



# FAA Alcohol Testing Management Information System (MIS) Data Collection Form

## INSTRUCTIONS

The following instructions are to be used as a guide for completing the Federal Aviation Administration (FAA) and the U.S. Department of Transportation (DOT) **Alcohol Testing MIS Data Collection Form**. These instructions outline and explain the information requested and indicate the probable sources for this information. A sample applicant testing results table with narrative explanation is provided on page ii as an example to facilitate the process of completing the form correctly. **Please use black ink to complete this form.**

This reporting form includes five sections. These sections address the data elements required in the FAA and the DOT alcohol testing regulations. The five sections, the page number for the instructions, and the page location on the reporting form are:

<u>Section</u>	<u>Instruction Page</u>	<u>Reporting Form Page</u>
<b>A. Aviation Employer Information</b>	i	1
<b>B. Covered Employees</b>	i	1
<b>C. Alcohol Testing Information</b>	i-ii	2-3
<b>D. Other Alcohol Testing Program Information</b>	ii	3
<b>E. Alcohol Training / Education</b>	ii	3

**PAGE 1 SECTION A--AVIATION EMPLOYER INFORMATION** requires the company name for which the report is prepared and a current address. List any other names the company uses ("Doing Business As") and the company's FAA Plan Identification Number. Provide the FAA Operating Certificate Number held by the company (if any). Below the company name, list the name, address, and telephone number for any other aviation companies included in this report, attaching additional sheets, if necessary. Finally, a signature and title with a date are required certifying the correctness and completeness of the information provided on the form and a current telephone number (including the area code) of the individual who prepared the report.

**SECTION B--COVERED EMPLOYEES** requires a count for each employee category that must be tested under the FAA/DOT regulations. For the FAA, the covered employee categories are: "Flight Crewmember," which includes pilots, flight engineers, flight test pilots, and navigators; "Flight Attendant"; "Flight Instructor"; "Aircraft Dispatcher"; "Aircraft Maintenance," which includes employees who perform preventive maintenance; "Ground Security Coordinator"; "Aviation Screener"; and "Air Traffic Controller." The most likely source for this information is the employers personnel department. These counts should be based on the company records for the reported year. The TOTAL is a count of ALL covered employees for ALL categories combined, i.e., the sum of the columns.

Additional information must be completed if your company employs FAA-covered personnel who also perform non-aviation duties covered by the alcohol rules of one or more DOT operating administration(s). **NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION** requires that you identify the number of employees in each employee category under the appropriate additional operating administration(s).

**PAGE 2 SECTION C--ALCOHOL TESTING INFORMATION** requires information for alcohol testing by category of testing. All numbers entered into the pre-employment category section of the table should be separated into the category of employment for which the applicant was applying. The other categories are for employee testing and require information for company employees in COVERED POSITIONS only. Each part of this table must be completed for each category of testing. These categories include: (1) pre-employment, (2) random (3) post-accident, (4) reasonable suspicion, (5) return to duty, and (6) follow-up testing. **If the value for an item is zero (0), place a zero (0) on the form.** These numbers **DO NOT** include refusals for testing. A sample section of the table with example numbers is presented on page ii.

Four types of information are necessary to complete this table. The first column with the heading "NUMBER OF SCREENING TESTS," requires a count of all screening alcohol tests performed for each employee category. It SHOULD NOT include refusals to test.

The second column with the heading "NUMBER OF CONFIRMATION TESTS," requires a count of all confirmation alcohol tests performed for each employee category.

The third column with the heading "NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.02, BUT LESS THAN 0.04," requires a count for each employee category of test results equal to or greater than 0.02, but less than 0.04.

The fourth column with the heading "NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.04," requires a count for each employee category of test results equal to or greater than 0.04.

Each column in the table should be added and the answer entered in the row marked "TOTAL."

A sample table is provided on page ii with example numbers.

