November 1, 2005 at 8:30 AM.

MRO – Tuesday, November 1, 2005 at 11:00 AM.

SAP – Tuesday, November 1, 2005 at 2:00 PM.

Please review the following documentation to facilitate the inspection:

Records for Review (please provide the information upon our arrival.)

Points of Contact Form (please complete and return it to me by October 19, 2005.) My fax number is (202) 355-6001.

Inspection Schedule.

If you have any questions about this inspection, please contact me at (202) 355-6000.

Sincerely,

John King, Inspector
Drug Abatement Division
Office of Aerospace Medicine

Attachments

Figure 2-1. Sample LON (cont'd)

RECORDS/DOCUMENTS REQUIRED FOR REVIEW

To facilitate the inspection, please be prepared to discuss your Drug and Alcohol Testing Programs and have the following records available for review during the inspection. **NOTE:** Some items on this list are required only if those events have occurred or if that practice is followed. Other documents listed may not be required by regulation, but if available, will assist our review of your program.

RECORDS RETAINED BY THE COMPANY:

1. Total number of covered employees: _____
2. Please tabulate the following for the previous 24 months:

Number of safety-sensitive employees hired:	_____
Number of verified positive drug tests:	_____
Number of alcohol tests of .02 or greater:	_____
Number of refusals to submit to a required drug test:	_____
Number of refusals to submit to a required alcohol test:	_____
3. List of all covered employees hired or transferred into covered positions, with hire date and date person began performing covered functions, for the past 24 months. Include terminated employees. Please provide two copies of this list.
4. List of all employees currently in the random testing pool, including the dates that employees were added to the pool.
5. Verification of notification to applicants of FAA required drug testing.
6. Drug and alcohol testing information released by new employees' previous employers.
7. Random selection lists for the previous 24 months.
8. Instructions provided to donors prior to collection.
9. Negative drug test results for the last 12 months.
10. Alcohol testing results for the last 12 months (with results of less than .02).
11. Documentation of post-accident drug and alcohol testing or decision not to test.
12. Documentation of reasonable cause/reasonable suspicion testing.
13. Verification of Blind Testing for companies with 2000 or more covered employees.
14. Documentation that the MRO reviewed 5% of all negative drug test results. Copy of the MRO's certification and proof of continuing education.
15. Copies of materials that are displayed and distributed to all covered employees (informational material on drug abuse, community service hotline number, and company drug policy).
16. Supervisory drug and alcohol reasonable cause/suspicion training documentation and materials.
17. Employee drug training documentation and materials.
18. Documentation that alcohol educational materials and employer's alcohol testing policies and procedures were distributed to covered employees. Copy of the alcohol educational materials.

Figure 2-1. Sample LON (cont'd)

19. Drug and/or alcohol logbooks.
20. Semi-annual laboratory reports for the last 12 months.
21. Drug and Alcohol Management Information System (MIS) Reports for the previous calendar year.
22. List of contractors as required by 14 CFR part 121.369(a) or part 135.427(a) and other contractors providing covered services (e.g., ground security coordinators, maintenance providers).
23. Please note that inspectors may ask to look at pilot, flight attendant, and maintenance records as part of this inspection. Please be prepared to facilitate a review of those records.

REGARDING EMPLOYEE DRUG AND ALCOHOL VIOLATIONS:

1. Positive drug test results (and refusals) for the last 60 months to include Federal Drug Testing Custody and Control Form, Medical Review Officer notification of results, and supporting documentation for the reason for testing.
2. Alcohol testing results for the last 60 months with results equal to or greater than 0.02, including BAT forms and supporting documentation for the reason for testing.
3. Verification that employees testing positive or refused a drug and/or alcohol test were immediately removed from a safety-sensitive function.
4. Notification to FAA of refusals for drug or alcohol testing for parts 61, 63, 65 and 67 certificate holders.
5. Notification to FAA of drug positives or alcohol violations for part 67 medical certificate holders.
6. List of Substance Abuse Professional (SAP) used, including their address and telephone numbers.
7. Documentation that return-to-duty requirements (e.g., SAP evaluation reports) were followed.
8. Follow-up testing schedule and Federal Drug Testing Custody and Control Forms/Alcohol Testing Forms for all follow-up tests during the last 60 months.

Figure 2-1. Sample LON (cont'd)

**FEDERAL AVIATION ADMINISTRATION
AVIATION DRUG AND ALCOHOL PROGRAM COMPLIANCE INSPECTION
EMPLOYER POINTS OF CONTACT**

Program Area	Points of Contact Name/Title	Address/Phone/Fax No.
1. Employer Administrative and Quality Assurance Activities <ul style="list-style-type: none"> • Types of Testing • Random Selection Method • Laboratory Quality Assurance 		
2. Primary Specimen Collection Site, Primary Alcohol Testing Site		
3. Medical Review Officer		
4. Substance Abuse Professional		
5. Training and Education Records <ul style="list-style-type: none"> • Training for Supervisors • Training for Employees • Informational Material Displayed and Distributed to Employees 		
6. Remaining record keeping & reporting		

Figure 2-1. Sample LON (cont'd)**Inspection Schedule**

Day 1 October 31, 2005 FAA INSPECTION LEAD: John King, Phone Number: (202) 355-6000 Employer POC: Brian Smith, Phone Number: (703) 111-2222			
Time	Activity	FAA Staff	Employer Staff
1:00-1:45 PM	Inbrief	Lead: J. King	Brian Smith and other company representatives as determined by the company.
1:50-3:00 PM	Q & A	Lead: J. King	
3:10 –4:45 PM	Review of Records	Lead: J. King	
4:45-5:00PM	Wrap up	Lead: J. King	

Figure 2-1. Sample LON (cont'd)**Inspection Schedule**

<p style="text-align: center;">Day 2 November 1, 2005</p> <p>FAA INSPECTION LEAD: John King, Phone Number: (202) 355-6000</p> <p>Employer POC: Brian Smith, Phone Number: (703) 111-2222</p>			
Time	Activity	FAA Staff	Employer Staff
8:30-10:45 AM	Inspect Collection Site	Lead: J. King	
11:00- 12:30 PM	Inspect MRO	Lead: J. King	
12:30-1:30 PM	Lunch		
1:30-2:30 PM	Inspect MRO	Lead: J. King	
2:45-4:45 PM	Inspect SAP	Lead: J. King	
4:45-5:00 PM	Wrap Up	Lead: J. King	

Figure 2-1. Sample LON (cont'd)**Inspection Schedule**

Day 3-4 November 2-3, 2005 FAA INSPECTION LEAD: John King, Phone Number: (202) 355-6000 Employer POC: Brian Smith, Phone Number: (703) 111-2222			
Time	Activity	FAA Staff	Employer Staff
8:30-12:30PM	Review of Records	Lead: J. King	Brian Smith and other company representatives as determined by the company.
12:30 – 1:30PM	Lunch		
1:30 – 4:45PM	Review of Records	Lead: J. King	
4:45-5:00PM	Wrap up	Lead: J. King	

Figure 2-1. Sample LON (cont'd)

Inspection Schedule

<p style="text-align: center;">Day 5 November 4, 2005</p> <p>FAA INSPECTION LEAD: John King, Phone Number: (202) 355-6000</p> <p>Employer POC: Brian Smith, Phone Number: (703) 111-2222</p>			
Time	Activity	FAA Staff	Employer Staff
8:30-11:30PM	Review of Records	Lead: J. King	Brian Smith and other company representatives as determined by the company.
11:30 –12:30PM	Outbriefing	Lead: J. King	

Figure 2-2. Inspection Lead Guide

<u>Pre-Inspection</u>	<u>Inspection</u>
<p>___ Mail/Fax LON, with enclosures, to the employer as far in advance as possible, but no later than two weeks before the inspection.</p> <p>___ Records/Documents Required for Review</p> <p>___ Points of Contact Form</p> <p>___ Aviation Employer Inspection Schedule** (**OPTIONAL FOR 1 DAY INSPECTIONS)</p> <p>___ Confirm date of inspection with employer.</p> <p>___ Discuss logistical arrangements with employer, get directions from POC.</p> <p>Inquire about the availability of:</p> <p>___ Copier</p> <p>___ Team meeting room</p> <p>___ Ensure documentation is received from employer.</p> <p>___ Research enforcement history.</p> <p>___ Provide history to team.</p> <p>___ Notify C&E Center Manager if additional resources are needed.</p> <p>___ Provide travel and lodging info to team.</p> <p>___ Ensure that appropriate management representatives will be available to discuss:</p> <p>___ Employer Administrative and Quality Assurance Activities</p> <p>___ Specimen Collection</p> <p>___ Breath Alcohol Testing Procedures</p> <p>___ Medical Review Officer Activities</p> <p>___ Substance Abuse Professional Activities</p> <p>___ Drug Testing and Alcohol Information, Training, and Referral</p> <p>___ Recordkeeping and Reporting</p> <p>___ Ensure relevant documents will be available.</p> <p>___ Complete inspection plan and assign areas of responsibility to team members.</p> <p>___ Submit work plan to C&E Center Manager, Team Coordinator(s), and secretary/program assistant.</p>	<p>___ Conduct initial team meeting.</p> <p>___ Coordinate inspection team members' activities during the inspection.</p> <p>___ Conduct inbriefing w/ sign-in sheet.</p> <p>___ Conduct review meetings with team members during inspection and prior to outbriefing.</p> <p>___ Contact C&E Center Manager if team is undecided about issues during the review process.</p> <p>___ Interview safety-sensitive employees.</p> <p>___ Ensure that all evidence is gathered, verified, & certified during the on-site inspection.</p> <p>___ Document findings in CETS (if possible).</p> <p>___ Conduct outbriefing w/ sign-in sheet.</p> <p>___ Conduct final team meeting to discuss good points, problem areas, and lessons learned.</p> <p><u>Post-Inspection</u></p> <p>___ Enter inspection activity and follow-up actions in CETS.</p> <p>___ Team members concur.</p> <p>___ Forward documentation to C&E Center Manager/Team Coordinator for final review and approval.</p> <p>___ Send correspondence to employer as appropriate and track corrective actions.</p> <p>___ Update CETS as activities occur.</p> <p>___ Prepare and process enforcement actions (legal and administrative).</p> <p>___ Close out or complete CETS record.</p>

Figure 2-3. Sample Work Plan

<i>Inspection Week Work Plan</i>	
<u>SECTION I</u>	
<u>Team Members:</u> John King, Vicky Lacy	
<u>Dates of Inspection:</u> 01/08/2007-01/12/2007	
<u>Hotel Info:</u>	
Name: R&R Hotel	
Street Address: 345 Hotels Blvd.	
City, State: Dallas, TX	
Telephone: (214)123-6789	
<u>SECTION II</u>	<u>Inspection Workload</u>
<u>Planned</u>	
Company Name: Fast Jet Airlines, Inc.	
POC: Mary Smith	
POC Telephone: (214)222-3333	
Date of Inspection: 1/8/2007	
Team Lead: John King	
Start Time: 1:00 PM	
<u>Planned</u>	
Company Name: Fast Jet Airlines, Inc.	
POC: Mary Smith	
POC Telephone: (214)222-3333	
Date of Inspection: 1/9/2007	
Team Lead: John King	
Start Time: 8:30 AM	
<u>Planned</u>	
Company Name: Turboprop Airlines, Inc.	
POC: John Smith	
POC Telephone: (214)777-8888	
Date of Inspection: 1/9/2007	
Team Lead: Vicky Lacy	
Start Time: 1:00 PM	

Figure 2-3. Sample Work Plan (cont'd)

<p><u>Planned</u></p> <p><i>Company Name:</i> Mega Wrench Mechanics, Inc. <i>POC:</i> Steve Jones <i>POC Telephone:</i> (214)345-6789 <i>Date of Inspection:</i> 1/10/2007 <i>Team Lead:</i> John King <i>Start Time:</i> 8:30 AM</p>
<p><u>Planned</u></p> <p><i>Company Name:</i> XYZ Avionics, Inc. <i>POC:</i> Kathy Dean <i>POC Telephone:</i> (214)111-7777 <i>Date of Inspection:</i> 1/10/2007 <i>Team Lead:</i> John King <i>Start Time:</i> 1:00 PM</p>
<p><u>Planned</u></p> <p><i>Company Name:</i> 135 Commuter Air, Inc. <i>POC:</i> Ron Baker <i>POC Telephone:</i> (214)222-4444 <i>Date of Inspection:</i> 1/11/2007 <i>Team Lead:</i> Vicky Lacy <i>Start Time:</i> 8:30 AM</p>
<p><u>Planned</u></p> <p><i>Company Name:</i> Flight Plan Scenic Tours, Inc. <i>POC:</i> Jeff Smith <i>POC Telephone:</i> (214)999-1111 <i>Date of Inspection:</i> 1/11/2007 <i>Team Lead:</i> Vicky Lacy <i>Start Time:</i> 1:00 PM</p>
<p><u>Planned</u></p> <p><i>Collection Site:</i> Collections 101, Inc. <i>Company Name:</i> Fast Jet Airlines, Inc. <i>POC:</i> Bob David <i>POC Telephone:</i> (214)432-9876 <i>Date of Inspection:</i> 1/12/2007 <i>Team Lead:</i> John King <i>Start Time:</i> 8:30 AM</p>

Instructions: One Inspection week work plan per team must be completed. Complete Section I and II and email to the Team Coordinator, Center Manager, and the Secretary/Program Assistant of your center no later than the Wednesday prior to the inspection.

Figure 2-4. Inspection Inbriefing/Outbriefing Guide**Inbriefing**

- _____ Introduce team members to employer representatives and pass a sign-in sheet.
- _____ Explain the purpose and scope of the inspection.
- _____ Review the inspection schedule.
- _____ Confirm employer POCs, C/TPAs and document/record locations.
- _____ Describe the outbriefing that is to be held at the end of the inspection.

Outbriefing

- _____ Thank employer for cooperation and assistance, as applicable, and pass the sign-in sheet.
- _____ Inspection lead may request that employer hold questions and comments until end of briefing.
- _____ If there are no out-of-compliance issues, advise employer that this concludes the inspection and there will be no further correspondence.
- _____ Review scope of inspection and activities conducted and state that there will be a written follow-up to the inspection.
- _____ Describe items that are allegedly out of compliance with the regulations.
- _____ Review any open items, if applicable. An open item is an item that requires guidance from Management.
- _____ State areas of concern, if applicable. Concerns are any item that is not out of compliance but could lead to an out-of-compliance issue if not addressed.
- _____ Negotiate with a time limit with the employer for completing corrective actions.
- _____ Describe review process, but do not discuss possible enforcement
- _____ Do not leave written inspection materials or results with employer.

Figure 2-5. Meeting Attendance List

MEETING ATTENDANCE LIST

Company: _____

Date: _____

Name	Title/Organization	Telephone Number	Email Address	Attendance
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing
				<input type="checkbox"/> In briefing <input type="checkbox"/> Out briefing

Figure 2-6. Document/Record Review Guide

Documents/ Records	Reviewed By (Inspector's/Investigator's Name)
1. Drug Program Training Records	
2. Alcohol Program Training Records	
3. Federal Drug Testing Custody & Control Forms	
4. DOT Alcohol Testing Forms	
5. Specimen Collection Logs	
6. MRO Records – Records of Notification & Determination	
7. Blind Testing Results	
8. Part 67 Positives and Notifications to the FAA Federal Air Surgeon	
9. Refusal Documentation (drug and/or alcohol)	
10. Verified Positive Drug Test Results	

Figure 2-6. Document/Record Review Guide (cont'd)

Documents/ Records	Reviewed By (Inspector's/Investigator's Name)
11. Alcohol Misuse Violations	
12. Disposition of Verified Positive Drug Test Cases and Alcohol Misuse Violation Cases	
13. Documents Pertaining to Drug Testing Arbitration or Litigation	
14. Random Selection Documentation	
15. Reasonable Cause & Reasonable Suspicion	
16. Reportable Accident Records & Post-Accident Tests	
17. Calibration logs for Evidential Breath Testing Devices	
18. Laboratory Correspondence – Include Semi-annual Summaries	
19. Documentation to Verify Contractor Compliance	

Figure 2-6. Document/Record Review Guide (cont'd)

20. Maintenance Records	
21. Pilot Flight Records/Logs	
22. Flight Attendant and Other Job Category Work Records	
23. Personnel Records (include hire dates)	

Figure 2-7. Sample Certifications of Authenticity

1. Documents copied from originals held by individuals or companies:

I certify that this is a true and accurate copy of the original {insert description of document} held by {insert name of source}.

{Name of FAA Investigative Personnel}

2. Documents secured by FAA Investigative Personnel from sources outside the FAA upon request:

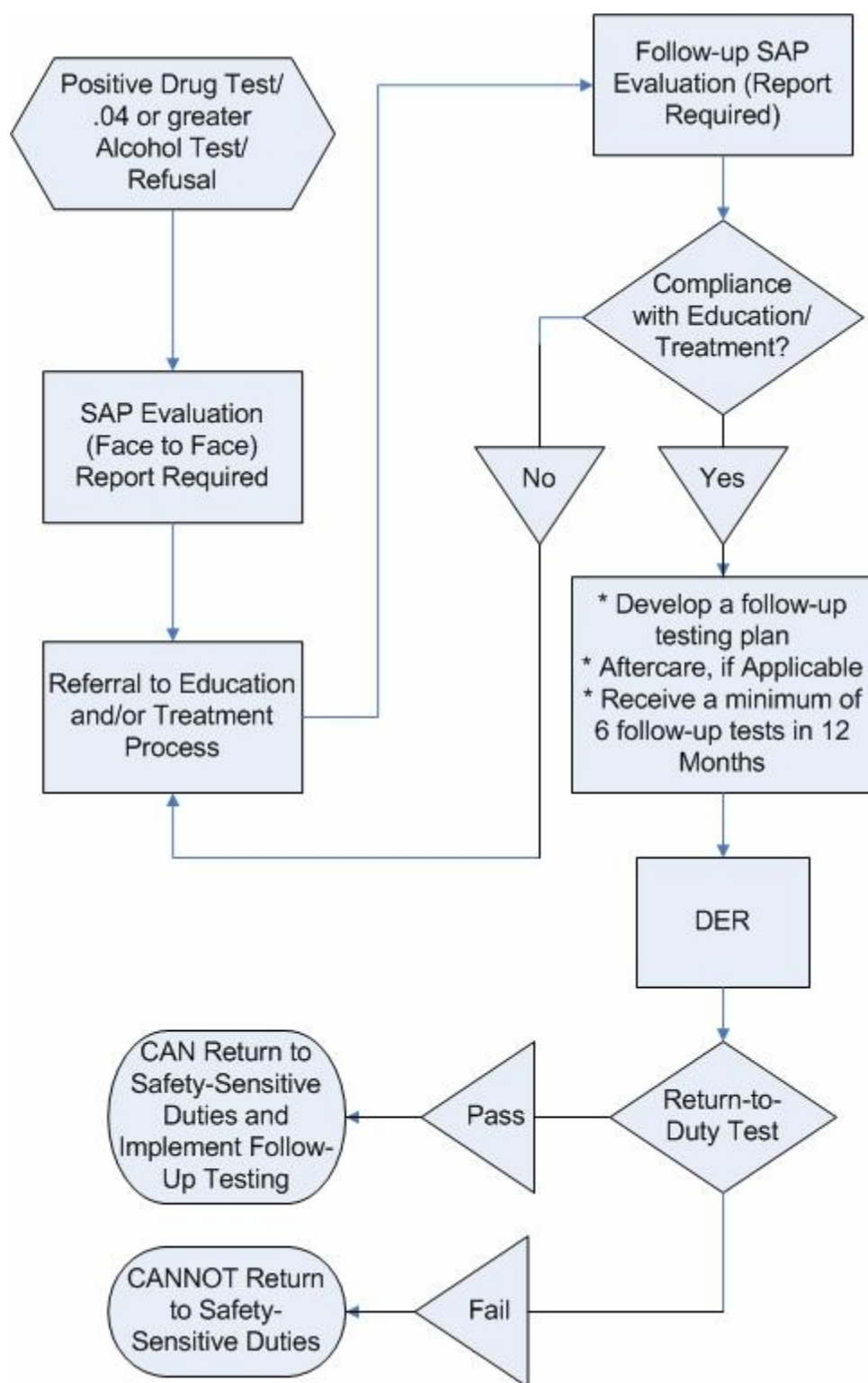
I certify that this copy of {insert description of document} was provided to me upon request by {insert name of source}.

{Name of FAA Investigative Personnel}

3. Photographs either taken or secured by FAA Investigative Personnel:

I certify that this photograph fairly and accurately depicts {describe the image of the photograph} on {insert date and time it was taken}.

{Name of FAA Investigative Personnel}

Figure 2-8. Return-to-Duty Process Flowchart

**Figure 2-9. Federal Drug Testing
Custody and Control Form (CCF) Process Flowchart**

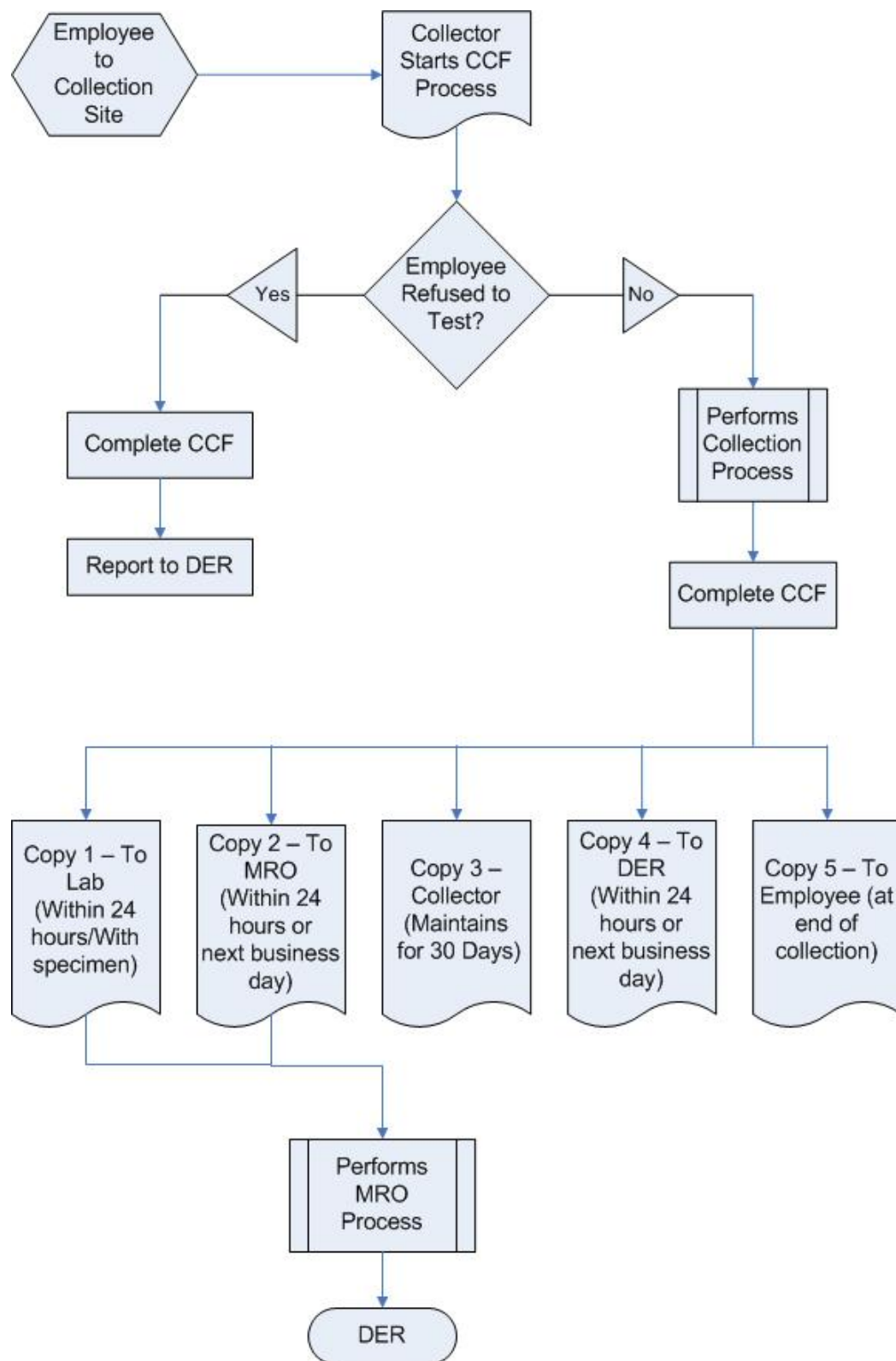


Figure 2-10. Employee Interview Guide

Employer_____

Date/Time_____

Interviewer Name_____

Employee Name_____

Employee Job Title_____

Length of Service with Employer_____

Total Experience_____

This interview is voluntary. Its purpose is to help evaluate the drug and alcohol testing programs mandated by the FAA.

What type of work do you do and when were you hired? Explain your duties/assignments.

Are you a supervisor?

When did you first perform safety-sensitive duties?

Have you submitted to any drug tests? When?

If a pre-employment test is not mentioned, ask:

Did you have a pre-employment drug test? When?

If the employee cannot recall when he/she received a pre-employment test, ask:

Was this before or after you first performed safety-sensitive functions?

Do you know how your name was selected for a drug test or tests after you were hired?

After you were notified of your selection, when did you have to appear for your test?

Have you submitted to any alcohol tests? When?

After you were notified of your selection, when did you have to appear for your test?

Have you received training regarding the drug and alcohol testing program of your employer?

What are some of the effects and consequences of drug use on personal health, safety, and the work environment?

Figure 2-10. Employee Interview Guide (cont'd)

Can you name some of the behavioral indicators that may indicate drug use?

What are some of the effects and consequences of abusing alcohol on personal health, safety, and the work environment?

Can you name some of the behavioral indicators that may indicate alcohol abuse?

Have you received any informational materials on the drug and alcohol testing programs? If so, what types of materials have you received?

Have you received a community service hotline telephone number for employee assistance? If so, when and where did you receive the number?

Have you received a copy of your employer's policy regarding drug use in the workplace?

(When interviewing Supervisors Only)

Have you received training concerning reasonable cause and reasonable suspicion testing?

Describe the training you received.

When did you receive this training?

How often have you received training?

When was the last time you received this training?

Did the training include specific contemporary physical, behavioral, and performance indicators of drug and alcohol use?

How long was the training?

(If necessary, ask:) Was the training at least 60 minutes in length for both the alcohol and drug portions?

Do you have any general comments, concerns, or complaints regarding the drug and alcohol testing programs?

Figure 2-11. Sample Witness Statement Form

Inspection Witness Statement Form	
(PRINT)	
Name of Employer or C/TPA:	
Witness Name:	Date:
Mailing Address:	Time:
Telephone:(Home)	(Work) Place:
Inspector's/Investigator's Name:	
Others Present:	
Narrative:	
Witness Signature:	Date:
Signature(s) of others present	, ,
Inspector/Investigator Signature:	Page ____ of ____

Figure 2-11. Sample Witness Statement Form (cont'd)

[illegible]

Figure 2-12. Sample Outbriefing Report**Outbriefing Report****Company Name: One Twenty One Airways, Inc.**

Certificate Number: Z888888L Type of Company: 121

Inspection Date: 12/30/2005 Type of Inspection: Full

Team Leader: John King (202) 355-6000**Team Members: Vicky Lacy (330) 599-4444****Inspection Findings:****Inspected Location: Green Valley, VA****OUT-OF-COMPLIANCE ITEM(S):**

1. 1.04.01 - Employer must conduct a pre-employment test and receive a verified negative drug test result prior to hiring an individual to perform a safety-sensitive function. (14 CFR part 121, appendix I, V, A, 1)

Months Of Review: N/A**Violation Details:**Date of Occurrence: 08/30/2005Employee Name: Adam JacksonEmployee Number: 555-22-5555Safety-Sensitive Function: Pilot

Violation Description: On August 30, 2005, Adam Jackson was hired as a pilot for One Twenty One Airways, Inc. Prior to that date, on August 17, 2005, One Twenty One Airways, Inc. sent Mr. Jackson to Drug Testing, Inc., its testing site, for a pre-employment drug test. Drug Testing, Inc., failed to properly conduct a DOT pre-employment drug test on Mr. Jackson in that the laboratory used a non-Federal chain of custody form instead of a Federal Custody and Control Form (CCF). Additionally, the records review revealed that One Twenty One Airways, Inc. did not have in its records a verified negative drug test result pertaining to a pre-employment drug test for Mr. Jackson. Therefore, One Twenty One Airways, Inc. did not conduct a DOT pre-employment drug test or receive a verified negative drug test result prior to hiring Mr. Jackson to perform a safety-sensitive function.

Evidence Found: 1) Adam Jackson's non-Federal pre-employment chain of custody form dated August 17, 2005. 2) One Twenty One Airways, Inc.'s list of new hires indicating Adam Jackson was hired on August 30, 2005.

Date of Occurrence: 11/15/2005Employee Name: Bob HornEmployee Number: 555-11-5555Safety-Sensitive Function: A&P Mechanic

Violation Description: On November 15, 2005, Bob Horn was hired as a mechanic for One Twenty One Airways, Inc. Prior to that date, on November 11, 2005, One Twenty

Figure 2-12. Sample Outbriefing Report (cont'd)

One Airways, Inc. sent Mr. Horn to Drug Testing, Inc., its testing site, for a pre-employment drug test. Drug Testing, Inc., failed to properly conduct a DOT pre-employment drug test on Mr. Horn in that the laboratory used a non-Federal chain of custody form instead of a CCF. The records review revealed that One Twenty One Airways, Inc. was in possession of the confirmed negative laboratory report from Drug Testing, Inc. The program manager wasn't sure if the laboratory report came directly from the lab or the MRO. Based upon the data gathered, One Twenty One Airways, Inc. failed to conduct a DOT pre-employment drug test and receive a verified negative drug test result prior to hiring Mr. Horn to perform a safety-sensitive function.

Evidence Found:

1) Bob Horn's non-Federal pre-employment chain of custody form dated November 11, 2005. 2) Drug Testing's confirmed negative laboratory report for Bob Horn dated November 15, 2005. 3) One Twenty One Airways, Inc.'s list of new hires indicating Bob Horn was hired on November 15, 2005.

Corrective Action:

One Twenty One Airways, Inc. agreed at the inspection outbriefing to take corrective action immediately to ensure that Drug Testing, Inc. will use a Federal Drug Testing CCF for all DOT drug testing. One Twenty One Airways, Inc. will also develop a pre-hire checklist to ensure that it possesses a negative drug test result on a Federal CCF prior to hiring an individual for a safety-sensitive function.

2. 1.06.02.a - Met minimum annual testing rate. (14 CFR part 121, appendix I, V., B., 6., and appendix J, III, C., 6)

Months Of Review: N/A

Violation Details:**Date of Occurrences:**

12/31/2003, 12/31/2004

Violation Description:

In accordance with the data provided on One Twenty One Airways, Inc.'s 2003 MIS report, the company had a total of 65 safety-sensitive employees. The company was required to conduct 16 random drug tests and 6 random alcohol tests. The company randomly conducted 12 alcohol tests and 12 drug tests. The company failed to meet the minimum annual drug testing rate for calendar year 2003. Furthermore, in calendar year 2004, the company had a total of 83 covered employees. The company was required to conduct 20 random drug tests and 8 random alcohol tests. The company did not conduct any random drug or alcohol tests in 2004. The current program manager indicated that the computer-based number generator system broke, and the previous program manager resigned in August/September of 2004. Therefore, testing was not accomplished in 2004. Based upon the data gathered, the company failed to meet the minimum annual drug and testing rate for calendar years 2003 and 2004.

Evidence Found:

1) Copies of all random drug and alcohol tests conducted in calendar year 2003 and 2004. 2) One Twenty One Airways, Inc.'s MIS report for calendar years 2003. 3) One Twenty One Airways, Inc.'s MIS report for calendar year 2004.

Corrective Action:

One Twenty One Airways, Inc. agreed at the inspection outbriefing to take corrective action immediately following the outbriefing to conduct random drug and alcohol testing in accordance with the minimum annual testing rate in the future calendar years.

CONCERN(S):**UNDECIDED ITEM(S):**

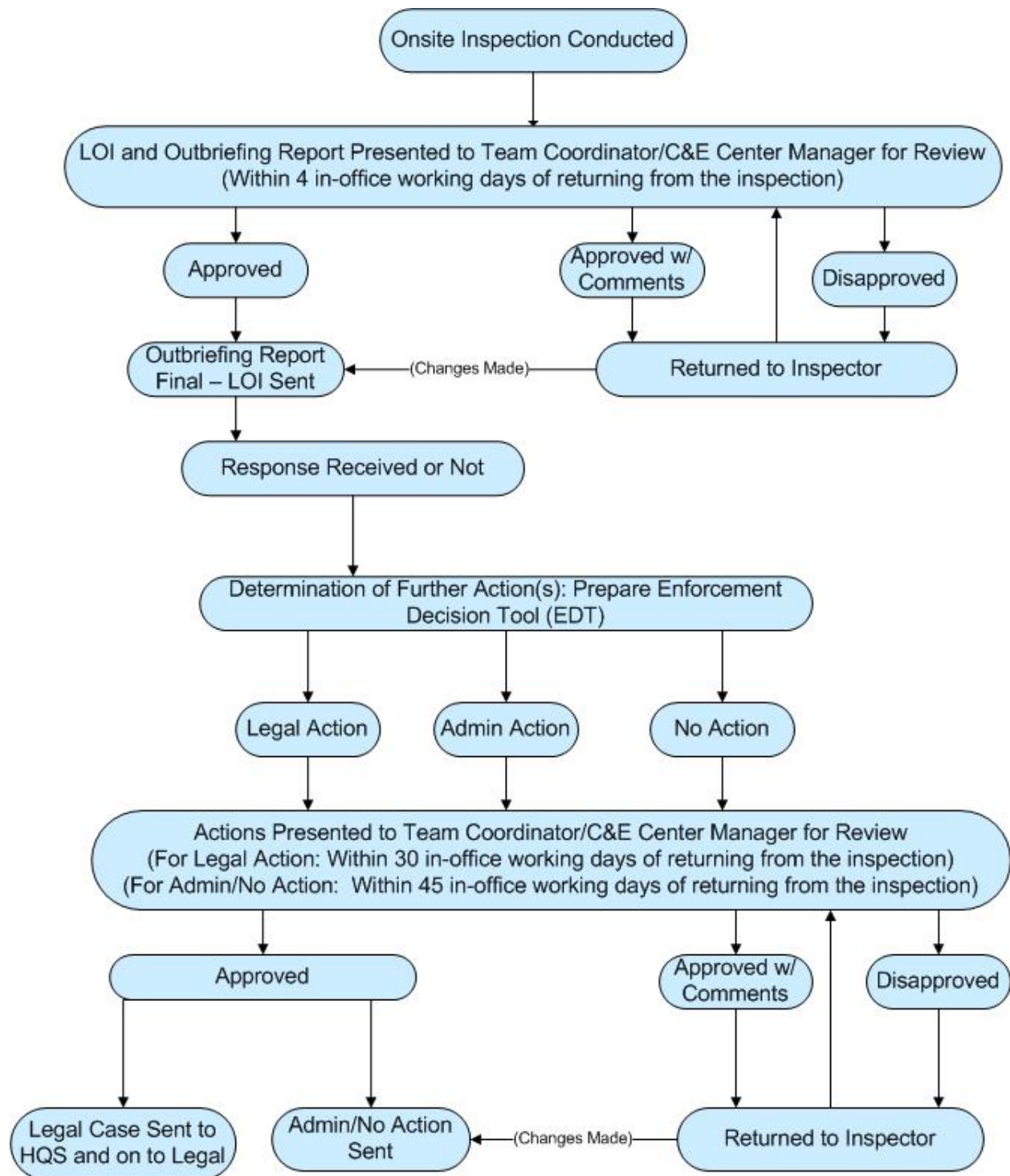
Figure 2-13. Inspection Correspondence Flowchart

Figure 2-14. Sample Letter of Investigation (LOI)

U.S. Department
of Transportation

Federal Aviation Administration

**800 Independence Avenue, S.W.
Washington, DC 20591**

Certified Mail – Return Receipt Requested

File Number: 2007XXXXXXXX

Mr. Charles Benson, President
Fast Jet Airlines, Inc.
123 Airport Road
Dallas, TX 70012

Dear Mr. Benson:

On December 4, 2006, we inspected Fast Jet Airlines, Inc.'s drug and alcohol testing programs to determine its compliance with 49 CFR part 40 and 14 CFR part 121, appendices I and J. As a result of this inspection, we discovered the following apparent violations:

1. Fast Jet Airlines, Inc. did not ensure that the Federal Drug Testing Custody and Control Form were not used for non-Department of Transportation urine collections on pre-employment tests for the following non-safety-sensitive employees: Nicholas Johnson - 1/26/05, Emily Thomas – 2/26/05, and Brian Peters - 3/1/05.
2. Fast Jet Airlines, Inc.'s Medical Review Officer (MRO), Dr. Michael Jenkins, did not include the date that the MRO verified the test results on each written report of drug test results for the following employees:

EMPLOYEE NAME	DATE MRO VERIFIED RESULTS WRITTEN DRUG TEST REPORT	DATE MRO VERIFIED RESULTS STEP 6 ON COPY 2 OF CCF
Larry Jacobs	4/21/2005	4/22/2005
Ann Smith	7/11/2006	7/19/2006
Karen Jones	1/6/2006	1/9/2006
Brenda Stevens	8/3/2006	8/5/2006
Donald Tyler	4/20/2006	4/21/2006
Barry Parker	9/7/2006	9/8/2006
Mark Lincoln	4/4/2006	4/11/2006
Kelly Peterson	7/12/2006	7/19/2002

Figure 2-14. Sample LOI (cont'd)

We are currently investigating these matters. You may discuss these matters with me or submit a written statement, or both, within 10 days after you receive this letter. Please contact me at (202) 355-6000 if you have questions about these matters. A written statement should include all pertinent facts and mitigating circumstances that you believe may have a bearing on these matters. Send your written statement to:

Federal Aviation Administration
Office of Aerospace Medicine
Drug Abatement Division
800 Independence Ave, SW
Washington, DC 20591

If we do not hear from you within 10 days, we will process our report without the benefit of your statement.

Sincerely,

John King, Inspector
Drug Abatement Division
Office of Aerospace Medicine

cc: Mary Smith, Drug and Alcohol Program Manager

Figure 2-15. Sample Letter of Correction (LOC)

U.S. Department
of Transportation

Federal Aviation Administration

**800 Independence Avenue, S.W.
Washington, DC 20591**

Certified Mail – Return Receipt Requested

File Number: 2006XXXXXXXXXX
Ms. Elizabeth Spencer, President
One Twenty One Airways, Inc.
12 Air Carrier Ave.
Green Valley, VA 20004

Dear Ms. Spencer,

On July 20, 2006, we inspected One Twenty One Airways, Inc.'s drug and alcohol testing programs to determine its compliance with 49 CFR part 40 and 14 CFR part 121, appendices I and J.

This letter confirms that you have satisfactorily corrected the apparent violations identified in your August 24, 2006, letter of investigation (file number: 2006XXXXXXXXXX). We have reviewed the evidence collected during the July 20, 2006 inspection and the documentation submitted on July 20, 2006, and in your October 28, 2006, response letter. We have concluded that the issues detailed below with the described corrective actions do not warrant legal enforcement action. Instead, we are issuing this letter of correction, which is a matter of record.

1. One Twenty One Airways, Inc. did not perform drug and alcohol record checks in accordance with 49 CFR § 40.25. Specifically:
 - One Twenty One Airways, Inc. did not perform drug and alcohol record checks on employees prior to the first day they performed safety-sensitive duties for you.

Corrective Action: At the outbriefing, One Twenty One Airways, Inc. agreed to immediately ensure that it performs drug and alcohol record checks on all new employees prior to the first day they perform safety-sensitive duties for One Twenty One Airways, Inc. During the inspection, the company had Mr. Smith complete the release and the questionnaire was hand-carried to BCD, Inc. where Raymond Johnson, VP and ADPM, completed the questionnaire and returned it to One Twenty One Airways, Inc.

2. One Twenty One Airways, Inc. did not develop and distribute alcohol educational materials in accordance with 14 CFR part 121, appendix J, VI, A. Specifically:
 - One Twenty One Airways, Inc. did not distribute a copy of the educational materials that explain the alcohol misuse requirements and the employer's policies and procedures with respect to meeting those requirements to each person subsequently hired for or transferred to a covered position.

Figure 2-15. Sample LOC (cont'd)

Corrective Action: At the inspection outbriefing, One Twenty One Airways, Inc. agreed to immediately ensure that it distributes a copy of the educational materials that explain the alcohol misuse requirements and One Twenty One Airways, Inc.'s policies and procedures with respect to meeting those requirements to Barbara Perez and all future covered employees when they are hired for a covered position.

In the response, One Twenty One Airways, Inc. submitted a copy of the alcohol informational materials distributed to Ms. Perez and a sign-off sheet documenting its receipt. In addition, the company stated that it will distribute these materials to all future covered employees.

3. One Twenty One Airways, Inc. did not develop, display, and distribute drug informational materials in accordance with 14 CFR part 121, appendix I, VIII, A. Specifically:
 - One Twenty One Airways, Inc. did not display and distribute its employer's policy regarding drug use in the workplace to all covered employees.

Corrective Action: One Twenty One Airways, Inc. agreed to immediately ensure that it distributes its policy regarding drug use in the workplace to Barbara Perez, and all future covered employees. Prior to the end of the inspection, Ms. Perez was provided with a copy of the company's policy regarding drug use in the workplace and the policy was displayed in the company's office.

