

FAA DRUG ABATEMENT PROGRAM INSPECTION GUIDE

PART 1: ADMINISTRATIVE AND QUALITY ASSURANCE REVIEW GUIDE

Inspectors must use the following guide during each inspection to ensure they address all areas regarding the employer and its testing program. It is important that inspectors listen to the answers to verify the information during the records review.

NOTE: Inspectors may need to tailor these questions when the employer is a single-owner operator. For example, rather than asking the single-owner operator if he/she asked him/herself whether he/she ever tested positive on a pre-employment test for which he/she was not hired, it may be better to ask “Have you ever tested positive or refused a pre-employment drug test for which you were not hired in the previous two years?” Some of these tailored questions may present a good opportunity to educate the employer, so inspectors should take the time to help explain the steps and show it the resources on our website to include the new hire checklist.

Employer Name and Certificate or Registration Number: _____

Inspection Date(s): _____

Inspector(s) Name(s): _____

Employer President/CEO's Name, Phone Number and Email: _____

Number of Aircraft(s): _____

Please explain the type of business you conduct (e.g., air carrier, repair station or air tour). _____

Is your employer affiliated with any other operator(s) (e.g., air carrier, repair station or air tour)? If so, what is/are the affiliated name(s) and certificate(s) or registration number(s)? Who is/are the Designated Employer Representative(s)? _____

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

Coverage

1. How many total employees do you have? _____
2. What kind of work do(es) your employee(s) perform that requires them to be subject to the

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FAA drug and alcohol testing regulations? _____

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

- a. Flight crewmember duties. _____
- b. Flight attendant duties. _____
- c. Flight instruction duties. _____
- d. Aircraft dispatcher duties. _____
- e. Aircraft maintenance and preventive maintenance duties. _____
- f. Ground security coordinator duties. _____
- g. Aviation screening duties. _____
- h. Air traffic control duties. _____
- i. Operations control specialist duties. _____

4. Where are your employees located? _____

5. Do you contract out any safety-sensitive work? _____

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

7. For contractors (under an A449 or registration), who are your aviation clients that send you safety-sensitive work or where do your employees perform safety-sensitive work? _____

8. Do you have an employer testing program (or non-DOT program)? If so, does it include testing for your safety-sensitive employees? _____

Service Agent

1. Do you use a Consortium/Third Party Administrator (C/TPA) to help with your program? If so, provide Name/Location. _____

2. Where do you conduct your drug and alcohol collections? _____

3. (If applicable) What collection site do you use for employees at other locations or during

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non-regular business hours? _____

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

Mandatory Testing

Pre-employment Testing

1. Have you hired any new safety-sensitive employees in the last 12/18/24 months?¹⁰ What is your process for hiring an employee, and please identify any differences based on the type of job category (for example, is the process different for a pilot than a mechanic)? _____

2. Have you transferred any non-covered employees into safety-sensitive positions in the last 12/18/24 months? What is your process and how is this documented? _____

3. How and when do you advise individuals of the requirement for pre-employment testing and the five drugs? _____

4. Do you perform pre-employment alcohol testing? If so, are all applicants tested? _____

5. Have you requested any drug and alcohol record checks in the last 12/18/24 months? If so, explain your process for performing the drug and alcohol records check. _____

6. What time period do you request records for pilots (if applicable) and/or other safety-sensitive employees?¹¹ _____

7. (If applicable) Do you receive negative and non-negative results for pilots? If not, why? _____

8. Have you ever not received a response from a previous employer? If so, explain your

¹⁰ Inspector must circle the appropriate timeframe based on the LON.

¹¹ Inspectors must verify five years of records for pilots and two years of records for other safety-sensitive employees.

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good faith efforts to obtain the information to include the number of documented attempts.¹²

9. What is your process for performing an additional attempt for reasons such as, mail returned, fax did not transmit, or email returned as undeliverable? _____

10. How long do you maintain the drug and alcohol record check information received from previous employers? _____

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

12. How do you ask employees if they failed a pre-employment drug or alcohol test when applying for employment with another DOT-regulated employer, but they were not hired? Do you document the questions and answer? What is your process if they admit to a previous pre-employment positive or refusal to test? _____

Random Drug and Alcohol Testing

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

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

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

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

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

¹² Per the FAA's Pilot Records Database and Pilot Records Improvement Act Advisory Circular (AC 120-68J), three documented attempts to obtain the records within a 30-day period is generally considered a reasonable good faith effort.