Below the part of the table containing pre-employment testing information is a box with the heading "Number of persons denied a position as a covered employee following a pre-employment alcohol test indicating an alcohol concentration of 0.04 or greater." Enter the appropriate number in the box provided.

**Paperwork Reduction Act Statement:** The information collected on this form is necessary to determine the annual random testing rate in the aviation industry; determine trends of alcohol misuse in specific occupational categories; and determine program compliance/non-compliance of specific aviation employers. We estimate that it will take 1 HOUR to complete the short form and 2-1/2 HOURS to complete the long form. The information collection is mandatory. (14 CFR Part 61, at al., Alcohol Misuse Prevention Program for Personnel Engaged in Specified Aviation Activities) Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0571,

# SAMPLE APPLICANT TEST RESULTS TABLE

The following example is for **SECTION C--ALCOHOL TESTING INFORMATION**, which summarizes pre-employment testing results. The procedures detailed here also apply to the other categories of testing in Section C which require you to summarize testing results for employees. This example uses the categories "Flight Crewmember" and "Flight Attendant" to illustrate the procedures for completing the form.

**A** Screening tests were performed on 157 job applicants for flight crewmember positions during the reporting year. This information is entered in the first column of the table in the row marked "Flight Crewmember".

Confirmation tests were necessary for 6 of the 157 applicants for flight crewmember positions. Enter this information in the second column of the table in the row marked "Flight Crewmember." The confirmation test results for these 6 applicants were the following:

Applicants	Confirmation Result
#1	0.06
#2	0.01
#3	0.11
#4	0.04
#5	0.03
#6	0.02

**C** The confirmation test results for 2 of the applicants for flight crewmembers were equal to or greater than 0.02, but less than 0.04. Enter this information in the third column of the table in the row marked "Flight Crewmember."

**D** The confirmation test results for 3 of the applicants for flight crewmembers were equal to or greater than 0.04. Enter this information in the fourth column of the table in the row marked "Flight Crewmember."

**E** The last row, marked "TOTAL," requires you to add the numbers in each of the columns. With this example, 157 applicants for flight crewmembers and 107 applicants for flight attendants were subjected to screening tests. The total for that column would be 264 (i.e. 157 + 107). The same procedure should be used for each column (i.e., add all the numbers in that column and place the answer in the last row).

Please note that the sample data collection form also has information for flight attendants on line two. The same procedures outlined for flight crewmembers should be followed for entering the data on flight attendants. With applicants for flight attendant positions, 107 screening tests were conducted resulting in 3 confirmation tests. No results were equal to or greater than 0.02, but less than 0.04; the confirmation test results for 1 of the flight attendant applicants was equal to or greater than 0.04. This information is entered in the row marked "Flight Attendant."

<b>C. Alcohol Testing Information</b>				
Employee Category	Number of Screening Tests	Number of Confirmation Tests	Number of Confirmation Test Results Equal To Or Greater Than 0.02, But Less Than 0.04	Number Of Confirmation Test Results Equal To Or Greater Than 0.04
<b>Pre-employment</b>				
Flight Crewmember	157	6	2	3
Flight Attendant	107	3	0	1
<b>TOTAL</b>	264	9	2	4

A

B

C

D

E

Note that adding up the numbers for confirmation results in columns three and four will not always match the number entered in the second column, "NUMBER OF CONFIRMATION TESTS." These numbers may differ since some confirmation test results may be less than 0.02.

**Remember that the same procedures indicated above are to be used for completing all of the categories for testing in Section C.**

**PAGE 2** Following the table that summarizes ALCOHOL TESTING INFORMATION, you must provide the "Number of employees who engaged in alcohol misuse who were returned to duty in a covered position (having complied with the recommendations of a substance abuse professional as described in FAA regulations)." This information should be available from the personnel office and/or drug or alcohol program manager.