In the response, One Twenty One Airways, Inc. re-stated that it continues to display and distributed One Twenty One Airways, Inc.'s policy regarding drug use in the workplace to all covered employees.

4. One Twenty One Airways, Inc. did not implement a reasonable program of initial drug training for all covered employees in accordance with 14 CFR part 121, appendix I, VIII, B. Specifically:
 - One Twenty One Airways, Inc. did not document initial drug training given to employees.

Corrective Action: One Twenty One Airways, Inc. agreed to immediately ensure that it documents initial drug training given to Ms. Perez and all future covered employees. Ms. Perez will complete and forward the form as soon as practicable.

In the response, One Twenty One Airways, Inc. submitted a copy of a sign-off sheet documenting initial employee drug training provided to Ms. Perez.

We continue to expect compliance with all applicable drug and alcohol regulations.

Figure 2-15. Sample LOC (cont'd)

Please direct any future questions relating to your drug and alcohol testing programs to:

Federal Aviation Administration
Office of Aerospace Medicine
Drug Abatement Division, AAM-800
Washington, DC 20591
Tel: (202) 355-6000 Fax: (202) 355-6001

Sincerely,

John King, Inspector
Drug Abatement Division
Office of Aerospace Medicine

Figure 2-16. Sample Warning Notice (WN)

U.S. Department
of Transportation

Federal Aviation Administration

**800 Independence Avenue, S.W.
Washington, DC 20591**

Certified Mail – Return Receipt Requested

File Number: 2006XXXXXXXXX
Ms. Elizabeth Spencer, President
One Twenty One Airways, Inc.
12 Air Carrier Ave.
Green Valley, VA 20004

Dear Ms. Spencer:

On September 26, 2006, we inspected One Twenty One Airways, Inc.'s drug and alcohol testing programs to determine its compliance with 49 CFR part 40 and 14 CFR part 121, appendices I and J.

This letter constitutes a warning notice for the following apparent violations identified in our October 17, 2006, letter of investigation (file number: 2006XXXXXXXXX):

1. Require each covered employee notified of selection for random drug and/or alcohol testing, proceeds to the testing site immediately, or if employee is performing safety-sensitive function, he/she ceases to perform function and proceeds to testing site as soon as possible.
2. Keep DOT tests and non-DOT tests completely separate.
3. Employer's policy regarding drug use in workplace.
4. Employer must maintain documentation of training given to employees and supervisory personnel.

We have reviewed all available information collected during the September 26, 2006, inspection and your correspondence submitted on November 1, 2006. We have decided not to take legal enforcement action for these apparent violations. Instead, we are issuing this warning notice, which is a matter of record.

We continue to expect compliance with all applicable drug and alcohol regulations.

Sincerely,

John King, Inspector
Drug Abatement Division
Office of Aerospace Medicine

cc: Brian Smith, Drug and Alcohol Program Manager

Figure 2-17. Sample Letter of No Action (Insufficient Evidence)



U.S. Department
of Transportation

Federal Aviation Administration

**800 Independence Avenue, S.W.
Washington, DC 20591**

Certified Mail – Return Receipt Requested

File Number: 2006XXXXXXXXX

Ms. Mary Smith, President
One Thirty Five Airlines, Inc.
789 Airport Road
Blue Harbor, FL 33142

Dear Ms. Smith:

On June 27, 2006, we informed you that we were investigating One Thirty Five Airlines, Inc.'s drug and alcohol testing programs for apparent violations of 49 CFR part 40 and 14 CFR part 121, appendices I and J.

This letter (file number: 2006XXXXXXXXX) addresses the following item that was included in our June 27, 2006, letter of investigation (file number: 2006XXXXXXXXX):

Alcohol informational materials distributed to covered employees including an explanation of what constitutes a refusal to submit to alcohol testing and the attendant regulatory consequences.

We reviewed all available information and concluded that there is insufficient evidence to support this allegation. You may consider this allegation closed.

Please direct any questions relating to your drug and alcohol testing programs to:

Federal Aviation Administration
Office of Aerospace Medicine
Drug Abatement Division, AAM-800
800 Independence Avenue, S.W.
Washington, DC 20591

Sincerely,

John Doe, Inspector
Drug Abatement Division
Office of Aerospace Medicine

Figure 2-18. Sample Letter of No Action (Stale Complaint)



U.S. Department
of Transportation
Federal Aviation
Administration

**800 Independence Avenue, S.W.
Washington, DC 20591**

Certified Mail – Return Receipt Requested

File Number: 2006XXXXXXXXX
Ms. Mary Smith, President
One Thirty Five Airlines, Inc.
789 Airport Road
Blue Harbor, FL 33142

Dear Ms. Smith:

On January 16, 2006, we inspected One Thirty Five Airlines, Inc.'s drug and alcohol testing programs to determine compliance with 49 CFR part 40 and 14 CFR part 121, appendices I and J.

This letter addresses your apparent violations of the regulations described in our January 31, 2006 letter of investigation (file number: 2006XXXXXXXXX). We have reviewed the evidence collected during the inspection and the documentation your company submitted on February 21, 2006. We have concluded that you are in apparent violation of these regulations. However, we are precluded by statutory time limits from pursuing legal enforcement action in these matters. You may consider the matter closed.

We continue to expect compliance with all applicable drug and alcohol regulations.

Sincerely,

John Doe, Inspector
Drug Abatement Division
Office of Aerospace Medicine

Chapter 3. Investigations

1. General. All Drug Abatement Division activities involve some element of an investigation in which the facts of an issue are examined. The majority of these investigations pertain to alleged violations of the drug and alcohol testing regulations by companies or individuals who perform safety-sensitive functions. The purpose of these investigations is to determine whether a violation exists and warrants the need for legal enforcement action (i.e., civil penalty or certificate action) or administrative action (i.e., WN or LOC) to ensure future compliance with the drug and alcohol testing regulations.

Each inspector/investigator is responsible for reporting an alleged violation to his/her manager. Based on the source and subject of the alleged violation, the investigation will be conducted by an inspector in the field or an investigator in the Special Investigations and Enforcement Branch (AAM-830).

Investigations are categorized as investigations of a company (i.e., employers, contractors, service agents) or investigations of individuals who perform safety-sensitive functions. This chapter will describe the sources of allegations, categories of investigations, and the Branch or C&E Center responsible for the investigation.

2. Sources of Allegations. An allegation may come from any of the following sources: FAA Aviation Safety Hotline, noncompliance transmittals (NCT), Congressional inquiries, refusal reports, part 67 reports, and complaints. Under each company's profile in CETS, there is a tab titled "Special Issues." This tab allows for the documentation of the source and allows for the initiation of an investigation, inspection, or a decision not to conduct a further inquiry. If an investigation is necessary, it will be initiated under the company's activity record.

a. FAA Aviation Safety Hotline. These allegations are received through the FAA's Aviation Safety Hotline office and directed to the Drug Abatement Division for action and may involve individuals and/or companies. Issues involving individuals are referred to AAM-830 for investigation. However, some issues involving companies may be assigned to the C&E Centers for inspection or investigation.

b. NCT. An NCT is an internal process that inspectors, investigators, managers, or anyone within the Drug Abatement Division may use to document issues that emerge during an inspection, an investigation, or through the course of normal duties. These issues typically involve possible noncompliance by another company or an individual. The majority of these will be handled by the C&E Centers, unless circumstances require action by AAM-830.

c. Congressional Inquiries. Congressional inquiries are correspondence requesting information regarding constituents. Congressional inquiries are referred to the Program Administration Branch (AAM-810) for action, but may be coordinated with the other Branches and the C&E Centers where necessary.

d. Refusal Reports. An employer is required to report all refusals to submit to drug or alcohol testing by an individual who holds an airman certificate issued in accordance with 14 CFR parts 61, 63, or 65. These refusals are investigated by AAM-830.

e. Part 67 Reports. An employer is required to report all verified positive drug test results, confirmed alcohol misuse violations, or refusals to submit to testing by any individual who holds a medical certificate issued in accordance with 14 CFR part 67 or refusals to submit to testing. These cases are also investigated by AAM-830.

f. Complaints. Complaints are the result of an individual or company requesting an investigation of an event, or information received from other FAA sources (e.g., Flight Standards Service). These allegations may be against a company or individual. These issues are referred to AAM-830 for review. AAM-830 may conduct the investigation and coordinate with the C&E Centers for assistance where necessary. It is possible that the issue may be referred to the C&E Center for inspection or investigation.

3. Investigations of a Company. These investigations include similar procedures established for an inspection, as described in Chapter 2 of this order. An LOI is issued alleging the violation. The response may result in administrative action (i.e., WN or LOC) or legal enforcement action (civil penalty or certificate action). An on-site investigation at the company or, one of its locations, may or may not be necessary and this determination is made by your Branch or Center Manager.

4. Investigations of Individuals Who Perform Safety-Sensitive Functions. Investigations involving individuals who perform safety-sensitive functions are critical and require an immediate investigation. All investigations of individuals are the responsibility of AAM-830. These investigations most often result from the following:

- a.** Report of an individual's refusal to submit to a drug or alcohol test;
- b.** Report of a verified positive drug test or an alcohol misuse violation by an individual who holds a medical certificate issued in accordance with 14 CFR part 67;
- c.** An individual performing safety-sensitive functions after testing positive or refusing to submit to a drug and/or alcohol test without complying with the return-to-duty process;
- d.** An FAA Aviation Safety Hotline complaint; or
- e.** A complaint received based on the activities of an employee as they relate to drug and alcohol testing.

If an inspection team finds, during the normal course of an inspection, any issues that relate to violations by an individual who performs safety-sensitive functions, the inspection lead will notify the C&E Center Manager, who will subsequently notify AAM-830. The Manager of AAM-830 will provide further directions/actions and the matter should be left open.

Chapter 4. Voluntary Disclosures

1. General. One of the elements of the FAA's compliance and enforcement philosophy is that aviation safety depends primarily on voluntary adherence to the regulations. The FAA has developed programs to encourage companies to examine their own compliance efforts. Holders of part 121 and 135 air carrier certificates and part 145 repair station certificates are eligible to participate in the Voluntary Disclosure Reporting Program, which is described in Advisory Circular (AC) 00-58A. This program allows certificate holders to report inadvertent violations to the FAA along with a description of the corrective action taken, and the comprehensive fix for preventing future violations.

2. Procedures. When processing voluntary disclosure cases, each inspector/investigator must use the information in this chapter, in conjunction with AC 00-58A, and adhere to the procedures established under the Quality Management System of ISO AAM-800-007. Failure to follow these procedures may result in a corrective action report, as described in the ISO procedure.

a. Once a certificate holder discovers an apparent violation, the company may voluntarily disclose it to the FAA within 24 hours. The process for documentation when a disclosure is received is critical to whether it is accepted or denied. Each Drug Abatement employee is responsible for ensuring that a disclosure is reported immediately to the appropriate C&E Center Manager.

b. Initial notification can be accomplished by the following means:

(1) By phone, through contacting any Drug Abatement employee. Once the notification is received, the Drug Abatement employee must refer the certificate holder to the appropriate C&E Center Manager and then prepare a detailed statement of the conversation to transmit to the C&E Center Manager.

(2) Written correspondence via regular mail or electronic mail. All written correspondence must be referred to the appropriate C&E Center Manager.

c. After receipt of the disclosure, the assigned manager must determine if there is a violation of the regulations or not. If there is not, the certificate holder is advised in writing that its disclosure was not a violation (see Figure 4-1).

d. Issuance of the Letter of Acknowledgment (LOA). If the disclosure describes a violation of the regulations or if it's unknown as to whether a violation exists, the inspector/investigator must issue an LOA through CETS (see sample LOA in Figure 4-2). The LOA serves two purposes. First, it acknowledges receipt of the initial notification. Second, it identifies, in accordance with AC 00-58A, the information that the certificate holder must submit in writing to the FAA, if not already provided. This information should be provided to the FAA, within 10 working days after the initial notification was made.

e. Upon receipt of the response to the LOA, the inspector/investigator must analyze the violation and the discovery information, obtain the evidence to show the violation has been corrected, and determine whether the comprehensive fix is acceptable. The determination to deny or accept a voluntary disclosure is based on specific factors of the violation and the

certificate holder's actions. When making this determination, it is important for the inspector/investigator and C&E Center Manager to follow the procedures established under AC 00-58A. Additionally, it's imperative to coordinate with the Drug Abatement Division Manager and Chief Counsel's Office for disclosures that are complex or require legal guidance.

(1) If the FAA accepts the voluntary disclosure, the inspector/investigator must send the certificate holder an LOC (see sample LOC in Figure 4-3). The LOC is assigned an EIR File Number. At the conclusion of the disclosure process, the employer is referred for inspection in CETS. The inspection team will evaluate the comprehensive fix and annotate the results in CETS.

(2) If the voluntary disclosure is denied, the inspector/investigator must generate a letter of denial (see sample denial letters in Figures 4-4 and 4-5) and refer the employer for inspection or investigation in CETS. Ultimately, the issue will be handled via the inspection results or the investigative action.

f. Once the disclosure is complete, it must be included under the employer's enforcement record in its C&E Center and CETS profile. In addition to the correspondence and evidence, the C&E Center record must include the following:

(1) Inspector/Investigator Analysis. The inspector/investigator analysis must include the following (see sample analysis in Figure 4-6):

(a) Summary of the voluntary disclosure. This is a chronological summary, including affiliated dates, of the voluntary disclosure. This includes a summary of the written and verbal communications to and from the certificate holder.

(b) Summary of the certificate holder's comprehensive fix.

(c) Analysis and recommendation to deny or accept voluntary disclosure.

(d) Final action.

(2) Copy of the 2150-5 Form. Refer to the Drug Abatement Division's EIS Manual for completing the 2150-5 form for a voluntary disclosure. Some of the certificate holder's information, such as its name and address, certificate number, etc. is not included on the 2150-5. Records submitted to the FAA under the Voluntary Disclosure Program are protected from release to the public.

Figure 4-1. Sample Letter to Certificate Holder
(DISCLOSED ISSUE WAS NOT A VIOLATION)



U.S. Department
of Transportation
Federal Aviation Administration

800 Independence Avenue, S.W.
Washington, DC 20591

Certified Mail – Return Receipt Requested

Mr. Brian Smith
One Twenty One Airways, Inc.
12 Air Carrier Ave.
Green Valley, VA 20004

Dear Mr. Smith:

This is in response to your November 7, 2006 correspondence to the Federal Aviation Administration (FAA) where you voluntarily disclosed an apparent violation of FAA's drug and alcohol testing programs regulations (14 CFR part 121, appendices I and J) and the Department of Transportation (DOT) Procedures for Transportation Workplace Drug and Alcohol Testing Program (49 CFR part 40). In your correspondence you indicated that One Twenty One Airways, Inc. failed to receive a pre-employment drug-screen result from its MRO prior to hiring an individual for a safety-sensitive function.

This issue is not a violation because, according to the employee's job description, he is not performing a safety-sensitive function as defined in 14 CFR part 121, appendices I and J. Therefore, One Twenty One Airways, Inc. was not required to pre-employ drug test and receive a verified negative drug result prior to hiring that employee. You may consider this matter closed.

Please contact me at (202) 355-0000 if you have any questions about this matter.

Sincerely,

Mary Bradford
Drug Abatement Division
Office of Aerospace Medicine

Figure 4-2. Sample Letter of Acknowledgment (LOA)

U.S. Department
of Transportation
Federal Aviation Administration

**800 Independence Avenue, S.W.
Washington, DC 20591**

Certified Mail – Return Receipt Requested

Mr. Brian Smith
One Twenty One Airways, Inc.
12 Air Carrier Ave.
Green Valley, VA 20004

Dear Mr. Smith:

This is to confirm your initial verbal notification of a voluntary disclosure to John King, Drug Abatement Division on March 9, 2006, of possible violations of the Federal Aviation Administration (FAA) drug and alcohol testing regulations (14 CFR part 121, appendices I and J) and the Department of Transportation (DOT) Procedures for Transportation Workplace Drug and Alcohol Testing Program (49 CFR part 40). During your conversation with Mr. King, you voluntarily disclosed that One Twenty One Airways, Inc.'s collector did not use the Federal Drug Testing Custody and Control Form (CCF) to document a safety-sensitive employee (flight attendant) pre-employment urine collection required by the Department of Transportation (DOT) drug testing program.

FAA Advisory Circular, 00-58A, Voluntary Disclosure Reporting Program, dated September 8, 2006, provides the criteria and guidance for self-disclosure of apparent violations of regulations. In accordance with this advisory circular, please provide the following information to this office within 10 days of receipt of this letter:

- Date of the violation(s) and when the violation(s) were discovered.
- Duration of time the apparent violation(s) remained undetected.
- A summary of the apparent violation(s) including numbers of individuals involved.
- When immediate action was initiated and a description of immediate actions taken to preclude a recurrence of the violation(s).
- The name, position, and phone number of the company official responsible for immediate action.
- Analysis including a summary of evidence showing reasons the violation(s) were inadvertent. Include any supporting documentation.
- Comprehensive long-term proposal including immediate actions taken, procedural and/or organizational actions necessary, monitoring/measuring methods to ensure effectiveness of the proposed fixes, a review schedule, who will review progress, and how progress will be monitored.
- The name, position, and phone number of the company official responsible for monitoring the implementation of the comprehensive fix.

Figure 4-2. Sample LOA (cont'd)

Please ensure that the details regarding the violation clearly identify the employee concerned. You should also submit any documentation (i.e., custody and control form, checklists, policies, newsletters, standard operating procedures, record of training, and any other documents) to support your evaluation and proposed fixes.

Please provide this information to the Drug Abatement Division, AAM-800, Attention: John King, Office of Aerospace Medicine, Federal Aviation Administration, 800 Independence Avenue SW, Washington, D.C. 20591.

This letter of acknowledgment is being sent in lieu of a letter of investigation. If you have any questions regarding this matter, you may contact Mr. King at (202) 355-6000.

Sincerely,

Mary Bradford
Drug Abatement Division
Office of Aerospace Medicine

Figure 4-3. Sample Letter of Correction (LOC)

U.S. Department
of Transportation
Federal Aviation Administration

**800 Independence Avenue, S.W.
Washington, DC 20591**

File Number: 2006XXXXXXXXXX

Certified Mail – Return Receipt Requested

Mr. Michael Stevens
Director of Operations
One Twenty One Airways, Inc.
12 Air Carrier Ave.
Green Valley, VA 20004

Dear Mr. Stevens:

This is in response to your letter dated March 9, 2006 to the Federal Aviation Administration (FAA) whereby you voluntarily disclosed an apparent violation of FAA's drug and alcohol testing programs regulation (14 CFR part 121, appendices I and J) and the Department of Transportation (DOT) Procedures for Transportation Workplace Drug and Alcohol Testing Program (49 CFR part 40). In your letter, you disclosed that your collector did not use the Federal Drug Testing Custody and Control Form (CCF) to document a pre-employment urine collection required by a DOT drug testing program.

To ensure that the violation does not reoccur in the future, One Twenty One Airways, Inc. has implemented the following comprehensive fix:

Drug Testers, Inc. has been removed from the list of authorized third-party collection site due to testing accountability.

All requests for testing and results are now maintained at the One Twenty One Airways, Inc. principal Base of Operations.

Implementation of a Drug Testing New Hire Checklist that will verify the use of the Federal Drug Testing CCF for pre-employment testing.

The information submitted has been reviewed by the FAA and found to be satisfactory. We have given consideration to all available facts and concluded that these matters do not warrant legal enforcement action. In lieu of such action, we are issuing this letter which will be made a matter of record.

We expect One Twenty One Airways, Inc.'s drug and alcohol testing programs will be in compliance with all applicable regulations.

Sincerely,

Mary Bradford
Drug Abatement Division
Office of Aerospace Medicine

cc: Brian Smith, Drug and Alcohol Program Manager

Figure 4-4. Sample Letter Denying Voluntary Disclosure**(DISCLOSING PARTY IS NOT A CERTIFICATE HOLDER)**

U.S. Department
of Transportation
Federal Aviation Administration

**800 Independence Avenue, S.W.
Washington, DC 20591**

Certified Mail – Return Receipt Requested

Ms. Karen Morgan
Aviation Services, Inc.
101 N. 21st Street, Suite A
Fredtown, CA 91101

Dear Ms. Morgan:

This is in response to your letter of May 9, 2006 to the Federal Aviation Administration (FAA) voluntarily disclosing possible violations of the FAA antidrug and alcohol misuse prevention programs regulations (14 CFR part 121, appendices I and J). In your letter you indicate that Aviation Services, Inc. hired and allowed Eric Smith (mechanic) to work after receiving the drug and alcohol records check from One Twenty One Airways, Inc. indicating that Mr. Smith had tested positive for methamphetamines.

The FAA's Advisory Circular Number 00-58A, Voluntary Disclosure Reporting Program, provides information and guidance that may be used by a certificate holder, an indirect air carrier, a foreign air carrier (regarding compliance with its FAA-approved security program only), or a production approval holder operating under Title 14 of the Code of Federal Regulations (14 CFR) when voluntarily disclosing to the FAA apparent violations. According to our records, Aviation Services, Inc. is not a certificate holder and does not fall under the voluntary disclosure reporting program. Therefore, I am unable to accept the submitted disclosure.

These alleged violations will be addressed by our Western Compliance and Enforcement Center in El Segundo, CA. If you have any questions, please contact John King at (202) 355-6000.

Sincerely,

Mary Bradford
Drug Abatement Division
Office of Aerospace Medicine

Figure 4-5. Sample Letter Denying Voluntary Disclosure**(DISCLOSURE FOLLOWED NOTIFICATION OF INSPECTION)**

U.S. Department
of Transportation
Federal Aviation Administration

800 Independence Avenue, S.W.
Washington, DC 20591

Certified Mail – Return Receipt Requested

Mr. Brian Smith
One Twenty One Airways, Inc.
12 Air Carrier Ave.
Green Valley, VA 20004

Dear Mr. Smith:

We have received One Twenty One Airways, Inc.'s October 8, 2006 voluntary disclosure regarding the apparent violations of 14 CFR part 121, appendix I. The Federal Aviation Administration (FAA) Advisory Circular 00-58A, Voluntary Disclosure Reporting Program dated September 8, 2006 provides the procedures you must use for self-disclosure of apparent violations. Specifically, the Advisory Circular states that the initial notification to the FAA should be made within 24 hours of discovery of the apparent violation via hard copy, written electronic mail, or orally. It also states that the FAA will not forgo legal enforcement action if the certificate holder, indirect air carrier, foreign air carrier, or Production Approval Holder informs the FAA of the apparent violation during, or in anticipation of, an FAA investigation/inspection or in association with an accident or incident.

Our records indicate that Tracy Johnson, Inspector, Eastern Compliance and Enforcement Center notified you on October 7, 2006 of an upcoming inspection of your FAA-mandated drug and alcohol testing programs. On October 10, 2006 you sent your disclosure to the Drug Abatement Division at FAA Headquarters. Your apparent violation does not meet the intent of the voluntary disclosure program by virtue of the fact that your disclosure occurred after the notification of inspection. Therefore, I am unable to accept the submitted disclosure.

Encouraging safe operation practices is one of the key objectives of the Voluntary Disclosure Reporting Program. Even if a particular self-disclosure fails to meet the requirements for treatment under the Voluntary Disclosure Reporting Program, self-disclosure by an employer may, nonetheless, be some evidence of an employer's compliant attitude toward the regulations, which might warrant mitigation of any subsequent legal action.

The apparent violation in your voluntary disclosure will be included in the correspondence resulting from your drug and alcohol testing program inspection. Please contact John King at (202) 355-6000, if you have any questions about this matter.

Sincerely,

Mary Bradford
Drug Abatement Division
Office of Aerospace Medicine

Figure 4-6. Sample Inspector/Investigator Analysis**VOLUNTARY DISCLOSURE ONE TWENTY ONE AIRWAYS, INC.**

On April 17, 2006, One Twenty One Airways, Inc.'s Drug and Alcohol Program Manager, Brian Smith, was performing an internal audit of its drug and alcohol testing program. During this audit, he discovered that on March 28, 2006 One Twenty One Airways, Inc. transferred an employee, Mr. David Baker, from a non safety-sensitive position to a safety-sensitive position, but did not perform a pre-employment drug test on Mr. Smith prior to that transfer. Upon discovering this item of noncompliance, David Baker was immediately sent for a pre-employment drug test. On April 18, 2006, Brian Smith notified the FAA, via phone, and voluntarily disclosed the apparent violation of the anti-drug regulations.

On April 20, 2006, an LOA was sent to One Twenty One Airways, Inc., via certified mail, requesting the information prescribed in AC 00-58A and a copy of Mr. Baker's verified negative test result. On May 2, 2006, One Twenty One Airways, Inc. submitted to the FAA, via fax, the information requested in the LOA.

COMPREHENSIVE FIX:

- All employees being transferred must go through the entire human resources process. The Human Resource Action form was amended so that the negative drug test results will be documented prior to the employee's transfer. This will ensure that a pre-employment drug test has been performed and a verified negative test received prior to transferring an employee into a safety-sensitive position.
- One Twenty One Airways, Inc. has a self audit program for its drug and alcohol testing program. They have added transfers from non safety-sensitive positions to safety-sensitive positions to that audit.
- Brian Smith will be responsible for monitoring and ensuring that the violation does not reoccur in the future.

RECOMMENDATION:

A review of CETS shows that One Twenty One Airways, Inc. has not had any other violations of this nature. Based upon One Twenty One Airways Inc.'s compliance with the protocol in AC 00-58A, I recommend approval of the voluntary disclosure.

FINAL ACTION:

On May 16, 2006, One Twenty One Airways, Inc. was issued an LOC and referred to the inspection planner for a future inspection.

Chapter 5. Administrative Information

1. Authority to Change this Order. Practices, procedures, and documents contained in this order cannot be changed without the consent of the Drug Abatement Division Manager. Supplements to this order are prohibited unless authorized by the Drug Abatement Division Manager.

2. Background. In response to fatal aviation accidents related to substance abuse, the FAA adopted regulations in 1988 (codified as 14 CFR part 121, appendix I), which required aviation employers to implement a drug testing program for those personnel who perform safety-sensitive functions. In 1994, the mandate for alcohol testing was added to 14 CFR part 121, appendix J, as a result of the investigatory findings that the Exxon Valdez oil spill of 1989 was alcohol related and that pilots of a major U.S. air carrier had flown while intoxicated in 1990. Upon the inception of the anti-drug regulations, the Drug Abatement Division developed a comprehensive inspection program. This order has been designed to serve as a multipurpose document that will guide the inspectors and investigators in the effective implementation of the inspection program, as well as provide them with supplemental information regarding the FAA-mandated drug and alcohol testing programs.

3. References. These are the references that inspectors and investigators must use to perform his/her job.

a. Code of Federal Regulations (CFR). The CFR contains the regulations implemented by each Federal agency to implement statutes passed by the United States Congress. The drug and alcohol testing regulations are located in 14 CFR part 121 (appendices I and J) and 49 CFR part 40. The CFR can be accessed online through the Government Printing Office Web site at: <http://www.gpoaccess.gov>.

b. Federal Register. The Federal Register is the official daily publication for Executive Orders, proposed rulemaking, final rules, and notices of Federal agencies and organizations. The Federal Register is published by the Office of the Federal Register, National Archives and Records Administration (NARA), and can be accessed through the Government Printing Office Web site at: <http://www.gpoaccess.gov>.

c. United States Code (USC). The USC consists of Federal statutes passed by the United States Congress. The drug and alcohol testing regulations are promulgated under the statutory authority of the Omnibus Transportation Employee Testing Act of 1991 (49 USC §§ 45101-45107) and the FAA's general safety authority outlined in 49 USC §§ 106(g) and 44701. The USC can be accessed online through the Government Printing Office Web site at: <http://www.gpoaccess.gov>

d. Drug Abatement Division (AAM-800) SharePoint Site. This site is a part of the FAA's Aviation Safety Quality Management System (AVS QMS) Web site. It contains AAM-800's ISO approved processes and procedures, records, documents, and forms. This Web site can be accessed at: <http://avssharepoint.faa.gov/AVRQMS/AAM/AAM-800/default.aspx>.

e. FAA Drug Abatement Division Web Site. This Web site is a comprehensive source of information as it pertains to the Drug Abatement Division's development, implementation, administration, evaluation, and compliance monitoring of the aviation industry anti-drug and alcohol

misuse prevention programs described in 14 CFR part 121, appendices I and J. This Web site can be accessed at: http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/

f. FAA Orders/Notices/Advisory Circulars (AC). FAA orders, such as the Compliance and Enforcement Program (Order 2150.3B), and notices are directives to its own personnel and designees on how to carry out its responsibilities. ACs are issued to provide guidance and information in a designated subject area or to show a method acceptable to the Administrator for complying with a Federal Aviation Regulation. FAA orders, notices, and ACs can be accessed online at the following Web sites: <http://rgl.faa.gov>
<http://isddc.dot.gov/OLPWeb.ASP>

g. Compliance Enforcement Tracking Subsystem (CETS). CETS provides the Office of Aerospace Medicine's Drug Abatement Division with automated capabilities for tracking, scheduling, and managing enforcement activities (i.e., inspections, investigations, voluntary disclosures, and other enforcement-related activities). It also maintains a database of cases, future schedules, employers/contractors and C/TPAs, and correspondence templates. Guidance on using CETS has been published by AAM-800 in the CETS manual. Letters of notification, investigation, correction, and warning must adhere to the formats in CETS and may be altered only on the direction of the Drug Abatement Division Manager.

h. Drug Abatement Division's Enforcement Information Subsystem (EIS) Manual. This manual contains the procedures for entering enforcement-related information into the FAA's EIS. Inspectors and investigators should contact their manager for a copy of this manual.

i. DOT Office of Drug and Alcohol Policy and Compliance (ODAPC) Web Site. The ODAPC Web site is a comprehensive source of information as it pertains to the implementation and interpretation of the drug and alcohol testing regulations in 49 CFR part 40. This Web site can be accessed at: <http://www.dot.gov/ost/dapc/>.

1.0 Employer Administrative and Quality Assurance Activities

1.01 Implementing Antidrug and Alcohol Misuse Prevention Programs

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.01 | Before the February 2004 rule change, if you were an existing part 121 and/or 135 certificate holder with an FAA-approved antidrug and alcohol misuse prevention programs, did you obtain an Antidrug and Alcohol Misuse Prevention Program Operations Specifications paragraph? (14 CFR part 121, Appendix I, IX, A, 1 and Appendix J, VII, A, 1) |
| Yes | No | N/A | | |
| | | | 1.01.02 | As a company or individual applying for a part 121 and/or 135 certificate, did you: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.02.a | obtain an Antidrug and Alcohol Misuse Prevention Program Operations Specifications paragraph? (14 CFR part 121, Appendix I, IX, B, 1, a and Appendix J, VII, B, 1, a) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.02.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started operations? (14 CFR part 121, Appendix I, IX, B, 1, b and Appendix J, VII, B, 1, b) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.02.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, B, 1, c and Appendix J, VII, B, 1, c) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.03 | Before the February 2004 rule change, if you were an existing sightseeing operator, as defined in section 91.147, did you register your FAA-mandated antidrug and alcohol misuse prevention programs with the FAA by March 12, 2004? (14 CFR part 121, Appendix I, IX, A, 2 and Appendix J, VII, A, 2) |
| Yes | No | N/A | | |
| | | | 1.01.04 | As a company or individual intending to begin sightseeing operations as defined in section 91.147, did you: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.04.a | register with the Drug Abatement Division? (14 CFR part 121, Appendix I, IX, B, 2, a and Appendix J, VII, B, 2, a) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.04.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started operations? (14 CFR part 121, Appendix I, IX, B, 2, b and Appendix J, VII, B, 2, b) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.04.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, B, 2, c and Appendix J, VII, B, 2, c) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.05 | Before the February 2004 rule change, if you were an existing air traffic control facility not operated by the FAA or by or under contract to the U.S. Military, did you register your FAA-mandated antidrug and alcohol misuse prevention programs with the FAA by March 12, 2004? (14 CFR part 121, Appendix I, IX, A, 3 and Appendix J, VII, A, 3) |
| Yes | No | N/A | | |
| | | | 1.01.06 | As a company or individual intending to begin an air traffic control facility not operated by the FAA or the U.S. military, did you: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.06.a | register with the Drug Abatement Division? (14 CFR part 121, Appendix I, IX, B, 3, a and Appendix J, VII, B, 3, a) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.06.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started operations? (14 CFR part 121, Appendix I, IX, B, 3, b and Appendix J, VII, B, 3, b) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.06.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, B, 3, c and Appendix J, VII, B, 3, c) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.07 | As a part 145 certificate holder who has your own antidrug and alcohol misuse prevention program, did you obtain an Antidrug and Alcohol Misuse Prevention Program Operations Specification paragraph from your Principal Maintenance Inspector? (14 CFR part 121, Appendix I, IX, A, 4 and Appendix J, VII, A, 4) |
| Yes | No | N/A | | |
| | | | 1.01.08 | A part 145 repair station MAY opt to have its own antidrug and alcohol programs. |
| | | | 1.01.09 | As a company or individual operating under a part 145 certificate that will be providing safety-sensitive services by contract to a part 121 or 135 certificate holder or sightseeing operation as defined in section 91.147 and who has your own antidrug and alcohol misuse prevention programs, did you: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.09.a | obtain an Antidrug and Alcohol Misuse Prevention Program Operations Specification? (14 CFR part 121, Appendix I, IX, C, 2, a, i and Appendix J, VII, C, 2, a, i) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.09.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started performing safety-sensitive functions for a part 121, 135, or for a section 91.147 operator? (14 CFR part 121, Appendix I, IX, C, 2, a, ii and Appendix J, VII, C, 2, a, ii) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.09.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, C, 2, a, iii and Appendix J, VII, C, 2, a, iii) |
| Yes | No | N/A | | |
| | | | 1.01.10 | A contractor MAY opt to have its own antidrug and alcohol misuse prevention programs. |
| | | | 1.01.11 | As an individual or company that will provide safety-sensitive services by contract to a part 121 or 135 certificate holder or sightseeing operation as defined in section 91.147 and who has your own antidrug and alcohol misuse prevention programs, did you: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.11.a | register with the Drug Abatement Division? (14 CFR part 121, Appendix I, IX, C, 2, b, i and Appendix J, VII, C, 2, b, i) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.11.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started performing safety-sensitive functions for a part 121, 135, or for a section 91.147 operator? (14 CFR part 121, Appendix I, IX, C, 2, b, ii and Appendix J, VII, C, 2, b, ii) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.11.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, C, 2, b, iii and Appendix J, VII, C, 2, b, iii) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.12 | As an employer holding an Antidrug and Alcohol Misuse Prevention Program Operations Specification paragraph, do you update required information as changes occur? (14 CFR part 121, Appendix I, IX, D, 4 and Appendix J, VII, D, 4) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.13 | As an employer who has registered antidrug and alcohol misuse prevention programs with the FAA, do you update required information as changes occur? (14 CFR part 121, Appendix I, IX, E, 3 and Appendix J, VII, E, 3) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

1.02 Coverage

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.a | Is each full-time, part-time, temporary, and intermittent person who performs flight crewmember duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, a and Appendix J, II, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.b | Is each full-time, part-time, temporary, and intermittent person who performs flight attendant duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, b and Appendix J, II, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.c | Is each full-time, part-time, temporary, and intermittent person who performs flight instruction duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, c and Appendix J, II, 3) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.d | Is each full-time, part-time, temporary, and intermittent person who performs aircraft dispatcher duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, d and Appendix J, II, 4) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.e | Is each full-time, part-time, temporary, and intermittent person who performs aircraft maintenance and preventive maintenance duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, e and Appendix J, II, 5) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.f | Is each full-time, part-time, temporary, and intermittent person who performs ground security coordinator duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, f and Appendix J, II, 6) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.g | Is each full-time, part-time, temporary, and intermittent person who performs aviation screener duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, g and Appendix J, II, 7) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.h | Is each full-time, part-time, temporary, and intermittent person who performs air traffic controller duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, h and Appendix J, II, 8) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.02 | Do you determine prior to using a contract employee who is not covered under your FAA-mandated antidrug program that the contract employee is covered under the contractor's FAA-mandated antidrug program and is performing a safety-sensitive function on behalf of that contractor (i.e., within the scope of employment with the contractor)? (14 CFR part 121, Appendix I, II) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.02.03 | Reserved for Future Use |
| | | | | |
| | | | 1.02.04 | Reserved for Future Use |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.05 | Is each employee who performs a safety-sensitive function tested for evidence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines and/or their metabolites during each required drug test? (14 CFR part 121, Appendix I, IV and 49 CFR §40.85) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities**1.03 Testing Outside of the Territory of the United States**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.03.01 | Do you ensure that employees are not tested for drugs/alcohol under Appendices I and J while located outside the territory of the United States? (14 CFR part 121, Appendix I, XII, A and Appendix J, VIII, A) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.03.02 | Do you ensure that employees assigned to perform safety-sensitive functions solely outside the territory of the United States are removed from the random testing pool upon inception of such assignment? (14 CFR part 121, Appendix I, XII, A, 1 and Appendix J, VIII, A, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.03.03 | Do you ensure that each covered employee who is removed from the random testing pool while located outside the territory of the United States is returned to the random testing pool when the employee resumes the performance of safety-sensitive functions wholly or partially within the territory of the United States? (14 CFR part 121, Appendix I, XII, A, 2 and Appendix J, VIII, A, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.03.04 | Do you ensure that persons who perform safety-sensitive functions by contract outside the territory of the United States are not subject to the provisions of 14 CFR part 121, Appendices I and J? (14 CFR part 121, Appendix I, XII, B and Appendix J, VIII, B) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

1.04 Types of Testing – Pre-Employment

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.01 | Do you conduct a pre-employment test and receive a verified negative drug test result prior to hiring any individual for a safety-sensitive function? (14 CFR part 121, Appendix I, V, A, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.02 | Do you conduct a pre-employment drug test and receive a verified negative drug test result before transferring any individual from a nonsafety-sensitive function to a safety-sensitive function? (14 CFR part 121, Appendix I, V, A, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.03 | Do you conduct another pre-employment test and receive a verified negative drug test result before hiring or transferring an individual into a safety-sensitive position if more than 180 days elapsed between conducting the first pre-employment test and hiring/transferring the individual into the safety-sensitive function? (14 CFR part 121, Appendix I, V, A, 3) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.04 | In situations where the employee is not being hired or transferred into a safety-sensitive function, and you elect to conduct another pre-employment test, did you receive the verified negative drug test result before putting the individual into a safety-sensitive function and have all three of the following conditions been met? (14 CFR part 121, Appendix I, V, A, 4, a) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.04.a | The individual previously performed a safety-sensitive function. (14 CFR part 121, Appendix I, V, A, 4, a) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.04.b | The individual was removed from the employer's random testing program for reasons other than a verified positive test result or a refusal to submit to testing. (14 CFR part 121, Appendix I, V, A, 4, b) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.04.c | The individual will be returning to the performance of a safety-sensitive function. (14 CFR part 121, Appendix I, V, A, 4, c) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.05 | Do you advise each individual before hiring or transferring the individual to a safety-sensitive function that the individual will be required to undergo pre-employment testing, to determine the presence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines, or a metabolite of those drugs in the individual's system? (14 CFR part 121, Appendix I, V, A, 5) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

1.04.06 If you elect to conduct pre-employment alcohol testing under 14 CFR part 121, Appendix J, do you:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.a | notify each covered employee that alcohol testing is required by 14 CFR part 121, Appendix J, prior to performing the test? (14 CFR part 121, Appendix J, I, G) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.b | conduct pre-employment alcohol testing before each individual performs a safety-sensitive function for the first time? (14 CFR part 121, Appendix J, III, A, 1) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.c | treat all safety-sensitive employees performing safety-sensitive functions the same for the purpose of pre-employment alcohol testing (i.e., you must not test some covered employees and not others)? (14 CFR part 121, Appendix J, III, A, 2) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.d | conduct the pre-employment test after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test? (14 CFR part 121, Appendix J, III, A, 3) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.e | conduct all pre-employment alcohol tests using the alcohol testing procedures of 49 CFR Part 40? (14 CFR part 121, Appendix J, III, A, 4) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.f | not allow a covered employee to begin performing safety-sensitive functions unless the result of the employee's test indicates an alcohol concentration of less than 0.02? (14 CFR part 121, Appendix J, III, A, 5) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