**PAGE 3** Next, you must provide information on **ACTIONS TAKEN ON VIOLATIONS OF THIS REGULATION**. Indicate the number of employees subjected to the following actions:

- No longer employed with company--include covered employees who resigned or were terminated as the result of alcohol misuse.
  - Reassigned to non-covered functions--include covered employees who were reassigned within the company to a non-covered position as the result of alcohol misuse.
  - Entered rehabilitation, if applicable, and/or returned to covered functions---include covered employees who are undergoing or have completed a rehabilitation program and/or covered employees who have returned to a covered function.
  - **Other** - include covered employees who did not fall under one of the previous options and specify the action taken.
- Indicate the sum of the actions taken on the line marked TOTAL.

**SECTION D--OTHER ALCOHOL TESTING/PROGRAM INFORMATION** requires that you provide information on employees who tested positive for drugs and alcohol (at the same time), information on violations of other alcohol provisions (not necessarily resulting in positive alcohol tests), and information on employees who refused to submit to an alcohol test.

- Number of employees administered drug and alcohol tests at the same time resulting in a verified positive drug test and an alcohol test indicating an alcohol concentration of 0.04 or greater, requires that a count of all such employees be entered in the indicated box.
- **VIOLATIONS OF OTHER ALCOHOL PROVISIONS/PROHIBITIONS OF THIS REGULATION** requires supplying the number of covered employees who used alcohol prior to performing a safety-sensitive function, while performing a safety-sensitive function, and before taking a required post-accident alcohol test. Other violations not delineated in this table may also be provided.
- **EMPLOYEES WHO REFUSED TO SUBMIT TO AN ALCOHOL TEST** requires information on the NUMBER OF COVERED EMPLOYEES who refused to submit to a random or other (pre-employment, post-accident, reasonable suspicion, return to duty, or follow-up) alcohol test required under the FAA regulation and the actions taken following the refusal.

**SECTION E--ALCOHOL TRAINING/EDUCATION** requires information on the number of supervisory personnel who have received the required alcohol training during the current reporting period.



U.S. Department of Transportation  
Federal Aviation Administration

# FAA Alcohol Testing MIS DATA Collection Form

YEAR COVERED BY THIS REPORT:

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**A. AVIATION EMPLOYER INFORMATION**

Company Name		FAA ID No.	
DBA		FAA Certificate No.	
Street Address/P.O. Box			
City		State	Zip Code

**Other Part 121 and/or Part 135 certificate holders included in this report. (Attach additional sheets if necessary.)**

Company Name		Telephone No. ( )	
Street Address/P.O. Box			
City		State	Zip Code

I, the undersigned, certify that the information provided on this Federal Aviation Administration Alcohol Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

_____	_____	_____
Signature of Certifying Official	Name of Preparer (PRINT)	Date
_____	_____	_____
Name and Title of Certifying Official (PRINT)	Telephone Number	

18 U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

**B. Covered Employees**

Employee Category	Number of FAA Covered Employees	Number of Employees Covered By More Than One DOT Operating Administration				
		FHWA	FRA	FTA	RSPA	USCG
<b>Total Covered Employees</b>						
Flight Crewmember						
Flight Attendant						
Flight Instructor						
Aircraft Dispatcher						
Aircraft Maintenance						
Ground Security Coordinator						
Aviation Screener						
Air Traffic Controller						
<b>TOTAL</b>						

**READ BEFORE COMPLETING THE REMAINDER OF THIS FORM:**

- All items refer to the current reporting period only (for example, January 1, 1997-December 31, 1997).
- The report is only for testing REQUIRED BY THE FEDERAL AVIATION ADMINISTRATION (FAA) AND THE U.S. DEPARTMENT OF TRANSPORTATION (DOT).
  - Results should be reported only for employees in COVERED POSITIONS as defined by the FAA alcohol testing regulations.
  - The information provided should only include testing for alcohol using the standard procedures required by DOT regulation 49 CFR Part 40.
- Information on refusals for testing should only be reported in SECTION D ("OTHER ALCOHOL TESTING/PROGRAM INFORMATION"). Do not include refusals for testing in other sections of this report.
- Complete all items: DO NOT LEAVE ANY ITEM BLANK. If the value for an item is zero (0), place a zero (0) on the form.