1.05 Drug and Alcohol Record Check

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.01 | Do you check on the drug and alcohol testing record of employees seeking to begin performing safety-sensitive duties for you for the first time (i.e. a new hire or transfer)? (49 CFR §40.25(a)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.02 | Do you obtain the employee's written consent prior to requesting the drug and alcohol testing history information? (49 CFR §40.25(a)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.03 | If the employee refuses to provide written consent for his/her past testing records, do you prohibit that employee from performing safety-sensitive functions? (49 CFR §40.25(a)) |
| Yes | No | N/A | | |
| | | | 1.05.04 | Do you request the following information from Department of Transportation regulated employers who have employed the employee during the two years before the date of the employee's application or transfer: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.a | alcohol tests with a result of 0.04 or higher alcohol concentration? (49 CFR §40.25(b)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.b | verified positive drug tests? (49 CFR §40.25(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.c | refusals to be tested (including verified adulterated or substituted drug test results)? (49 CFR §40.25(b)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.d | other violations of Department of Transportation agency drug and alcohol testing regulations? (49 CFR §40.25(b)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.e | with respect to any employee who violated a Department of Transportation (DOT) drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests)? (49 CFR §40.25(b)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.05 | Do you confirm that the information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under 49 CFR Part 40 or other applicable Department of Transportation agency regulations? (49 CFR §40.25(c)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.06 | Do you obtain and review all drug and alcohol information from previous employers as soon as possible before the employee performs safety sensitive functions? (49 CFR §40.25(d)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.07 | If you do not obtain, or make and document a good faith effort to obtain, an employee's previous drug and alcohol testing records, do you prohibit the employee from performing safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions? (49 CFR §40.25(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.08 | If you obtain information that an employee violated a Department of Transportation (DOT) agency drug and alcohol regulation, do you prohibit that employee from performing safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of 49 CFR part 40 and DOT agency drug and alcohol regulations? (49 CFR §40.25(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.09 | Do you provide written consent for the release of information to each employer from whom you request an employee's violation history? (49 CFR §40.25(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.10 | Do you ensure that the release of information is in writing and ensures confidentiality? (49 CFR §40.25(g)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.11 | Do you immediately release requested information to an employer who submits a written request for drug and alcohol testing records? (49 CFR §40.25(h)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.12 | Do you maintain, for three years from the date the employee first performed safety-sensitive duties for you, written confidential records of information obtained or efforts made to obtain information of previous drug and alcohol testing records? (49 CFR §40.25(i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.13 | Do you ask each employee whether he/she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive work covered by Department of Transportation drug and alcohol testing rules during the past two years? (49 CFR §40.25(j)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.14 | If an employee admits that he/she had a positive test or a refusal to test on a pre-employment test, do you prohibit that employee from performing safety-sensitive functions until or unless that employee documents successful completion of the return-to-duty process? (49 CFR §40.25(j)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

1.06 Types of Testing – Random

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.01 | Do you conduct random drug and alcohol testing in accordance with the procedures set forth in 14 CFR part 121, Appendices I and J? (14 CFR part 121, Appendix I, V, B and Appendix J, III, C) |
| Yes | No | N/A | | |
| | | | 1.06.02 | Do you: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.a | meet the minimum annual testing rate? (14 CFR part 121, Appendix I, V, B, 6 and Appendix J, III, C, 6) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.b | use a scientifically valid method to select employees for random testing, such as a random-number table or a computer-based random number generator that is matched with employees' social security numbers, payroll ID numbers, or other comparable identifying numbers? (14 CFR part 121, Appendix I, V, B, 5 and Appendix J, III, C, 5) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.c | ensure that each covered employee has an equal chance of being tested each time selections are made? (14 CFR part 121, Appendix I, V, B, 5 and Appendix J, III, C, 5) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.d | ensure that random tests conducted are unannounced and the dates for administering the random tests are spread reasonably throughout the calendar year? (14 CFR part 121, Appendix I, V, B, 7 and Appendix J, III, C, 7) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.e | require each covered employee notified of selection for random drug and/or alcohol testing to proceed to the testing site immediately, or if the employee is performing a safety-sensitive function at the time of the notification, did you instead ensure that the employee ceases to perform the safety-sensitive function and proceeds to the collection site as soon as possible? (14 CFR part 121, Appendix I, V, B, 8 and Appendix J, III, C, 8) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.f | ensure that a covered employee is only randomly alcohol tested while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions? (14 CFR part 121, Appendix J, III, C, 9) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.03 | Do you ensure that employees not covered by Department of Transportation (DOT) agency regulations are not included in the same random pool as DOT covered employees? (49 CFR §40.347(2)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

1.06.04 If you conduct random drug/alcohol testing through a Consortium/Third-Party Administrator, do you ensure that the number of employees to be tested are:

☐ ☐ ☐ 1.06.04.a conducted at least at the minimum annual percentage
Yes No N/A rate, provided that your Consortium/Third-Party Administrator has your employees in a random testing pool for your company alone? (14 CFR part 121, Appendix I, V, B, 6 and Appendix J, III, C, 6)

☐ ☐ ☐ 1.06.04.b conducted at least at the minimum annual percentage
Yes No N/A rate, provided that your Consortium/Third-Party Administrator has your employees in a random testing pool combined with other FAA-regulated companies? (14 CFR part 121, Appendix I, V, B, 6 and Appendix J, III, C, 6)

☐ ☐ ☐ 1.06.05 If a given covered employee is subject to random drug
Yes No N/A testing under the drug testing rules of more than one Department of Transportation (DOT) agency, is that employee subject to random drug testing at the percentage rate established for the calendar year by the DOT agency regulating more than 50 percent of the employee's function? (14 CFR part 121, Appendix I, V, B, 9 and Appendix J, III, C, 10)

1.06.06 If you are required to conduct random drug/alcohol testing under testing rules of more than one Department of Transportation agency, do you:

☐ ☐ ☐ 1.06.06.a establish separate pools for random selections with
Yes No N/A each pool containing covered employees subject to same required rate? (14 CFR part 121, Appendix I, V, B, 10, (a) and Appendix J, III, C, 11, (a))

☐ ☐ ☐ 1.06.06.b or, establish one pool where employees are subject to
Yes No N/A the highest percentage rate required by any Department of Transportation agency to which you are subject? (14 CFR part 121, Appendix I, V, B, 10, (b) and Appendix J, III, C, 11, (b))

☐ ☐ ☐ 1.06.06.c provide access to your records related to random
Yes No N/A testing to any Department of Transportation agency? (14 CFR part 121, Appendix I, V, B, 11)

1.0 Employer Administrative and Quality Assurance Activities

1.07 Types of Testing – Post-Accident

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.01 | Do you conduct post-accident testing when the employee's performance either contributes to the accident or can not be completely discounted as a contributing factor? (14 CFR part 121, Appendix I, V, C and Appendix J, III, B) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.02 | Do you make the decision not to conduct post-accident testing based on a determination, using the best information available at the time of the determination, that the employee's performance has not contributed to the accident? (14 CFR part 121, Appendix I, V, C and Appendix J, III, B, 1) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.03 | Do you conduct post-accident drug testing as soon as possible, but no later than 32 hours after the accident? (14 CFR part 121, Appendix I, V, C) |
| Yes | No | N/A | | |
| | | | 1.07.04 | Reserved for Future Use |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.05 | Do you conduct post-accident alcohol testing as soon as practicable, but no later than 8 hours after the accident? (14 CFR part 121, Appendix J, III, B, 2) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.06 | Do you prepare and maintain a report stating the reasons the post-accident alcohol test is not conducted within 2 hours of the accident? (14 CFR part 121, Appendix J, III, B, 2) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.07 | Do you cease attempts to conduct post-accident alcohol testing 8 hours after the accident and do you prepare and maintain a report stating the reasons the post-accident alcohol test is not conducted within 8 hours of the accident? (14 CFR part 121, Appendix J, III, B, 2) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.08 | Do you submit post-accident alcohol testing reports to the FAA when requested? (14 CFR part 121, Appendix J, III, B, 2) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.09 | Do you make the determination that an employee refused to submit to post accident testing after the employee is identified for testing and does not remain readily available? (14 CFR part 121, Appendix J, III, B, 3) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.10 | Do you ensure that a covered employee is allowed to leave the scene of an accident for a period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care? (14 CFR part 121, Appendix J, III, B, 3) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

1.08 Types of Testing – Reasonable Cause / Suspicion

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.01 | Do you test each covered employee who is reasonably suspected of using a prohibited drug or violating alcohol misuse prohibitions? (14 CFR part 121, Appendix I, V, D and Appendix J, III, D, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.02 | Do you conduct reasonable cause drug testing based on reasonable and articulable belief that an employee is using a prohibited drug on the basis of specific contemporaneous physical, behavioral, or performance indicators of probable drug use? (14 CFR part 121, Appendix I, V, D) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.03 | Do you conduct reasonable suspicion alcohol testing based on specific, contemporaneous, articulable observations concerning appearance, behavior, speech or body odors of an employee? (14 CFR part 121, Appendix J, III, D, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.04 | If you are a part 121 certificate holder or a company with 50 or more covered employees, do at least two supervisors, one of whom is trained in the detection of symptoms of drug use, substantiate and concur in the decision to test an employee who is reasonably suspected of drug use? (14 CFR part 121, Appendix I, V, D) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.05 | If you are not a part 121 certificate holder or you have fewer than 50 covered employees, do at least one supervisor, trained in the detection of symptoms of drug use, substantiate the decision to test an employee who is reasonably suspected of drug use? (14 CFR part 121, Appendix I, V, D) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.06 | Are observations for reasonable suspicion alcohol testing made by a supervisor who is trained in detecting symptoms of alcohol misuse? (14 CFR part 121, Appendix J, III, D, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.07 | Are observations for reasonable suspicion alcohol testing made during, just preceding, or just after the period of the workday that the covered employee is required to be in compliance with 14 CFR part 121, Appendix J? (14 CFR part 121, Appendix J, III, D, 3) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.08 | Do you require an employee to undergo reasonable suspicion testing for alcohol only while the employee is performing safety-sensitive functions, just before the employee is performing safety-sensitive functions, or just after the employee has ceased performing safety-sensitive functions? (14 CFR part 121, Appendix J, III, D, 3) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.09 | Does the supervisor who made the determination that reasonable suspicion exists refrain from conducting the breath alcohol test on that employee? (14 CFR part 121, Appendix J, III, D, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.10 | Do you prepare and maintain a report stating the reasons a reasonable suspicion alcohol test can not be conducted within 2 hours of the determination to conduct testing? (14 CFR part 121, Appendix J, III, D, 4, (a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.11 | Do you cease attempts to conduct a reasonable suspicion alcohol test within 8 hours of the determination to conduct the test and do you prepare and maintain a report stating the reasons a reasonable suspicion alcohol test is not conducted? (14 CFR part 121, Appendix J, III, D, 4, (a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.12 | Do you ensure that no covered employee reports for duty or remains on duty requiring the performance of safety-sensitive functions while the employee is under the influence of or impaired by alcohol, as shown by the behavioral, speech, or performance indicators of alcohol misuse? (14 CFR part 121, Appendix J, III, D, 4, (b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.13 | Do you prohibit a covered employee from performing/continuing to perform safety-sensitive functions when the employee has shown behavioral, speech, or performance indicators of alcohol misuse and an alcohol test can not be conducted? (14 CFR part 121, Appendix J, III, D, 4, (b)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.08.14 | Employee MAY be returned to work if alcohol test is conducted with result less than 0.02. |
| | | | | |
| | | | 1.08.15 | Employee MAY be returned to work at start of his/her next regularly scheduled duty period, but not less than 8 hours following determination that reasonable suspicion of violation existed, but when testing was unable to be accomplished. |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.16 | Do you ensure that no action is taken against a covered employee, under 14 CFR part 121, Appendix J, based solely on an employee's behavior and appearance in the absence of an alcohol test? (14 CFR part 121, Appendix J, III, D, 4, (c)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.08.17 | Employer MAY take action based solely on employee's behavior and appearance in absence of alcohol test under its own authority if action is consistent with law. |

1.0 Employer Administrative and Quality Assurance Activities**1.09 Types of Testing – Return To Duty**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.09.01 | Do you conduct a return to duty drug/alcohol test only after a Substance Abuse Professional determines that the employee successfully complied with the prescribed education and/or treatment? (14 CFR part 121, Appendix I, V, E and Appendix J, III, E and 49 CFR §40.305(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.09.02 | Do you receive a verified negative return-to-duty drug test result for the employee before that employee returns to performing safety-sensitive functions, after receiving a verified positive drug test result or refusing to submit to an FAA drug test? (14 CFR part 121, Appendix I, V, E and 49 CFR 40.305(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.09.03 | Do you receive a return-to-duty alcohol test result of less than 0.02 for the employee before that employee returns to performing safety-sensitive functions after engaging in prohibited alcohol-related conduct? (14 CFR part 121, Appendix J, III, E and 49 CFR §40.305(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.09.04 | Do you prohibit an employee from returning to the performance of safety-sensitive functions when that employee has not successfully complied with the Substance Abuse Professional's recommendations? (49 CFR §40.301 (d) (2)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

1.10 Types of Testing – Follow-Up

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.01 | Do you implement a reasonable program of unannounced follow-up testing for each individual who is hired for a safety-sensitive function or who returns to the performance of a safety-sensitive function after refusing to submit to a required drug test or after receiving a verified positive drug test result on a required test? (14 CFR part 121, Appendix I, V, F, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.02 | Do you ensure that an employee who engaged in prohibited alcohol-related conduct is subject to unannounced follow-up alcohol testing as directed by the Substance Abuse Professional? (14 CFR part 121, Appendix J, III, F, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.03 | Do you carry out the Substance Abuse Professional's follow-up testing requirements? (49 CFR §40.307 (a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.04 | Does the Substance Abuse Professional determine the number and frequency of follow-up drug/alcohol tests and do you ensure that it includes at least six tests in the first 12 months of the employee's return to duty? (14 CFR part 121, Appendix I, F, 2 and Appendix J, III, F, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.05 | Do you schedule follow-up test dates so that the tests are unannounced (no advance notice) with no discernible pattern? (49 CFR §40.309 (b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.06 | Do you direct the employee to undergo follow-up drug testing, in addition to follow-up alcohol testing, when the Substance Abuse Professional determines that drug testing is necessary for the individual? (14 CFR part 121, Appendix J, III, F, 3) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.07 | Do you direct the employee to undergo follow-up alcohol testing, in addition to follow-up drug testing, when the Substance Abuse Professional determines that alcohol testing is necessary for the individual? (14 CFR part 121, Appendix I, V, F, 3) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.08 | Do you ensure that follow-up drug/alcohol testing is not conducted for a period of more than 60 months after the date that the individual began to perform or returns to the performance of a safety-sensitive function? (14 CFR part 121, Appendix I, V, F, 4 and Appendix J, III, F, 4 and 49 CFR §40.307(d) (2)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.10.09 | The Substance Abuse Professional MAY terminate follow-up testing after first 6 tests. |

1.0 Employer Administrative and Quality Assurance Activities

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|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.10 | Do you conduct follow-up alcohol testing only while the employee is performing safety-sensitive functions, just before the employee performed safety-sensitive functions, or just after employee has ceased performing safety-sensitive functions? (14 CFR part 121, Appendix J, III, F, 5) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.11 | Do you refrain from substituting any other test conducted on the employee for the required follow-up testing? (49 CFR §40.309 (c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.12 | Do you refrain from counting cancelled follow-up tests as completed tests? (49 CFR §40.309 (b)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.10.13 | Substance Abuse Professional's follow-up testing plan follows the employee to subsequent employers and through breaks of service. |

1.0 Employer Administrative and Quality Assurance Activities**1.11 Waivers (Stand Down)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.11.01	Do you abide by the terms of the stand-down waiver, if
Yes	No	N/A		granted? (14 CFR part 121, Appendix I, XIII and 49 CFR
				§40.21(a))

1.12 Part 40 Exemption(s)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.12.01	Do you abide by the terms of an exemption from any
Yes	No	N/A		provision in 49 CFR part 40, if granted? (49 CFR §40.7)

1.0 Employer Administrative and Quality Assurance Activities

1.13 Employer Responsibilities

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.01 | Do you ensure that no logbook, record, or report pursuant to Department of Transportation antidrug and alcohol misuse prevention programs has been falsified? (14 CFR part 121, Appendix I, I, E, 1, 2, & 3 and Appendix J, I, 1, 2, & 3) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.02 | Do you not allow any covered employee to perform a safety-sensitive function if that employee has engaged in prohibited alcohol conduct under 14 CFR part 121, Appendix J or an alcohol misuse rule of another Department of Transportation agency, without that employee completing the referral, evaluation, treatment, and return to duty process? (14 CFR part 121, Appendix J, V, A, 1 & 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.03 | Do you refrain from taking action under 14 CFR Part 121, Appendix J against an employee based solely on test results showing alcohol concentration less than 0.04 (except retesting or not performing safety-sensitive functions for at least 8 hours)? (14 CFR part 121, Appendix J, V, F, 2) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.13.04 | Employer MAY take action based solely on employee's test result showing alcohol concentration less than 0.04 under its own authority if action is consistent with law. |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.05 | Do you ensure that all alcohol tests conducted under company authority are not falsely represented as being required by the FAA? (14 CFR part 121, Appendix J, I, G) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.06 | Do you use or contract only with drug testing laboratories certified by the U.S. Department of Health and Human Services under the National Laboratory Certification Program? (14 CFR part 121, Appendix I, I, B) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.07 | Does your laboratory permit inspection, with or without prior notice, by the Office of Drug and Alcohol Policy and Compliance, a Department of Transportation (DOT) agency, or a DOT-regulated employer that contracts with the laboratory for drug testing under DOT drug testing program, or a designee of such employer? (49 CFR §40.107) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.08 | Do you ensure when changing Medical Review Officers (MRO), that the former MRO forwards all records maintained pursuant to 14 CFR part 121, Appendix I to the new MRO within ten working days of receiving notice from you of the new MRO's name and address? (14 CFR part 121, Appendix I, VI, A, 2) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.09 | Do you retain the services of a Medical Review Officer, directly or by contract, who is qualified in accordance with 49 CFR Part 40 and who performs functions set forth in 14 CFR part 121, Appendix I? (14 CFR part 121, Appendix I, VII) |
| Yes | No | N/A | | |
| | | | 1.13.10 | Employers MAY use service agents to perform task needed to comply with 49 CFR part 40 and 14 CFR part 121, Appendices I and J. However, employers are responsible for compliance of its drug and alcohol testing programs as well as ensuring that its service agents meet qualifications set forth in the regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.11 | Do you ensure that your service agents do not act as your designated employer representative (DER)? (49 CFR §40.15(d)) |
| Yes | No | N/A | | |
| | | | 1.13.12 | If the Medical Review Officer (MRO) directs your designated employer representative (DER) to contact an employee and inform him/her to contact the MRO, does the DER: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.12.a | attempt to contact the employee immediately, using procedures that protect, as much as possible, the confidentiality of the Medical Review Officer's request? (49 CFR §40.131(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.12.b | document the date and time of the contact with the employee and notify the Medical Review Officer if he/she successfully contacts the employee? (49 CFR §40.131(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.12.c | inform the employee to contact the Medical Review Officer immediately and inform the employee of the consequences of failing to do so within the next 72 hours? (49 CFR §40.131(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.13 | Does your designated employer representative (DER) refrain from informing anyone else at the company that he/she is seeking to contact the employee on behalf of the Medical Review Officer? (49 CFR §40.131(d)(1)) |
| Yes | No | N/A | | |
| | | | 1.13.14 | After making all reasonable efforts (at least 3 reasonably spaced attempts within 24 hours) to contact the employee on behalf of the Medical Review Officer and unable to do so, do you: |
| | | | 1.13.14.a | MAY place employee on temporary medical leave. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.14.b | document the dates and times of the efforts to contact the employee? (49 CFR §40.131(d)(2)(i)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.14.c | leave a message for the employee, by any practicable means, to contact the Medical Review Officer (MRO) and inform the MRO of the date and time this message was left? (49 CFR §40.131(d)(2)(ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.15 | Do you ensure that the Medical Review Officer does not delay verification of the primary test result following a request for a split specimen test unless such delay is based on reasons other than the fact that the split specimen test result is pending? (14 CFR part 121, Appendix I, VII, A) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.16 | Do you ensure that if Medical Review Officer (MRO) services are obtained by contract, including by contract through a Consortium/Third-Party Administrator, that the contract includes a recordkeeping provision that is consistent with 14 CFR part 121, Appendix I, including requirements for transferring records to a new MRO? (14 CFR part 121, Appendix I, VI, A, 3) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.17 | Do you ensure that no employee has been required to sign a consent, release, waiver of liability, or indemnification agreement with respect to any part of the drug or alcohol testing process covered by 49 CFR part 40? (49 CFR §40.27) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities**1.14 Notification to the Federal Air Surgeon**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.01 | Does your Medical Review Officer inquire, as part of the verification process of a confirmed positive drug test result, whether the individual is or would be required to hold a medical certificate issued under 14 CFR part 67 to perform a safety-sensitive function for you? (14 CFR part 121, Appendix I, VII, C, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.02 | Does your Medical Review Officer inquire, as part of the verification process of a confirmed positive drug test result, whether the individual currently holds a medical certificate issued under 14 CFR part 67? (14 CFR part 121, Appendix I, VII, C, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.03 | After verifying a positive drug test result on an individual holding a part 67 medical certificate, does your Medical Review Officer forward to the Federal Air Surgeon the name of the individual, along with identifying information and supporting documentation, within 2 working days? (14 CFR part 121, Appendix I, VII, C, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.04 | Does your Substance Abuse Professional inquire whether the individual is or would be required to hold a medical certificate issued under 14 CFR Part 67 to perform a safety-sensitive function for you? (14 CFR part 121, Appendix I, VII, C, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.05 | If an individual requires a part 67 medical certificate to perform a safety-sensitive function for you, did your Substance Abuse Professional wait until the individual receives a medical certificate or a special issuance medical certificate (dated after the date of the positive or refusal) from the Federal Air Surgeon before recommending that the employee return to a safety-sensitive function? (14 CFR part 121, Appendix I, VII, C, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.06 | Do you forward to the Federal Air Surgeon, within 2 working days of receipt, a copy of any report provided by the Substance Abuse Professional regarding an individual for whom the Medical Review Officer has provided a report to the Federal Air Surgeon? (14 CFR part 121, Appendix I, VII, C, 3) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.07 | Do you notify the Federal Air Surgeon, within 2 working days, of a covered employee who holds an airman medical certificate issued under 14 CFR part 67 and who has engaged in prohibited alcohol use? (14 CFR part 121, Appendix J, V, C, 1) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.08 | Do you forward to the Federal Air Surgeon, within 2 |
| Yes | No | N/A | | working days of receipt, a copy of the report of any |
| | | | | evaluation performed on 14 CFR Part 67 certificate |
| | | | | holders after any alcohol misuse violation? (14 CFR |
| | | | | part 121, Appendix J, V, C, 2) |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.09 | Do you prohibit a 14 CFR part 67 medical certificate |
| Yes | No | N/A | | holder from performing a safety-sensitive function until |
| | | | | he/she obtains an airman medical certificate issued by |
| | | | | the Federal Air Surgeon dated after the date of the |
| | | | | verified positive drug test result, the alcohol test |
| | | | | result, or the refusal to test date and the employee |
| | | | | meets the return to duty requirements of 49 CFR part 40? |
| | | | | (14 CFR part 121, Appendix I, VII, C, 4 and Appendix J, |
| | | | | V, C, 4 & 5) |

1.0 Employer Administrative and Quality Assurance Activities

1.15 Refusals

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.01 | Do you prohibit covered employees who refused to submit to required drug testing from performing or continuing to perform safety-sensitive functions? (14 CFR part 121, Appendix I, VI, D, 14 CFR § 121.455 (c), 135.249 (c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.02 | Do you prohibit covered employees who refused to submit to required post-accident, random, reasonable suspicion, or follow-up alcohol testing from performing or continuing to perform safety-sensitive functions? (14 CFR part 121, Appendix J, V, A, 2, 14 CFR § 121.458 (f), 135.253 (f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.03 | Do you notify the FAA within 2 working days of any employee who holds Part 61, 63, or 65 certificate and refused to submit to required drug or alcohol testing? (14 CFR part 121, Appendix I, VI, D and Appendix J, V, D) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.15.04 | Do you determine that an employee has refused to submit to testing when any of the following circumstances occur: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.a | failed to appear for any test (except a pre-employment test) within a reasonable time after being directed to do so (this includes failure of employee [including owner/operator] to appear for test when called by Consortium/Third-Party Administrator)? (49 CFR §40.191(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.b | failed to remain at the testing site until the testing process was completed (except for pre-employment testing when the testing process has not been started)? (49 CFR §40.191(a)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.c | failed to provide a urine specimen for any drug test required by 49 CFR part 40 or Department of Transportation agency regulations (except for pre-employment testing when the testing process has not been started)? (49 CFR §40.191(a)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.d | failed to allow direct observation or monitoring when required? (49 CFR §40.191(a)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.e | failed to provide a sufficient amount of urine with no adequate medical explanation for the failure? (49 CFR §40.191(a)(5)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.f | failed or declined to take a second test that you or your collector directed the employee to take? (49 CFR §40.191(a)(6)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.g | failed to undergo medical examination/evaluation as directed by the Medical Review Officer as part of the verification, or as directed by the designated employer representative (DER) under §40.193(d)? (49 CFR §40.191(a)(7)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.h | failed to cooperate with any part of the testing process? (49 CFR §40.191(a)(8)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.05 | Does your Medical Review Officer report a refusal to test if a test result is verified as adulterated or substituted? (49 CFR §40.191(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.06 | Do you subject the employee to the consequences specified under the Department of Transportation agency regulations when he or she refused to submit to testing, including immediately removing the employee from performing safety-sensitive functions? (49 CFR §40.191(c)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.07 | Does your Medical Review Officer (MRO) (or collector) terminate the testing process, document the refusal on the Federal Drug Testing Custody and Control Form, and immediately notify the designated employer representative (DER) when the employee refuses to participate in any part of the testing process in which the collector or the MRO are involved? (49 CFR §40.191(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.08 | Does your Medical Review Officer notify the designated employer representative (DER) of the referral physician's evaluation findings when an employee is referred because of his/her refusal to participate with the collection? (49 CFR §40.191(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.09 | Does your collector note the refusal in the "Remarks" line and sign and date the Federal Drug Testing Custody and Control Form? (49 CFR §40.191(d)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.10 | Does your Medical Review Officer note the refusal by checking the "refused to test because" box on Copy 2 of Federal Drug Testing Custody and Control Form (CCF) and add the reason in the "Remarks" line, then sign and date the CCF? (49 CFR §40.191(d)(2)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities**1.16 Substance Abuse Professionals Information and Services**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.16.01 | Do you provide each employee who violates a Department of Transportation drug and/or alcohol regulation a listing of Substance Abuse Professionals (names, addresses, and telephone numbers) readily available to employee and acceptable to you? (49 CFR §40.287) |
| Yes | No | N/A | | |
| | | | 1.16.02 | Employers are not required to provide SAP evaluation, or subsequent treatment, for employee unless employee is offered opportunity to return to safety-sensitive function. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.16.03 | Do you refrain from seeking a second Substance Abuse Professional's (SAP) evaluation if the employee has already been evaluated by a qualified SAP? (49 CFR §40.295 (b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.16.04 | Do you ensure that the Substance Abuse Professional's (SAP) written reports are sent directly to the designated employer representative (DER) and that the SAP reports are not changed? (49 CFR §40.311(b)) |
| Yes | No | N/A | | |
| | | | 1.16.05 | Employer MAY require employee returning to safety-sensitive function to participate in follow-up recommended services as part of return-to-duty agreement. The employer MAY monitor and document employee's participation. |

1.0 Employer Administrative and Quality Assurance Activities

1.17 Department of Transportation (DOT) verses non-DOT Testing

1.17.01 If you also conduct drug and alcohol testing under your company policy, do you:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.a | keep Department of Transportation (DOT) tests and non-DOT tests completely separate? (49 CFR §40.13(a)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.b | ensure that Department of Transportation (DOT) tests take priority over non-DOT tests? (49 CFR §40.13(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.c | conduct only authorized testing on Department of Transportation urine and breath specimens? (49 CFR §40.13(c)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.d | not change or disregard Department of Transportation (DOT) test results based on results of non-DOT tests? (49 CFR §40.13(e)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.e | use only the Federal Drug Testing Custody and Control Forms and Alcohol Testing Forms for Department of Transportation (DOT) mandated drug and alcohol tests and not for non-DOT testing? (49 CFR §40.13(f)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities**1.18 Insufficient Sample**

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.01 | Do you ensure that your Breath Alcohol Technician / Screening Test Technician (BAT/STT) immediately notifies the designated employer representative (DER) when an employee failed to provide a sufficient amount of breath to permit a valid alcohol test? (49 CFR §40.265(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.02 | Do you direct the employee to obtain, within 5 days, an evaluation from a licensed physician, acceptable to you and with expertise in medical issues raised by the employee's failure to provide a sufficient amount of breath for the alcohol test? (49 CFR §40.265(c)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.18.03 | Do you provide the physician who conducts the medical evaluation with the following information and instructions: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.03.a | that the employee was required to take a Department of Transportation breath alcohol test, but was unable to provide a sufficient amount of breath to complete the test? (49 CFR §40.265(c)(1)(i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.03.b | the consequences of the appropriate Department of Transportation agency regulation for refusing to take the required alcohol test? (49 CFR §40.265(c)(1)(ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.03.c | that the physician must provide you with a signed statement of his or her conclusions? (49 CFR §40.265(c)(1)(iii)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.18.04 | Does the physician, in his or her reasonable medical judgment, base his or her conclusions on one of the following determinations: (49 CFR §40.265(c)(1)(iv)) |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.04.a | a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of breath? (49 CFR §40.265(c)(1)(iv)(A)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.04.b | there is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of breath? (49 CFR §40.265(c)(1)(iv)(B)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.04.c | a medical condition includes an ascertainable physiological condition (e.g., respiratory system dysfunction) or a medically documented pre-existing psychological disorder, but not unsupported assertions of "situational anxiety" or hyperventilation? (49 CFR §40.265(c)(1)(iv)(C)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.18.05	Does the physician provide directly to the designated employer representative (DER) (and not through a Consortium/Third-Party Administrator), a written statement of his/her conclusions and the basis for them? (49 CFR §40.265 (c) (2))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.18.06	Do you immediately inform the employee and take the appropriate action upon receiving the physician's written report on whether there is a medical explanation for the inability to provide a sufficient amount of breath for the alcohol test? (49 CFR §40.265 (c) (3))
Yes	No	N/A		

1.0 Employer Administrative and Quality Assurance Activities**1.19 Split Specimens**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.19.01 | Do you ensure that your Medical Review Officer, your first laboratory, and your second laboratory perform the functions noted in §§40.175 - 40.185 in a timely manner, once an employee has made a timely request for a test of the split specimen? (49 CFR §40.173(a)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.19.02 | Do you ensure that the split specimen testing takes place in a timely manner regardless of who is paying for the split specimen testing? (49 CFR §40.173 (b)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.19.03 | Does your laboratory that tests the split specimen report the results directly, and only, to the Medical Review Officer at his or her place of business? (49 CFR §40.195 (a)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.19.04 | Does your laboratory transmit the results of the split specimen testing to the Medical Review Officer immediately, preferably on the same day or the next business day as the result is signed and released? (49 CFR §40.195 (c)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities**1.20 Dilute Specimens**

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.01 | Do you treat a verified positive-dilute test result as a positive test result and not direct an employee to take another test based on the fact that specimen was dilute? (49 CFR §40.197 (a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.02 | Do you conduct a recollection under direct observation when directed to do so by the Medical Review Officer because the specimen's creatinine concentration was equal to or greater than 2 mg/dL, but less than or equal to 5 mg/dL? (49 CFR §40.197 (b) (1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.03 | Do you treat all employees the same in deciding whether or not to direct an employee with a negative-dilute test result (creatinine concentration greater than 5 mg/dL) to have another test collected? (49 CFR §40.197 (b) (2) (i) & (ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.04 | Do you inform your employees in advance of your policy regarding whether or not you will conduct another collection for those tests whose results are reported as negative-dilute specimens? (49 CFR §40.197 (b) (2) (ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.05 | If you choose to conduct another test on employees whose test results are negative-dilute (creatinine concentration greater than 5 mg/dL), do you ensure that recollections are not conducted under direct observation unless there is another basis for direct observation collections? (49 CFR §40.197 (b) (2) (i)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.20.06 | If you direct an employee to take another test after receiving a negative-dilute result, do you: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.06.a | ensure that the employee is given minimum possible advance notice to go to the collection site? (49 CFR §40.197 (c) (1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.06.b | ensure that the result of the second test becomes the test of record? (49 CFR §40.197 (c) (2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.06.c | not permit the employee to take a third test if the second test is also negative and dilute, unless directed by the Medical Review Officer to immediately conduct a recollection under direct observation? (49 CFR §40.197 (c) (3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.06.d | determine that the employee has refused to test if the employee declines to take another test after being directed to do so? (49 CFR §40.197 (c) (4)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities**1.21 Cancelled Tests**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.01 | Do you refrain from attaching consequences to a cancelled alcohol test? (49 CFR §40.273 (a) (1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.02 | Do you refrain from using a cancelled alcohol test in a situation where the employee needs a test result below 0.02 for the performance of safety-sensitive functions? (49 CFR §40.273 (a) (2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.03 | Do you refrain from using a cancelled drug test for a test that requires a verified negative result for the performance of safety-sensitive functions? (49 CFR §40.207 (a) (2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.04 | Do you refrain from directing a recollection of a cancelled alcohol test except where a test result of below 0.02 is needed for the employee to perform a safety-sensitive function? (49 CFR §40.273 (a) (3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.05 | Do you refrain from directing a recollection of a cancelled drug test except when a verified negative drug test result (pre-employment, return-to-duty, follow-up test) is needed for the employee to perform a safety-sensitive function? (49 CFR §40.217 (a) (3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.06 | Do you refrain from counting a cancelled drug and/or alcohol test toward the minimum annual random testing percentage rate? (49 CFR §40.207 (b) and 49 CFR §40.273 (b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.07 | Do you refrain from using a cancelled Department of Transportation (DOT) drug and/or alcohol test to provide a valid basis for conducting a non-DOT test? (49 CFR §40.207 (c) and 49 CFR §40.273 (d)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

1.22 Invalid Test Results

1.22.01 Upon receipt of a drug test result indicating the employee's specimen was invalid and a second collection must take place under direct observation, do you:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.01.a	direct the employee to provide a new specimen under direct observation without any advance notice? (49 CFR §40.23(f) (1))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.01.b	not attach any consequences to the invalid test other than collecting a new specimen under direct observation? (49 CFR §40.23(f) (2))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.01.c	instruct the collector to note on the Federal Drug Testing Custody and Control Form the same reason for testing as the original collection? (49 CFR §40.23(f) (4))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.02	When a negative test result is required, do you direct the employee, whose test result was cancelled, to provide another specimen immediately? (49 CFR §40.23(g))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.03	Do you refrain from altering the drug and/or alcohol test results that are transmitted to you by the Medical Review Officer, Breath Alcohol Technician, and/or Consortium/Third-Party Administrator? (49 CFR §40.23(i))
Yes	No	N/A		

1.0 Employer Administrative and Quality Assurance Activities

1.23 Actions Taken – Verifying Test Results

1.23.01 Do you immediately remove an employee from a performing safety-sensitive function when you:

☐ ☐ ☐ 1.23.01.a receive a verified positive drug test result for that
Yes No N/A employee? (49 CFR §40.23(a))

☐ ☐ ☐ 1.23.01.b receive a verified adulterated or substituted drug test
Yes No N/A result for that employee? (49 CFR §40.23(b))

☐ ☐ ☐ 1.23.01.c receive an alcohol test result of 0.04 or higher for
Yes No N/A that employee? (49 CFR §40.23(c))

☐ ☐ ☐ 1.23.02 Do you take immediate action upon receiving the initial
Yes No N/A report and not wait to receive the written report or the
result of the split specimen test? (49 CFR §40.23(a) &
(b) & (c))

☐ ☐ ☐ 1.23.03 Upon receipt of the initial report of an alcohol test
Yes No N/A result of 0.02-0.039, do you temporarily remove the
employee from performing safety-sensitive functions?
(49 CFR §40.23(c))

☐ ☐ ☐ 1.23.04 Do you wait until the employee who receives a verified
Yes No N/A positive, adulterated, or substituted test result has
met the requirements of the Substance Abuse Professional
and return to duty process before returning that
employee to a safety-sensitive position? (49 CFR
§40.23(d))

1.0 Employer Administrative and Quality Assurance Activities

1.24 Release of Information

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.01 | Do you release information regarding an employee's drug testing results, evaluation, or rehabilitation to a third party in accordance with 49 CFR part 40? (14 CFR part 121, Appendix I, VI, C) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.02 | Do you release information regarding an employee's alcohol testing results, evaluation, or rehabilitation to a third party in accordance with 49 CFR part 40? (14 CFR part 121, Appendix J, IV, C, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.03 | Do you refrain from releasing a covered employee's information except as required by law, Appendix I, Appendix J, or 49 CFR part 40? (14 CFR part 121, Appendix I, VI, C and Appendix J, IV, C, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.04 | Do you promptly provide records pertaining to an employee's use of alcohol, including any records pertaining to his/her alcohol tests, upon written request from the employee? (14 CFR part 121, Appendix J, IV, C, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.05 | Do you ensure access to an employee's records are not contingent upon payment for records other than those specifically requested? (14 CFR part 121, Appendix J, IV, C, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.06 | Do you or your service agent refrain from releasing individual test results or medical information about an employee to third parties without the employee's specific written consent, except as otherwise provided in 49 CFR part 40, subpart P? (49 CFR §40.321) |
| Yes | No | N/A | | |
| | | | | |
| | | | 1.24.07 | Employer MAY release information pertaining to employee's drug or alcohol test without employee's consent in certain legal proceedings: |
| | | | | |
| | | | 1.24.07.a | Lawsuit, grievance, or administrative proceeding brought by, or on behalf of, employee and resulting from positive DOT drug or alcohol test or refusal to test. |
| | | | | |
| | | | 1.24.07.b | Criminal or civil action resulting from employee's performance of safety-sensitive duties, in which court of competent jurisdiction determines testing information is relevant and issues an order directing employer to produce information. Employer is authorized to respond and produce records. |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.08 | If you requested an employee's testing information from your service agent to use in legal proceeding, does your service agent provide the requested information? (49 CFR §40.323(c)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.09 | Do you and/or your service agent immediately notify the |
| Yes | No | N/A | | employee in writing of any information released in |
| | | | | connection with legal proceedings? (49 CFR §40.323(d)) |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.10 | Do you maintain a written record of all employee |
| Yes | No | N/A | | information that is released, including the date, the |
| | | | | party to whom it is released, and the summary of |
| | | | | information provided? (49 CFR §40.25(g)) |

1.0 Employer Administrative and Quality Assurance Activities

1.25 Blind Specimen Testing

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.01 | Did you or your Consortium/Third-Party Administrator with an aggregate of 2,000 or more Department of Transportation covered employees send blind specimens to the laboratories that they use? (49 CFR §40.103(a)) |
| Yes | No | N/A | | |
| | | | 1.25.02 | Employers or Consortium/Third-Party Administrator that have an aggregate of fewer than 2,000 Department of Transportation covered employees are not required to provide blind specimens. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.03 | To each laboratory to which you send at least 100 specimens in a year, do you transmit a number of blind specimens equivalent to one percent of the specimens you send to that laboratory, up to a maximum of 50 blind specimens in each quarter? (49 CFR §40.103(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.04 | As a Consortium/Third-Party Administrator that sends at least 100 specimens in a year to each laboratory, do you transmit a number of blind specimens equivalent to one percent of the specimens using the total number of Department of Transportation covered employees' specimens that was sent to the laboratory? (49 CFR §40.103(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.05 | Do you or your Consortium/Third-Party Administrator send blind specimen submissions evenly spread throughout year? (49 CFR §40.103(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.06 | Do you or your Consortium/Third-Party Administrator submit approximately 75 percent of specimens as blanks? (49 CFR §40.103(c)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.07 | Do you or your Consortium/Third-Party Administrator submit approximately 15 percent of blind specimens that are positive for one or more of the five drugs involved in Department of Transportation tests? (49 CFR §40.103(c)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.08 | Do you or your Consortium/Third-Party Administrator submit approximately 10 percent of blind specimens either adulterated with a substance cited in the U.S. Department of Health and Human Services guidance or substituted? (49 CFR §40.103(c)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.09 | Do you or your Consortium/Third-Party Administrator ensure that the contents of adulterated or substituted blind specimens are validated by the supplier using initial and confirmatory tests? (49 CFR §40.103(c)(1)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.10 | Do you or your Consortium/Third-Party Administrator ensure that the supplier provides information regarding the shelf life of the blind specimens? (49 CFR §40.103(c) (2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.11 | Do you or your Consortium/Third-Party Administrator ensure that each blind specimen is indistinguishable to the laboratory from a normal specimen? (49 CFR §40.103(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.12 | Do you or your Consortium/Third-Party Administrator submit blind specimens to the laboratory using the same channels through which employees' specimens are sent to the laboratory? (49 CFR §40.103(d) (1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.13 | Do you or your Consortium/Third-Party Administrator ensure that the collector uses a Federal Drug Testing Custody and Control Form, places fictional initials on the specimen bottle label/seal, indicates for the Medical Review Officer on Copy 2 that the specimen is a blind specimen, and discards Copies 4 and 5? (49 CFR §40.103(d) (2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.14 | Do you or your Consortium/Third-Party Administrator ensure that all blind specimens include split specimens? (49 CFR §40.103(d) (3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.15 | If the result of the blind specimen reported to the Medical Review Officer (MRO) is different from the result expected, do you, your MRO, or your Consortium/Third-Party Administrator investigate the discrepancy? (49 CFR §40.105(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.16 | If the expected result is not reported and the result is a false negative, do you, your Medical Review Officer, or your Consortium/Third-Party Administrator provide the laboratory with the expected result (obtained from the supplier of the blind specimen) and direct the laboratory to determine the reason for the discrepancy? (49 CFR §40.105(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.17 | If the expected result is not reported and the result is a false positive, do you, your Medical Review Officer, or your Consortium/Third-Party Administrator provide the laboratory with the expected results (obtained from the supplier of blind specimen) and direct the laboratory to determine the reason for the discrepancy? (49 CFR §40.105(c)) |
| Yes | No | N/A | | |

1.0 Employer Administrative and Quality Assurance Activities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.25.18	Do you, your Medical Review Officer, or your Consortium/Third-Party Administrator also notify the Office of Drug and Alcohol Policy and Compliance of the blind specimen test discrepancy by telephone or e-mail? (49 CFR §40.105(c))
Yes	No	N/A		

2.0 Specimen Collection**2.01 Urine Specimen Collectors**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.01.01 | Do your specimen collectors meet the training requirements of 49 CFR §40.31 and §40.33? (49 CFR §40.31(a) & (b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.01.02 | As the immediate supervisor of the employee being tested, do you refrain from acting as the collector when that employee is tested, unless no other collector is available? (49 CFR §40.31(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.01.03 | Do you ensure that your specimen collectors are not an employee of the laboratory who could link the employee with the specimen, drug test result, or the laboratory report? (49 CFR §40.31(d)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

2.02 Training Requirements

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.01 | Are your specimen collectors knowledgeable of and current with any changes related to part 40, "DOT Urine Specimen Collection Guidelines", and Department of Transportation agency regulations? (49 CFR §40.33(a)) |
| Yes | No | N/A | | |
| | | | 2.02.02 | Do your specimen collectors receive qualification training that includes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.02.a | all steps necessary to complete a collection correctly and the proper completion and transmission of the Federal Drug Testing Custody and Control Form? (49 CFR §40.33(b)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.02.b | "problem" collections (e.g., situations like "shy bladder" and attempts to tamper with a specimen)? (49 CFR §40.33(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.02.c | fatal flaws, correctable flaws, and how to correct problems in collections? (49 CFR §40.33(b)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.02.d | the collector's responsibility for maintaining the integrity of the collection process, ensuring the privacy of employees being tested, ensuring the security of the specimen, and avoiding conduct or statements that could be viewed as offensive or inappropriate? (49 CFR §40.33(b)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.03 | Has your specimen collectors demonstrated proficiency under part 40 by completing error-free mock collections; 2 uneventful, 1 insufficient quantity, 1 temperature out of range, and 1 employee refusal to sign the Federal Drug Testing Custody and Control Form and initial specimen bottle seals? (49 CFR §40.33(c)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.04 | Are your specimen collector's mock tests monitored by a qualified collector who demonstrated knowledge, skills, and abilities and who evaluated and attested in writing that the collections were "error-free"? (qualified collector = regularly conducts Department of Transportation collections for at least 1 year; conducted collector's training for at least 1 year or successfully completed "train the trainer" course.) (49 CFR §40.33(c)(2)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

2.02.05 Does your specimen collector meet the following schedule for qualification training and initial proficiency demonstration:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.05.a | became a collector before August 1, 2001, must meet by January 31, 2003, if not already met. (49 CFR §40.33(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.05.b | became a collector after August 1, 2001, must meet before performing as collector. (49 CFR §40.33(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.06 | Has your specimen collector completed refresher training every 5 years? (49 CFR §40.33(e)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.07 | Does your specimen collector undergo error correction training within 30 days of being notified of a cancelled test? (49 CFR §40.33(f)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.08 | Is your specimen collector's error correction training provided by and proficiency documented in writing by a person who meets the requirements of an instructor? (49 CFR §40.33(f)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.09 | Does your specimen collector's error correction training cover the subject matter in which the error that caused the test to be cancelled occurred? (49 CFR §40.33(f)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.10 | Does your specimen collector demonstrate proficiency by completing three consecutive error-free mock tests (1 uneventful scenario and 2 scenarios related to the area(s) in which the collector's error(s) occurred)? (49 CFR §40.33(f)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.11 | Does the person providing the error correction training evaluate the collector's performance and attest that the mock tests were error-free? (49 CFR §40.33(f)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.12 | Does your specimen collector maintain documentation that he/she currently meets all of the training requirements? (49 CFR §40.33(g)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.13 | Does your specimen collector provide training documentation to Department of Transportation agency representatives, employers, and Consortium/Third-Party Administrators who are using or negotiating to use their services? (49 CFR §40.33(g)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

2.03 Designated Employer Representative

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.03.01	Do you provide the name and telephone number of your designated employer representative (and Consortium/Third-Party Administrator, where applicable) to contact if problems or issues arise? (49 CFR §40.35)
Yes	No	N/A		

2.04 Location for Urine Collections

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.01	Does your collection site have all the necessary personnel, materials, equipment, facilities, and supervision to provide for collection, temporary storage, and shipping of specimens to the laboratory, and have suitable clean surface for writing? (49 CFR §40.41(c))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.02	Does your collection site include a facility for urination? (49 CFR §40.41(d))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.03	Does your specimen collector refrain from allowing anyone but the employee in the single toilet room during the collection, except for the observer of a directly observed collection? (49 CFR §40.41(e)(1))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.04	Does your collection site have a source of water for washing hands? (49 CFR §40.41(e)(2))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.05	If a multi-stall restroom is used, does it provide substantial visual privacy and meet all of the other applicable requirements? (49 CFR §40.41(f)(1))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.06	If a multi-stall restroom is used without a monitor, are all sources of water and other substances secure and is a bluing agent placed in all of the toilets or are the toilets secure to prevent access? (49 CFR §40.41(f)(2)(i))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.07	If a multi-stall restroom is used and all sources of water and other substances cannot be secured, are all collections in the facility conducted as monitored collections? (49 CFR §40.41(f)(2)(ii))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.08	Does your specimen collector ensure that only the employee is present in the multi-stall restroom during the collection, except for the monitor or observer when applicable? (49 CFR §40.41(f)(3))
Yes	No	N/A		

2.0 Specimen Collection

2.05 Urine Collection Security and Integrity

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.01 | Does your specimen collector take steps to prevent unauthorized access to the collection site that could compromise the integrity of collections? (49 CFR §40.43(a)) |
| Yes | No | N/A | | |
| | | | 2.05.02 | Before each collection, does your specimen collector: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.a | secure any water sources or otherwise make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets)? (49 CFR §40.43(b)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.b | ensure that the water in the toilet is blue? (49 CFR §40.43(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.c | ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present? (49 CFR §40.43(b)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.d | inspect the site to ensure that no foreign or unauthorized substances are present? (49 CFR §40.43(b)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.e | tape or otherwise secure shut any movable toilet tank, or put bluing in the tank? (49 CFR §40.43(b)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.f | ensure that undetected access (e.g., through a door not in your view) is not possible? (49 CFR §40.43(b)(6)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.g | secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas) that appear suitable for concealing contaminants? (49 CFR §40.43(b)(7)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.h | recheck the collection site following each collection to ensure the site's continued integrity? (49 CFR §40.43(b)(8)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.i | ensure access to collection materials and specimens is effectively restricted? (49 CFR §40.43(c)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.j | secure the facility against access during the procedure to ensure employee privacy and prevent distraction of the collector? (49 CFR §40.43(c)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.k | post limited-access signs? (49 CFR §40.43(c)(2)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

- | | | |
|------------------------------|-----------------------------|--|
| | 2.05.03 | Does your specimen collector take the following additional steps to ensure security during the collection process: |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.03.a | limit the collection process to only one employee at a time? (49 CFR §40.43(d)(1)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.03.b | keep the collection container in view of the collector and the employee between the time the employee has urinated and the specimen is sealed? (49 CFR §40.43(d)(2)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.03.c | ensure that only the collector and the employee handle the specimen before it is poured into the bottles and sealed with tamper-evident seals? (49 CFR §40.43(d)(3)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.03.d | remain within the collection site between the time the employee gives the collector the specimen and when the specimen is sealed? (49 CFR §40.43(d)(4)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.03.e | maintain personal control over each specimen and the Federal Drug Testing Custody and Control Form throughout the collection process? (49 CFR §40.43(d)(5)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.04 | Does your specimen collector conduct only one specimen collection at a time? (49 CFR §40.43(e)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.05 | Does the operator of your collection site prohibit any person (other than a collection monitor or observer for direct observation) from entering the urination facility where employees provide specimens? (49 CFR §40.43(e)(2)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.06 | Are the persons authorized access to the collection site kept under the supervision of a collector at all times? (49 CFR §40.43(e)(3)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.07 | Collector or collection site operator MAY remove from the collection site any person who obstructs, interferes with, or causes delay in collection process. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | 2.05.08 | Does the operator of your collection site minimize the number of persons handling specimens? (49 CFR §40.43(f)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

2.0 Specimen Collection

2.06 Forms Used for Department of Transportation Urine Collections

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.06.01 | Do you use the Federal Drug Testing Custody and Control Form to document urine collections required by the Department of Transportation drug testing program? (49 CFR §40.45(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.06.02 | Do you refrain from using non-Federal Drug Testing Custody and Control Forms to document urine collection required by Department of Transportation drug testing program? (49 CFR §40.45(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.06.03 | Do you and your specimen collector refrain from modifying or revising the Federal Drug Testing Custody and Control Form? (49 CFR §40.45(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.06.04 | Does your Federal Drug Testing Custody and Control Form include your and your Medical Review Officer's (MRO's) name, address, telephone number, and fax number? The MRO's information must include specific physician's name and address (not a generic clinic, health care organization, or company name.) (49 CFR §40.45(c)(2)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 2.06.05 | The following are acceptable modifications: |
| | | | | |
| | | | 2.06.05.a | The Federal Drug Testing Custody and Control Form MAY include, in area outside border of form, other information needed for billing or other purposes necessary to collection process. |
| | | | | |
| | | | 2.06.05.b | The Federal Drug Testing Custody and Control Form MAY include Consortium/Third-Party Administrator's name, address, fax number, and telephone number. (employer's name, telephone and fax numbers must also be included) |
| | | | | |
| | | | 2.06.05.c | Employer MAY add the name of the Department of Transportation agency under whose authority test occurred as part of employer information. |
| | | | | |
| | | | 2.06.05.d | Collector MAY use the Federal Drug Testing Custody and Control Form with the name, address, telephone number, and fax number preprinted but MAY NOT sign form before collection event. |
| | | | | |
| | | | 2.06.05.e | The Federal Drug Testing Custody and Control Form must not transmit personal identifying information about an employee to a laboratory (other than a social security number or other employee identification number.) |
| | | | | |
| | | | 2.06.05.f | Employer MAY use the equivalent foreign-language Federal Drug Testing Custody and Control Form approved by the Office of Drug and Alcohol Policy and Compliance. It MAY be used only when employee and collector understand and can use form in that language. |

2.0 Specimen Collection

2.07 Federal Drug Testing Custody and Control Forms vs. non-Federal Forms

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.01 | Do you refrain from using the Federal Drug Testing Custody and Control Form for non-Department of Transportation urine collections? (49 CFR §40.47(a)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.02 | Do you refrain from using the non-Federal Drug Testing Custody and Control Form for Department of Transportation urine collections? (49 CFR §40.47(a)) |
| Yes | No | N/A | | |
| | | | 2.07.03 | If the non-Federal form is used for Department of Transportation collection, and the collection and testing processes were conducted in accordance with the regulations, the use of the form must not present a reason for the laboratory to reject the specimen for testing or for the Medical Review Officer to cancel the result, provided that the following corrective action occurred: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.a | Does your specimen collector provide a signed statement that the incorrect form contains all of the information needed for a valid Department of Transportation drug test, and that the incorrect form was used inadvertently or as the only means of conducting the test? (49 CFR §40.47(b)(2) and §40.205(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.b | Does your specimen collector list the steps taken to prevent the future use of the non-Federal forms for Department of Transportation tests? (49 CFR §40.205(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.c | Does your specimen collector provide a signed statement to correct the problem on the same business day as he or she was notified of the problem? (49 CFR §40.205(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.d | Is written documentation of the correction maintained with the Federal Drug Testing Custody and Control Form? (49 CFR §40.205(b)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.e | Is the Federal Drug Testing Custody and Control Form marked to make it obvious on its face that the flaw was corrected? (49 CFR §40.205(b)(4)) |
| Yes | No | N/A | | |

2.0 Specimen Collection**2.08 Materials Used to Collect Urine Specimens**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.08.01	Does your specimen collector use a collection kit
Yes	No	N/A		meeting the requirements of Appendix A of part 40? (49
				CFR §40.49)

2.09 Materials Used to Send Urine Specimens to the Laboratory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.09.01	Does your specimen collector use a shipping container
Yes	No	N/A		that protects the specimen bottles from damage while
				being transported from the collection site to the
				laboratory? (49 CFR §40.51(a))
			2.09.02	Collector is NOT REQUIRED to use shipping container if
				laboratory courier hand-delivers specimens from
				collection site to laboratory.

2.0 Specimen Collection

2.10 Preliminary Steps in the Collection Process

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.01 | When the employee does not appear at the collection site at the scheduled time, does your specimen collector contact the designated employer representative (DER) to determine when the employee was authorized to arrive? (49 CFR §40.61(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.02 | If the employee's arrival is delayed beyond the authorized time, does your specimen collector notify the designated employer representative (DER) that the employee did not report for testing? (49 CFR §40.61(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.03 | When the Consortium/Third-Party Administrator (C/TPA) notifies a single owner/operator or other individual employee to report for testing and the individual does not appear, does the C/TPA notify the individual that he/she refused to submit to the required testing? (49 CFR §40.61(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.04 | Does your specimen collector ensure that when the employee enters the collection site, the collector begins the testing process without undue delay? (Do not wait until the employee says he/she is ready to urinate or for a delayed representative.) (49 CFR §40.61(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.05 | When an employee is selected for Department of Transportation alcohol and drug testing, does your collector ensure, to the greatest extent practicable, that the alcohol test is completed before the urine collection process begins? (49 CFR §40.61(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.06 | Does your specimen collector ensure that medical treatment is not delayed to collect a specimen? (49 CFR §40.61(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.07 | Does your specimen collector refrain from collecting urine by catheterization or any other means from an unconscious employee? (49 CFR §40.61(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.08 | Does your specimen collector refrain from obtaining urine from a conscious employee by catheterization unless the employee normally voids through self-catheterization? (49 CFR §40.61(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.09 | Does your specimen collector inform the employee who normally voids through self-catheterization that he/she is required to provide a specimen in that manner, and if he/she declines to do so it is a refusal to test? (49 CFR §40.61(b)(4)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.10 | Does your specimen collector contact the designated employer representative (DER) to verify the identity of the employee being tested if the employee cannot provide positive identification? (49 CFR §40.61)(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.11 | Does your specimen collector require the employee to provide positive ID (issued by employer, or Federal, State or local government)? (49 CFR §40.61)(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.12 | Does your specimen collector provide his/her identification (collector's name and employer's name) to the employee upon request? (49 CFR §40.61)(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.13 | Does your specimen collector explain the basic collection procedures to the employee, including showing the employee the instructions on the back of the Federal Drug Testing Custody and Control Form? (49 CFR §40.61(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.14 | Does your specimen collector direct the employee to remove outer clothing? (49 CFR §40.61(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.15 | Does your specimen collector direct the employee to leave outer garments, briefcase, purse, or other personal belongings, with the collector or in a mutually agreeable location? (49 CFR §40.61(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.16 | Does your specimen collector advise the employee that failure to comply with the instructions to remove and leave outer garments and belongings constitutes a refusal to test? (49 CFR §40.61(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.17 | If the employee asks, does your specimen collector provide a receipt for belongings left with the collector? (49 CFR §40.61(f)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.18 | Does your specimen collector allow the employee to keep his/her wallet? (49 CFR §40.61(f)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.19 | Does your specimen collector refrain from asking the employee to remove other clothing, all clothing, or to change into a hospital or examination gown (unless the urine collection is being accomplished simultaneously with a Department of Transportation agency-authorized medical examination)? (49 CFR §40.61(f)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.20 | Does your specimen collector direct the employee to empty pockets and display the items in pockets to ensure that no items are present which could be used to adulterate the specimen? (49 CFR §40.61(f)(4)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

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|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.21 | If your specimen collector determined that materials found in the employee's pocket appeared to be brought to the collection site with intent to alter the specimen, does your collector conduct a directly observed collection? (49 CFR §40.61(f)(5)(i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.22 | If your specimen collector determines that materials found in the employee's pocket appeared to be inadvertently brought to the collection site, does your collector secure and maintain these materials until the normal collection was completed? (49 CFR §40.61(f)(5)(ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.23 | Does your specimen collector instruct the employee not to list current medications on the Federal Drug Testing Custody and Control Form (CCF)? (Employee may list current medications on the back of the employee's copy of the CCF.) (49 CFR §40.61(g)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

2.11 Steps - Collection Process Before Employee Provides Specimen

- | | | | |
|--------------------------|--------------------------|--|---|
| | 2.11.01 | Does your specimen collector take the following steps, in the presence of the employee, before the employee provides a specimen: | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.01.a complete Step 1 of the Federal Drug Testing Custody and Control Form? (49 CFR § 40.63(a)) |
| Yes | No | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.01.b instruct the employee to wash and dry hands? (49 CFR §40.63(b)) |
| Yes | No | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.01.c instruct the employee not to wash hands again until after delivering the specimen to the collector? (49 CFR §40.63(b)) |
| Yes | No | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.01.d restrict the employee's access to water or other materials that could be used to adulterate or dilute the specimen? (49 CFR §40.63(b)) |
| Yes | No | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.01.e select, or allow the employee to select, an individually wrapped or sealed collection container from the collection kit material? (49 CFR §40.63(c)) |
| Yes | No | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.01.f unwrap or break the seal of the collection container, or have the employee do so, without unwrapping or breaking the seal on any specimen bottle? (49 CFR §40.63(c)) |
| Yes | No | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.01.g not allow the employee to take anything from the collection kit into the room used for urination except the collection container? (49 CFR §40.63(c)) |
| Yes | No | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.01.h direct the employee to go into the room used for urination, provide a specimen of at least 45 mL, not flush toilet, and return with the specimen as soon as the employee has completed the void? (49 CFR §40.63(d)) |
| Yes | No | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.02 Except in the case of an observed or a monitored collection, does your specimen collector ensure that no one else is permitted into the room used for urination with the employee? (49 CFR §40.63(d)(1)) |
| Yes | No | N/A | |
| | 2.11.03 | Collector MAY set a reasonable time limit for voiding. | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.04 Does your specimen collector pay careful attention during the collection process and note that any conduct that indicates an attempt to tamper with the specimen? (49 CFR §40.63(e)) |
| Yes | No | N/A | |

2.0 Specimen Collection

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.05 | If any conduct is observed that indicates an attempt to tamper with a specimen, does your specimen collector require that a directly observed collection take place immediately? (49 CFR §40.63(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.05.a | If any conduct is observed that indicates an attempt to tamper with a specimen, does your specimen collector note the conduct and that the collection was observed in the "Remarks" line of the Federal Drug Testing Custody and Control Form? (49 CFR §40.63(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.06 | Does your specimen collector inform the designated employer representative (DER) and the collection site supervisor, as soon as possible, that the collection took place under direct observation and the reason for doing so? (49 CFR §40.63(e)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

2.12 Checks the Employee's Specimen

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.01 | Does your specimen collector ensure that each specimen contains at least 45 mL of urine? (49 CFR §40.65(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.02 | If the specimen does not contain at least 45 mL, does your specimen collector follow "shy bladder" procedures? (49 CFR §40.65(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.03 | When "shy bladder" procedures are followed, does your specimen collector discard the original specimen, unless another problem also exists (i.e. out of temperature range)? (49 CFR §40.65(a)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.04 | Does your specimen collector ensure that specimens are not combined from separate voids to create a specimen? (49 CFR §40.65(a)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.05 | Does your specimen collector discard any excess urine? (49 CFR §40.65(a)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.06 | Does your specimen collector check the temperature of the specimen no later than four minutes after the employee has provided the specimen to determine if it is in the acceptable range of 32-38°C/90-100°F? (49 CFR §40.65(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.07 | Does your specimen collector determine the temperature of the specimen by reading the temperature strip attached to the collection container? (49 CFR §40.65(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.08 | If the specimen temperature is within the acceptable range, does your specimen collector mark the "Yes" box on the Federal Drug Testing Custody and Control Form? (49 CFR §40.65(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 2.12.09 | If the specimen temperature range is outside of the acceptable range, does your specimen collector: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.a | mark the "No" box and enter the finding about the temperature in the "Remarks" line on the Federal Drug Testing Custody and Control Form? (49 CFR §40.65(b)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.b | immediately conduct a new collection using direct observation procedures? (49 CFR §40.65(b)(5)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.c | process both the original specimen and the specimen collected under direct observation (send both to lab - cross reference each specimen on the Federal Drug Testing Custody and Control Form)? (49 CFR §40.65(b) (6)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.d | inform the designated employer representative (DER) and the collection site supervisor, as soon as possible, that the collection took place under direct observation and the reason for doing so? (49 CFR §40.65(b) (6)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.e | notify the designated employer representative (DER) when the employee refuses to provide another specimen or refuses to provide another specimen under direct observation? (49 CFR §40.65(b) (7)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.f | after notifying the designated employer representative (DER), discard any specimen provided that was out of temperature range when the employee refused to provide another specimen? (49 CFR §40.65(b) (7)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.10 | Does your specimen collector inspect the specimen for unusual color, presence of foreign objects or material, or other signs of tampering? (49 CFR §40.65(c)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 2.12.11 | When there are apparent signs that employee tampered with the specimen, does your specimen collector: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.a | immediately conduct a new collection using direct observation procedures? (49 CFR §40.65(c) (1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.b | process both the original specimen and the specimen collected under direct observation? (49 CFR §40.67(a) (2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.c | inform the designated employer representative (DER) and the collection site supervisor, as soon as possible, that a collection took place under direct observation due to the apparent signs of tampering? (49 CFR §40.65(c) (2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.d | discard any specimen that the employee provided previously during the collection procedure when the employee refuses to provide a specimen under direct observation? (49 CFR §40.65(c) (3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.e | inform the designated employer representative (DER), as soon as practicable, that the employee refused to provide a specimen under direct observation? (49 CFR §40.65(c) (3)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

2.13 Directly Observed Collection Conducted (When and How)

- | | | |
|--------------------------|--------------------------|--|
| | 2.13.01 | Do you direct an immediate collection under direct observation with no advance notice to an employee when the Medical Review Officer reported the: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 2.13.01.a | specimen as invalid and there was not an adequate medical explanation for the result? (49 CFR § 40.67(a)(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 2.13.01.b | original positive, adulterated, or substituted test result had to be cancelled because the split specimen could not be tested? (49 CFR § 40.67(a)(2)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 2.13.01.c | specimen as negative and dilute because the laboratory reported the specimen as substituted with a creatinine concentration greater than or equal to 2 mg/dL and less than or equal to 5 mg/dL? (49 CFR § 40.67(a)(3)) |
| | 2.13.02 | The employer MAY direct collection under direct observation if drug test is return-to-duty or follow-up. |
| | 2.13.03 | Does your specimen collector immediately conduct a collection under direct observation when: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 2.13.03.a | directed to do so by the designated employer representative (DER)? (invalid or cancelled test or return-to-duty or follow-up testing) (49 CFR §40.67(c)(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 2.13.03.b | observed materials were brought to the collection site or the employee's conduct clearly indicated an attempt to tamper with the specimen? (49 CFR §40.67(c)(2)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 2.13.03.c | the temperature on the original specimen was out of range? (49 CFR §40.67(c)(3)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 2.13.03.d | the original specimen appeared to have been tampered with? (49 CFR §40.67(c)(3)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 2.13.04 | Does your specimen collector explain to the employee the reason (if known) for a directly observed collection? (49 CFR §40.67(d)(2)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 2.13.05 | Does your specimen collector complete a new Federal Drug Testing Custody and Control Form for the directly observed collection? (49 CFR §40.67(e)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |

2.0 Specimen Collection

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.06 | Does your specimen collector mark the "reason for test" block the same on the directly observed collection as for the first collection? (49 CFR §40.67(e)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.07 | Does your specimen collector check the "Observed" box and enter the reason in the "Remarks" line on the new Federal Drug Testing Custody and Control Form for the directly observed collection? (49 CFR §40.67(e)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.08 | In a case where two sets of specimens are being sent to the laboratory because of suspected tampering with the specimen at the collection site, does your specimen collector enter on the "Remarks" line of the Federal Drug Testing Custody and Control Form for each specimen a notation to this effect (e.g., collection 1 of 2, or 2 of 2) and the specimen ID number of the other specimen? (49 CFR §40.67(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.09 | Does your specimen collector ensure that the observer is the same gender as the employee and an opposite gender person is never allowed to act as the observer (who does not need to be a qualified collector)? (49 CFR §40.67(g)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.10 | If someone else observes the collection, does your specimen collector verbally instruct that person to follow regulatory procedures? (49 CFR §40.67(h)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.11 | Does your specimen collector, if he/she is the observer, follow regulatory procedures? (49 CFR §40.67(h)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.12 | Does the observer watch the employee urinate into the collection container, specifically, watch urine go from the employee's body into the collection container? (49 CFR §40.67(i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.13 | Does your specimen collector take the collection container from the employee? The observer must observe the specimen as the employee takes it to collector. (Observer must not handle the specimen.) (49 CFR §40.67(j)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.14 | When someone else has acted as an observer, does your specimen collector include the observer's name in the "Remarks" line of the Federal Drug Testing Custody and Control Form? (49 CFR §40.67(k)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

☐ ☐ ☐ 2.13.15
Yes No N/A

Does your specimen collector inform you (the employer) that it must direct an employee to have an immediate recollection under direct observation when the collector learns that a directly observed collection should have been collected but was not? (49 CFR §40.67(m))

2.0 Specimen Collection

2.14 How is a Monitored Collection Conducted?

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.01 | Does your specimen collector secure the monitored collection room so that no one except the employee and the monitor could enter until after the collection had been completed? (49 CFR §40.69(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.02 | Does your specimen collector ensure the monitor is the same gender as the employee unless the monitor is a medical professional (does not have to be qualified collector)? (49 CFR §40.69(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.03 | Does your specimen collector verbally instruct the monitor to follow the monitored collection procedures? (49 CFR §40.69(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.04 | Does your specimen collector, if he/she monitors the collection, follow the monitored collection procedures? (49 CFR §40.69(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.05 | Does the monitor refrain from watching the employee urinate into the collection container? (any sounds or other observations indicating an attempt to tamper with a specimen requires an additional collection under direct observation) (49 CFR §40.69(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.06 | Does the monitor ensure that the employee takes the collection container to the collector as soon as the employee has exited the enclosure? (49 CFR §40.69(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.07 | When someone else has acted as the monitor, does your specimen collector note that person's name in the "Remarks" line of the Federal Drug Testing Custody and Control Form? (49 CFR §40.69(f)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

2.15 Preparation of the Specimen

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.01 | Are split specimen collections conducted for all Department of Transportation drug tests? (49 CFR §40.71(a)) |
| Yes | No | N/A | | |
| | | | 2.15.02 | After the employee presents his/her specimen to the collector, does your specimen collector perform the following steps in order and in the presence of the employee: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.a | check the box on the Federal Drug Testing Custody and Control Form indicating a split specimen collection? (49 CFR §40.71(b)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.b | pour at least 30 mL of urine from the collection container into one of the specimen bottle, to be used for the primary specimen? (49 CFR §40.71(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.c | pour at least 15 mL of urine from the collection container into the second specimen bottle, to be used for the split specimen? (49 CFR §40.71(b)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.d | place and secure the lids/caps on the bottles? (49 CFR §40.71(b)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.e | seal the bottles by placing tamper-evident bottle seals over the bottle caps/lids and down the sides of the bottles? (49 CFR §40.71(b)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.f | write the date on the tamper-evident bottle seals? (49 CFR §40.71(b)(6)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.g | ensure that the employee initials the bottle seals, certifying that the bottles contain the specimens that the employee provided? (49 CFR §40.71(b)(7)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.h | note in the "Remarks" section and complete the collection process if an employee fails or refuses to initial the bottle seals? (49 CFR §40.71(b)(7)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.i | discard any urine left in the collection container after both specimen bottles have been filled and sealed? (no further testing of the excess urine except if collection was conducted in conjunction with a physical examination required by Department of Transportation agency regulations) (49 CFR §40.71(b)(8)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

2.16 Completing the Collection Process

2.16.01 Does your specimen collector do the following in the employee's presence to complete the collection process:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.16.01.a | direct the employee to read and sign the certification statement and provide his/her date of birth, printed name, and day and evening contact telephone numbers on the Federal Drug Testing Custody and Control Form? (49 CFR § 40.73(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.16.01.b | note in the "Remarks" section if the employee refuses to sign the Federal Drug Testing Custody and Control Form or refuses to provide date of birth, printed name, or telephone numbers, and complete the collection? (49 CFR § 40.73(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.16.01.c | print the employee's name in the appropriate place when the employee refuses to fill out any information on the Federal Drug Testing Custody and Control Form? (49 CFR § 40.73(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.16.01.d | complete the collector and chain of custody sections on the Federal Drug Testing Custody and Control Form by printing his/her name, recording the time and date of the collection, signing the statement, and entering the name of the delivery service transferring the specimen to the laboratory? (49 CFR §40.73(a)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.16.01.e | ensure that all copies of the Federal Drug Testing Custody and Control Form are legible and complete? (49 CFR §40.73(a)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.16.01.f | remove Copy 5 of the Federal Drug Testing Custody and Control Form and give it to employee? (49 CFR §40.73(a)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.16.01.g | place the specimen bottles and Copy 1 of the Federal Drug Testing Custody and Control Form in the appropriate pouches of the plastic bag? (49 CFR §40.73(a)(5)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.16.01.h | secure both pouches of the plastic bag? (49 CFR §40.73(a)(6)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.16.02 | advise the employee that he/she may leave the collection site after the Federal Drug Testing Custody and Control Form has been completed and the specimens secured? (49 CFR §40.73(a)(7)) |
| Yes | No | N/A | | |

2.0 Specimen Collection

2.16.03 In preparing the sealed plastic bag containing the specimens and the Federal Drug Testing Custody and Control Form for shipment to the laboratory, does your specimen collector:

☐ ☐ ☐
Yes No N/A

2.16.03.a place the sealed plastic bag in a shipping container designed to minimize the possibility of damage during shipment? (49 CFR §40.73(a)(8)(i))

☐ ☐ ☐
Yes No N/A

2.16.03.b appropriately seal the shipping container? (49 CFR §40.73(a)(8)(ii))

☐ ☐ ☐
Yes No N/A

2.16.03.c prepare the sealed plastic bag for shipment as directed by the courier service, if the laboratory courier hand-delivers the specimens from the collection site to the laboratory? (49 CFR §40.73(a)(8)(iii))

☐ ☐ ☐
Yes No N/A

2.16.04 Does your specimen collector send (fax or otherwise transmit) Copy 2 of Federal Drug Testing Custody and Control Form to the Medical Review Office and Copy 4 to the designated employer representative (DER) within 24 hours or during the next business day? (49 CFR §40.73(a)(9))

☐ ☐ ☐
Yes No N/A

2.16.05 Does your specimen collector keep Copy 3 of the Federal Drug Testing Custody and Control Form for at least 30 days, unless otherwise specified by applicable Department of Transportation agency regulations? (49 CFR §40.73(a)(9))

☐ ☐ ☐
Yes No N/A

2.16.06 Does your specimen collector or the collection site ship the specimen to the laboratory as quickly as possible, but at a minimum of 24 hours or during the next business day? (49 CFR §40.73(b))

2.0 Specimen Collection

2.17 Unable to Provide Sufficient Amount of Urine

2.17.01 When an employee does not provide a sufficient amount of urine, does your specimen collector:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.17.01.a | discard the insufficient specimen, except where the insufficient specimen was out of temperature range or showed evidence of adulteration or tampering? (49 CFR §40.193(b) (1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.17.01.b | urge the employee to drink up to 40 ounces of fluid, distributed reasonably over three hours, or until the employee has provided a sufficient specimen, whichever occurs first? (49 CFR §40.193(b) (2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.17.01.c | document in the "Remarks" section and inform the employee of the time that the three hour period begins and ends? (49 CFR §40.193(b) (2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.17.01.d | if the employee refuses to provide a new specimen or leaves the collection site before the collection process is complete, discontinue the collection, note in the "Remarks" section and immediately notify the designated employer representative (DER)? (49 CFR §40.193(b) (3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.17.01.e | if the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt, discontinue collection, note in the "Remarks" section and immediately notify the designated employer representative (DER)? (49 CFR §40.193(b) (4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.17.01.f | send Copy 2 of Federal Drug Testing Custody and Control Form to the Medical Review Officer and Copy 4 to the designated employer representative (DER), ensuring the arrival within 24 hours or the next business day? (49 CFR §40.193(b) (5)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing**3.01 Alcohol Testing Personnel**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.01.01 | Do your screening test technicians and breath alcohol technicians meet their respective training requirements of part 40? (49 CFR §40.211(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.01.02 | Do you ensure that the immediate supervisor of the employee tested does not act as the screening test technician (STT) or the breath alcohol technician (BAT) unless no other STT/BAT is available? (49 CFR §40.211(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.01.03 | Do you ensure that the supervisor who made the determination that reasonable suspicion testing was required for an employee did not perform that test on that employee? (14 CFR Part 121, Appendix J, III, D, 2) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.02 Breath Alcohol Technician / Screening Test Technician Training Requirements

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.01 | Are your breath alcohol technicians and screening test technicians knowledgeable of the alcohol testing procedures in part 40 and the current Department of Transportation guidance? (49 CFR §40.213(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.02 | Do your breath alcohol technicians (BAT) and screening test technicians (STT) receive qualification training that is in accordance with Department of Transportation (DOT) Model BAT/STT Course or a course of instruction equivalent to DOT Model Courses? (49 CFR §40.213(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.03 | Does your breath alcohol technician (BAT) and screening test technician (STT) qualification training include training in the alcohol testing procedures in part 40 and on the alcohol testing device(s) that the BAT/STT uses? (49 CFR §40.213(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.04 | Does your breath alcohol technician (BAT) and screening test technician (STT) training emphasize that the BAT/STT is responsible for maintaining: integrity of testing process; ensuring privacy of employee; and avoiding conduct/statements that could be viewed offensive or inappropriate? (49 CFR §40.213(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.05 | Does the instructor demonstrate the necessary knowledge, skills, and abilities by: regularly conducting Department of Transportation alcohol tests as a screening test technician (STT) or breath alcohol technician (BAT) for at least 1 year; conducting STT/BAT training for at least 1 year; or successfully completing a "train the trainer" course? (49 CFR §40.213(b)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.06 | Does your screening test technician complete five consecutive error-free tests and maintain the required documentation? (49 CFR §40.213(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.07 | Does your breath alcohol technician complete seven consecutive error-free mock tests and maintain the required documentation? (49 CFR §40.213(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.08 | Are the mock tests monitored by a person who meets the requirements for a qualified instructor and who can evaluate and attest in writing that the collections were "error-free"? (49 CFR §40.213(c)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.09 | Are the proficiency mock tests conducted on an alcohol testing device(s) that the breath alcohol technician / screening test technician will use? (49 CFR §40.213(c)(2)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.10 | If your screening test technician (STT) uses an alcohol screening device that indicates readings by changes, contrasts, or other readings in color, does your STT demonstrate, during proficiency mock tests, the ability to discern changes, contrasts, or readings correctly? (49 CFR §40.213(c)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.11 | Does your breath alcohol technician / screening test technician meet the schedule for qualification training and initial proficiency demonstration? (49 CFR §40.213(d)(1) & (2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.12 | Is refresher training conducted no less frequently than every 5 years from date your breath alcohol technician / screening test technician successfully completed qualification training and initial proficiency demonstration? (49 CFR §40.213(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.13 | Does your breath alcohol technician (BAT) / screening test technician (STT) undergo error correction training within 30 days of the date the BAT/STT was notified of the error that caused a test to be cancelled? (49 CFR §40.213(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.14 | Is the error correction training conducted and the proficiency documented in writing by a person who meets the requirements of a specimen collector instructor? (49 CFR §40.213(f)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.15 | Is the error correction training required to cover only the subject matter area(s) in which the error(s) occurred that caused the test to be cancelled? (49 CFR §40.213(f)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.16 | Does your breath alcohol technician (BAT) / screening test technician (STT) demonstrate proficiency by completing three consecutive error-free mock tests (one uneventful and two related to the area(s) that the BAT/STT's error(s) occurred)? (49 CFR §40.213(f)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.17 | Does the person providing the error correction training monitor and evaluate the breath alcohol technician / screening test technician's performance and attest in writing that the mock tests were error-free? (49 CFR §40.213(f)(3)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.18 | Does your breath alcohol technician (BAT) / screening test technician (STT) maintain documentation showing that all of the requirements of part 40 were met and provide documentation on the request to Department of Transportation representatives, employers, and Consortium/Third-Party Administrators negotiating to use the BAT/STT's services? (49 CFR §40.213(g)) |
| Yes | No | N/A | | |
| | | | 3.02.19 | Persons meeting the breath alcohol technician requirements of part 40 MAY act as a screening test technician provided that the individual has demonstrated initial proficiency in the alcohol screening device to be used. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.20 | Law enforcement officers who have been certified by state or local governments to conduct breath alcohol testing are deemed to be qualified as breath alcohol technicians. Is the law enforcement officer certified by a state or local government to use the evidential breath testing device / alcohol screening device that was used for the test? (49 CFR §40.213(h)(2)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing**3.03 Designated Employer Representative Information**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.03.01	Do you provide the name and telephone number of the appropriate designated employer representative (DER) (and Consortium/Third-Party Administrator, where applicable) to contact about problems/issues arising during the testing process? (49 CFR §40.215)
Yes	No	N/A		

3.04 Alcohol Testing Location

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.04.01	Does your alcohol testing site provide visual and aural privacy sufficient to prevent unauthorized persons from seeing/hearing the test results? (49 CFR §40.221(c))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.04.02	Does your alcohol testing site provide all needed personnel, materials, equipment, facilities and a suitable clean surface for writing? (49 CFR §40.221(d))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.04.03	If an alcohol testing site meeting visual/aural privacy is not available, does your breath alcohol technician / screening test technician conduct reasonable suspicion / post-accident testing at a site that affords visual/aural privacy to the greatest extent practicable? (49 CFR §40.221(e))
Yes	No	N/A		

3.0 Alcohol Testing

3.05 Security of Testing Sites

- | | | |
|--|-----------|---|
| | 3.05.01 | Does your breath alcohol technician / screening test technician or other person operating the alcohol testing site prevent unauthorized personnel from entering site by: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.01.a | ensuring that all persons in the testing site are under the supervision of the breath alcohol technician / screening test technician? (49 CFR §40.223(a)(2)) |
| Yes No N/A | | |
| | 3.05.01.b | The breath alcohol technician / screening test technician MAY remove any person who obstructs, interferes with, or causes the unnecessary delay in the testing process. |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.02 | Does your breath alcohol technician (BAT) / screening test technician (STT) prohibit any person from actually witnessing the testing process? (Except BAT/STT, the employee, or a Department of Transportation representative.) (49 CFR §40.223(b)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.03 | Does your breath alcohol technician (BAT) / screening test technician or other person operating the alcohol testing site ensure that evidential breath testing device / alcohol screening device is stored in a secure place when not in use? (49 CFR §40.223(c)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.04 | Do the persons operating the alcohol testing site ensure that no one other than the breath alcohol technician or other employees of the site have access to unsecured evidential breath testing devices? (49 CFR §40.223(d)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.05 | Does your breath alcohol technician / screening test technician conduct alcohol testing for only one employee at a time? (49 CFR §40.223(e)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.06 | When an evidential breath testing (EBT) device screening test indicates a result of 0.02 or higher and the same EBT will be used for a confirmation test, does your breath alcohol technician prohibit another employee from being tested on the EBT until completing the confirmation test on the first employee? (49 CFR §40.223(e)(1)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.07 | Does the breath alcohol technician who will conduct both the screening and confirmation test complete the entire screening/confirmation process on one employee before starting the screening process on another employee? (49 CFR §40.223(e)(2)) |
| Yes No N/A | | |

3.0 Alcohol Testing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.05.08	Does the breath alcohol technician / screening test technician refrain from leaving the alcohol testing site while testing is in progress? (Except to notify a supervisor or to contact the designated employer representative (DER) when someone obstructs, interferes with, or unnecessarily delays the testing process.) (49 CFR §40.223 (e)(3))
Yes	No	N/A		

3.0 Alcohol Testing

3.06 Alcohol Testing Form

- | | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A | <p>3.06.01 Does your breath alcohol technician / screening test technician use only the three-part carbonless manifold Department of Transportation (DOT) Alcohol Testing Form for every DOT alcohol test? (49 CFR §40.225(a))</p> <p>3.06.02 The Alcohol Testing Form MAY be modified as follows:</p> <p>3.06.02.a The Alcohol Testing Form MAY include other information needed for billing purposes outside boundaries of this form.</p> <p>3.06.02.b The breath alcohol test / screening test technician MAY use the Alcohol Testing Form (ATF) directly generated by the evidential breath testing (EBT) device which omits space for affixing separate printed result to ATF, provided EBT prints result directly on ATF.</p> <p>3.06.02.c The breath alcohol test / screening test technician MAY use the Alcohol Testing Form (ATF) that has the employer's name, address, and telephone number preprinted.</p> <p>3.06.02.d The Alcohol Testing Form MAY include, in addition to the employer's information, the Consortium/Third-Party Administrator's name, address, and telephone number to assist with negative results.</p> <p>3.06.02.e The breath alcohol technician / screening test technician MAY use the Alcohol Testing Form (ATF) with all pages printed on white paper. The ATF MAY use colored paper, or have clearly discernable borders or designation statements on Copy 2 and 3. If using colored paper, Copy 2 must be green; Copy 3 must be blue.</p> <p>3.06.02.f The breath alcohol technician / screening test technician MAY add in the "Remarks" line the name of the Department of Transportation agency that the employee is tested under.</p> <p>3.06.02.g The breath alcohol technician (BAT) / screening test technician (STT) MAY use the Alcohol Testing Form with the BAT/STT's name, address, and telephone number preprinted, but the BAT/STT's signature can never be preprinted.</p> <p>3.06.03 The employer MAY use an equivalent foreign-language version of the Alcohol Testing Form approved by the Office of Drug and Alcohol Policy and Compliance. A non-English form MAY be used only where both the employee and the breath alcohol technician / screening test technician understand and can use the form in that language.</p> |
|--|--|