### C. Alcohol Testing Information

Employee Category	Number of Screening Tests	Number of Confirmation Tests	Number of Confirmation Test Results Equal To Or Greater Than 0.02, But Less Than 0.04	Number Of Confirmation Test Results Equal To Or Greater Than 0.04
<b>Pre-Employment</b>				
Flight Crewmember				
Flight Attendant				
Flight Instructor				
Aircraft Dispatcher				
Aircraft Maintenance				
Ground Security Coordinator				
Aviation Screener				
Air Traffic Controller				
<b>TOTAL</b>				
<b>Random</b>				
Flight Crewmember				
Flight Attendant				
Flight Instructor				
Aircraft Dispatcher				
Aircraft Maintenance				
Ground Security Coordinator				
Aviation Screener				
Air Traffic Controller				
<b>TOTAL</b>				
Number of persons denied a position as a covered employee following a pre-employment alcohol test indicating an alcohol concentration of 0.04 or greater:				
<b>Post-Accident</b>				
Flight Crewmember				
Flight Attendant				
Flight Instructor				
Aircraft Dispatcher				
Aircraft Maintenance				
Ground Security Coordinator				
Aviation Screener				
Air Traffic Controller				
<b>TOTAL</b>				
<b>Reasonable Suspicion</b>				
Flight Crewmember				
Flight Attendant				
Flight Instructor				
Aircraft Dispatcher				
Aircraft Maintenance				
Ground Security Coordinator				
Aviation Screener				
Air Traffic Controller				
<b>TOTAL</b>				
<b>Return To Duty</b>				
Flight Crewmember				
Flight Attendant				
Flight Instructor				
Aircraft Dispatcher				
Aircraft Maintenance				
Ground Security Coordinator				
Aviation Screener				
Air Traffic Controller				
<b>TOTAL</b>				
Number of employees who engaged in alcohol misuse who were returned to duty in a covered position (having complied with the recommendations of a substance abuse professional as described in FAA regulations).				

**C. Alcohol Testing Information (Continued)**

Employee Category	Number of Screening Tests	Number of Confirmation Tests	Number of Confirmation Test Results Equal To Or Greater Than 0.02 But Less Than 0.04	Number Of Confirmation Test Results Equal To Or Greater Than 0.04
<b>Follow-up</b>				
Flight Crewmember				
Flight Attendant				
Flight Instructor				
Aircraft Dispatcher				
Aircraft Maintenance				
Ground Security Coordinator				
Aviation Screener				
Air Traffic Controller				
<b>TOTAL</b>				

Actions Taken on Violations of this Regulation	Number
No longer employed with company:	
Reassigned to non-covered functions:	
Entered rehabilitation, if applicable, and/or returned to covered functions:	
Other (Specify):	
<b>TOTAL</b>	

**D. Other Alcohol Testing/Program Information**

Number of employees administered drug <u>and</u> alcohol tests at the same time resulting in a verified positive drug test <u>and</u> an alcohol test indicating an alcohol concentration of 0.04 or greater:	
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**Violations of Other Alcohol Provisions/Prohibitions of this Regulation**

Number of Covered Employees	VIOLATION
	Covered employee used alcohol within 4/8 hours of performing safety-sensitive function.
	Covered employee used alcohol while performing safety-sensitive function.
	Covered employee used alcohol before taking a required post-accident alcohol test.

Employees Who Refused To Submit To An Alcohol Test	Number of Refusals	
	Random Tests	Other Tests
Number of covered employees who refused to submit to an alcohol test required under the FAA rule:		

Actions Taken	Number
No longer employed with company:	
Reassigned to non-covered functions:	
Entered rehabilitation, if applicable, and/or returned to covered functions:	
Other (Specify):	

**E. Alcohol Training/Education**

Alcohol Training/Education During Current Reporting Period	Number
Number of supervisors who have received <u>initial</u> training on the specific contemporaneous physical, behavioral, speech, and performance indicators of probable alcohol misuse as required by FAA alcohol testing regulations.	