3.0 Alcohol Testing**3.07 Department of Transportation (DOT) Forms / non-DOT Forms**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.07.01	Do you refrain from using the Alcohol Testing Form for non Department of Transportation (DOT) alcohol testing nor use the non-DOT form for a DOT test? (49 CFR §40.227(a))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.07.02	After using a non Department of Transportation (DOT) form for DOT testing, does your breath alcohol technician / screening test technician provide a signed statement for each test in order for the test to be considered valid? (49 CFR §40.227(b))
Yes	No	N/A		

3.08 Alcohol Screening Testing Devices

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.08.01	Do you use evidential breath testing devices and alcohol screening devices that are listed on the National Highway Traffic Safety Administration's conforming products list for evidential and non-evidential devices for Department of Transportation alcohol screening tests? (49 CFR §40.229)
Yes	No	N/A		

			3.08.02	The breath alcohol technician / screening test technician MAY use an alcohol screening device that is on the National Highway Traffic Safety Administration's conforming products list if the instructions for use are in part 40.
--	--	--	---------	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.08.03	Do you use alcohol screening devices only for screening tests? (49 CFR §40.229)
Yes	No	N/A		

3.0 Alcohol Testing

3.09 Alcohol Confirmation Testing Devices

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.01 | Do you use only evidential breath testing devices on the National Highway Traffic Safety Administration's conforming products list for evidential devices (without an asterisk (*)) authorized for Department of Transportation alcohol confirmation tests? (49 CFR §40.231(a)) |
| Yes | No | N/A | | |
| | | | 3.09.02 | Does your breath alcohol technician use an evidential breath testing device to conduct a confirmation test that is capable of: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.a | providing printed triplicate results (or three consecutive identical copies of the result)? (49 CFR §40.231(b)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.b | assigning an unique number to each completed test that the breath alcohol technician and the employee can read before each test and that prints on each copy of the result? (49 CFR §40.231(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.d | printing the manufacturer's name for the device, the serial number, and the time of the test on each copy of the result? (49 CFR §40.231(b)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.e | distinguishing alcohol from acetone at 0.02 the alcohol concentration level? (49 CFR §40.231(b)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.f | testing an air blank? (49 CFR §40.231(b)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.g | performing an external calibration check? (49 CFR §40.231(b)(6)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.10 Proper Use and Care of Evidential Breath Testing Devices

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.01 | Does the manufacturer of the evidential breath testing device that you use have a quality assurance plan? (49 CFR §40.233(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.02 | Does the quality assurance plan specify: the methods used to perform external calibrations, the tolerances within which the evidential breath testing device is regarded as being in proper calibration; and the intervals at which these checks must be performed? (49 CFR §40.233(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.03 | Does the quality assurance plan specify the inspection, maintenance, and calibration requirements and intervals for the evidential breath testing devices? (49 CFR §40.233(a)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.04 | Does the manufacturer of the evidential breath testing device that you use have instructions for its use and care that is consistent with the quality assurance plan? (49 CFR §40.233(b)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 3.10.05 | When using an evidential breath testing device, does your breath alcohol technician: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.a | follow the manufacturer's instructions, including the performance of external calibration checks at specified intervals? (49 CFR §40.233(c)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.b | use calibration devices that appear on the National Highway Traffic Safety Administration's conforming products list for "Calibrating Units for Breath Alcohol Tests"? (49 CFR §40.233(c)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.c | take an evidential breath testing device that failed an external calibration check out of service and not use it again for Department of Transportation alcohol testing until it is repaired and passes external calibration checks? (49 CFR §40.233(c)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.d | maintain records of inspection, maintenance, and calibration of the evidential breath testing device? (49 CFR §40.233(c)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.e | ensure that inspections, maintenance, and calibration of evidential breath testing devices are performed by the manufacturer or a maintenance representative certified by the manufacturer / state health agency or other appropriate state agency? (49 CFR §40.233(c)(5)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing**3.11 Proper Use and Care of Alcohol Screening Devices**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.01 | Does the manufacturer of the alcohol screening device that you use have a quality assurance plan? (49 CFR §40.235(a)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.02 | Does the quality assurance plan specify: the methods used for quality control checks; the temperatures at which the alcohol screening device (ASD) is stored and used; the shelf life of the device; and the environmental conditions that may affect the ASD's performance? (49 CFR §40.235(a)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.03 | Does the manufacturer of the alcohol screening device that you use have instructions for its use and care that is consistent with the quality assurance plan? (49 CFR §40.235(b)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.04 | Does your breath alcohol technician / screening test technician follow the quality assurance plan instructions for the alcohol screening device? (49 CFR §40.235(c)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.05 | Does your breath alcohol technician / screening test technician refrain from permitting the use of an alcohol screening device that does not pass the specified quality control checks or that has passed its expiration date? (49 CFR §40.235(d)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.06 | Do you (as the employer), with respect to breath alcohol screening devices, follow the use and care requirements? (49 CFR §40.235(e)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.12 Conducting Alcohol Screening Tests

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.01 | Does your breath alcohol technician / screening test technician contact the designated employer representative (DER) for the appropriate interval within which the employee is authorized to arrive when the employee does not appear at the collection site at the scheduled time? (49 CFR §40.241(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.02 | Does your breath alcohol technician / screening test technician notify the designated employer representative (DER) when that employee has not reported for testing if the employee's arrival is delayed beyond the authorized time? (49 CFR §40.241(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.03 | In a situation where a Consortium/Third-Party Administrator (C/TPA) has notified an owner/operator or other individual employee to report for testing and the employee does not appear, does the C/TPA notify the employee that he/she has refused to test? (49 CFR §40.241(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.04 | Does your breath alcohol technician / screening test technician ensure that the test begins without undue delay after the employee enters alcohol testing site? (49 CFR §40.241(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.05 | Does your breath alcohol technician / screening test technician ensure that, if a drug test is to be conducted also, that the alcohol test is completed first, to greatest extent practicable? (49 CFR §40.241(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.06 | Does your breath alcohol technician / screening test technician not delay medical treatment of an employee to conduct testing? (49 CFR §40.241(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.07 | Does your breath alcohol technician / screening test technician contact the designated employer representative (DER) to verify the identity of the employee if the employee cannot produce a positive photo identification issued by the employer, the Federal, State, or local government (faxes and photocopies not acceptable)? (49 CFR §40.241(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.08 | Does your breath alcohol technician / screening test technician provide his/her identification, which includes his/her name/employer's name (photo/address/phone number not required), if the employee asks? (49 CFR §40.241(d)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.09 | Does your breath alcohol technician / screening test technician explain the testing procedures to the employee, including showing the employee the instructions on the back of the Alcohol Testing Form? (49 CFR §40.241(e)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.10 | Does your breath alcohol technician / screening test technician complete Step 1 of Alcohol Testing Form? (49 CFR §40.241(f)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.11 | Does your breath alcohol technician / screening test technician direct the employee to complete Step 2 of the Alcohol Testing Form and sign the certification? (49 CFR §40.241(g)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.12 | If the employee refuses to sign the certification in Step 2, does your breath alcohol technician / screening test technician document the refusal on the "Remarks" line of the Alcohol Testing Form and immediately notify the designated employer representative (DER)? (49 CFR §40.241(g)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.13 Procedure - Alcohol Screening Test (EBT or ASD)

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.01 | Does your breath alcohol technician / screening test technician select, or allow the employee to select, an individually wrapped or sealed mouthpiece? (49 CFR §40.243(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.02 | Does your breath alcohol technician / screening test technician open an individually wrapped or sealed mouthpiece in view of the employee and insert it into the device in accordance with the manufacturer's instructions? (49 CFR §40.243(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.03 | Does your breath alcohol technician / screening test technician instruct the employee to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates an adequate amount of breath has been obtained? (49 CFR §40.243(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.04 | Does your breath alcohol technician / screening test technician show the employee the displayed test result? (49 CFR §40.243(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.05 | Does your breath alcohol technician / screening test technician check to ensure that the information is printed correctly on the Alcohol Testing Form (ATF) if the device is one that prints the test number, the testing device name and serial number, the time, and the result directly onto the ATF? (49 CFR §40.243(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.06 | Does your breath alcohol technician / screening test technician affix the printout to the designated space on the Alcohol Testing Form with tamper-evident tape or tamper-evident self-adhesive label if the device is one that prints the test number, the testing device name and serial number, the time, and the result on a separate printout? (49 CFR §40.243(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.07 | Does your breath alcohol technician / screening test technician record the information in Step 3 of the Alcohol Testing Form if the device does not print the test number, the testing device name and serial number, the time, and the result or it is a device not being used with a printer? (49 CFR §40.243(g)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.14 Alcohol Screening Test - Saliva Alcohol Screening Device

3.14.01 Does your breath alcohol technician / screening test technician take the following steps when using a saliva alcohol screening device:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.a | check the expiration date on the alcohol screening device and show it to the employee? (49 CFR §40.245(a) (1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.b | open an individually wrapped or sealed alcohol screening device in presence of the employee? (49 CFR §40.245(a) (2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.c | offer the employee an opportunity to use the device? (49 CFR §40.245(a) (3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.d | instruct the employee to insert the device into his/her mouth and use it in the manner described by the manufacturer if the employee chooses to use the device? (49 CFR §40.245(a) (3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.e | insert the alcohol screening device into the employee's mouth and gather saliva in the manner described by the manufacturer if the employee chooses not to use (self administer) the device or in all cases in which a new test is necessary because the device did not activate? (49 CFR §40.245(a) (4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.f | wear single-use examination gloves when inserting the alcohol screening device into the employee's mouth and change the gloves after each test? (49 CFR §40.245(a) (4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.g | follow the manufacturer's instructions to ensure the device has activated when the device is removed from the employee's mouth? (49 CFR §40.245(a) (5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.h | discard the device and conduct a new test using a new device when unable to successfully follow the collection procedures? (49 CFR §40.245(a) (6) (i)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.i | ensure that the new device has been under his/her or the employer's control before the test? (49 CFR §40.245(a) (6) (ii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.j | note the reason for the new test on "Remarks" line of the Alcohol Testing Form? (49 CFR §40.245(a) (6) (iii)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.k | offer the employee a choice of using the device or having the screening test technician (STT) / breath alcohol technician (BAT) use the device unless the STT/BAT believes that the employee was responsible for the new test needing to be conducted? (49 CFR §40.245(a) (6) (iv)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.l | end the collection and explain in the "Remarks" line of the Alcohol Testing Form when unable to successfully follow the procedures for a new test? (49 CFR §40.245(a) (6) (v)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.m | direct the employee to take a new test immediately, using an evidential breath testing device for the screening test? (49 CFR §40.245(a) (6) (vi)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.n | discard the device and conduct a new test with the screening test technician / breath alcohol technician placing the device in an employee's mouth to collect the saliva after successfully completing the procedure but the device did not activate? (49 CFR §40.245(a) (7)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.o | read the result displayed on the device no sooner than the manufacturer instructs? (Results must be read within 15 minutes of test.) (49 CFR §40.245(a) (8)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.p | show the device and its reading to the employee and enter the result on the Alcohol Testing Form? (49 CFR §40.245(a) (8)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.q | never re-use the devices, swabs, gloves, or other materials used in saliva testing? (49 CFR §40.245(a) (9)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.r | note in Step 3 of the Alcohol Testing Form the fact that he/she used a saliva alcohol screening device? (49 CFR §40.245(a) (10)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.15 Unable to Provide Sufficient Amount of Saliva

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.01 | When the employee is unable to provide a sufficient amount of saliva for alcohol screening test, does your screening test technician conduct a new screening test using a new screening device? (49 CFR §40.263(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.02 | If an employee does not provide a sufficient saliva or refuses to attempt to complete a new test, does your screening test technician discontinue testing, note this in the "Remarks" line of the Alcohol Testing Form, and immediately notify the designated employer representative (DER)? Refusal to attempt the new test is a refusal to test. (49 CFR §40.263(a)(2) & (3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.03 | Does your designated employer representative (DER), when notified of the provision of insufficient saliva, immediately arrange for the employee to be tested using a breath testing device? (49 CFR §40.263(b)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 3.15.04 | Does your screening test technician / breath alcohol technician take the following steps when conducting an alcohol screening test using breath tube: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.a | check the expiration date on the device or on the package containing the device and show it to the employee? (49 CFR §40.245(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.b | remove the device from the package and break the tube's ampule in presence of the employee? (49 CFR §40.245(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.c | secure the inflation bag onto the appropriate end of the device as directed by the manufacturer on the device's instructions? (49 CFR §40.245(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.d | offer the employee an opportunity to use the device? If the employee chooses to use the device, instruct the employee to blow forcefully and steadily into the blowing end of the device until the inflation bag fills with air. (49 CFR §40.245(b)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.e | hold the device and provide use instructions in 49 CFR §40.245(b)(4) if the employee chooses not to hold the device? (49 CFR §40.245(b)(5)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.f | take the device from the employee (or if you were holding it, remove it from the employee's mouth)? The screening testing technician / breath alcohol technician must either hold the device or place it on a clean flat surface while waiting for the reading to appear. (49 CFR §40.245(b)(6)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.g | discard the device and conduct a new test using a new device if the screening test technician / breath alcohol technician was unable to successfully follow the procedures of 49 CFR §40.245(b)(4) through (b)(6) (e.g., the device breaks apart, the employee did not fill the inflation bag)? (49 CFR §40.245(b)(7)(i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.h | use a new device that has been under your control or the control of the employer before the test? (49 CFR §40.245(b)(7)(ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.i | note on the "Remarks" line of the Alcohol Testing Form (ATF) the reason for the new test? (You MAY continue using the same ATF with which you began the test.) (49 CFR §40.245(b)(7)(iii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.j | offer the employee the choice of holding the device or having you hold it unless the employee, in your opinion, was responsible (e.g., the employee failed to fill the inflation bag) for the new test needing to be conducted? (49 CFR §40.245(b)(7)(iv)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.k | end the collection and put an explanation on the "Remarks" line of the Alcohol Testing Form if the screening test technician / breath alcohol technician is unable to successfully follow the procedures in 49 CFR §40.245(b)(4) through (b)(6)? (49 CFR §40.245(b)(7)(v)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.l | then direct the employee to take a new test immediately using another type of alcohol screening device (e.g., saliva device) or an evidential breath testing device? (49 CFR §40.245(b)(7)(vi)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.m | compare the color of crystals in the device with the colored crystals on the manufacturer-produced control tube no sooner than the manufacturer instructs when the collection procedures were successfully followed? (Color comparisons must take place within 15 minutes of test.) (49 CFR §40.245(b)(8)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.n | follow the manufacturer's instructions for determining the result of the test? The screening test technician / breath alcohol technician must then show both the device and the control tube side-by-side to the employee and record the result on the Alcohol Testing Form. (49 CFR §40.245(b)(9)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.o | never re-use the devices or gloves used in breath tube testing? Inflation bag must be voided of air following the removal from the device. One inflation bag can be used for up to 10 breath tube tests. (49 CFR §40.245(b) (10)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.p | note the fact that you used a breath tube device in Step 3 of the Alcohol Testing Form? (49 CFR §40.245(b) (11)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.16 Procedures - After Screening Test Result

- | | | |
|--------------------------|--------------------------|--|
| | 3.16.01 | If the test result is less than 0.02, does your breath alcohol technician / screening test technician do the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.01.a | sign and date Step 3 of the Alcohol Testing Form? (49 CFR §40.247(a)(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.01.b | transmit the result of less than 0.02 to the designated employer representative (DER) in a confidential manner? (49 CFR §40.247(a)(2)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.02 | If the result is 0.02 or higher, does your breath alcohol technician / screening test technician direct the employee to take a confirmation test? (49 CFR §40.247(b)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.03 | If the same breath alcohol technician (BAT) who collected the screening test conducts the confirmation test, does your BAT conduct the test using confirmation testing procedures? (49 CFR §40.247(b)(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.04 | If another breath alcohol technician will conduct the confirmation test, does your breath alcohol technician / screening test technician sign and date Step 3 of the Alcohol Testing Form and give the employee Copy 2? (49 CFR §40.247(b)(2)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.05 | If the confirmation test is conducted at a different site, does your breath alcohol technician: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.05.a | advise the employee not to eat, drink, put anything into his/her mouth, or belch? (49 CFR §40.247(b)(3)(i)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.05.b | tell the employee the reason for the waiting period? (49 CFR §40.247(b)(3)(ii)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.05.c | explain that following the instructions concerning the waiting period is to the employee's benefit? (49 CFR §40.247(b)(3)(iii)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.05.d | explain that a confirmation test will be conducted at the end of the waiting period, even if the instructions have not been followed? (49 CFR §40.247(b)(3)(iv)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 3.16.05.e | note on the "Remarks" line of the Alcohol Testing Form that the waiting period instructions were provided? (49 CFR §40.247(b)(3)(v)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |

3.0 Alcohol Testing

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.16.05.f | instruct the person accompanying the employee to another collection site to carry a copy of the Alcohol Testing Form to the breath alcohol technician who will perform the confirmation test? (49 CFR §40.247(b) (3) (vi)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.16.05.g | observe the employee as he/she is transported to the confirmation testing site? (can be done by the breath alcohol technician / screening test technician or the designated employer representative.) (49 CFR §40.247(b) (3) (vii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.16.05.h | direct the employee not to attempt to drive a motor vehicle to the confirmation testing site? (49 CFR §40.247(b) (3) (vii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.16.06 | If the screening test is invalid, does your breath alcohol technician / screening test technician tell the employee the test is cancelled and note problem on the "Remarks" line of the Alcohol Testing Form? If practicable, the testing process should be repeated. (49 CFR §40.247(c)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.17 First Steps - Alcohol Confirmation Test

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.01 | Does your breath alcohol technician observe the waiting period of at least 15 minutes, but not more than 30 minutes after the completion of the screening test? (49 CFR §40.251(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.02 | After the waiting period between the screening and the confirmation test, does your breath alcohol technician begin the test as soon as possible, but not more than 30 minutes after the completion of the screening test? (49 CFR §40.251(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.03 | If the test is being conducted at a different location from the screening test and the time of transit between sites counted toward the waiting period, did the breath alcohol technician (BAT) / screening test technician (STT) (who conducted the screening test) provide the waiting period instructions? (observation during transit can be conducted by BAT/STT or the designated employer representative.) (40 CFR §40.251(a)(1)(i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.04 | If your breath alcohol technician (BAT) cannot verify, through review of the Alcohol Testing Form, that the waiting period instructions were provided, does your BAT repeat to the donor the instructions and begin the waiting period again? (49 CFR §40.251(a)(1)(ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.05 | Does your breath alcohol technician / screening test technician or the designated employer representative (DER) observe the employee during the waiting period? (49 CFR §40.251(a)(1)(iii)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 3.17.06 | Concerning the waiting period between the screening and the confirmation test, does your breath alcohol technician tell the employee: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.a | not to eat, drink, put anything into his/her mouth, or belch? (49 CFR §40.251(a)(2)(i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.b | the reason for waiting period? (49 CFR §40.251(a)(2)(ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.c | that following the breath alcohol technician's instructions concerning the waiting period is to the employee's benefit? (49 CFR §40.251(a)(2)(iii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.d | that the confirmation test would be conducted after the waiting period, whether or not the employee follows the instructions? (49 CFR §40.251(a)(2)(iv)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.e | If the breath alcohol technician (BAT) becomes aware that the employee has not followed the instructions, does your BAT note this in the "Remarks" line of the Alcohol Testing Form? (49 CFR §40.251(a)(3)) |
| Yes | No | N/A | | |
| | | | 3.17.07 | If the breath alcohol technician (BAT) who performs the screening test does not conduct the confirmation test, does the BAT who performs the confirmation test: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.a | require positive identification from the employee? (49 CFR §40.251(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.b | explain the confirmation procedures? (49 CFR §40.251(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.c | use a new Alcohol Testing Form? (49 CFR §40.251(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.d | note on the "Remarks" line of the Alcohol Testing Form that a different breath alcohol technician / screening test technician conducted the screening test? (49 CFR §40.251(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.e | complete Step 1 of the Alcohol Testing Form? (49 CFR §40.251(c)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.f | direct the employee to complete Step 2 of the Alcohol Testing Form and sign the certification? (49 CFR §40.251(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.08 | If the employee refuses to sign the certification, does your breath alcohol technician document this refusal in the "Remarks" line of the Alcohol Testing Form and immediately notify the designated employer representative (DER) of the refusal to test? (49 CFR §40.251(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.09 | If more than 30 minutes has passed since the screening test, does your breath alcohol technician still begin the confirmation test? (This does not invalidate the screening or confirmation test.) (49 CFR §40.251(e) & (g)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.10 | Does your breath alcohol technician note in the "Remarks" line of the Alcohol Testing Form the time that elapsed and why the confirmation test was not conducted within 30 minutes? (49 CFR §40.251(f)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.18 Procedures Conducting an Alcohol Confirmation Test

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.01 | In presence of the employee, does your breath alcohol technician conduct an air blank and show the reading to the employee? (49 CFR §40.253(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.02 | If the air blank reading is 0.00, does your breath alcohol technician proceed with the testing? (49 CFR §40.253(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.03 | If the air blank reading is more than 0.00, does your breath alcohol technician conduct another air blank? (49 CFR §40.253(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.04 | If the second air blank is 0.00, does your breath alcohol technician proceed with the testing? (49 CFR §40.253(a)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.05 | If the second air blank is more than 0.00, does your breath alcohol technician take the evidential breath testing device out of service? (49 CFR §40.253(a)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.06 | If the evidential breath testing (EBT) device is taken out of service, do you ensure that the EBT was not used until it was within tolerance limits on an external calibration check? (49 CFR §40.253(a)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.07 | Does your breath alcohol technician proceed with the test using another evidential breath testing device? (49 CFR §40.253(a)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.08 | Does your breath alcohol technician open a new individually wrapped or sealed mouthpiece in view of the employee and insert it into the evidential breath testing device in accordance with the manufacturer's instructions? (49 CFR §40.253(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.09 | Does your breath alcohol technician and the employee read the unique test number displayed on the evidential breath testing device? (49 CFR §40.253(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.10 | Does your breath alcohol technician instruct the employee to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates an adequate amount of breath has been obtained? (49 CFR §40.253(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.11 | Does your breath alcohol technician show the employee the result displayed on the evidential breath testing device? (49 CFR §40.253(e)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

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|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.12 | Does your breath alcohol technician show the employee the result and the unique test number that the evidential breath testing device prints out directly onto the Alcohol Testing Form or onto a separate printout? (49 CFR §40.253(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.13 | If the evidential breath testing device provides a separate printout of result, does your breath alcohol technician attach a printout to the designated space on the Alcohol Testing Form with tamper-evident tape or use a tamper-evident self-adhesive label? (49 CFR §40.253(g)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.19 Alcohol Confirmation Test Result

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.01 | Does your breath alcohol technician sign and date Step 3 of the Alcohol Testing Form? (49 CFR §40.255(a)(1)) |
| Yes | No | N/A | | |
| | | | 3.19.02 | If the result is lower than 0.02, nothing further is required of the employee. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.03 | Does your breath alcohol technician direct the employee to sign and date Step 4 of the Alcohol Testing Form if the result is 0.02 or higher? (49 CFR §40.255(a)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.04 | If the employee does not sign and date Step 4 of the Alcohol Testing Form (ATF) when the result is 0.02 or higher, does your breath alcohol technician note this in the "Remarks" line of the ATF? (This is not a refusal to test.) (49 CFR §40.255(a)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.05 | If the test is invalid, does your breath alcohol technician tell the employee that the test is cancelled and note this in the "Remarks" line of the Alcohol Testing Form? (If practicable, a re-test should be conducted.) (49 CFR §40.255(a)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.06 | Does your breath alcohol technician immediately transmit the result directly to the designated employer representative (DER) in a confidential manner? (49 CFR §40.255(a)(5)) |
| Yes | No | N/A | | |
| | | | 3.19.07 | The breath alcohol technician MAY transmit the result using Copy 1 of the Alcohol Testing Form, in person, by telephone, or by electronic means. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.08 | Does your breath alcohol technician immediately notify the designated employer representative (DER) of any result of 0.02 or greater by any means that ensures the result is immediately received by the DER? (These results cannot be transmitted through Consortium/Third-Party Administrators or other service agents.) (49 CFR §40.255(a)(5)(i)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.09 | If your breath alcohol technician (BAT) does not make the initial transmission of the result in writing, does your BAT follow up with Copy 1 of the Alcohol Testing Form? (49 CFR §40.255(a)(5)(ii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.10 | If you received test results that are not in writing (e.g., by telephone or electronic means), do you establish a mechanism to establish the identity of the breath alcohol technician that is sending the results? (49 CFR §40.255(b)(1)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.19.11	Do you store all test result information in a way that
Yes	No	N/A		protects confidentiality? (49 CFR §40.255(b)(2))

3.0 Alcohol Testing

3.20 Unable to Provide Sufficient Amount of Breath

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.20.01 | Does your breath alcohol technician / screening test technician instruct the employee to try again to provide a sufficient amount of breath and the proper way to do so? (49 CFR §40.265(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.20.02 | If the employee refuses, does your breath alcohol technician / screening test technician discontinue the test, note the fact on the "Remarks" line of the Alcohol Testing Form, and immediately notify the designated employer representative (DER)? (This is a refusal to test.) (49 CFR §40.265(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.20.03 | When attempts have failed to produce a sufficient amount of breath, does your breath alcohol technician / screening test technician note the fact on the "Remarks" line of the Alcohol Testing Form, and immediately notify the designated employer representative (DER)? (49 CFR §40.265(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 3.20.04 | If the employee again attempts and fails to provide a sufficient breath, the breath alcohol technician (BAT) / screening test technician (STT) MAY provide another opportunity for the employee to do so if the BAT/STT believes that there is a strong likelihood that it could result in a sufficient amount of breath. |
| | | | | |
| | | | 3.20.05 | If the evidential breath testing device has a manual mode, the breath alcohol technician / screening test technician MAY attempt to conduct a test in that mode. |
| | | | | |
| | | | 3.20.06 | If the breath alcohol technician (BAT) / screening test technician (STT) is qualified to use a saliva alcohol screening device (ASD) and the test is at the screening stage, the BAT/STT MAY change to a saliva ASD to complete the screening test only. |

3.0 Alcohol Testing

3.21 Problems that Always Cause the Cancellation of an Alcohol Test

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.01 | When a "fatal flaw" error occurs, does your breath alcohol technician / screening test technician inform the designated employer representative (DER) that the test was cancelled and must be treated as if the test never occurred? (49 CFR §40.267) |
| Yes | No | N/A | | |
| | | | 3.21.02 | Does your breath alcohol technician / screening test technician cancel a saliva alcohol screening device (ASD) or a breath tube ASD screening test when one of the following fatal flaws occurred: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.02.a | the breath alcohol technician / screening test technician reads the result either sooner than or later than the time allotted by the manufacturer and 49 CFR part 40? (49 CFR §40.267(a)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.02.b | the saliva alcohol screening device does not activate? (49 CFR §40.267(a)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.02.c | the device was used for a test after the expiration date printed on the device or package? (49 CFR §40.267(a)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.03 | in the case of a screening or confirmation test that is conducted on an evidential breath testing (EBT) device, the sequential test number or the alcohol concentration displayed on the EBT is not the same as the sequential test number or the alcohol concentration displayed on printed result? (49 CFR §40.267(b)) |
| Yes | No | N/A | | |
| | | | 3.21.04 | Does your breath alcohol technician cancel the confirmation test when one of the following fatal flaws occurred: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.04.a | the breath alcohol technician conducted the confirmation test before the end of the minimum 15-minute waiting period? (49 CFR §40.267(c)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.04.b | the breath alcohol technician did not conduct an air blank before the confirmation test? (49 CFR §40.267(c)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.04.c | the air blank does not result in a 0.00 result before the confirmation test? (49 CFR §40.267(c)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.04.d | the evidential breath testing device did not print the result? (49 CFR §40.267(c)(4)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.21.05
Yes	No	N/A	

when the external calibration check produces a result that differs by more than the tolerance stated in the quality assurance plan from the known value of the test standard, is every result of 0.02 or above obtained on that evidential breath testing device since the last valid external calibration check cancelled? (49 CFR §40.267(c)(5))

3.0 Alcohol Testing**3.22 Correctable Problems**

3.22.01 In the following situations, is the alcohol test cancelled unless corrective action is taken:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.22.01.a | the breath alcohol technician / screening test technician does not sign the Alcohol Testing Form? (49 CFR §40.269(a)) |
| Yes | No | N/A | | |
|
 |
 |
 | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.22.01.b | the breath alcohol technician / screening test technician fails to note in the "Remarks" line of the Alcohol Testing Form (ATF) that the employee did not sign the ATF after the result was obtained? (49 CFR §40.269(b)) |
| Yes | No | N/A | | |
|
 |
 |
 | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.22.01.c | the breath alcohol technician / screening test technician uses a non Department of Transportation form for the test? (49 CFR §40.269(c)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

3.23 How to Correct Problems

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.01 | If the breath alcohol technician (BAT) / screening test technician (STT) becomes aware of any event during or shortly after the testing process that will cause the test to be cancelled, does your BAT/STT try to correct the problem? (Repeating test MAY be part of this effort.) (49 CFR §40.271(a)(1)) |
| Yes | No | N/A | | |
| | | | 3.23.02 | If the test is to be repeated, does your breath alcohol technician / screening test technician: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.02.a | begin the new test as soon as possible? (49 CFR §40.271(a)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.02.b | use a new Alcohol Testing Form, use a new sequential test number, and use a new alcohol screening device and/or new an evidential breath testing (EBT) device? (Use the EBT's manual operation, if breath alcohol technician is trained to do so.) (49 CFR §40.271(a)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.02.c | ensure that he/she was not limited in the number of attempts necessary to complete the test, provided that the employee is making a good faith effort to comply? (49 CFR §40.271(a)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.02.d | ensure that the designated employer representative (DER), who received the information that another testing device was not available, makes all reasonable efforts to conduct the test at another testing site as soon as possible? (49 CFR §40.271(a)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.03 | Do you, your breath alcohol technician / screening test technician, or your other service agent who becomes aware of a "correctable flaw" that has not been corrected, take all practicable action to correct the problem so that test is not cancelled? (49 CFR §40.271(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.04 | If the problem was omitted information, does the person responsible for providing that information supply, in writing, the missing information and a signed statement that it is true and accurate? (49 CFR §40.271(b)(1)) |
| Yes | No | N/A | | |
| | | | 3.23.05 | If the problem was the use of a non Department of Transportation form, does the person who is responsible for the use of the incorrect form certify in writing that: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.05.a | the incorrect form contains all of the information needed for a valid Department of Transportation alcohol test? (49 CFR §40.271(b)(2)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.05.b | the incorrect form was inadvertently used or was the only means to conduct the test? (49 CFR §40.271(b)(2)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.05.c | the steps the person has taken to prevent the future use of a non Department of Transportation (DOT) form for DOT tests? (49 CFR §40.271(b)(2)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.05.d | the information was supplied on the same business day that the person was notified of the problem (fax or courier)? (49 CFR §40.271(b)(2)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.06 | If the problem could not be corrected, is the test cancelled? (49 CFR §40.271(c)) |
| Yes | No | N/A | | |

3.0 Alcohol Testing**3.24 Effect of a Cancelled Alcohol Test**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.24.01	When the test must be cancelled, does your breath
Yes	No	N/A		alcohol technician / screening test technician or other
				person making the determination to cancel the test
				inform the affected designated employer representative
				(DER) within 48 hours of the cancellation? (49 CFR
				§40.273(c))

3.25 Procedural Problems Not Sufficient to Cancel an Alcohol Test

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.25.01	Do you, your breath alcohol technician / screening test
Yes	No	N/A		technician, or your other service agent administering
				the testing process document any errors of which they
				become aware? (49 CFR §40.275(a))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.25.02	Do you ensure that no person concerned with the testing
Yes	No	N/A		process declares a test cancelled based on a mistake in
				the process that does not have a significant adverse
				effect on the right of the employee to a fair and
				accurate test? (49 CFR §40.275(b))

3.26 Other Types of Testing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.26.01	Does your breath alcohol technician / screening test
Yes	No	N/A		technician refrain from conducting any other types of
				testing (e.g. blood or urine)? Only saliva or breath
				testing is permitted under these regulations. (49 CFR
				§40.277)

3.0 Alcohol Testing

3.27 Refusal to Take an Alcohol Test

3.27.01 As the employer, did you determine that an employee refused to take an alcohol test when he/she:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.a | failed to appear within a reasonable time (as determined by the employer)? (This includes failure of the employee, including owner/operator, to appear for a test when called by the Consortium/Third-Party Administrator, except when the employee left the collection site before the test commences for a pre-employment test. (49 CFR §40.261(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.b | failed to remain at the testing site until the testing process is completed (except when the employee left the collection site before the testing process commences for a pre-employment test)? (49 CFR §40.261(a)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.c | failed to attempt to provide an adequate amount of saliva or breath for the required test? (except when the employee left before the testing process commences for a pre-employment test.) (49 CFR §40.261(a)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.d | failed to provide a sufficient amount of breath with no medical explanation? (49 CFR §40.261(a)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.e | failed to undergo a medical examination after not providing a sufficient breath? (49 CFR §40.261(a)(5)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.f | failed to sign the certification at Step 2 of the Alcohol Testing Form? (49 CFR §40.261(a)(6)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.g | failed to cooperate with any part of the testing process? (49 CFR §40.261(a)(7)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.02 | When an employee refuses to test because of a possible "shy lung", does your breath alcohol technician / screening test technician or physician evaluating a "shy lung" situation terminate the test, document the refusal, and notify the designated employer representative (DER) immediately? (may not use Consortium/Third-Party Administrator as an intermediary.) (49 CFR §40.261(c)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.01 Qualification of Medical Review Officer

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.01 | Is your Medical Review Officer a licensed physician (Doctor of Medicine or Osteopathy)? (49 CFR §40.121(a)) |
| Yes | No | N/A | | |
| | | | 4.01.02 | Is your Medical Review Officer: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.02.a | knowledgeable about and have the clinical experience in controlled substance abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results? (49 CFR §40.121(b)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.02.b | knowledgeable about issues relating to adulterated and substituted specimens and the medical causes of invalid specimen results? (49 CFR §40.121(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.02.c | current about 49 CFR part 40, Department of Transportation Medical Review Officer Guidelines, and FAA regulations? (49 CFR §40.121(b)(3)) |
| Yes | No | N/A | | |
| | | | 4.01.03 | Did your Medical Review Officer receive qualification training that provides instruction on: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.a | collection procedures for specimens? (49 CFR §40.121(c)(1)(i)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.b | chain of custody, reporting, and recordkeeping? (49 CFR §40.121(c)(1)(ii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.c | interpretations of drug and validity test results? (49 CFR §40.121(c)(1)(iii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.d | the role and responsibilities of the Medical Review Officer in Department of Transportation drug testing programs? (49 CFR §40.121(c)(1)(iv)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.e | interaction with other participants in the program (e.g. designated employer representatives (DERs), Substance Abuse Professionals)? (49 CFR §40.121(c)(1)(v)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.f | the provisions of 49 CFR part 40 and FAA rules, guidance and interpretations, including the changes and updates affecting the performance of Medical Review Officer (MRO) functions, as well as issues that are confronted in carrying out MRO duties? (49 CFR §40.121(c)(1)(vi)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.04 | Did your Medical Review Officer (MRO) satisfactorily complete an examination administered by a nationally recognized MRO certification board or subspecialty board for medical practitioners in the field of medical review of Department of Transportation mandated drug tests? (49 CFR §40.121(c)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.04.a | Does the examination completed by your Medical Review Officer comprehensively cover all elements of qualification training? (49 CFR §40.121(c)(2)) |
| | | | 4.01.05 | Does your Medical Review Officer meet the following schedule for qualification training: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.05.a | if your Medical Review Officer (MRO) became a MRO before August 1, 2001, and he/she has already met the qualification training requirement, he/she does not have to meet it again. (49 CFR §40.121(c)(3)(i)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.05.b | if your Medical Review Officer (MRO) became a MRO before August 1, 2001, but he/she has not met the qualification training requirement, he/she must do so by January 31, 2003. (49 CFR §40.121(c)(3)(ii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.05.c | if your Medical Review Officer (MRO) became a MRO on or after August 1, 2001, he/she must meet the qualification training requirement before performing MRO functions. (49 CFR §40.121(c)(3)(iii)) |
| Yes | No | N/A | | |
| | | | 4.01.06 | During each three-year period following the satisfactory completion of the examination, does your Medical Review Officer (MRO) complete the continuing education consisting of: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.06.a | at least 12 professional development hours relevant to performing Medical Review Officer functions? (49 CFR §40.121(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.06.b | material concerning new technologies, interpretations, recent guidance and rule changes pertaining to Department of Transportation program, since the time the Medical Review Officer met the qualification training requirements? (49 CFR §40.121(d)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.06.c | assessment tools to assist the Medical Review Officer in determining whether he/she has adequately learned the material? (49 CFR §40.121(d)(2)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.07 | Did your Medical Review Officer, who completed the qualification training and examination requirements prior to August 1, 2001, complete the first increment of 12 continuing education units before August 1, 2004? (49 CFR §40.121(d)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.08 | Does your Medical Review Officer maintain documentation that he/she currently meets the qualification training and the continuing education requirements? (49 CFR §40.121(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.09 | Does your Medical Review Officer (MRO) provide documentation upon request to a Department of Transportation agency representative, employers, and Consortium/Third-Party Administrators who are using or negotiating to use the MRO's services? (49 CFR §40.121(e)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.02 Medical Review Officer's Responsibilities

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.01 | Does your Medical Review Officer act as the gatekeeper and advocate for accuracy and integrity of the drug testing process? (49 CFR §40.123(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.02 | Does your Medical Review Officer provide a quality assurance review of the drug testing process? (49 CFR §40.123(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.03 | Does your Medical Review Officer review the Federal Drug Testing Custody and Control Form for any problems that may result in cancelled tests? (49 CFR §40.123(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.04 | Does your Medical Review Officer provide feedback to you, your collection sites, and your laboratories regarding performance issues? (49 CFR §40.123(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.05 | Does your Medical Review Officer report to and consult with the Office of Drug and Alcohol Policy and Compliance or the FAA for assistance in resolving program issues? (49 CFR §40.123(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.06 | Do you refrain from limiting or attempting to limit your Medical Review Officer's access to the Department of Transportation? (49 CFR §40.123(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.07 | Do you refrain from retaliating in any way against your Medical Review Officer for discussing drug testing issues with the Department of Transportation? (49 CFR §40.123(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.08 | Does your Medical Review Officer determine if there is a legitimate medical explanation for confirmed positive, adulterated, substituted, and invalid drug tests results from the laboratory? (49 CFR §40.123(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.09 | Does your Medical Review Officer provide medical review of the employees' test results? (49 CFR §40.123(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.10 | Does your Medical Review Officer investigate and correct problems, if possible, and notify the appropriate parties where assistance is needed? (49 CFR §40.123(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.11 | Does your Medical Review Officer ensure timely flow of test results and other information to employers? (49 CFR §40.123(f)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.12 | Does your Medical Review Officer protect the confidentiality of the drug testing information? (49 CFR §40.123(g)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.13 | Does your Medical Review Officer (MRO) perform MRO functions in compliance with 49 CFR part 40 and FAA regulations? (49 CFR §40.123(h)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer**4.03 Relationship between the Medical Review Officer and the laboratory**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.03.01	Does your Medical Review Officer refrain from entering
Yes	No	N/A		into a relationship with your laboratory that could
				create a conflict of interest or an appearance of a
				conflict of interest? (49 CFR §40.125)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.03.02	Does your Medical Review Officer refrain from deriving a
Yes	No	N/A		financial benefit by having you use a specific
				laboratory? (49 CFR §40.125)

4.0 Medical Review Officer

4.04 Reviewing Negative Test Results

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.01 | Prior to verifying negative test results and releasing the results to the designated employer representative (DER), does your Medical Review Officer review Copy 2 of the Federal Drug Testing Custody and Control Form to determine if there are fatal or correctable errors that may require corrective action or the cancellation of the test? (49 CFR §40.127(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.02 | Prior to verifying the result and releasing it to the designated employer representative (DER), does your Medical Review Officer review the negative laboratory test result and ensure that it is consistent with the information contained on the Federal Drug Testing Custody and Control Form? (49 CFR §40.127(b)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.04.03 | Before reporting the negative test result, does your Medical Review Officer have in his/her possession: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.03.a | a legible copy of Copy 2 of the Federal Drug Testing Custody and Control Form (CCF) or any other CCF copy containing the employee's signature? (49 CFR §40.127(c)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.03.b | a legible copy (fax, photocopy, image) of Copy 1 of the Federal Drug Testing Custody and Control Form or electronic laboratory results report? (49 CFR §40.127(c)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.04 | If the copy of the documentation provided to the Medical Review Officer (MRO) by the collector or laboratory appears unclear, does your MRO request a legible copy? (49 CFR §40.127(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.05 | Does your Medical Review Officer place a check mark in the "Negative" (Step 6) box on Copy 2; provide his/her name, and sign, initial, or stamp and date the verification statement on Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.127(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.06 | Does your Medical Review Officer report test results in a confidential manner? (49 CFR §40.127(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.07 | Does your Medical Review Officer's staff refrain from ever cancelling a test? (49 CFR §40.127(g)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.04.08 If your Medical Review Officer cancels a laboratory confirmed negative result, does he/she complete Copy 2 of the Federal Drug Testing Custody and Control Form by:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.08.a | checking the "Test Cancelled" box (Step 6)? (49 CFR §40.127(g)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.08.b | making the appropriate annotation in the "Remarks" line? (49 CFR §40.127(g)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.08.c | providing his/her name, and signing, initialing or stamping and dating the verification statement? (49 CFR §40.127(g)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.09 | Does your Medical Review Officer assure the quality of his/her staff's work in reviewing test results? (49 CFR §40.127(g)(1)) |
| Yes | No | N/A | | |
| | | | 4.04.10 | During your Medical Review Officer's (MRO) review of his/her staff's work, does your MRO: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.a | personally review at least 5% (or 500 maximum) of all Federal Drug Testing Custody and Control Forms reviewed by his/her staff on a quarterly basis, including all the results that required corrective action? (49 CFR §40.127(g)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.b | include a review of the Federal Drug Testing Custody and Control Forms, the negative laboratory test results, any corrective documents, and the report sent to the employer? (49 CFR §40.127(g)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.c | correct any errors discovered? (49 CFR §40.127(g)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.d | take action as necessary to ensure his/her staff's compliance with 49 CFR part 40 and document the corrective action? (49 CFR §40.127(g)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.e | attest to the quality assurance review by initialing the Federal Drug Testing Custody and Control Forms that he/she reviewed? (49 CFR §40.127(g)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.f | make the Federal Drug Testing Custody and Control Forms that he/she reviewed easily identifiable and retrievable for review by Department of Transportation agencies? (49 CFR §40.127(g)(4)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.05 Laboratory Confirmed Positive, Adulterated, Substituted, or Invalid Test Results

4.05.01 Before verifying a laboratory confirmed positive, adulterated, substituted, or invalid drug test result and releasing the result to the designated employer representative (DER), does your Medical Review Officer:

☐ ☐ ☐ 4.05.01.a review Copy 2 of the Federal Drug Testing Custody and Control Form to determine any fatal or correctable errors that may require the test to be cancelled? (Only the Medical Review Officer can verify or cancel a test.) (49 CFR §40.129(a)(1))
Yes No N/A

☐ ☐ ☐ 4.05.01.b review Copy 1 of the Federal Drug Testing Custody and Control Form and ensure that it is consistent with Copy 2, that the result is legible, and the certifying scientist signed the form? (49 CFR §40.129(a)(2))
Yes No N/A

☐ ☐ ☐ 4.05.01.c request a legible copy if the documentation from the collector or laboratory is unclear? (49 CFR §40.129(a)(3))
Yes No N/A

☐ ☐ ☐ 4.05.01.d conduct a verification interview, which must include, the direct contact (in-person or by telephone) between the Medical Review Officer and the employee? (49 CFR §40.129(a)(4))
Yes No N/A

☐ ☐ ☐ 4.05.01.e verify the test result as either negative, positive, test cancelled, or refusal to test because of adulteration or substitution? (49 CFR §40.129(a)(5))
Yes No N/A

4.05.02 Does your Medical Review Officer have the following documents before reporting a verified negative, positive, test cancelled or refusal to test because of adulteration or substitution:

☐ ☐ ☐ 4.05.02.a a legible copy of Copy 2 of the Federal Drug Testing Custody and Control Form (CCF) or any other CCF copy with the employee's signature? (49 CFR §40.129(b)(1))
Yes No N/A

☐ ☐ ☐ 4.05.02.b a legible copy (fax, photocopy, image) of Copy 1 of the Federal Drug Testing Custody and Control Form with the certifying scientist's signature? (49 CFR §40.129(b)(2))
Yes No N/A

4.05.03 When verifying a positive result, does your Medical Review Officer complete Copy 2 of the Federal Drug Testing Custody and Control Form by:

☐ ☐ ☐ 4.05.03.a marking the "Positive" box and indicating the drug(s)/metabolite(s) detected in the "Remarks" line? (49 CFR §40.129(c))
Yes No N/A

4.0 Medical Review Officer

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.03.b | signing and dating the verification statement? (49 CFR §40.129(c)) |
| Yes | No | N/A | | |
| | | | 4.05.04 | If your Medical Review Officer (MRO) cancels a laboratory confirmed positive, adulterated, substituted, or invalid drug test report, does your MRO complete Copy 2 of the Federal Drug Testing Custody and Control Form by: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.04.a | marking the "Test Cancelled" box? (49 CFR §40.129(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.04.b | making the appropriate annotation in the "Remarks" line? (49 CFR §40.129(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.04.c | signing his/her name and dating the verification statement? (49 CFR §40.129(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.05 | Does your Medical Review Officer report non-negative results in a confidential manner? (49 CFR §40.129(e)) |
| Yes | No | N/A | | |
| | | | 4.05.06 | When verifying an adulterated or substituted test result, does your Medical Review Officer: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.06.a | check refusal to test because "Adulterated" or "Substituted" box on Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.129(f)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.06.b | make the appropriate annotation in the "Remarks" line on Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.129(f)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.06.c | sign and date the verification statement box on Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.129(f)) |
| Yes | No | N/A | | |
| | | | 4.05.07 | As part of the verification process of a confirmed positive drug test result, does your Medical Review Officer inquire: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.07.a | whether the individual is or would be required to hold a medical certificate issued under 14 CFR part 67 to perform a safety-sensitive function for the employer? (14 CFR part 121, Appendix I, VII, C, 1) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.07.b | whether the individual currently holds a medical certificate issued under 14 CFR part 67? (14 CFR part 121, Appendix I, VII, C, 1) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.08 | After verifying a positive drug test result for an individual holding a part 67 medical certificate, does your Medical Review Officer forward to the Federal Air Surgeon, within 2 working days, the name, identifying information, and supporting documentation? (14 CFR Part 121, Appendix I, VII, C, 1) |
| Yes | No | N/A | | |
| | | | 4.05.09 | If you were granted a stand-down waiver, does your Medical Review Officer comply with: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.09.a | the stand-down provisions for reporting confirmed positive, adulterated, or substituted results to the employer before the Medical Review Officer has completed the verification process? (49 CFR §40.129(g)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.09.b | the terms of your waiver by reporting to the designated employer representative (DER) that he/she has received the employee's laboratory confirmed positive, adulterated, or substituted test result? (49 CFR §40.129(g) (1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.10 | Does your Medical Review Officer wait until he/she has a verified test result for an employee's laboratory confirmed positive, adulterated, or substituted test if you do not have a "FAA granted" stand-down policy? (49 CFR §40.129(g) (2)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.06 Verification Process - Notification of Employee

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.01 | Does your Medical Review Officer contact the employee directly (speak with) and confidentially when a confirmed positive, adulterated, substituted with a creatinine concentration of less than 2 mg/dL, or invalid test result from the laboratory is received? (49 CFR §40.131(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.02 | Does your Medical Review Officer explain to the employee that if he/she declines to discuss the result that the test will be verified as positive, or as a refusal (if adulterated or substituted)? (49 CFR §40.131(a)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.06.03 | The Medical Review Officer's (MRO) staff under his/her personal supervision MAY conduct this initial contact for the MRO. |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.04 | Does the Medical Review Officer's (MRO) staff ensure only to schedule the discussion between the MRO and the employee and explain the consequences of the employee declining to speak with the MRO? (49 CFR §40.131(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.04.a | Does the Medical Review Officer's (MRO) staff document the employee's decision to decline to speak with the MRO, including the date and time? (49 CFR §40.131(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.04.b | Does your Medical Review Officer prohibit his/her staff from gathering medical information or information concerning the possible explanations for the test result? (49 CFR §40.131(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.06.04.c | The Medical Review Officer's (MRO) staff MAY advise the employee to have medical information ready to present at the interview with the MRO. |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.04.d | Does your Medical Review Officer (MRO) prohibit his/her staff from asking if the employee wants to speak with the MRO? (49 CFR §40.131(b)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.05 | Does your Medical Review Officer or his/her staff make reasonable efforts to reach the employee (at minimum 3 attempts, spaced reasonably over 24 hours using both day and night telephone numbers)? (49 CFR §40.131(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.06 | Does your Medical Review Officer or his/her staff document the efforts to contact the employee, including the dates and times? (49 CFR §40.131(c)(1)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.07 | After your Medical Review Officer (MRO) makes reasonable attempts to contact the employee, does your MRO instruct the designated employer representative (DER) to contact the employee? (49 CFR §40.131(c)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.08 | Does your Medical Review Officer (MRO) direct the designated employer representative (DER) to inform the employee to contact the MRO? (49 CFR §40.131(c)(2)(i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.09 | Does your Medical Review Officer refrain from informing the designated employer representative (DER) that the employee has a confirmed positive, adulterated, substituted, or invalid test result when seeking assistance in reaching the employee? (49 CFR §40.131(c)(2)(ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.10 | Does your Medical Review Officer document the dates and times of attempts to contact the designated employer representative (DER)? (49 CFR §40.131(c)(2)(iii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.11 | Does your Medical Review Officer document the name of the designated employer representative (DER) contacted and the date and the time of contact? (49 CFR §40.131(c)(2)(iii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.12 | Does your Medical Review Officer (MRO) receive information from the designated employer representative (DER) on the date and time the DER contacted the employee and advised him/her immediately contact the MRO? (49 CFR §40.131(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.13 | Does your Medical Review Officer receive information from the designated employer representative (DER) that the DER was unable to contact the employee within 24 hours and the date and time the message was left for the employee to contact the MRO? (49 CFR §40.131(d)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer**4.07 Verify the Test Result Without Interviewing the Employee**

- 4.07.01 There are three circumstances in which the Medical Review Officer MAY verify the test result without an interview:
- 4.07.01.a If the employee expressly declines the opportunity to discuss the test, the Medical Review Officer (MRO) must document this, including a notation of informing, or attempting to inform, the employee of the consequences of not speaking with the MRO.
- 4.07.01.b If the designated employer representative (DER) has successfully made and documented the contact with the employee and instructed the employee to contact the Medical Review Officer and more than 72 hours have passed since the time the DER contacted the employee.
- 4.07.01.c If neither the Medical Review Officer (MRO) nor the designated employer representative (DER), after making and documenting all reasonable efforts, has been able to contact the employee within ten days of the date on which the MRO receives the confirmed test result from the laboratory.

☐ ☐ ☐ 4.07.02 Does your Medical Review Officer document the date, the
Yes No N/A time, and the reason for verifying the test result as
positive or refusal to test? (49 CFR §40.133(b))

☐ ☐ ☐ 4.07.03 After verifying the test result, does your Medical
Yes No N/A Review Officer (MRO) allow the employee to present
information within 60 days of the verification that
serious illness, injury, or other circumstances
unavoidably precluded the employee from contacting the
MRO and/or the designated employer representative (DER)
in the time provided? (49 CFR §40.133(c))

4.0 Medical Review Officer

4.08 Beginning of the Verification Interview

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.01 | Does your Medical Review Officer tell the employee that the laboratory determined that the employee's test result was positive, adulterated, substituted, or invalid? (49 CFR §40.135(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.02 | Does your Medical Review Officer tell the employee for which drugs the specimen tested positive, or the basis for finding of adulteration or substitution? (49 CFR §40.135(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.03 | Does your Medical Review Officer explain the verification interview process and inform the employee that the decision will be based on information the employee provides in the interview? (49 CFR §40.135(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.04 | Does your Medical Review Officer explain that the employee must comply with his/her request for further medical evaluation and failure to do so is the equivalent to declining to discuss the test result? (49 CFR §40.135(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.05 | Does your Medical Review Officer (MRO) warn the employee that the MRO is required to provide the drug test result and the medical information affecting the performance of safety-sensitive duties provided by the employee in the verification process without the employee's consent? (49 CFR §40.135(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.06 | Does your Medical Review Officer (MRO) warn the employee before obtaining any medical information that the MRO is required to provide this information to third parties? (49 CFR §40.135(d)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.07 | Does your Medical Review Officer (MRO) advise the employee that, after informing any third party about any medication the employee is using pursuant to a legally valid prescription, the MRO will allow 5 days to have the prescribing physician contact the MRO to determine if the medication can be changed to one that does not make the employee medically unqualified or does not pose a significant safety risk? (49 CFR §40.135(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.08 | Does your Medical Review Officer transmit to a third party, to whom he provided information earlier, if that employee's prescribing physician has changed the medication so that the employee is not medically unqualified and is not a significant safety risk? (49 CFR §40.135(e)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.09 Verification - Marijuana, Cocaine, Amphetamines, or PCP

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.01 | Does your Medical Review Officer verify a confirmed positive test result for marijuana, cocaine, amphetamines, and/or PCP unless the employee presents a legitimate medical explanation? (49 CFR §40.137(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.02 | Does your Medical Review Officer offer the employee the opportunity to present a legitimate medical explanation? (49 CFR §40.137(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.03 | Since your employee has the burden of proof that a legitimate medical explanation exists, does your employee present this information during the verification interview (the Medical Review Officer may extend up to 5 days for the employee to provide)? (49 CFR §40.137(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.04 | Does your Medical Review Officer verify a test result negative after determining that there was a legitimate medical explanation? (49 CFR §40.137(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.05 | Does your Medical Review Officer verify a test result positive after determining that there was no legitimate medical explanation? (49 CFR §40.137 (a) & (d)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.09.06 | In determining whether a legitimate medical explanation exists, the Medical Review Officer MAY consider an employee's use of medication from a foreign country. |
| | | | | |
| | | | 4.09.07 | Does your Medical Review Officer exercise professional judgment consistently with the following principles: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.07.a | there can be a legitimate medical explanation only with respect to a substance that is obtained legally in a foreign country? (49 CFR §40.137(e)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.07.b | use of drugs of abuse or any other substance that cannot be viewed as having a legitimate medical use can never be the basis for a legitimate medical explanation, even if the substance is obtained legally in a foreign country? (49 CFR §40.137(e)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.07.c | use of substance can form basis of a legitimate medical explanation only if it is used consistently with its proper and intended medical purpose? (49 CFR §40.137(e)(3)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.09.07.d even if the Medical Review Officer (MRO) finds that there is a legitimate medical explanation and verifies the test negative, the MRO MAY have the responsibility to raise fitness-for-duty considerations with the employer.

4.09.08 Does your Medical Review Officer (MRO) release information to a third party without the employee's consent when, in the MRO's reasonable medical judgment:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.09.08.a	the information is likely to result in the employee being determined medically unqualified? (49 CFR §40.327(a)(1))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.09.08.b	the information indicated that continued performance by the employee of a safety-sensitive function is likely to pose a significant safety risk? (49 CFR §40.327(a)(2))
Yes	No	N/A		

4.0 Medical Review Officer

4.10 Verification – Opiates

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.01 | Does your Medical Review Officer verify a test result positive if the laboratory detects the presence of 6-acetylmorphine (6-AM) in the specimen? (49 CFR §40.139(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.02 | Does your Medical Review Officer verify a test result positive if the laboratory detected a presence of morphine or codeine at 15,000 ng/mL or above and the employee fails to present a legitimate medical explanation? (49 CFR §40.139(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.03 | Does your Medical Review Officer not accept consumption of food products as a legitimate medical explanation for an employee having morphine or codeine at 15,000 ng/mL or above? (49 CFR §40.139(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.04 | Does your Medical Review Officer verify a test result as positive for opiates only if he/she determines that there is clinical evidence, in addition to the urine test, of unauthorized use of any opium, opiate, or opium derivative? (49 CFR §40.139(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.05 | Does your Medical Review Officer use his/her best professional and ethical judgment and discretion to determine if there is clinical evidence of unauthorized use of opiates? (49 CFR §40.139(c)(1)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.10.06 | Does your Medical Review Officer, using his/her best professional and ethical judgment, consider all relevant factors in determining whether there was clinical evidence of unauthorized use of opiates, including: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.a | recent needle tracks? (49 CFR §40.139(c)(1)(i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.b | behavioral and psychological signs of acute opiate intoxication or withdrawal? (49 CFR §40.139(c)(1)(ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.c | clinical history of unauthorized use recent enough to have produced a laboratory test result? (49 CFR §40.139(c)(1)(iii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.d | use of medication from a foreign country? (49 CFR §40.139(c)(1)(iv)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.e | face-to-face examination of the employee by the Medical Review Officer or another physician? (49 CFR §40.139(c)(2)(i)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

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|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.07 | Does your Medical Review Officer determine if clinical evidence found is consistent with the drug (opiate) found in the specimen by the laboratory? (49 CFR §40.139(c) (3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.08 | Does your Medical Review Officer establish clinical evidence of unauthorized use of opiates or verify the result as negative? (49 CFR §40.139(c) (4)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer**4.11 Obtaining Information for the Verification Decision**

4.11.01 As part of the verification process, does your Medical Review Officer:

☐ ☐ ☐ 4.11.01.a review the employee's medical history and other relevant
Yes No N/A biomedical factors presented by the employee? (49 CFR
§40.141(a))

☐ ☐ ☐ 4.11.01.b review and take all reasonable and necessary steps to
Yes No N/A verify the authenticity of medical records the employee
provides when the employee asserts that the presence of
drug or drug metabolite in his/her specimen results from
taking prescription medication? (49 CFR §40.141(b))

4.0 Medical Review Officer

4.12 Verification - Adulteration or Substitution

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.01 | Does your Medical Review Officer treat a laboratory report that a specimen is adulterated or substituted the same as a laboratory report of a confirmed positive test for a drug or drug metabolite unless the creatinine concentration for a substituted specimen was reported to be equal to or more than 2 mg/dL? (49 CFR §40.145(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.02 | Does your Medical Review Officer report to the designated employer representative (DER) that the specimen is dilute if the creatinine concentration is equal to or more than 2 mg/dL? (49 CFR §40.145(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.03 | Does your Medical Review Officer follow the same procedures for verifying an adulterated or substituted (creatinine concentration less than 2 mg/dL or "creatinine not detected") result that are used for verifying of a confirmed positive test result, except as otherwise provided in 49 CFR §40.145? (49 CFR §40.145(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.04 | Does your Medical Review Officer explain the laboratory findings to the employee and address the technical questions or issues the employee may raise in the verification interview? (49 CFR §40.145(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.05 | Does your Medical Review Officer offer the employee the opportunity to present a legitimate medical explanation for the laboratory findings for the presence of an adulterant or creatinine and specific gravity findings? (49 CFR §40.145(d)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.12.06 | Employee has the burden of proof that there is a legitimate medical explanation for an adulterated or substituted specimen: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.06.a | Does the employee demonstrate the adulterant entered the specimen through physiological means? (49 CFR §40.145(e)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.06.b | Does the employee demonstrate that he/she did produce or could have produced urine physiologically meeting the creatinine of less than 2 mg/dL and specific gravity of less than or equal to 1.001 or greater than or equal to 1.020 (substituted)? (49 CFR §40.145(e)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.06.c | Does the employee present information at the time of the verification interview (Medical Review Officer may extend up to 5 days)? (49 CFR §40.145(e)(3)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.07 | Does your Medical Review Officer exercise his/her best professional judgment in deciding whether the employee established a legitimate medical explanation for an adulterated or substituted specimen? (49 CFR §40.145(g)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.08 | Does your Medical Review Officer report the test to the designated employer representative (DER) as a verified refusal to test after determining that the employee's explanation does not have a reasonable basis for concluding that there may be a legitimate medical explanation? (49 CFR §40.145(g)(1)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.12.09 | If your Medical Review Officer (MRO) believes there is a legitimate medical explanation for an adulterated or substituted result, does your MRO: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.09.a | direct the employee to obtain, within a five-day period, further medical evaluation from a licensed physician, who is acceptable to the Medical Review Officer? (49 CFR §40.145(g)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.09.b | provide reasonable assistance to the employee, upon request, to find a physician for a further medical evaluation? (49 CFR §40.145(g)(2)(i)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.12.10 | When there may be a legitimate medical explanation for an adulterated or substituted result and the employee is directed to obtain a medical evaluation, does your Medical Review Officer: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.a | consult with the referral physician and provide guidance concerning his/her responsibilities under 49 CFR part 40? (49 CFR §40.145(g)(2)(ii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.b | advise the referral physician that the employee was required to take a Department of Transportation drug test and the laboratory reported the specimen as adulterated or substituted, which is treated as a refusal to test? (49 CFR §40.145(g)(2)(ii)(A)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.c | advise the referral physician of the consequences for refusing to take the required drug test under FAA regulations? (49 CFR §40.145(g)(2)(ii)(B)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.d | ensure the referral physician agrees to follow the requirements of 49 CFR part 40? (49 CFR §40.145(g)(2)(ii)(C)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.e | obtain a signed statement of the referral physician's recommendations? (49 CFR §40.145(g)(2)(ii)(D)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.11 | Does the referral physician evaluate the employee and consider any evidence the employee presented concerning the employee's medical explanation for an adulterated or substituted result? (49 CFR §40.145(g)(3)) |
| Yes | No | N/A | | |
| | | | 4.12.12 | Referral physician MAY conduct additional tests to determine whether there was a legitimate medical explanation. Any additional urine tests must be performed in a U.S. Department of Health and Human Services certified laboratory. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.13 | Does the referral physician make a written recommendation to the Medical Review Officer (MRO) about whether the MRO should determine that there is a legitimate medical explanation? (49 CFR §40.145(g)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.14 | Does your Medical Review Officer cancel the test after determining the employee had a legitimate medical explanation? (49 CFR §40.145(g)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.15 | Does your Medical Review Officer inform the Office of Drug and Alcohol Policy and Compliance in writing that the test was cancelled and the basis for the cancellation based on the determination that the employee had a legitimate medical explanation? (49 CFR §40.145(g)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.16 | Does your Medical Review Officer (MRO) report the test to the designated employer representative (DER) as a verified refusal to test because of an adulteration or substitution when the MRO determines there is not a legitimate medical explanation? (49 CFR §40.145(g)(6)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.13 Changing a Verified Result or Refusal

4.13.01 Does your Medical Review Officer change a verified positive drug test or refusal to test result only in the following situations:

☐ ☐ ☐ 4.13.01.a when he/she reopens a verification that was completed
Yes No N/A without an interview with an employee? (49 CFR §40.149(a) (1))

☐ ☐ ☐ 4.13.01.b when he/she receives information, not available at the
Yes No N/A time of the original verification, demonstrating that the laboratory made an error in identifying or testing the employee's primary or split specimen? (49 CFR §40.149(a) (2))

☐ ☐ ☐ 4.13.01.c when he/she receives information that could not be
Yes No N/A provided at the time of the decision that shows a legitimate medical explanation for the presence of drug(s) or metabolite(s), within 60 days of the original decision? (49 CFR §40.149(a) (3) (i))

☐ ☐ ☐ 4.13.01.d when he/she receives credible new or additional evidence
Yes No N/A that a legitimate medical explanation for an adulterated or substituted result exists, within 60 days of the original decision? (49 CFR §40.149(a) (3) (ii))

☐ ☐ ☐ 4.13.01.e when an administrative error was made by the Medical
Yes No N/A Review Officer and the incorrect result was reported? (49 CFR §40.149(a) (5))

☐ ☐ ☐ 4.13.02 Does your Medical Review Officer immediately contact the
Yes No N/A designated employer representative (DER) in writing when he/she changes a test result? (49 CFR §40.149(b))

☐ ☐ ☐ 4.13.03 Is your Medical Review Officer the only person
Yes No N/A permitted to change a verified test result? He/she has the sole authority to make medical determinations leading to positive test. (49 CFR §40.149(c))

4.0 Medical Review Officer

4.14 Prohibitions During the Verification Process

- | | | |
|--------------------------|--------------------------|---|
| | 4.14.01 | Does your Medical Review Officer steer clear of considering the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.a | evidence from tests of urine samples or other body fluids or tissues not collected or tested in accordance with 49 CFR part 40? (49 CFR §40.151(a)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.b | making decisions about factual disputes between the employee and the collector concerning matters occurring at the collection site that are not reflected on the Federal Drug Testing Custody and Control Form? (49 CFR §40.151(b)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.c | whether the employer should have directed that test to occur? (49 CFR §40.151(b)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.d | explanations of a confirmed positive, adulterated, or substituted test results that would not, even if true, constitute a legitimate medical explanation? (49 CFR §40.151(d)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.e | information that a physician recommended the employee use drugs listed in Schedule I of the Controlled Substances Act? (49 CFR §40.151(e)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.f | assertions of consumption or other use of hemp or other non-prescription marijuana-related product as a basis for verifying a marijuana test negative? (49 CFR §40.151(f)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.g | explanations related to the consumption of coca teas as a basis for verifying a cocaine test result negative? (49 CFR §40.151(f)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.h | assertions that there is a legitimate medical explanation for the presence of PCP or 6-AM in the specimen? (49 CFR §40.151(g)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.i | explanations for adulterated specimen, assertion that soap, bleach, or glutaraldehyde entered a specimen through physiological means? (49 CFR §40.151(h)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.14.01.j | explanations for substituted specimen, assertion that the employee can produce urine with no detectable creatinine? (49 CFR §40.151(i)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |

4.0 Medical Review Officer

4.15 Split Specimen Testing

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.01 | Does your Medical Review Officer (MRO) notify the employee of his/her right to have the split specimen tested when the MRO verifies the drug test as positive for a drug or a drug metabolite, or as a refusal to test because of adulteration or substitution? (49 CFR §40.153(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.02 | Does your Medical Review Officer notify the employee of the procedures for requesting the test of the split specimen? (49 CFR §40.153(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.03 | Does your Medical Review Officer (MRO) inform the employee that he/she has 72 hours from the MRO's notification to request the test of the split specimen? (49 CFR §40.153(b) and 49 CFR §40.171(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.04 | Does your Medical Review Officer tell the employee how to contact him/her and provide the telephone numbers or other information that will allow the employee to request the test of the split specimen? (49 CFR §40.153(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.05 | Does your Medical Review Officer have the ability to receive the employee's calls at all times during the 72 hour period allowed to request the test of the split specimen? (49 CFR §40.153(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.06 | Does your Medical Review Officer tell the employee that if he/she requests the testing of the split specimen within 72 hours, the employer must ensure that the test takes place, and the employee is not required to pay for the test before the test takes place? (49 CFR §40.153(d) and 49 CFR §40.173(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.07 | Does your Medical Review Officer tell the employee that you (the employer) may seek reimbursement for the cost of the test? (49 CFR §40.153(d) and 49 CFR §40.173(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.08 | Does your Medical Review Officer tell the employee that additional tests of the split specimen are not authorized? (49 CFR §40.153(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.09 | Does your Medical Review Officer refrain from delaying the verification of the primary test result following the request for the split specimen test unless the delay is based on reasons other than the pending split specimen test result? (14 CFR part 121, Appendix I, VII, A) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.10 | Does your Medical Review Officer (MRO) consider the information presented that the employee was unable to request the split specimen testing within 72 hours, due to serious injury, illness, lack of notice of verified positive, inability to contact the MRO, or other unavoidable circumstances? (49 CFR 40.171(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.11 | If the Medical Review Officer (MRO) concludes that there is a legitimate reason to have the split specimen tested after 72 hours, does your MRO direct the split be tested? (49 CFR 40.171(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.12 | When the employee makes a timely request for the split specimen testing, does your Medical Review Officer document the date and time of the employee's request and immediately provide the written notice to the laboratory that tested the primary specimen, to forward the split to a second U.S. Department of Health and Human Services certified laboratory? (49 CFR 40.171(c)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.15.13 | Does your Medical Review Officer take the following actions when the split specimen laboratory reports the following results of split specimen tests: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.a | reconfirmed - report the reconfirmation of a positive result or reconfirmation of an adulterated or substituted result as a refusal to test to the designated employer representative (DER) and the employee? (49 CFR §40.187(a)(1-2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.b | "failed to Reconfirmed: Substituted result" - primary specimen's creatinine concentration was less than 2 mg/dL, the split specimen is between 2 and 5 mg/dL - result is reported as a "dilute" (immediate recollection is directed)? (49 CFR §40.187(a)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.c | "failed to Reconfirm: Drug/Drug Metabolite Not Detected" - report to the designated employer representative (DER) and the employee that both tests must be cancelled? (49 CFR §40.187(b)(1) and 49 CFR §40.201(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.d | "failed to Reconfirm: Drug/Drug Metabolite Not Detected" - report to the Office of Drug and Alcohol Policy and Compliance using the format in Appendix D? (49 CFR §40.187(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.e | "failed to Reconfirm: Adulteration or Substitution Criteria Not Met" - report to the designated employer representative (DER) and the employee that both tests must be cancelled? (49 CFR §40.187(c)(1) and 49 CFR §40.201(d)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.f | "failed to Reconfirm: Adulteration or Substitution Criteria Not Met" - report to the Office of Drug and Alcohol Policy and Compliance using the format in Appendix D? (49 CFR §40.187(c)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.g | "failed to Reconfirm: Specimen Not Available for Testing" - report to the designated employer representative (DER) and the employee that both tests must be cancelled and the reason for the cancellation? (49 CFR §40.187(d)(1) and 49 CFR §40.201(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.h | direct the designated employer representative (DER) to collect another specimen from the employee under direct observation, with no notice until immediately before collection, if the test was cancelled because the split specimen was not available? (49 CFR §40.187(d)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.i | notify the Office of Drug and Alcohol Policy and Compliance of the failure to reconfirm because the split specimen was not available for testing, using the format in Appendix D? (49 CFR §40.187(d)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.j | "failed to Reconfirm: Specimen Results Invalid" - report to the designated employer representative (DER) and the employee that both tests must be cancelled and the reason for cancellation? (49 CFR §40.187(e)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.k | direct the designated employer representative (DER) to collect another specimen from the employee under direct observation, with no notice until immediately before the collection, if the test was cancelled because the split specimen result was invalid? (49 CFR §40.187(e)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.l | notify the Office of Drug and Alcohol Policy and Compliance of failure to reconfirm because the split specimen was invalid, using the format in Appendix D? (49 CFR §40.187(e)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.m | "failed to Reconfirm: Split Specimen Adulterated" - inform the employee that the laboratory has determined that his/her split specimen is adulterated? (49 CFR §40.187(f)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.n | determine, under the regulation, if there is a legitimate medical explanation for the laboratory finding when the split specimen fails to reconfirm due to adulteration? (49 CFR §40.187(f)(2)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.o | report to the designated employer representative (DER) and the employee that the test is cancelled, if the determination was made that there is a legitimate medical explanation for the adulterated split specimen test result? (49 CFR §40.187(f)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.p | report the cancelled test to the Office of Drug and Alcohol Policy and Compliance using the format in Appendix D, if the determination is made that there is a legitimate medical explanation for the adulterated split specimen test result? (49 CFR §40.187(f)(3)) |
| Yes | No | N/A | | |
| | | | 4.15.14 | If your Medical Review Officer determines that there is not a legitimate medical explanation for the adulterated split specimen test result, does he/she take the following steps: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.a | report the test to the designated employer representative (DER) and the employee as a verified refusal to test? (49 CFR §40.187(f)(4)(i)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.b | inform the employee that he/she has 72 hours to request a test of the primary specimen for the presence of the adulterant? (49 CFR §40.187(f)(4)(i)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.c | report the test result as a refusal if the test of the primary specimen reconfirms the adulteration finding of the split specimen? (49 CFR §40.187(f)(4)(iv)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.d | cancel the test if the test of the primary specimen fails to reconfirm the adulteration finding of the split specimen? (49 CFR §40.187(f)(4)(v)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.e | enter name, sign, and date Step 7 of Copy 2 of the Federal Drug Testing Custody and Control Form after verifying the result of the split specimen? (49 CFR §40.187(g)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.f | send a legible copy of Copy 2 of the Federal Drug Testing Custody and Control Form, or a signed and dated letter, to the employer, and keep a copy for his/her records? (49 CFR §40.187(h)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.g | transmit verified positive test results or refusals to test or results requiring an immediate directly observed collection on the same day or next business day? (the designated employer representative (DER) to receive within 2 business days all other verified tests results.) (49 CFR §40.187(h) and 49 CFR §40.167 (b) & (c)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer**4.16 Dilute - Negative or Positive Test Results**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.16.01 | Does your Medical Review Officer report to the designated employer representative (DER) that the specimen, in addition to being negative or positive, was dilute (includes specimens reported by the laboratory as substituted with a creatinine concentration of greater than or equal to 2 mg/dL)? (49 CFR §40.155(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.16.02 | Does your Medical Review Officer check the "Dilute" box on Copy 2 of the Federal Drug Testing Custody and Control Form? |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.16.03 | Does your Medical Review Officer (MRO) explain to the designated employer representative (DER) the employer's obligations and choices when the MRO reports a dilute specimen to the DER? (49 CFR §40.155(c)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.17 Invalid Test Results

- | | | |
|--------------------------|--------------------------|---|
| | 4.17.01 | When the laboratory reports that the test result is invalid, does your Medical Review Officer: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.17.01.a | discuss the laboratory results with the certifying scientist to obtain more specific information? (49 CFR §40.159(a)(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.17.01.b | contact the employee and inform the employee that the specimen was invalid or contained an unexplained interfering substance? (49 CFR §40.159(a)(2)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.17.01.c | explain the limits of disclosure then inquire as to the medications the employee may have taken that may interfere with some immunoassay tests? (49 CFR §40.159(a)(3)) |
| | 4.17.02 | If the employee provides an acceptable explanation, does your Medical Review Officer: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.17.02.a | place a check mark in the "Test Cancelled" box (Step 6) on Copy 2 of the Federal Drug Testing Custody and Control Form and enter "Invalid Result" and "Direct observation collection not required" in the "Remarks" line? (49 CFR §40.159(a)(4)(i)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.17.02.b | report to the designated employer representative (DER) that the test is cancelled, the reason for the cancellation, and that no further action is required unless a negative test result is required? (49 CFR §40.159(a)(4)(ii)) |
| | 4.17.03 | If the employee is unable to provide an explanation and/or a valid prescription for a medication that interfered with the immunoassay test but denies having adulterated the specimen, does your Medical Review Officer: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.17.03.a | place a check mark in the "Test Cancelled" box (Step 6) on Copy 2 of the Federal Drug Testing Custody and Control Form and enter "Invalid Result" and "Direct observation collection required" in the "Remarks" line? (49 CFR §40.159(a)(5)(i)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 4.17.03.b | report to the designated employer representative (DER) that the test was cancelled, the reason for the cancellation, and that a second test must take place immediately under direct observation? (49 CFR §40.159(a)(5)(ii)) |

4.0 Medical Review Officer

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.17.03.c | instruct the employer to ensure that the employee has the minimum possible advance notice that the employee must go to collection site for a second collection? (49 CFR §40.159(a) (5) (iii)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.17.04 | Does your Medical Review Officer only report an invalid test result when in possession of a legible copy of Copy 1 of Federal Drug Testing Custody and Control Form (CCF), and a legible copy of Copy 2 of the CCF or any other copy of the CCF containing the employee's signature? (49 CFR §40.159(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.17.05 | Does your Medical Review Officer write and sign his/her own statement of what the employee told him/her on the same day that the employee admitted to having an adulterated or substituted specimen? (49 CFR §40.159(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.17.06 | Does the Medical Review Officer report the test as a refusal when the employee admits to having an adulterated or substituted a specimen? (49 CFR §40.159(c)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer**4.18 Specimen Rejected for Testing**

4.18.01 When the laboratory reports that the specimen was rejected for testing, does your Medical Review Officer:

☐ ☐ ☐ 4.18.01.a place a check mark in the "Test Cancelled" box (Step 6)
Yes No N/A on Copy 2 of the Federal Drug Testing Custody and
Control Form and enter the reason in the "Remarks" line?
(49 CFR §40.161(a))

☐ ☐ ☐ 4.18.01.b report to the designated employer representative (DER)
Yes No N/A that the test is cancelled, the reason for the
cancellation, and that no further action is required
unless a negative test is required? (49 CFR §40.161(b))

☐ ☐ ☐ 4.18.01.c have in his/her possession a legible copy of Copy 1 of
Yes No N/A the Federal Drug Testing Custody and Control Form (CCF),
and a legible copy of Copy 2 of the CCF or any other
copy of the CCF containing the employee's signature?
(49 CFR §40.161(c))

4.0 Medical Review Officer

4.19 Reporting Drug Test Results

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.01 | Does your Medical Review Officer report all drug test results to you? (49 CFR §40.163(a)) |
| Yes | No | N/A | | |
| | | | 4.19.02 | The Medical Review Officer MAY use a signed or stamped and dated legible photocopy of Copy 2 of the Federal Drug Testing Custody and Control Form to report test results. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.03 | If your Medical Review Officer does not report test results using Copy 2 of the Federal Drug Testing Custody and Control Form, does he/she provide a written report for each test result? (49 CFR §40.163(c)) |
| Yes | No | N/A | | |
| | | | 4.19.04 | Does your Medical Review Officer's written report contain the following information: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.a | the full name of the employee tested, as indicated on the Federal Drug Testing Custody and Control Form? (49 CFR §40.163(c)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.b | the specimen ID number from the Federal Drug Testing Custody and Control Form and the donor's Social Security Number or employee ID number? (49 CFR §40.163(c)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.c | the reason for the test as indicated on the Federal Drug Testing Custody and Control Form? (49 CFR §40.163(c)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.d | the date of the collection? (49 CFR §40.163(c)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.e | the date that the Medical Review Officer received Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.163(c)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.f | the result of the test and the date the result was verified by the Medical Review Officer? (49 CFR §40.163(c)(6)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.g | the drug(s)/metabolite(s) for which the test was positive? (49 CFR §40.163(c)(7)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.h | the reason for the cancellation (if applicable)? (49 CFR §40.163(c)(8)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.i | the reason for the refusal determination (if applicable)? (49 CFR §40.163(c)(9)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

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|--|-----------|--|
| | 4.19.05 | The Medical Review Officer (MRO) MAY report negative results using an electronic data file. If this type of reporting is used, did your MRO include the following information: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4.19.05.a | all of the information required in the written report?
(49 CFR §40.163(d)(1)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4.19.05.b | the Medical Review Officer's (MRO) name, address, telephone number, the name of any person other than the MRO reporting the results, and the date the electronic report is released? (49 CFR §40.163(d)(2)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4.19.06 | Does your Medical Review Officer maintain in his/her records a signed or stamped and dated copy of Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.163(e)) Or: |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4.19.06.a | a copy of a signed or stamped and dated letter in addition to a signed or stamped and dated Copy 2 of the Federal Drug Testing Custody and Control Form in his/her records? (49 CFR §40.163(e)) Or: |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4.19.06.b | a retrievable copy of the report sent to the employer electronically, in a format suitable for inspection and auditing? (49 CFR §40.163(e)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4.19.07 | Does your Medical Review Officer refrain from using Copy 1 of the Federal Drug Testing Custody and Control Form to report drug test results? (49 CFR §40.163 (f) & (g)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4.19.08 | Does your Medical Review Officer refrain from providing quantitative values to the designated employer representative (DER) or to the Consortium/Third-Party Administrator for drug or validity test results? (49 CFR §40.163 (f) & (g)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4.19.09 | Does your Medical Review Officer (MRO) provide test information in his/her possession to the Substance Abuse Professional who consults with the MRO? (49 CFR §40.163(g)) |
| Yes No N/A | | |

4.0 Medical Review Officer**4.20 Who Receives Drug Test Results?**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.20.01 | Does your Medical Review Officer report all drug test results to the designated employer representative (DER) except for those cases in 49 CFR §40.345? (49 CFR §40.165(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.20.02 | If you have elected for a Consortium/Third-Party Administrator (C/TPA) to act as an intermediary, does your Medical Review Officer report all drug test results through the C/TPA? (49 CFR §40.165(b)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.21 How Drug Results are Transmitted

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.01 | Does your Medical Review Officer or Consortium/Third-Party Administrator report the drug test results in a confidential manner? (49 CFR §40.167(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.02 | Does your Medical Review Officer (MRO) or Consortium/Third-Party Administrator transmit all verified positive results, results requiring immediate collection under direct observation, adulterated or substituted specimen results, and other refusals to test to the designated employer representative (DER) on the same day that the MRO verifies the result or the next business day? |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.03 | Does your Medical Review Officer or Consortium/Third-Party Administrator identify himself/herself to the designated employer representative (DER) when direct phone contact is used for immediate reporting (follow-up documentation required)? (49 CFR §40.167(b)(1)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.04 | Does your Medical Review Officer or Consortium/Third-Party Administrator have a means to confirm their identification when making a phone contact? (49 CFR §40.167(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.05 | Does your Medical Review Officer's report that is transmitted to you (the employer) contain all of the required information? (49 CFR §40.167(b)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.06 | Is your Medical Review Officer's (MRO) report of verified negative tests (legible image or copy of either signed/stamped and dated Copy 2 or written report) faxed, couriered, mailed, or electronically transmitted (computer data file does not require an image of Copy 2 or the written report) to the designated employer representative (DER) within two days of verification by the MRO? (49 CFR §40.167(c)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.07 | In transmitting test results, do you, your Medical Review Officer, and your Consortium/Third-Party Administrator ensure the security of the transmission and limit access to any transmission, storage, or retrieval systems? (49 CFR §40.167(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.08 | Is your Medical Review Officer the only person who modifies or changes his/her reports? (49 CFR §40.167(e)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.22 Shy Bladder Situations