## FAA Alcohol Testing Management Information System (MIS) "EZ" Data Collection Form

### INSTRUCTIONS

The following instructions are to be used as a guide for completing the Federal Aviation Administration (FAA) and the U.S. Department of Transportation (DOT) **Alcohol Testing MIS "EZ" Data Collection Form**. This form should only be used if there are no screening tests with results equal to or greater than 0.02 and no alcohol misuse to be reported by your company. These instructions outline and explain the information requested and indicate the probable sources for this information. This reporting form includes three sections. These sections address the data elements required in the FAA /DOT alcohol testing regulations. **Please use black ink to complete this form.**

**SECTION A--AVIATION EMPLOYER INFORMATION** requires the company name for which the report is prepared, a current address, doing business as, the company's plan ID number, the company's FAA Operating Certificate Number held by the company (if any). Below the company name, list the name, address, and telephone number for any other aviation companies included in the report, attaching additional sheets, if necessary. Finally, a signature and title with a date are required certifying the correctness and completeness of the information provided on the form and a current telephone number (including the area code) of the individual who prepared the report.

**SECTION B--COVERED EMPLOYEES** requires a count for each employee category that must be tested under the FAA/DOT regulations. For the FAA, the covered employee categories are: "Flight Crewmember," which includes pilots, flight engineers, flight test pilots, and navigators; "Flight Attendant", "Flight Instructor"; "Aircraft Dispatcher"; "Aircraft Maintenance," which includes employees who perform preventive maintenance "Ground Security Coordinator; "Aviation Screener"; and "Air Traffic Controller." The most likely source for this information is the employer's personnel department. These counts should be based on the company records for the reported year. The **TOTAL** is a count of **ALL** categories combined , i.e. the sum of the columns.

Additional information must be completed if your company employs FAA-covered personnel who also perform non-aviation duties covered by the alcohol rules of one or more other DOT operating administration(s). **NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION** requires that you identify the number of employees in each employee category under the appropriate additional operating administration(s).

Following the table that summarizes **ALCOHOL TESTING INFORMATION**, you must provide a count of the number of employees who engaged in alcohol misuse who were returned to duty in a covered position (having complied with the recommendations of a substance abuse professional as described in FAA regulations). This information should be available from the personnel office and/or alcohol program manager.

**SECTION C--ALCOHOL TESTING INFORMATION** requires information for alcohol testing. The first table requests information on the **NUMBER OF ALCOHOL SCREENING TESTS CONDUCTED** by employee category and type of test. All numbers entered into the pre-employment category section of the table should be separated into the category of employment for which the applicant was applying. The other categories are for employee testing and require information for company employees in **covered positions** only. Enter the number of alcohol screening tests conducted by employee category for each category of testing. These testing categories include: (1)pre-employment, (2)random, (3)post-accident, (4)reasonable suspicion, (5) return to duty, and (6) follow-up testing. **If no testing occurred, zeroes should be entered.** These numbers do not include refusals for testing. Each column in the table should be added and the answer entered in the row marked "TOTAL."

**SECTION D--OTHER ALCOHOL TESTING/PROGRAM INFORMATION** requires information on the **NUMBER OF COVERED EMPLOYEES** who refused to submit to a **RANDOM** or **OTHER** (*pre-employment, post-accident, reasonable suspicion, return to duty, or follow-up*) alcohol test required under the FAA regulation and the action taken following the refusal. Indicate the number of employees subjected to the following actions

- No longer employed with company-include covered employees who resigned or were terminated as the result of a refusal to submit to an alcohol test
- Reassigned to non-covered functions-include covered employees who were reassigned within the company to a non-covered position as the result of a refusal to submit to an alcohol test
- Entered rehabilitation, If applicable, and/or returned to covered functions-include covered employees who are undergoing or have completed a rehabilitation program and/or covered employees who have returned to a covered function.
- Other-include covered employees who did not fall under one of the previous options and specify the actions taken.