4.22.01 Does your Medical Review Officer provide the referral physician with the following information and instructions when an employee is unable to provide a sufficient amount of urine for a drug test:

☐ ☐ ☐
Yes No N/A

4.22.01.a the employee was required to take a Department of Transportation test but was unable to provide a sufficient amount of urine to complete the required test? (49 CFR §40.193(c)(1)(i))

☐ ☐ ☐
Yes No N/A

4.22.01.b the consequences for refusing to take the test? (49 CFR §40.193(c)(1)(ii))

☐ ☐ ☐
Yes No N/A

4.22.01.c the physician must agree to follow the regulatory requirements? (49 CFR §40.193(c)(1)(iii))

4.22.02 Does the referral physician recommend that your Medical Review Officer make one of the following determinations:

☐ ☐ ☐
Yes No N/A

4.22.02.a that the medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine? (49 CFR §40.193(d)(1) and 49 CFR §40.201(f))

☐ ☐ ☐
Yes No N/A

4.22.02.b that a medical condition existed? Your Medical Review Officer must check the "Test Cancelled" box on the Federal Drug Testing Custody and Control Form (CCF) (Step 6) and sign and date the CCF. (49 CFR §40.193(d)(1)(i) & (ii))

☐ ☐ ☐
Yes No N/A

4.22.02.c that there is no adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine? (49 CFR §40.193(d)(2))

☐ ☐ ☐
Yes No N/A

4.22.02.d that no medical condition exists? Your Medical Review Officer must check the "Refusal to test because" box (Step 6) on the Federal Drug Testing Custody and Control Form (CCF), enter the reason in the "Remarks" line and sign and date the CCF. (49 CFR §40.193(d)(2)(i) & (ii))

☐ ☐ ☐
Yes No N/A

4.22.02.e that a medical condition includes either an ascertainable physiological condition or a medically documented pre-existing psychological disorder? (49 CFR §40.193(e))

4.0 Medical Review Officer

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.22.03 | Does the referral physician provide a written statement of recommendations and the basis for them to your Medical Review Officer? (49 CFR §40.193(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.22.04 | Does the referral physician refrain from including detailed information on the employee's medical condition beyond what is necessary to explain the conclusion? (49 CFR §40.193(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.22.05 | If the test was a pre-employment drug test, and the referral physician determines that the employee's condition is a serious, permanent or long-term disability, does the referral physician set forth the determination and the reasons for it in written statement to the Medical Review Officer (MRO)? The MRO must then follow the procedures of 49 CFR §40.195. (49 CFR §40.193(g)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.22.06 | Does your Medical Review Officer consider the referral physician's recommendation, make a determination of whether or not the employee has a medical condition that prevented sufficient urination, and report that determination immediately to the designated employer representative (DER) in writing? (49 CFR §40.193(h)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.23 Shy Bladder - Pre-employment and Return-to-Duty

4.23.01 If the employee has a medical condition that precludes him/her from providing a sufficient specimen for a pre-employment, follow-up, or return-to-duty test and the condition involves a permanent or long-term disability:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.23.01.a | does your Medical Review Officer determine if there is clinical evidence that the individual is a drug user by conducting a medical evaluation and consulting with the employee's referral physician who conducted the evaluation? (49 CFR §40.195(a)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.23.01.b | does your Medical Review Officer (MRO) ensure that a medical evaluation is conducted by a licensed physician acceptable to the MRO, if not conducted by the MRO? (49 CFR §40.195(a)(2)) |
| Yes | No | N/A | | |
| | | | 4.23.01.c | The Medical Review Officer or physician conducting the evaluation MAY conduct an alternative test as part of medically appropriate procedures in determining clinical evidence of drug use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.23.01.d | If the medical evaluation reveals no clinical evidence of drug use, does your Medical Review Officer report the result to you as a negative test with written notations regarding the results of both the evaluation and any further medical examination and stating that a permanent or long term condition exists making it impossible for the employee to provide a sufficient specimen? (49 CFR §40.195(b)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.23.02 | When a medical evaluation reveals no clinical evidence of drug use, does your Medical Review Officer check the "Negative" box (Step 6) on the Federal Drug Testing Custody and Control Form (CCF) and sign and date the CCF? (49 CFR §40.195 (b)(1) & (2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.23.03 | If a medical evaluation reveals clinical evidence of drug use, does your Medical Review Officer report the result to the employer as a cancelled test with written notations regarding the results of both the evaluation and any further medical examination? Report must state that a permanent or long-term medical condition exists, making provision of sufficient specimen impossible, and state the reason for the determination that signs and symptoms of drug use exist. (49 CFR §40.195(c)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer**4.24 Fatal Flaws Reported from Laboratory**

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.24.01 | Does your Medical Review Officer cancel all tests reported by the laboratory as "Rejected for Testing" because of a fatal flaw? (49 CFR §40.199(a)) |
| Yes | No | N/A | | |
| | | | 4.24.02 | The following are fatal flaws: |
| | | | 4.24.02.a | no printed collector's name and signature. |
| | | | 4.24.02.b | the specimen ID number on the specimen bottle and the Federal Drug Testing Custody and Control Form do not match. |
| | | | 4.24.02.c | the specimen bottle seal was broken or shows evidence of tampering (and a split specimen cannot be re-designated.) |
| | | | 4.24.02.d | there is an insufficient amount of urine in the primary specimen bottle due to leakage and the specimen cannot be re-designated. |

4.0 Medical Review Officer**4.25 Correctable Flaws**

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.01 | If the laboratory is unable to correct a correctable flaw, does the laboratory report the specimen as "Rejected for Testing"? (49 CFR §40.203(a)) |
| Yes | No | N/A | | |
| | | | 4.25.01.a | Collector's signature omitted on the Federal Drug Testing Custody and Control Form certification statement is a correctable flaw. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.02 | If your Medical Review Officer (MRO) discovers a "correctable flaw" during the review of the Federal Drug Testing Custody and Control Form, does your MRO cancel the test if the flaw is not corrected? (49 CFR §40.203(c) and 49 CFR §40.205(c)) |
| Yes | No | N/A | | |
| | | | 4.25.03 | Does your Medical Review Officer attempt to correct the following flaws: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.03.a | the employee's signature was omitted from the certification statement (unless the employee's failure or refusal to sign was noted in the "Remarks" line)? (49 CFR §40.203(d) (1) and 49 CFR §40.205(b) (1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.03.b | the certifying scientist's signature was omitted on the laboratory copy of the Federal Drug Testing Custody and Control Form for a positive, adulterated, substituted, or invalid test result? (49 CFR §40.203(d) (2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.03.c | the collector used a non-Federal or an expired Federal form? (The collection and testing process was conducted in accordance with Department of Transportation (DOT) procedures in a U.S. Department of Health and Human Services certified laboratory following DOT initial and confirmation test criteria.) (49 CFR §40.203(d) (3) and 49 CFR §40.205(b) (2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.04 | Does your Medical Review Officer receive a correction statement on the same business day that the information was requested (via fax or courier)? (49 CFR §40.205(b) (1) & (2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.05 | Does your Medical Review Officer maintain written documentation of the correction with the Federal Drug Testing Custody and Control Form? (49 CFR §40.205(b) (3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.06 | Does your Medical Review Officer mark the Federal Drug Testing Custody and Control Form so that it is obvious that the flaw was corrected? (49 CFR §40.205(b) (4)) |
| Yes | No | N/A | | |

4.0 Medical Review Officer

4.26 Procedural Problems Not Sufficient to Cancel a Test

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.26.01 | Does your Medical Review Officer document any known errors in the testing process? (49 CFR §40.209(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.26.02 | Does your Medical Review Officer refrain from cancelling any tests based on errors not having a significant adverse effect on the right of the employee to a fair and accurate test? Tests must not be cancelled based on: |
| Yes | No | N/A | | |
| | | | | |
| | | | 4.26.02.a | a minor administrative mistake (e.g., the omission of the employee's middle initial, and a transposition of numbers in the employee's Social Security Number.) |
| | | | | |
| | | | 4.26.02.b | an error that does not affect the employee protections (such as no bluing in the toilet.) |
| | | | | |
| | | | 4.26.02.c | the collection of the specimen by a collector who has not met the training requirements. |
| | | | | |
| | | | 4.26.02.d | a delay in the collection process. |
| | | | | |
| | | | 4.26.02.e | a verification of a result by a Medical Review Officer having basic qualification credentials but not meeting training requirements. |
| | | | | |
| | | | 4.26.02.f | the failure to directly observe/monitor the collection that should have been observed/monitored or collection that was observed/monitored when it should not have been. |
| | | | | |
| | | | 4.26.02.g | a test that was conducted in a facility that did not meet requirements of 49 CFR §40.41. |
| | | | | |
| | | | 4.26.02.h | the specific name of the courier on the Federal Drug Testing Custody and Control Form was omitted or was erroneous. |
| | | | | |
| | | | 4.26.02.i | the personal identifying information was inadvertently contained on the Federal Drug Testing Custody and Control Form (e.g., employee signs his/her name on the laboratory copy.) |
| | | | | |
| | | | 4.26.02.j | a claim that the employee was improperly selected for testing. |

4.0 Medical Review Officer**4.27 Information Released to Employees**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.27.01	Does your Medical Review Officer release to the
Yes	No	N/A		employee, within 10 business days of receiving a written
				request, copies of any records pertaining to the
				employee's use of drugs, including records of the
				employee's Department of Transportation mandated drug
				tests? (49 CFR §40.329(a))

5.0 Substance Abuse Professional

5.01 Substance Abuse Professional (SAP) Qualifications

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.01 | Is the Substance Abuse Professional a licensed physician, licensed or certified social worker, licensed or certified psychologist, licensed or certified employee assistance professional, or a certified drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC)? (49 CFR §40.281(a) (1) (2) (3) (4) (5)) |
| Yes | No | N/A | | |
| | | | 5.01.02 | Is the Substance Abuse Professional knowledgeable about: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.02.a | clinical experience in the diagnosis and the treatment of alcohol and controlled substances-related disorders? (49 CFR §40.281(b) (1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.02.b | Substance Abuse Professional functions relating to your interests in safety-sensitive duties? (49 CFR §40.281(b) (2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.02.c | current information concerning 49 CFR part 40, applicable Department of Transportation (DOT) agency regulations, and DOT Substance Abuse Professional guidelines? (49 CFR §40.281(b) (3)) |
| Yes | No | N/A | | |
| | | | 5.01.03 | Has the Substance Abuse Professional received qualification training that provides instruction on: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.a | background, rationale, and coverage of Department of Transportation's drug and alcohol testing program? (49 CFR §40.281(c) (1) (i)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.b | 49 CFR part 40 and the FAA drug and alcohol regulations? (49 CFR §40.281(c) (1) (ii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.c | key Department of Transportation drug testing requirements (collections, laboratory testing, Medical Review Officer review, and problems in drug testing)? (49 CFR §40.281(c) (1) (iii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.d | key Department of Transportation alcohol testing requirements (testing process, role of breath alcohol technician / screening test technician, and problems in alcohol testing)? (49 CFR §40.281(c) (1) (iv)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.e | Substance Abuse Professional qualification requirements and prohibitions? (49 CFR §40.281(c) (1) (v)) |
| Yes | No | N/A | | |

5.0 Substance Abuse Professional

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.f | role of the Substance Abuse Professional in the return to duty process, including initial employee evaluation, referrals for education and treatment, follow-up evaluation, continuing treatment recommendations, and follow-up testing plans? (49 CFR §40.281(c)(1)(vi)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.g | Substance Abuse Professional consultation and communication with employers, Medical Review Officers, and treatment providers? (49 CFR §40.281(c)(1)(vii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.h | reporting and recordkeeping requirements? (49 CFR §40.281(c)(1)(viii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.i | issues that Substance Abuse Professionals confront in carrying out their duties under the program? (49 CFR §40.281(c)(1)(ix)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.04 | Did the Substance Abuse Professional satisfactorily complete an examination (which comprehensively covers all elements of qualification training) administered by a nationally recognized professional or training organization? (49 CFR §40.281(c)(2)) |
| Yes | No | N/A | | |
| | | | 5.01.05 | Did the Substance Abuse Professional meet the following schedule for qualification training: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.05.a | if your Substance Abuse Professional (SAP) became a SAP before August 1, 2001, did he/she met the qualification training requirement no later than December 31, 2003? (49 CFR §40.281(c)(3)(i)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.05.b | if your Substance Abuse Professional (SAP) became a SAP before August 2, 2001 and December 31, 2003, did he/she met the qualification training requirement no later than December 31, 2003? (49 CFR §40.281(c)(3)(ii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.05.c | if your Substance Abuse Professional (SAP) became a SAP on or after January 1, 2004, did he/she met the qualification training requirement before he/she began to perform SAP functions? (49 CFR §40.281(c)(3)(iii)) |
| Yes | No | N/A | | |
| | | | 5.01.06 | During each three-year period following the completion of initial examination, does the Substance Abuse Professional receive continuing education, which includes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.06.a | at least 12 professional development hours relevant to performing Substance Abuse Professional functions? (49 CFR §40.281(d)) |
| Yes | No | N/A | | |

5.0 Substance Abuse Professional

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.06.b | new technologies, interpretations, recent guidance, rule changes and other information about developments in Substance Abuse Professional practice pertaining to the Department of Transportation program? (49 CFR §40.281(d)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.06.c | documentable assessment tools to assist in determining whether the Substance Abuse Professional adequately learned the material? (49 CFR §40.281(d)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.07 | Does the Substance Abuse Professional maintain documentation of his/her training and education? (49 CFR §40.281(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.08 | Does the Substance Abuse Professional (SAP) provide documentation of training on request to Department of Transportation agencies, employers, and Consortium/Third-Party Administrators that are using or contemplating using that SAP's services? (49 CFR §40.281(e)) |
| Yes | No | N/A | | |

5.0 Substance Abuse Professional

5.02 Evaluation, Referral, and Treatment Process

5.02.01 In the evaluation, referral, and treatment process for an employee who violated Department of Transportation drug and alcohol testing regulations, does the Substance Abuse Professional:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.a | make face-to-face clinical assessments and evaluations to determine what assistance is needed? (49 CFR §40.291(a)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.b | refer the employee to an appropriate education and/or treatment program? (49 CFR §40.291(a)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.c | conduct face-to-face follow-up evaluations to determine compliance with initial recommendations? (49 CFR §40.291(a)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.d | provide the designated employer representative (DER) with a follow-up drug and/or alcohol testing plan on the employee? (49 CFR §40.291(a)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.e | provide you (the employer) and the employee with recommendations for continuing education and/or treatment? (49 CFR §40.291(a)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.f | Does the Substance Abuse Professional protect the public interest in safety by professionally evaluating the employee and recommending appropriate education/treatment, follow-up tests, and aftercare? (49 CFR §40.291(b)) |
| Yes | No | N/A | | |

5.0 Substance Abuse Professional

5.03 Substance Abuse Professional's Initial Evaluation

- | | | |
|--------------------------|--------------------------|--|
| | 5.03.01 | In conducting the initial evaluation of the employee, does the Substance Abuse Professional: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 5.03.01.a | provide a comprehensive face-to-face assessment and clinical evaluation? (49 CFR §40.293(a)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 5.03.01.b | recommend a course of education and/or treatment for every employee/applicant who violated Department of Transportation drug and alcohol regulations? (49 CFR §40.293(b)(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 5.03.01.c | Does the Substance Abuse Professional recommend education and/or treatment that protects the public safety if the employee is returned to the performance of a safety-sensitive function? (49 CFR §40.293(b)(2)) |
| | 5.03.01.d | Appropriate education MAY be self-help groups and community lectures where attendance can be independently verified, and bona fide drug and alcohol education courses. |
| | 5.03.01.e | Appropriate treatment MAY be in-patient hospitalization, partial in-patient treatment, out-patient counseling programs, and aftercare. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 5.03.02 | Does the Substance Abuse Professional provide a written report to the designated employer representative (DER) of specific recommendations for assistance for each employee who violated Department of Transportation drug and alcohol regulations? (49 CFR §40.293(e)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 5.03.03 | Does the Substance Abuse Professional assume that a verified positive test result has conclusively established that the employee committed a violation of Department of Transportation drug and alcohol regulations? (49 CFR §40.293(f)) In determining a recommendation for assistance, does the Substance Abuse Professional refrain from considering: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 5.03.03.a | the employee's claim of an unjustified or inaccurate test? (49 CFR §40.293(f)(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A |
| | 5.03.03.b | the employee's attempt to mitigate the seriousness of the violation (with explanations such as use of hemp oil, medical marijuana, contact positives, poppy seed, job stress)? (49 CFR §40.293(f)(2)) |

5.0 Substance Abuse Professional

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.03.03.c | the Substance Abuse Professional's own personal opinions about the justification or rationale for drug and alcohol testing? (49 CFR §40.293(f)(3)) |
| Yes | No | N/A | | |
| | | | 5.03.04 | In cases of drug-related violations, the Substance Abuse Professional MAY consult with the Medical Review Officer without the employee's consent. |

5.0 Substance Abuse Professional**5.04 Changing the Substance Abuse Professional's Initial Evaluation**

5.04.01 No one other than the Substance Abuse Professional (SAP) who made the initial recommendation can modify the evaluation or recommendation for assistance; only the SAP who made the initial evaluation MAY modify his or her recommendation based on new or additional information.

☐ ☐ ☐ 5.04.02 Do you (the employer) refrain from relying on a second
Yes No N/A evaluation obtained by the employee? (49 CFR
§40.295(b))

5.0 Substance Abuse Professional

5.05 Role/Limit on the Substance Abuse Professional's Discretion in Referring

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.05.01 | Does the Substance Abuse Professional serve as a referral source to assist the employee's entry into an education/treatment program after recommending assistance? (49 CFR §40.299(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.05.02 | Does the Substance Abuse Professional refrain from referring employee to entities with which he/she is financially associated? (49 CFR §40.299(b)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 5.05.03 | There are four exceptions to the referral prohibitions. The Substance Abuse Professional (SAP) MAY refer an employee to any of the following, regardless of the SAP's relationship with them: |
| | | | | |
| | | | 5.05.03.a | A public agency operated by a state, county, or municipality. |
| | | | | |
| | | | 5.05.03.b | An employer or person or organization under contract to the employer to provide services. |
| | | | | |
| | | | 5.05.03.c | A sole source of therapeutically appropriate treatment under the employee's health insurance program; or |
| | | | | |
| | | | 5.05.03.d | A sole source of therapeutically appropriate treatment reasonably available to the employee. |

5.0 Substance Abuse Professional

5.06 Follow-up Evaluation

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.01 | Does the Substance Abuse Professional re-evaluate the employee to determine if the employee complied with the recommended education and/or treatment? (49 CFR §40.301(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.02 | Does the Substance Abuse Professional confer with or obtain appropriate documentation from the professionals where the employee was referred to for education and/or treatment? (49 CFR §40.301(b)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.03 | Does the Substance Abuse Professional conduct a face-to-face clinical interview with the employee to determine compliance with the initial recommendations? (49 CFR §40.301(b)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.04 | Does the Substance Abuse Professional provide a written report directly to the designated employer representative (DER) when the employee demonstrates successful compliance with the initial recommendations? (49 CFR §40.301(c)(1)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 5.06.05 | The Substance Abuse Professional MAY determine that the employee has demonstrated successful compliance even though the full regimen of education/treatment has not yet been completed or if the employee needs additional assistance. |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.06 | Does the Substance Abuse Professional provide a written report directly to the designated employer representative (DER) when the employee has not demonstrated successful compliance with the initial recommendations? (49 CFR §40.301(d)(1)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 5.06.07 | The Substance Abuse Professional MAY conduct additional follow-up evaluation(s) if doing so is consistent with the employee's progress and with the employer's policy and/or labor-management agreements. |
| | | | | |
| | | | 5.06.08 | The employer MAY take personnel action against an employee who has not demonstrated successful compliance with the Substance Abuse Professional's report. |

5.0 Substance Abuse Professional**5.07 Additional Treatment, Aftercare, or Support Group Services**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.07.01 | Does the Substance Abuse Professional provide |
| Yes | No | N/A | | recommendations in the follow-up evaluation report |
| | | | | indicating the employee needs ongoing assistance to |
| | | | | maintain sobriety or abstinence from drug use after the |
| | | | | employee returns to safety-sensitive functions? (49 CFR |
| | | | | \$40.303(a)) |
| | | | 5.07.02 | As part of the return-to-duty agreement with the |
| | | | | employee, the employer MAY require the employee to |
| | | | | participate in recommended services. |

5.0 Substance Abuse Professional**5.08 End of the Return-to-Duty Process**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.08.01 | Do you ensure the employee takes a return-to-duty test and receives a negative test result before performing safety-sensitive functions? The test cannot occur until the employee successfully complies with the education/treatment prescribed by the Substance Abuse Professional. (49 CFR §40.305(a) & (b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.08.02 | Does the Substance Abuse Professional refrain from making a "fitness for duty" determination? (49 CFR §40.305(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.08.03 | Does the Substance Abuse Professional refrain from deciding whether you (the employer) will put the employee back to work in a safety-sensitive function? (This is your decision.) (49 CFR §40.305(c)) |
| Yes | No | N/A | | |

5.0 Substance Abuse Professional

5.09 Follow-up Testing

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.01 | Does the Substance Abuse Professional establish a written follow-up testing plan, which must not be established until the employee has successfully complied with the recommended education and/or treatment? (49 CFR §40.307(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.02 | Does the Substance Abuse Professional present a copy of the written follow-up testing plan directly to the designated employer representative (DER)? (49 CFR §40.307(b) and 49 CFR §40.311(d)(9)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.03 | Does the Substance Abuse Professional determine the number and frequency of follow-up tests? (You must determine the actual dates of follow-up testing.) (49 CFR §40.307(c) and §40.307(d)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.04 | Does the Substance Abuse Professional determine whether follow-up testing should be for drugs, alcohol, or both? (49 CFR §40.307(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.05 | Does the Substance Abuse Professional (SAP) require a minimum of 6 tests in the first 12 months following the employee's return to a safety-sensitive function? (SAPs MAY require more follow-up testing during this period.) (49 CFR §40.307(d)(1)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 5.09.06 | Substance Abuse Professional MAY require follow-up tests during 48 months of safety-sensitive duty following first 12-month period. |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.07 | Does the Substance Abuse Professional refrain from establishing the actual dates for follow-up testing? (49 CFR §40.307(d)(3)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 5.09.08 | The Substance Abuse Professional MAY modify his/her own follow-up testing determination after the minimum 6 tests in the first 12 months have been conducted. |

5.0 Substance Abuse Professional

5.10 Substance Abuse Professional Reports

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.01 | Does the Substance Abuse Professional (SAP) send written reports directly to the designated employer representative (DER)? (The SAP MAY simultaneously forward the reports to the DER and Consortium/Third-Party Administrator, but the SAP must forward them directly to the DER.) (49 CFR §40.311(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02 | Is the Substance Abuse Professional's (SAP) initial evaluation report on the SAP's own letterhead, signed and dated by the SAP, and include: |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.a | the employee's name and Social Security Number? (49 CFR §40.311(c)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.b | the employer's name and address? (49 CFR §40.311(c)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.c | the reason for the assessment (the specific violation of Department of Transportation regulations and the violation date)? (49 CFR §40.311(c)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.d | the date(s) of the assessment? (49 CFR §40.311(c)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.e | the Substance Abuse Professional's education and/or treatment recommendation? (49 CFR §40.311(c)(5)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.f | the Substance Abuse Professional's telephone number? (49 CFR §40.311(c)(6)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03 | Is the Substance Abuse Professional's (SAP) written follow-up report that determined that the employee demonstrated successful compliance is on the SAP's own letterhead, signed and dated by the SAP, and include: |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.a | the employee's name and Social Security Number? (49 CFR §40.311(d)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.b | the employer's name and address? (49 CFR §40.311(d)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.c | the reason for the initial assessment (the specific violation of Department of Transportation regulations and the violation date)? (49 CFR §40.311(d)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.d | the date(s) of the initial assessment and synopsis of the treatment plan? (49 CFR §40.311(d)(4)) |
| Yes | No | N/A | | |

5.0 Substance Abuse Professional

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.e | the name of the practice or service providing the recommended education and/or treatment? (49 CFR §40.311(d)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.f | the inclusive dates of the employee's program participation? (49 CFR §40.311(d)(6)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.g | the clinical characterization of the employee's program participation? (49 CFR §40.311(d)(7)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.h | the Substance Abuse Professional's clinical determination as to whether the employee demonstrated successful compliance? (49 CFR §40.311(d)(8)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.i | the follow-up testing plan? (49 CFR §40.311(d)(9)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.j | the employee's continuing care needs with the specific treatment, aftercare, and/or support group services recommendations? (49 CFR §40.311(d)(10)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.k | the Substance Abuse Professional's telephone number? (49 CFR §40.311(d)(11)) |
| Yes | No | N/A | | |
| | | | 5.10.03.l | Is the Substance Abuse Professional's (SAP) written follow-up report that determined that the employee has NOT demonstrated successful compliance on the SAP's own letterhead, signed and dated by the SAP, and include: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.m | the employee's name and Social Security Number? (49 CFR §40.311(e)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.n | the employer's name and address? (49 CFR §40.311(e)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.o | the reason for the initial assessment (the specific violation of Department of Transportation regulations and the violation date)? (49 CFR §40.311(e)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.p | the date(s) of the initial assessment and synopsis of the treatment plan? (49 CFR §40.311(e)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.q | the name of the practice or service providing the recommended education and/or treatment? (49 CFR §40.311(e)(5)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.r | the inclusive dates of the employee's program participation? (49 CFR §40.311(e)(6)) |
| Yes | No | N/A | | |

5.0 Substance Abuse Professional

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.s | the clinical characterization of the employee's program participation? (49 CFR §40.311(e) (7)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.t | the dates(s) of the first follow-up evaluation? (49 CFR §40.311(e) (8)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.u | the dates(s) of any further follow-up evaluation the Substance Abuse Professional has scheduled? (49 CFR §40.311(e) (9)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.v | the Substance Abuse Professional's clinical reasons for determining that the employee has not demonstrated successful compliance? (49 CFR §40.311(e) (10)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.w | the Substance Abuse Professional's telephone number? (49 CFR §40.311(e) (11)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.04 | Does the Substance Abuse Professional provide the written initial and follow-up reports directly to the employee if the employee does not have a current employer? (49 CFR §40.311(f)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.05 | Does the Substance Abuse Professional provide the written initial and follow-up reports to the gaining Department of Transportation regulated employer if the employee obtained another transportation industry safety-sensitive position? (49 CFR §40.311(f)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.06 | Does the Substance Abuse Professional maintain copies of the reports sent to employers for 5 years? (49 CFR §40.311(g)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.07 | Does the Substance Abuse Professional maintain copies of employee clinical records in accordance with Federal, state, and local laws regarding record maintenance, confidentiality, and release of information? (49 CFR §40.311(g)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.08 | Does the Substance Abuse Professional make the written initial and follow-up reports available, on request, to Department of Transportation agency representatives and the National Transportation Safety Board regarding accident investigations? (49 CFR §40.311(g)) |
| Yes | No | N/A | | |

5.0 Substance Abuse Professional**5.11 Release of Information to Employee**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.11.01	Does the Substance Abuse Professional (SAP) make
Yes	No	N/A		available to an employee, on request, a copy of all SAP
				reports with the follow-up testing plan redacted? (49
				CFR §40.329(c))

6.0 Drug and Alcohol Education and Training

6.01 Alcohol Informational Materials

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.01 | Do you distribute a copy of educational materials that explains the alcohol misuse requirements and your policies and procedures with respect to meeting those requirements to each covered employee? (14 CFR part 121, Appendix J, VI, A, 1, (a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.02 | Do you distribute a copy of educational materials that explain the alcohol misuse requirements and your policies and procedures with respect to meeting those requirements to each person subsequently hired for or transferred to a covered position? (14 CFR part 121, Appendix J, VI, A, 1, (a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.03 | Do you provide written notice to representatives of employee organizations of the availability of your alcohol testing educational materials? (14 CFR part 121, Appendix J, VI, A, 1, (b)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 6.01.04 | Do your alcohol information materials include: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.a | the identity of the person designated to answer questions about the materials? (14 CFR part 121, Appendix J, VI, A, 2, (a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.b | the categories of employees who are subject to the alcohol misuse requirements? (14 CFR part 121, Appendix J, VI, A, 2, (b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.c | sufficient information about the safety-sensitive functions performed by employees who are subject to alcohol misuse requirements to make it clear what period of the work day the covered employee is required to be in compliance with the alcohol misuse requirements? (14 CFR part 121, Appendix J, VI, A, 2, (c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.d | specific information concerning employee conduct that is prohibited by this chapter? (14 CFR part 121, Appendix J, VI, A, 2, (d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.e | the circumstances under which a covered employee will be tested for alcohol? (14 CFR part 121, Appendix J, VI, A, 2, (e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.f | the procedures that will be used to test for the presence of alcohol, protect the employee and the integrity of the breath testing process, safeguard the validity of the test results, and ensure that those results are attributed to the correct employee? (14 CFR part 121, Appendix J, VI, A, 2, (f)) |
| Yes | No | N/A | | |

6.0 Drug and Alcohol Education and Training

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.g | the requirement that a covered employee submit to the alcohol tests? (14 CFR part 121, Appendix J, VI, A, 2, (g)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.h | an explanation of what constitutes a refusal to submit to an alcohol test and the attendant consequences? (14 CFR part 121, Appendix J, VI, A, 2, (h)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.i | the consequences for covered employees who violated the prohibitions, including the requirement that the employee be removed immediately from performing safety-sensitive functions, and the process in 49 CFR part 40, subpart O? |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.j | the consequences for covered employees found to have an alcohol concentration of 0.02 or greater but less than 0.04? (14 CFR part 121, Appendix J, VI, A, 2, (j)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.k | the effects of alcohol misuse on an individual's health, work, and personal life, and signs and symptoms of an alcohol problem? (14 CFR part 121, Appendix J, VI, A, 2, (k)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.l | the available methods of evaluating and resolving problems associated with alcohol misuse? (14 CFR part 121, Appendix J, VI, A, 2, (k)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.m | the intervention methods, to include confrontation and referral to employee assistance programs and/or management? (14 CFR part 121, Appendix J, VI, A, 2, (k)) |
| Yes | No | N/A | | |

6.0 Drug and Alcohol Education and Training

6.02 Drug Informational Materials

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.01 | Do you provide an Employee Assistance Program, either internally or by contract, for your employees? (14 CFR part 121, Appendix I, VIII) |
| Yes | No | N/A | | |
| | | | 6.02.02 | Do you display and distribute the following to all covered employees: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.02.a | informational materials on drug use and abuse? (14 CFR part 121, Appendix I, VIII, A) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.02.b | a community service hot line telephone number for employee assistance? (14 CFR part 121, Appendix I, VIII, A) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.02.c | the employer's policy regarding drug use in the workplace? (14 CFR part 121, Appendix I, VIII, A) |
| Yes | No | N/A | | |
| | | | 6.02.03 | Does your policy regarding drug use in the workplace includes the consequences under the regulation for: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.03.a | using drugs while performing safety-sensitive functions? (14 CFR part 121, Appendix I, VIII, A) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.03.b | receiving a verified positive drug test result? (14 CFR part 121, Appendix I, VIII, A) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.03.c | refusing to submit to a drug test required by 14 CFR part 121, Appendix I? (14 CFR part 121, Appendix I, VIII, A) |
| Yes | No | N/A | | |

6.0 Drug and Alcohol Education and Training**6.03 Employee Drug Training**

6.03.01 Do you implement a reasonable program of initial drug training for all covered employees which includes:

☐ ☐ ☐ 6.03.01.a the effects and consequences of drug use on the personal
Yes No N/A health, safety, and work environment? (14 CFR part 121, Appendix I, VIII, B)

☐ ☐ ☐ 6.03.01.b the manifestations and behavioral cues that may indicate
Yes No N/A drug use and abuse? (14 CFR part 121, Appendix I, VIII, B)

☐ ☐ ☐ 6.03.02 Do you document training given to employees and
Yes No N/A supervisory personnel? (14 CFR part 121, Appendix I, VIII, B)

6.0 Drug and Alcohol Education and Training**6.04 Supervisory Drug Training**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.04.01 | Do you ensure that supervisors who will make reasonable cause testing determinations receive at least 60 minutes of initial training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use? (14 CFR part 121, Appendix I, VIII, B) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.04.02 | Have you implemented a reasonable recurrent training program for supervisors who make or will be making reasonable cause determinations during subsequent years? (14 CFR part 121, Appendix I, VIII, B) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.04.03 | Do you maintain documentation of training given to employees and supervisory personnel? (14 CFR part 121, Appendix I, VIII, B) |
| Yes | No | N/A | | |

6.05 Supervisory Alcohol Training

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.05.01 | Do you ensure persons who will make reasonable suspicion testing determinations receive at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse? (14 CFR part 121, Appendix J, VI, B) |
| Yes | No | N/A | | |

7.0 Recordkeeping

7.01 Record Maintenance

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.01 | Do you maintain alcohol misuse prevention program records in a secure location with controlled access? (14 CFR part 121, Appendix J, IV, A, 1 and 49 CFR §40.333(c)) |
| Yes | No | N/A | | |
| | | | 7.01.02 | Do you maintain the following documentation for a minimum of 5 years: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.a | copies of annual reports submitted to the FAA? (14 CFR part 121, Appendix J, IV, A, 2, (a)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.b | records of notification to the Federal Air Surgeon of alcohol misuse violations by covered employees who hold a part 67 airman medical certificate? (14 CFR part 121, Appendix J, IV, A, 2, (a)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.c | documentation of employee's disputes of alcohol test results? (14 CFR part 121, Appendix J, IV, A, 2, (a)(3)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.d | copies of records related to other violations of Sections 65.46(a), 121.458, or 135.253? (14 CFR part 121, Appendix J, IV, A, 2, (a)(4)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.e | alcohol test results indicating a result of 0.02 or greater? (49 CFR §40.333(a)(1)(i)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.f | verified positive drug test results? (49 CFR §40.333(a)(1)(ii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.g | documentation of refusals to take required alcohol and/or drug tests? (49 CFR §40.333(a)(1)(iii)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.h | Substance Abuse Professional reports? (49 CFR §40.333(a)(1)(iv)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.i | follow-up tests and the schedules for follow-up tests? (49 CFR §40.333(a)(1)(v)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.03 | Do you maintain, for a minimum of 3 years, records of information obtained from previous employers concerning drug and alcohol test results of employees? (49 CFR §40.333(a)(2)) |
| Yes | No | N/A | | |

7.0 Recordkeeping

- | | | |
|--|-----------|---|
| | 7.01.04 | Do you maintain the following records related to testing process and training required under 14 CFR Part 121, Appendix J for a minimum of 2 years: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.a | documentation related to the random selection process? (14 CFR Part 121, Appendix J, IV, A, 2, (b)(1)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.b | documents generated in connection with decisions to administer reasonable suspicion alcohol tests? (14 CFR part 121, Appendix J, IV, A, 2, (b)(2)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.c | documents generated in connection with decisions on post-accident alcohol tests? (14 CFR part 121, Appendix J, IV, A, 2, (b)(3)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.d | documents verifying the existence of a medical explanation of the inability of a covered employee to provide an adequate breath for testing? (14 CFR part 121, Appendix J, IV, A, 2, (b)(4)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.e | materials on alcohol misuse awareness, including a copy of your policy on alcohol misuse? (14 CFR part 121, Appendix J, IV, A, 2, (b)(5)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.f | documentation of compliance with the distribution of required alcohol educational materials? (14 CFR part 121, Appendix J, IV, A, 2, (b)(6)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.g | documentation of training provided to supervisors who make determination concerning the need for alcohol testing based on reasonable suspicion? (14 CFR part 121, Appendix J, IV, A, 2, (b)(7)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.h | certification that training conducted under 14 CFR Part 121, Appendix J complies with the requirements for such training? (14 CFR part 121, Appendix J, IV, A, 2, (b)(8)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.i | records of inspection, maintenance, and calibration of evidential breath testing devices? (49 CFR §40.333(a)(3)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.05 | Do you maintain, for a minimum of 1 year, records of negative and cancelled drug test results and alcohol test results of less than 0.02? (49 CFR §40.333(a)(4)) |
| Yes No N/A | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.06 | If you have a service agent maintain your records, do you ensure that your service agent can produce these records within two business days? (14 CFR part 121, Appendix I, VI, B and 49 CFR §40.333(d) and 49 CFR §40.349(e)) |
| Yes No N/A | | |

7.0 Recordkeeping

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.07 | If you store records electronically, do you ensure that the records are easily accessible, legible, and formatted and stored in an organized manner? (49 CFR §40.333(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.08 | If your electronic records are not properly stored, do you convert them to printed documentation in a rapid and readily auditable manner when requested to do so by Department of Transportation agency personnel? (49 CFR §40.333(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.09 | Do you permit the Administrator or agency representative to examine records required to be kept under 14 CFR part 121, Appendix I and 49 CFR Part 40? (14 CFR part 121, Appendix I, VI, B) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.10 | Do you release information regarding an employee's drug testing results, evaluation, or rehabilitation to a third party in accordance with 49 CFR Part 40? (14 CFR part 121, Appendix I, VI, C) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.11 | Does your laboratory retain all records pertaining to employee specimens for a minimum of two years? (49 CFR §40.109(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.12 | Does your laboratory keep employer-specific data for 2 years? (49 CFR §40.109(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.13 | Does your laboratory keep records for an additional period of time when requested to do so by the Medical Review Officer, the employee, you, or a Department of Transportation agency? (49 CFR §40.109(c)) |
| Yes | No | N/A | | |

7.0 Recordkeeping

7.02 Release of Information

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.01 | Do you release information to identified person upon receiving specific, written consent from the employee authorizing the release of information about the employee's drug and/or alcohol tests? (49 CFR §40.331(a)) |
| Yes | No | N/A | | |
| | | | 7.02.02 | Upon request by Department of Transportation agency representatives, do you provide: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.02.a | access to facilities used for drug and alcohol program functions? (49 CFR §40.331(b)(1)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.02.b | all written, printed, and computer-based drug and alcohol program records, reports, files, materials, data, documents, documentation, agreements, contracts, policies, and statements that are required? (49 CFR §40.331(b)(2)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.03 | Upon request by the National Transportation Safety Board, do you provide information concerning post-accident tests administered after an accident that is being investigated? (49 CFR §40.331(d)) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.04 | Do you provide drug and alcohol test records concerning an employee upon request by Federal, state, or local safety agency with regulatory authority over you or the employee? (49 CFR §40.331(e)) |
| Yes | No | N/A | | |

7.0 Recordkeeping**7.03 Management Information System (MIS)**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.01 | If you are a Part 121 certificate holder, do you submit a drug and alcohol Management Information System report by March 15 summarizing the previous calendar year's program results? (14 CFR part 121, Appendix I, X, A, 1 and Appendix J, IV, B, 1, (a)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.02 | If you have 50 or more covered employees on January 1st of any calendar year, do you submit a drug and alcohol Management Information System report summarizing the previous calendar year's program results? (14 CFR part 121, Appendix I, X, A, 2 and Appendix J, IV, B, 1, (b)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.03 | Do you submit a Management Information System report after being notified in writing by the FAA to do so? (14 CFR part 121, Appendix I, X, A, 3 and Appendix J, IV, B, 1, (c)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.04 | Do you submit drug and alcohol testing information using the Management Information System form? (14 CFR part 121, Appendix I, X, B, and Appendix J, IV, B, 4) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.05 | Do you submit a drug and alcohol Management Information System form signed by the program manager or other designated representative? (14 CFR part 121, Appendix I, X, C and Appendix J, IV, B, 5) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.06 | Do you sign and submit a Management Information System (MIS) report and remain responsible for ensuring the accuracy and timeliness of the report when the MIS report was prepared by your Consortium/Third-Party Administrator? (14 CFR part 121, Appendix I, X, F and Appendix J, IV, B, 8) |
| Yes | No | N/A | | |

7.0 Recordkeeping

7.04 Alcohol Management Information System

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.01 | If you are subject to more than one Department of Transportation (DOT) agency alcohol rule, do you identify each employee covered by regulations of more than one DOT agency? (14 CFR part 121, Appendix J, IV, B, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.02 | In the Management Information System report, do you identify, by total number and category of safety-sensitive function, each employee who is covered by more than one Department of Transportation agency's alcohol regulation? |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.03 | Do you determine which Department of Transportation (DOT) agency regulation authorized or required the test before conducting the alcohol test on the covered employee subject to more than one DOT agency? (14 CFR part 121, Appendix J, IV, B, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.04 | Do you direct Management Information System test result information to the appropriate Department of Transportation agency or agencies? (14 CFR part 121, Appendix J, IV, B, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.05 | Do you ensure the accuracy and timeliness of each alcohol Management Information System report submitted? (14 CFR part 121, Appendix J, IV, B, 3) |
| Yes | No | N/A | | |
| | | | | |
| | | | 7.04.06 | On each report that contains information on an alcohol screening test result of 0.02 or greater or an alcohol violation, do you include the following in your Management Information System report: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.a | the number of covered employees by employee category? (14 CFR part 121, Appendix J, IV, B, 6 (a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.b | the number of covered employees in each category subject to alcohol testing under alcohol misuse regulation of another Department of Transportation agency, identified by each agency? (14 CFR part 121, Appendix J, IV, B, 6 (b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.c | the number of screening tests by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 6 (c) (1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.d | the number of confirmation tests, by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 6 (c) (2)) |
| Yes | No | N/A | | |