**SECTION E--ALCOHOL TRAINING/EDUCATION** requires information on the number of supervisory personnel who have received the required alcohol training during the current reporting period.

**Paperwork Reduction Act Statement:** The information collected on this form is necessary to determine the annual random testing rate in the aviation industry; determine trends of alcohol misuse in specific occupational categories; and determine program compliance/non-compliance of specific aviation employers. We estimate that it will take **1 HOUR** to complete the short form and **2-1/2 HOURS** to complete the long form. The information collection is mandatory. (14 CFR Part 61, et al., Alcohol Misuse Prevention Program for Personnel Engaged in Specified Aviation Activities) Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0571.



U.S. Department of Transportation  
Federal Aviation Administration

## FAA Alcohol Testing MIS "EZ" DATA Collection Form

(No Alcohol Misuse)

**YEAR COVERED  
BY THIS REPORT:**

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### A. AVIATION EMPLOYER INFORMATION

Company Name	FAA ID No.
DBA	FAA Certificate No.
Street Address/P.O. Box	
City	State <span style="margin-left: 20px;">Zip Code</span>

**Other Part 121 and/or Part 135 certificate holders included in this report. (Attach additional sheets if necessary.)**

Company Name	Telephone No. (    )
Street Address/P.O. Box	
City	State <span style="margin-left: 20px;">Zip Code</span>

I, the undersigned, certify that the information provided on this Federal Aviation Administration Alcohol Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

_____	_____	_____
Signature of Certifying Official	Name of Preparer ( <i>PRINT</i> )	Date
_____	_____	
Name and Title of Certifying Official ( <i>PRINT</i> )	Telephone Number	

18 U.S.C. Section 1 00 1, makes it a criminal offense subject to a maximum fine of \$1 0,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

### B. Covered Employees

Employee Category	Number of FAA Covered Employees	Number of Employees Covered By More Than One DOT Operating Administration				
		FHWA	FRA	FTA	RSPA	USCG
<b>Total Covered Employees</b>						
Flight Crewmember						
Flight Attendant						
Flight Instructor						
Aircraft Dispatcher						
Aircraft Maintenance						
Ground Security Coordinator						
Aviation Screener						
Air Traffic Controller						
<b>TOTAL</b>						

**C. Alcohol Testing Information**

**Number of Screening Tests Conducted**

Employee Category	Pre-Employment	Random	Post-Accident	Reasonable Suspicion	Return To Duty	Follow-up
Flight Crewmember						
Flight Attendant						
Flight Instructor						
Aircraft Dispatcher						
Aircraft Maintenance						
Ground Security Coordinator						
Aviation Screener						
Air Traffic Controller						
<b>TOTAL</b>						

Number of employees who engaged in alcohol misuse who were returned to duty in a covered position (having complied with the recommendations of a substance abuse professional as described in FAA regulations):

**D. Other Alcohol Testing/Program Information**

Employees Who Refused To Submit To An Alcohol Test	Number of Refusals	
	Random Tests	Other Tests
Number of covered employees who refused to submit to an alcohol test required under the FAA rule:		
<b>Actions Taken</b>	<b>Number</b>	
No longer employed with company:		
Reassigned to non-covered functions:		
Entered rehabilitation, if applicable, and/or returned to covered functions:		
Other ( <i>Specify</i> ):		

**E. Alcohol Training/Education**

Alcohol Training/Education During Current Reporting Period	Number
Number of supervisors who have received initial training on the specific contemporaneous physical, behavioral, <i>speech</i> , and performance indicators of probable alcohol misuse as required by FAA alcohol testing regulations.	