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.e | the number of confirmation alcohol test results of 0.02 or greater but less than 0.04 by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 6 (d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.f | the number of confirmation alcohol test results of 0.04 or greater, by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 6 (e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.g | the number of persons denied a position as a covered employee following a pre-employment alcohol test of 0.04 or greater? (14 CFR part 121, Appendix J, IV, B, 6 (f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.h | the number of covered employees with a confirmation alcohol test result of 0.04 or greater who were returned to duty in covered positions? (14 CFR part 121, Appendix J, IV, B, 6 (g)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.i | the number of covered employees who were administered alcohol and drug tests at the same time, with both positive drug test and alcohol test result of 0.04 or greater? (14 CFR part 121, Appendix J, IV, B, 6 (h)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.j | the number of covered employees who violated other alcohol misuse provisions and action taken in response to the violation? (14 CFR part 121, Appendix J, IV, B, 6 (i)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.k | the number of covered employees who refused to submit to an alcohol test required under this appendix, the number of such refusals that were for random tests, and the action taken in response to each refusal? (14 CFR part 121, Appendix J, IV, B, 6 (j)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.l | the number of supervisors who have received required training during the reporting period in determining the existence of reasonable suspicion of alcohol misuse? (14 CFR part 121, Appendix J, IV, B, 6 (k)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 7.04.07 | On each report that contains no information on an alcohol screening test result of 0.02 or greater and no alcohol violations, do you include the following in your Management Information System report: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.a | the number of covered employees by employee category? (14 CFR part 121, Appendix J, IV, B, 7 (a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.b | the number of covered employees in each category subject to alcohol testing under regulations of another Department of Transportation agency, identified by each agency? (14 CFR part 121, Appendix J, IV, B, 7 (b)) |
| Yes | No | N/A | | |

7.0 Recordkeeping

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.c | the number of screening tests by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 7 (c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.d | the number of covered employees who engaged in alcohol misuse who were returned to duty (after evaluation, rehabilitation, and required testing)? (14 CFR part 121, Appendix J, IV, B, 7 (d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.e | the number of covered employees who refused to submit to a required alcohol test, and the action taken in response to the refusal? (14 CFR part 121, Appendix J, IV, B, 7 (e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.f | the number of supervisors who were trained during the reporting period to make reasonable suspicion testing determinations? (14 CFR part 121, Appendix J, IV, B, 7 (f)) |
| Yes | No | N/A | | |

7.0 Recordkeeping

7.05 Drug Management Information System

7.05.01 Do you include the following in your Management Information System report when there have been verified positive drug test results:

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.a | the number of covered employees by employee category? (14 CFR part 121, Appendix I, X, D, 1) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.b | the number of covered employees affected by antidrug regulations of another Department of Transportation agency, identified and reported by number and employee category? (14 CFR part 121, Appendix I, X, D, 2) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.c | the number of specimens collected by type of test and employee category? (14 CFR part 121, Appendix I, X, D, 3) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.d | the number of positive drug test results verified by the Medical Review Officer, by type of test, type of drug, and employee category? (14 CFR part 121, Appendix I, X, D, 4) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.e | the number of negative drug test results reported by the Medical Review Officer, by type of test and employee category? (14 CFR part 121, Appendix I, X, D, 5) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.f | the number of persons denied a position as a covered employee based on a verified positive pre-employment drug test result reported by the Medical Review Officer? (14 CFR part 121, Appendix I, X, D, 6) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.g | the action taken following the verified positive drug test result(s), by type of action? (14 CFR part 121, Appendix I, X, D, 7) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.h | the number of employees who returned to duty during the reporting period after a positive or refusal? (14 CFR part 121, Appendix I, X, D, 8) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.i | the number of employees by employee category with tests verified positive for multiple drugs by the Medical Review Officer? (14 CFR part 121, Appendix I, X, D, 9) |
| Yes | No | N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.j | the number of covered employees who refused to submit to a drug test and the action taken? (14 CFR part 121, Appendix I, X, D, 10) |
| Yes | No | N/A | | |

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.k | the number of covered employees who have received required initial training? (14 CFR part 121, Appendix I, X, D, 11) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.l | the number of supervisors who received initial training during the reporting period to make reasonable cause testing determinations? (14 CFR part 121, Appendix I, X, D, 12) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.m | the number of supervisors who received required recurrent training during the reporting period to make reasonable cause testing determinations? (14 CFR part 121, Appendix I, X, D, 13) |
| Yes | No | N/A | | |
| | | | | |
| | | | 7.05.02 | When there have been only negative drug test results, do you include the following in your Management Information System report: |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.a | the number of covered employees by employee category? (14 CFR part 121, Appendix I, X, E, 1) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.b | the number of covered employees affected by antidrug regulations of another operating administration identified and reported by number and employee category? (14 CFR part 121, Appendix I, X, E, 2) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.c | the number of specimens collected by type of test and employee category? (14 CFR part 121, Appendix I, X, E, 3) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.d | the number of negative tests reported by the Medical Review Officer by type of test and employee category? (14 CFR part 121, Appendix I, X, E, 4) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.e | the number of covered employees who refused to submit to a required drug test and the action taken in response to the refusal? (14 CFR part 121, Appendix I, X, E, 5) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.f | the number of employees returned to duty during the reporting period after having received a verified positive drug test result or refusal to submit to a required drug test? (14 CFR part 121, Appendix I, X, E, 6) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.g | the number of covered employees who have received required initial training? (14 CFR part 121, Appendix I, X, E, 7) |
| Yes | No | N/A | | |

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.h | the number of supervisors who received initial training |
| Yes | No | N/A | | during the reporting period to make reasonable cause |
| | | | | testing determinations? (14 CFR part 121, Appendix I, |
| | | | | X, E, 8) |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.i | the number of supervisors who received recurrent |
| Yes | No | N/A | | training during the reporting period to make reasonable |
| | | | | cause testing determinations? (14 CFR part 121, |
| | | | | Appendix I, X, E, 9) |

7.0 Recordkeeping

7.06 Laboratory Summaries

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.01 | Do you ensure that your laboratory transmits aggregate statistical summaries, by employer, of data listed in Appendix B of part 40 to you on a semi-annual basis? (49 CFR §40.111(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.02 | Do you ensure that the aggregate statistical summary does not reveal the identity of the employee? (49 CFR §40.111(a)(1)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.03 | Do you ensure that the laboratory does not send a statistical summary if you had fewer than five aggregate test results? (49 CFR §40.111(a)(2)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.04 | Do you ensure that the laboratory summary is sent by January 20 of each year for July 1 through December 31 of the prior year? (49 CFR §40.111(a)(3)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.05 | Do you ensure that the laboratory summary is sent by July 20 of each year for January 1 through June 30 of the current year? (49 CFR §40.111(a)(4)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.06 | Do you ensure that the laboratory provides the summary when requested to do so in response to an inspection, audit, or review by a Department of Transportation agency, unless you had fewer than five aggregate test results? (49 CFR §40.111(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.07 | If laboratory had fewer than five aggregate test results, do you ensure your laboratory sends you a report indicating not enough testing was conducted to warrant a summary? (49 CFR §40.111(b)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 7.06.08 | Laboratory MAY transmit the summary or report by hard copy, fax, or other electronic means. |

8.0 Service Agents

8.01 Role and Responsibilities of Service Agents

- | | |
|--|--|
| 8.01.01 | Service agent MAY perform tasks needed to comply with Department of Transportation agency drug and alcohol testing regulations, subject to limitations of 49 CFR part 40. |
| 8.01.02 | Consortium/Third-Party Administrator MAY act as an intermediary in the transmission of drug and alcohol testing information if employer chooses. |
| 8.01.03 | Consortium/Third-Party Administrator MAY operate random testing programs and/or assist with other types of testing. |
| 8.01.04 | Consortium/Third-Party Administrator MAY combine employees from more than one employer and/or more than one transportation industry in random pool. |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A | 8.01.05 Does your Consortium/Third-Party Administrator conduct random testing at a rate at least equal to the highest rate required? (49 CFR §40.347(b)(1)) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A | 8.01.06 Does your Consortium/Third-Party Administrator ensure that Department of Transportation (DOT) employees are not combined with non-DOT employees? (49 CFR §40.347(b)(2)) |
| 8.01.07 | Consortium/Third-Party Administrator MAY assist employers in ensuring that follow-up testing is conducted following the Substance Abuse Professional's plan. |
| 8.01.08 | Service agent MAY receive and maintain all records concerning drug and alcohol testing (except where otherwise specified in 49 CFR part 40). |
| 8.01.09 | Service agent MAY maintain all information needed for operating drug and alcohol programs on behalf of the employer. |
| 8.01.10 | Service agent MAY receive information from another service agent simultaneously with employer. |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A | 8.01.11 Does your service agent, when transmitting information to you, ensure that it meets all requirements in the regulations concerning confidentiality and timing? (49 CFR §30.345(c)) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A | 8.01.12 When serving as an intermediary, does your service agent ensure that the transmittal of information required to be provided to the employer is within the required amount of time? (49 CFR §40.349(d)) |

8.0 Service Agents

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.13 | Does your service agent make information available within two days when a Department of Transportation agency representative asks you to produce information? (49 CFR §40.349(e)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.14 | Does your service agent transfer all records pertaining to you and your employees to another service agent or to you upon request? (49 CFR §40.349(f)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.15 | Does your service agent follow the same confidentiality regulations as those applicable to you with respect to use and release of confidential information (e.g., test results) when the service agent receives or maintains confidential information about employees? (49 CFR §40.351(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.16 | Does your service agent follow all confidentiality and records retention requirements as those applicable to you? (49 CFR §40.351(b)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 8.01.17 | Service agent MAY not provide individual test results or other confidential information to another employer without written consent from employee. |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.18 | Does your service agent ensure not to use a blanket consent form? (49 CFR §40.351(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.19 | Does your service agent establish adequate confidentiality and security measures to ensure confidential employee records are not available to unauthorized persons? (49 CFR §40.351(e)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 8.01.20 | Service agent (other than a Medical Review Officer) MAY provide direct or contract Medical Review Officer services to employers if all applicable provisions of 49 CFR part 40 are met. |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.21 | If your service agent employs or contracts with a Medical Review Officer (MRO), does your MRO perform the duties independently and confidentially? (49 CFR §40.353(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.22 | Is the relationship between your Medical Review Officer and service agent structured to ensure that independence and confidentiality are not compromised? (49 CFR §40.353(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.23 | Does your service agent ensure that only staff under the day-to-day supervision and control of the Medical Review Officer (MRO) perform MRO functions? (49 CFR §40.353(c)) |
| Yes | No | N/A | | |

8.0 Service Agents

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|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.24 | Does your service agent ensure that the Medical Review Officer's (MRO) staff operate under controls sufficient to ensure that the independence and confidentiality of the MRO process are not compromised? (49 CFR §40.353(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.25 | Does your Medical Review Officer, employed directly or by contract with service agent, personally conduct verification interviews and personally make all verification decisions? (49 CFR §40.353(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.26 | Does your service agent ensure not to require an employee to sign a consent, release, waiver of liability, or indemnification agreement? (49 CFR §40.355(a)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.27 | Does your service agent ensure not to act as an intermediary in transmitting drug test results from the laboratory to the Medical Review Officer? (49 CFR §40.355(b)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.28 | Does your service agent ensure not to transmit drug test results directly from the laboratory to you or to your service agent who forwards them to you? (49 CFR §40.355(c)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.29 | Does your service agent ensure not to act as an intermediary in the transmission of alcohol test results of 0.02 or higher from your screening test technician or breath alcohol technician to the designated employer representative (DER)? (49 CFR §40.355(d)) |
| Yes | No | N/A | | |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.30 | Does your service agent ensure not to act as an intermediary in the transmission of individual Substance Abuse Professional reports to the actual employer except in the case of owner-operator or other employed individual? (49 CFR §40.355 (e) & (f)) |
| Yes | No | N/A | | |
| | | | | |
| | | | 8.01.31 | Employer's service agent MAY maintain individual Substance Abuse Professional summary reports and follow-up testing plans after they are sent to the designated employer representative (DER) except in the case of owner-operator or other self-employed individual. |
| | | | | |
| | | | 8.01.32 | Employer's service agent MAY receive Substance Abuse Professional (SAP) summary reports from the SAP simultaneously with the SAP sending them to the designated employer representative (DER) except in the case of owner-operator or other self-employed individual. |

8.0 Service Agents

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.33 | Does your service agent ensure not to make decisions to test an employee based on reasonable suspicion, post-accident, return-to-duty, and follow-up determination criteria except in the case of an owner-operator or other self-employed individual? (49 CFR §40.355 (g) & (h)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.34 | Does your service agent ensure not to determine that an employee refused drug or alcohol testing unless the service agent scheduled the required test for owner-operator or other self-employed individual who failed to appear for the test without a legitimate reason? (49 CFR §40.355 (i) & (j)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.35 | Does your service agent ensure not to act as the designated employer representative (DER)? (49 CFR §40.355(k)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.36 | Does your service agent transmit to the laboratory that conducts the testing only the laboratory copy of the Federal Drug Testing Custody and Control Form (CCF), and no other copies of the CCF nor any Alcohol Testing Forms? (49 CFR §40.355(l)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.37 | Does your service agent ensure not to impose conditions or requirements on you that Department of Transportation regulations do not authorize? (49 CFR §40.355(m)) |
| Yes | No | N/A | | |
|
 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.38 | Does your service agent ensure not to intentionally delay the transmission of drug or alcohol testing-related documents, concerning actions performed by the service agent, because of a payment dispute or other reasons? (49 CFR §40.355(n)) |
| Yes | No | N/A | | |

Conducting Reviews of Service Agents

PURPOSE: This guidance establishes procedures for the inspection or investigation of service agents. A service agent is defined in 49 CFR part 40 as any person or entity, other than an employee of the employer, who provides services specified in part 40 to employers and/or employees in connection with DOT drug and alcohol testing requirements. This includes, but is not limited to, a consortium/third-party administrator (C/TPA); collection site, collector, or breath alcohol technician; medical review officer (MRO); or a substance abuse professional (SAP). Although service agents are not employers, they must meet the qualifications and requirements set forth in the regulations. Any service agent can be inspected independently or as part of a company inspection.

Note: The guidance established in this appendix applies to independent inspections of service agents.

This guide is broken up into the following four sections:

- Section I describes the pre-planning aspects of the inspection.
- Section II discusses relationships and why it's important to ask questions to ensure the C/TPA and laboratory, SAP, and/or MRO are separate and confidentiality is maintained.
- Section III outlines the on-site inspection activities, addressing the inspector/investigator's responsibilities once the inspection team arrives at the service agent location.
- Section IV describes the follow-up activities associated with a service agent inspection.

The guidance in this document outlines the basic concepts of a service agent inspection. This guidance is not intended to be an exhaustive listing and inspectors/investigators should always ask follow-up questions.

All Drug Abatement offices must follow this guidance.

Section I: Pre-Inspection Activity

After management assigns a team to inspect/investigate a service agent, the inspector/investigator must accomplish the following tasks prior to arriving at the location:

- Review any relevant documents, including past inspections and noncompliance transmittals (NCTs). Coordinate with other inspectors/investigators who have had issues with the service agent. Some of this information may be helpful in planning your focus of the inspection.
- Access the company's Web site to see what services it "advertises."
- Determine priorities/objectives you hope to achieve through the inspection.
- Determine whether information for your assigned service agent is in CETS. If it is not, please see your Team Coordinator (TC) or C&E Center Manager.
- If the inspection is announced, generate and send a letter of notification announcing your team's review. This is similar to the letter sent to an employer for an inspection, as discussed under chapter 2 of Order 9120.1A. If the inspection is unannounced, a letter is not necessary.
- Discuss the planned inspection with your team, ensuring that you set the priorities, objectives, and what is expected of each of them.

Section II: Relationships

It is important that the inspector/investigator understand the established relationships between the service agents. Relationships between the service agents, specifically the laboratories, MROs, and SAPs, must foster independence and confidentiality.

Inspectors/investigators must ask the following questions to ensure all associations between services agents are objective and impartial:

A. C/TPA and the Laboratory

- What is the relationship between the C/TPA and the laboratory?
- Does the C/TPA set up the employer information with the laboratory/ies?
 - How are the CCFs set up for the employer?
 - Does the C/TPA or employer send the employer's information to the laboratory?

- Does the C/TPA have a financial interest in the laboratory?
- Does the relationship foster independence and confidentiality?
- How are testing records secured?

B. C/TPA and the Medical Review Officer (MRO)

- Where is the MRO's place of business?
- Does the MRO have several offices?
 - If yes, which office is his/her primary place of business?
 - Does he/she physically visit the office where the results are received and/or verified?
 - If no, how does he/she oversee the verification process, and who conducts the reviews and verifications?
- Does the MRO have an office or work at another location other than the C/TPA's?
- If the test results are received from the laboratory at the same address as the C/TPA, does the MRO have a confidential fax? How does the MRO maintain confidentiality?
- Does the MRO work out of the C/TPA's place of business?
 - If the C/TPA and MRO are co-located, is there a firewall between the two?
 - Are the files kept separately?
 - Does the C/TPA receive the results from the laboratory on a shared fax, or does the MRO have its own secure fax to maintain confidentiality?
 - Who has access to the results?
 - Where are the MRO records maintained?
 - How are they maintained?
 - If the same employees work for the C/TPA and the MRO, when do they work for the MRO versus the C/TPA?
 - Are the employees' schedules consistent or do the times vary (example of consistent schedule: works for MRO from 8:00 a.m. until noon and the C/TPA from noon until 4:00 p.m.)?
 - Who has direct supervision over the employees (who hires, fires, pays, disciplines)?
 - Is the owner and operator of the C/TPA also the MRO's assistant?
 - If so, how does that relationship work? If the C/TPA hired the MRO and the C/TPA is the MRO's assistant, how do they keep the functions separate and distinct?

C. C/TPA and the Substance Abuse Professional (SAP)

- What is the relationship between the C/TPA and SAP?
- Are there any financial ties?

D. MRO and the Laboratory

- Review and discuss the MRO's relationship with the laboratory.

Section III: On-site Inspection Activity

This section outlines the inspector's/investigator's responsibilities once the inspection team arrives at the service agent location.

- Conduct an inbriefing, similar to an employer inspection, with the service agent regarding the scope of your inspection.
- Discuss the types of services (full service versus partial service) the service agent provides to its clients and the procedures/guidance it follows when carrying out each type of service.
- The inspection lead should obtain a copy of the service agent's client list.
- Conduct interviews with various service agent employees.
 - Does each employee follow the same process for each service provided?

Specific Areas to Review**A. C/TPA**

- Does the service agent have a checklist it uses to set up new collection sites, laboratories, MROs, and/or SAPs to ensure each is set up consistently?
- Review and discuss the procedure used when setting up a new client.
- Does the service agent have a checklist it uses to set up new clients? Is this checklist followed by all employees when setting up new clients?
- What information is received from the client?
- What information is provided to the client?
- What, if any, company policies does the service agent provide to its clients?

- Does the service agent provide written documentation on its operational set-up to its clients?
- Does the service agent provide up-to-date information to assist the client in implementing its drug and alcohol program?
- Does it provide information on how and when to test?
- Does it provide information to each of its clients on changes to FAA/DOT regulations?
- How does each client receive information on changes to the regulations? How is each client notified of changes?
- What type of services does the service agent provide regarding the different types of testing?
- Review procedures the service agent uses for (aviation) employers for the various types of testing (random testing, for example; see section below).
- Does the service agent maintain records for its clients?
 - If yes, what records does it maintain? How are the records maintained?
 - If it maintains records for employers, how are those records provided to the client and how long does it take for the client to receive copies, if requested?
- Review documents provided to (aviation) employers.
- Review education and training provided to (aviation) employers.

B. Random Testing

To ensure a thorough review of a service agent's random testing procedures and records, inspectors/investigators must ask the following:

- Does the C/TPA's random selection process meet the regulatory requirements?
 - Does each safety-sensitive employee have an equal chance of being tested each time selections are made?
 - Are various types of safety-sensitive employees being random tested at roughly the same rates? (For example, do pilots and mechanics have an equal chance of being tested each time selections are made for a random test?)
- Did the C/TPA meet the random testing rate each year (25% for drugs and 10% for alcohol)?

- Does the C/TPA combine the random testing pool of an FAA-regulated company with that of other FAA-regulated companies?
- How and when are the random testing pools updated?
- How and when are random selections made (i.e., computer number generators)?
- How are random selections conducted for each FAA random pool?
- How are companies notified of random selections (secure notifications)?
- Are random notifications documented?
 - Does the C/TPA document when and to whom they provide the random selection lists?
 - Does the C/TPA have its client annotate and report back to the C/TPA who was tested on the random selection list?
 - Does the C/TPA provide information to its client regarding random notifications?
- How are the random notifications conducted for companies that have one individual/employee?
- How does the C/TPA notify individuals, who are also the DERs, of their random selection?
- How does the C/TPA ensure that the individuals selected are tested?
- How many times were individuals selected, but not tested?
 - Is there any follow-up with the companies/clients when tests are not conducted? If so, how is the follow-up conducted?
 - What action does the C/TPA take, if any, against employers who do not random test employees who are selected?
- How do the individual companies or collection sites notify the C/TPA when random alcohol tests are completed?
 - How does the C/TPA ensure that the annual random alcohol rate is met for combined pools?
 - Does the C/TPA provide any follow-up, for companies that have their own pools, regarding whether or not they will meet the annual alcohol testing rate?

C. Collection Site

If the service agent you are reviewing is a drug and alcohol collection site, the inspector/investigator must determine the following:

- How are collection sites set up for the employer?
- Can the collection sites conduct both drug and alcohol collections, or are separate sites obtained for the different collections?
- Can collection sites conduct collections during the company's operating hours or after hours for emergencies?
- Are there secondary collection sites set up for the times when the primary collection site is closed, no personnel are available, or the evidentiary breath testing device is not working?
- If the C/TPA sets up collection sites, does the C/TPA provide information to the employer regarding the collection site? If yes, what type of information?
- Who follows up with collection sites if there are problems? How is the follow-up conducted and documented?
- If the C/TPA does follow up, how does the client know the corrective action has been taken?
- If the C/TPA sets up collection sites, does the C/TPA ensure that the collectors meet the training and qualification requirements and that the collection site meets the regulatory requirements?

D. Medical Review Officer (MRO)

If the service agent you are reviewing is an MRO, the inspector/investigator must determine the following:

- Review the MRO's qualifications, knowledge, and training.
- How does the MRO receive lab test results?
- How does the MRO receive Copy 2 of the CCF?
- What are the procedures used by the MRO or his/her staff in processing negative test results?

- What are the procedures used by the MRO or his/her staff in processing positive test results?
 - Is there a checklist/standard protocol and is it consistently used?
 - Who contacts the donor?
 - If it's the MRO, what is initially stated to the donor?
 - If it's the MRO's staff, what is initially stated to the donor?
 - Who does the verification interview?
- What is the MRO's procedure when he/she or designee is unable to contact the donor?
- If there is a stand-down waiver, how does the MRO comply with the waiver?
- Who follows up with the collection sites and/or employer and/or C/TPA when Copy 2 of the CCF is not received?
 - Is this follow-up documented? If yes, how?
 - What occurs if, after the first follow-up is conducted, the CCF is not received by the MRO?
- Who reviews the CCFs for quality control (to make sure the items that need correcting are identified and corrective action or appropriate action is taken)?
- Who completes and signs Copy 2 of the CCF?
- How soon after the test is verified does the MRO complete the verification process (sign and date Copy 2 and send a copy of Copy 2 or a written report, if used, to the employer)?
- Who signs the written report (if one is prepared and sent)?
- Does the same MRO that conducted the verification also sign the written report?
- Does the MRO provide the employer with a copy of Copy 2 and/or a written report?
 - How is this provided to the employer?
 - If by computer, is the date of the first time the employer retrieved the report provided on the report?
 - If by computer, do the employers know and understand that they must go in and retrieve results?
 - What information is provided when there is a change in procedure (such as how the employers receive their test results)?
 - Who sends the test results to the employer, the MRO or C/TPA?

- How are invalid results handled?
- Does the MRO confer with the laboratory director or certifying scientist if there is a question about the test result?
- How does the MRO handle shy bladder situations?
 - Does the MRO refer the individual to a physician with expertise in the issue(s) of what could cause a shy bladder or the issue(s) the individual stated he/she was experiencing?
 - Does the MRO provide the referring physician with information in part 40?
 - Does the MRO conduct appropriate follow-up with the referring physician if the information received does not comply with part 40?
- Does the MRO conduct the required quality control checks on negative test results?
 - If the MRO is part of an MRO service, how does the service comply, and how is it monitored?
- Does the MRO personally review at least 5 percent of all CCFs reviewed by his/her assistant?

E. MRO Assistant

When reviewing the MRO assistant, the inspector/investigator must determine the following:

- Who supervises the assistant (hires, fire, monitors performance)?
- What are the MRO assistant's responsibilities?
 - Does he/she review Copy 2 of the CCF to determine if there are any fatal or correctable errors that may require corrective action or cancellation?
 - Does he/she review the negative laboratory documents to ensure they are consistent with the information on the CCF?
 - Does he/she request a copy of documentation from the laboratory or the collection site if the copy on hand appears unclear?
 - Does he/she prepare reports sent to the employer? Prior to sending the report to the employer, does he/she ensure the office has the following:
 - A legible copy of Copy 2 of the CCF or another CCF copy containing the employee's signature?
 - A legible copy of Copy 1 of the CCF that conveys the negative test result?
 - When handling a confirmed positive, adulterated, substituted, or invalid test result, does he/she schedule a discussion between the MRO and employee?

- What information does the assistant provide to the donor?
 - Does he/she explain the consequences to the employee of declining to speak with the MRO?
 - If the employee declines to speak with/schedule a discussion with the MRO, does he/she document this decision, including date and time?
 - Does the MRO allow the assistant to gather medical information or information containing possible explanations of the test results?
 - Does he/she advise an employee to have medical information ready to present at the discussion with the MRO?
 - Does the MRO/MRO assistant make and document reasonable efforts, including dates and times, to contact the employee at the day and evening phone numbers listed on the CCF?
 - Does he/she make at least three attempts reasonably spaced over a 24-hour period?
 - If the MRO/MRO assistant can't reach the employee due to incorrect phone numbers, does he/she:
 - Contact the DER, documenting dates and times of attempts to reach him/her, and instruct the DER to contact the employee to tell him/her to contact the MRO?
 - Who informs the DER that the employee has a confirmed positive, adulterated, substituted, or invalid test?
- Does the MRO allow his/her assistant to cancel tests?

F. Substance Abuse Professional (SAP)

If the service agent you are reviewing is a SAP, the inspector/investigator must determine the following:

- Does the C/TPA provide SAP service or contract out for SAP services for its clients?
- Is the SAP part of a referral agency?
- Is the individual referred to a SAP who is qualified under DOT regulations?
- Is the individual referred to a qualified SAP who is located close to where the individual resides?
- Does the SAP perform his/her duties in accordance with the regulations?
- How does an individual contact the SAP service?

- Does the SAP prepare and send the evaluation reports to the employer (or does the referral agency perform this function)?
- Are the reports on the SAP's letterhead, not the referring agency or other organization?

G. Miscellaneous

Inspectors/investigators must ask the following questions when reviewing service agents:

- Is the C/TPA knowledgeable of the types of tests that are reportable to the FAA?
- How is the FAA notified of positives or refusals that are reportable?
- Are companies advised that a test is reportable to the FAA?
- If the C/TPA, collection site, MRO, and SAP are all from the same entity, how do they separate their respective functions? How do they maintain confidentiality?

Section IV: Post-Inspection Activity

The post-inspection activities for a service agent are similar to that of an employer inspection, as described under chapter 2 of this. The out of compliance items or concerns are entered into CETS and an outbriefing report is prepared. The letters sent to a service agent are slightly different from an employer.

The following will briefly discuss the different procedures:

- The inspection lead prepares the outbriefing report and briefs the service agent on the findings, and explains the correspondence and process to follow.
- The first type of correspondence, as a result of the inspection, is a correction notice (see Figure B-1). It is prepared by the inspector/investigator, reviewed by the TC and/or C&E Center Manager, and sent to the Drug Abatement Division Manager. Prior to sending the correction notice to the service agent, the Drug Abatement Division Manager or his/her designee will contact the service agent to determine whether there is any further information that will have a bearing on the decision to send a correction notice. The correction notice is then sent.
- The service agent has 60 days to respond to the correction notice and provide satisfactory corrective action.
- If the Drug Abatement Division Manager or his/her designee is satisfied that the service agent has maintained satisfactory corrective action and is in compliance,

the inspector/investigator will send a notice that the matter is concluded. No public interest exclusion (PIE) will be initiated.

- If the service agent is unable to correct the compliance concerns, the PIE proceeding begins. This process begins with the inspection lead preparing a Notice of Proposed Exclusion (NOPE) to the service agent. This entire process must be coordinated with your C&E Center Manager and/or the Field Operations Branch Manager, AAM-802.
- The service agent has 30 days to contest the NOPE and proposed PIE.
 - If the service agent does not contest the NOPE in 30 days, the matter is referred to the Department of Transportation's Office of Drug and Alcohol Policy and Compliance (ODAPC) Director or designee for a final decision.
 - If the service agent contests the NOPE, the matter is also referred to the ODAPC Director for a final decision.
- The inspection lead reviews findings, analyzes the relationships between the different service agents, and ensures findings are documented in CETS.

More Information

Any questions regarding the procedures outlined in this appendix should be directed to the Program Policy Branch Manager, AAM-820.

Figure B-1. Sample Correction Notice

U.S. Department
of Transportation

**Federal Aviation
Administration**

800 Independence Avenue, S.W.
Washington, DC 20591

Certified Mail – Return Receipt Requested

Mr. John Smith
Central Drug Testing Services, Inc.
111 Main Street
Dallas, TX 31001

Dear Mr. Smith:

On August 20, 2007, we inspected Central Drug Testing Services, Inc. to determine its compliance with 49 CFR part 40 and 14 CFR part 121, appendices I and J. As a result of this inspection, I am issuing this correction notice in accordance with 49 CFR § 40.373, for the following violations:

1. Central Drug Testing Services, Inc. did not use a scientifically valid method to select employee for random testing in accordance with 14 CFR part 121, appendix I., V., B., 5., and appendix J., III., C., 5.
2. Central Drug Testing Services, Inc. did not ensure each covered employee had an equal chance of being tested each time selections were made in accordance with 14 CFR part 121, appendix I., V., B., 5., and appendix J., III., C., 5.

To correct the above noncompliance, Central Drug Testing Services, Inc. must promptly correct these violations to our satisfaction. If not corrected within 60 days from your receipt of this letter, we may decide that it is necessary to initiate a Public Interest Exclusion (PIE) proceeding (49 CFR part 40, subpart R) and issue a notice of proposed exclusion (49 CFR § 40.375). If it is determined that a PIE should be issued, Central Drug Testing Services, Inc. could be barred, for up to five years, from acting as a service agent for any DOT-regulated employer.

You may discuss this matter or submit a written statement, or both, within 10 days after you receive this letter. Any correspondence that you provide in response to this notice should be sent to:

05/23/2008

Appendix B. Conducting Reviews of Service Agents

**9120.1A
Appendix B**

Federal Aviation Administration
Office of Aerospace Medicine
Drug Abatement Division
800 Independence Avenue, SW
Washington, DC 20591
Attention: John King

If you have any questions concerning this matter, please contact John King at (202) 355-6000.

Sincerely,

Manager, Drug Abatement Division
Federal Aviation Administration

Random Drug and Alcohol Testing Job Aid

Random testing has two purposes: (1) To detect and deter illegal drug use and alcohol misuse and (2) to remove employees engaged in such use from the performance of safety-sensitive functions. The FAA's regulatory authority to mandate random drug and alcohol testing for the aviation industry is found in 14 CFR part 121, appendices I and J. The Supreme Court of the United States has upheld this authority, because the FAA has balanced the DOT's need to conduct testing for safety with the individual's expectation of privacy.

In order for an inspector/investigator to appropriately determine whether an employer's random testing program is in compliance, it is critical for him or her to understand random testing. The following job aid must be used by every inspector/investigator when inspecting an employer's random program.

Applicability of Random Testing

Random testing is applicable to all persons who perform, are ready to perform, or are immediately available to perform, a safety-sensitive function either directly or by contract (at any tier) for a part 119 certificate holder with authority to operate under parts 121 and/or 135, an operator as defined in 14 CFR § 91.147, or an air traffic control facility not operated by the FAA or by or under contract to the U.S. military. A repair station or contractor that performs safety-sensitive duties for an employer may be covered under the employer's DOT drug and alcohol testing program. The FAA also permits repair stations and contractors to obtain and implement their own DOT drug and alcohol testing program.

Employees who **do not** perform safety-sensitive duties are not permitted to be included in the DOT drug and alcohol testing program.

Minimum Annual Random Testing Rate

The regulations require random drug and alcohol testing of safety-sensitive employees at a minimum annual percentage rate. The annual rates for random drug and alcohol testing for the coming year are published in the Federal Register each December. Since 1997, the rates have consistently remained at 25% for drugs and 10% for alcohol. However, the FAA Administrator may change these rates based on the reported positive rate for the entire industry.

Formula for Calculating an Employer's Annual Testing Rate

Use the following formula to calculate the *average number of safety-sensitive employees*:

$$\frac{\text{Total \# safety-sensitive employees during each testing period}}{\text{\# of testing periods}}$$

Use the following formula to calculate the *Company's Annual Testing Rate*:

$$\frac{\text{\# random testing results}}{\text{Average \# safety-sensitive employees}}$$

Example:

Quarter	SS Employees	Number of Random Tests
1	50	2
2	60	3
3	70	4
4	90	4

$$\text{Average Number of Employees} = \frac{50 + 60 + 70 + 90}{4 \text{ quarters}} = 68 \text{ (Always round up)}$$

$$\text{Company's Annual Testing Rate} = \frac{2 + 3 + 4 + 4}{68} = 19.1\%$$

Selection Methodology

Employers must use a scientifically valid method such as a random-number table or a computer-based random-number generator to select covered employees for testing. Each covered employee in the pool must have a unique identifier such as Social Security Number, payroll number, or other comparable identifying number.

The employer must ensure that all employees have an equal chance of being tested each time the selections are made. Specific individuals or groups must not be targeted, including certain occupational groups or locations.

Updating the Random Pool

Before making random selections, the employer must ensure that the random pool is complete and up-to-date.

- *Only* those persons performing safety-sensitive functions can be placed in the pool.
- Once an individual is hired or transferred into a safety-sensitive position, he/she should be added to the random pool. He/she must be added to the random pool prior to the next random selection.
- The employer must remove any employee from the pool who has been terminated.
- The employer may remove an employee from the pool if the employee is unavailable to perform safety-sensitive duties for the length of the selection period.
- Employees who have previously been removed from the pool for any reason should be placed back into the random pool before they start performing safety-sensitive duties again. He/she must be added to the random pool prior to the next random selection.

Notification Procedures

The employer, collector/BAT, and employee have responsibilities for ensuring that random drug and alcohol test notifications and collections are conducted in accordance with the regulations. These responsibilities include the following:

- Employers are responsible for notifying the collection site as to when employees are expected to report to the collection site for testing. This will ensure that the collection site will be open and ready for testing (i.e., required equipment/supplies are available and working) when the employee arrives.
- Employers are responsible for notifying the selected employee as close to the test time as possible. This will minimize or eliminate the employee's attempt to avoid a positive drug test or alcohol violation.
- Employers are responsible for requiring the selected employee to immediately report for testing after he/she has been notified. (Reference: 14 CFR part 121, appendix I, B.8. and 14 CFR part 121, appendix J, C.8.)
- The employer is responsible for ensuring that random alcohol tests take place just before, during, or immediately after the employee has performed a safety-sensitive function. (Reference: 14 CFR part 121, appendix J, C.9.)
- Collectors/BATs are responsible for being prepared to conduct drug and/or alcohol tests. This will minimize the number of cancelled tests.

- Collectors/BATs are responsible for notifying the employer if an employee fails to appear at the collection site for a test.
- To the greatest extent possible, collectors/BATs must first test an employee for alcohol if the employee is to be tested for both drugs and alcohol. (Reference: 49 CFR § 40.61(b)(1). Since alcohol dissipates quickly in the body, this ensures that the test result represents the employee's current alcohol concentration.
- Once notified, the employee must proceed immediately to the collection site for testing. Failure to do so may constitute a refusal to test as described in 49 CFR § 40.191.
- The employee is responsible for complying with the collector's/BAT's instructions for providing a specimen. Failure to do so may constitute a refusal to test as described in 49 CFR § 40.191.

If an employee is notified and not tested for a reason beyond his/her control, another attempt to test cannot be made during that testing period. One example of "reasons beyond his/her control" is the collection site was closed when the donor arrived for testing. Another example is the facility only collected for drug testing when alcohol testing was also supposed to be conducted.

Policies for Excusing an Individual from Testing

Liberal excusal policies increase the opportunity for testing bias. Employers should not excuse employees from testing during a random selection unless a legitimate reason exists. Legitimate excuses must be implemented in the same way for all safety-sensitive employees. If an employee is excused, the random list should be annotated with the reason for the excusal.

One legitimate basis for excusing an employee occurs when an employee has been terminated from the company, but has not yet been removed from the pool. Likewise, an employee in the hospital who is not expected to return to the workplace before the next testing period could reasonably be excused. However, if an employee is on sick leave, vacation, or travel and will return to the workplace before the next random selection, the employee's name must be held in confidence and the employee tested upon his/her return. In these situations, the employee must not be notified of his/her selection until immediately before the collection is to occur.

Over Selection and the Use of Alternates

Some employers will select more employees than necessary to prevent under-testing when employees are excused. While this practice is not against the regulations, it does create a potential problem. It can lead to a liberal excusal policy. For example, an

employer finds it difficult to locate employee A, so he decides to skip employee A and move down the list. This practice can also lead to testing bias. Generally, maintenance workers tend to be easy to find, while flight crew and flight attendants can be difficult to track down. *Best Practice:* A company should recalculate the number of selections needed following each selection period to ensure the minimum rate is met.

Frequency of Selecting and Testing

Selections *should* be spaced reasonably throughout the year. This practice ensures a “clean pool”. *Best Practice:* Selections should be made a minimum of four times per year. Once a random selection has been made, the names and testing date(s) must remain unannounced until the employees are notified to report for testing.

The testing *must* be spaced reasonably throughout the year. Employers *must* conduct testing throughout the selection period so employees cannot predict when they might be tested. Collecting only at the beginning or end of a month, or collecting on the same date within test periods removes the element of surprise for testing. Employers can test all selected employees at one time or may choose to spread testing throughout a testing period.

Inspecting a Random Program

As previously stated in this Order, an inspector/investigator must adhere to the Inspection Checklist for all inspection activities, including those that apply to a random program. In addition to using the Inspection Checklist, each inspection of a random program should include the additional questions listed below.

- ▶ Is the company meeting its minimum annual testing rates?
- ▶ Is the random pool being updated in a timely fashion?
 - Are new employees being added in time for the first selection following their date of hire?
 - Are employees who no longer perform safety-sensitive duties being removed from the selection pool before the next selection period?
- ▶ Are all occupation groups being treated equally?
 - Are excusal criteria consistent across occupational groups?
 - Do all employees have an equal chance of being tested regardless of occupation?

- Does one occupational group have a much higher (or lower) rate of testing than other groups?
- ▶ Are all locations being treated equally?
 - Do all employees have an equal chance of being tested regardless of location (or home base)?
 - Does one location have a much higher (or lower) rate of testing than other locations?
- ▶ Are employees being tested immediately following notification?
- ▶ If an employee is excused in a testing period, is he/she still being tested in that period?
- ▶ Are the excusal policies too lax?
 - Is the company excusing employees for reasons other than leave that extends through the entire testing period?

Acronyms. Below is a list of acronyms that are used in this order and by inspectors and investigators in the performance of his/her duties.

a.	ADPM	Alcohol & Drug Program Manager
b.	AAM	Office of Aerospace Medicine
c.	AAM-800	Drug Abatement Division
d.	BAT	Breath Alcohol Technician
e.	CCF	Federal drug testing custody and control form
f.	CETS	Compliance and Enforcement Tracking Subsystem
g.	CFR	Code of Federal Regulations
h.	C/TPA	Consortium/Third-Party Administrator
i.	DER	Designated Employer Representative
j.	DHHS	Department of Health and Human Services
k.	DOT	Department of Transportation
l.	EAP	Employee Assistance Program
m.	EIR	Enforcement Investigative Report
n.	EIS	Enforcement Information Subsystem
o.	FAA	Federal Aviation Administration
p.	FOIA	Freedom of Information Act
q.	FSDO	Flight Standards District Office
r.	ISO QMS	ISO Quality Management System
s.	LOA	Letter of Acknowledgement
t.	LOC	Letter of Correction
u.	LOI	Letter of Investigation
v.	LON	Letter of Notification
w.	MRO	Medical Review Officer

x.	NIDA	National Institute on Drug Abuse
y.	NTSB	National Transportation Safety Board
z.	ODAPC	Office of Drug and Alcohol Policy and Compliance (DOT)
aa.	OPSPEC	Operations Specifications
bb.	OST	Office of the Secretary of Transportation
cc.	POC	Point of Contact
dd.	PMI	Principal Maintenance Inspector
ee.	POI	Principal Operations Inspector
ff.	SAMHSA	Substance Abuse and Mental Health Services Administration
gg.	SAP	Substance Abuse Professional
hh.	SCMP Division	Strategic Compliance Monitoring Plan of the Drug Abatement
ii.	SOP	Standard Operating Procedures
jj.	SPAS	Safety Performance Analysis System
kk.	WN	Warning Notice