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

7. Are you, as the program manager or DER, a safety-sensitive employee? If so, how are you notified of your own selection? _____

Note: Inspectors must refer to Appendix C of the Order for additional questions to ask when evaluating the employer's random testing program for compliance with 14 CFR §§ 120.109(b) and 120.217(c).

Post-accident Testing

1. Have you ever conducted any post-accident testing? If not, move on to Reasonable Cause/Suspicion Testing. _____

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

Reasonable Cause/Suspicion Testing

1. Have you ever conducted any reasonable cause or suspicion testing? If not, skip question 2 below. _____

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

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

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

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5. What is covered during this training? _____

6. How do you document completion of training and where do you maintain the records? _____

Positive Drug Test Results/Alcohol Violations/Refusals (Inspectors must verify all information provided during this portion in the records review).

1. Have any of your employees had a verified positive drug test result, alcohol violation, or refused to submit to testing? If not, inspectors should use this as an opportunity to educate the employer on its requirement to remove an employee from his or her safety-sensitive function following a violation, to provide the SAP list to all drug and/or alcohol violators, to report applicable individuals to the Federal Air Surgeon, and to explain the steps to return an employee to a safety-sensitive position. Then move on to return-to-duty testing. _____

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

3. Do you provide the SAP information to every individual who tests positive or refuses to submit to testing? Verify SAP qualifications during record review and/or SAP interview (if applicable). _____

4. Have any of your employees who hold a part 67 airman medical certificate had a verified positive drug test result or alcohol violation? If so, how and when did you report the information to the Federal Air Surgeon? _____

5. Have any of your employees holding a part 61, 63, 65, or 67 certificate refused to test? If so, how and when did you report the information to the Federal Air Surgeon? _____

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

Return-to-Duty Testing

1. What is your return-to-duty policy? If they have zero tolerance, move onto Follow-up Testing. _____

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2. If so, please explain your process for returning employees to duty or hiring an applicant with a previous violation. _____

3. How do you receive the SAP evaluation reports and follow-up testing plan? _____

4. How do you ensure that all return-to-duty tests are conducted, and drug tests are collected under direct observation? _____

Follow-up Testing

1. Explain your follow-up testing process? If they have zero tolerance, move onto Program Responsibilities. _____

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

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

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

Program Responsibilities

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

2. Have you received a result indicating insufficient specimen, dilute, or invalid? If not, move on to the next question. If so, what did you do with the result? _____

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3. Have you received a result indicating cancelled? If not, move on to question number 5. If so, what did you do with the result? _____

4. If the cancelled result was for a pre-employment drug test that required recollection, did you complete the test? If not, why? _____

5. Have you received a MRO report that a recollection is required under direct observation? If not, move on to EAP/Training. If so, did you complete the test and how did you ensure the test was directly observed? _____

EAP/Training

1. Where do you display and how do you distribute your drug use/abuse materials? Is it documented and where is it maintained? _____

2. How do you make your alcohol information available to your employees? Is it documented and where is it maintained? _____

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

4. Who provides your training and how often? _____

Recordkeeping

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

2. Who has access to these records? How are they secured? _____

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Additional Notes:

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across its entire width, providing a guide for handwriting or typing. The paper is otherwise completely empty, with no margins, text, or other markings.

This is the conclusion of PART 1, Administrative and Quality Assurance Review. Inspectors must move to PART 2, Record Review, and review documentation to verify the procedures described by the employer. If the employer inspections includes a review of the service agents (collection personnel, MRO, or SAP), inspectors must use PARTS 3, 4, or 5 of this guide accordingly.

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PART 2: RECORDS REVIEW GUIDE

Each inspection must include a quality review of the program documents/records with an asterisk (*). For each area inspected, the responsible inspector must initial in the box on the right.

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

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3d. Verified Drug Test Results and/or Federal CCFs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
3e. ATFs w/ Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*4. Work Records, including:				
4a. Maintenance Records/Logs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
4b. Pilot Flight Records/Logs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
4c. Other Work Records/logs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*5. Post-Accident Testing Records, including:				
5a. Documentation of the Accident and Determination to Test (Or Not Test)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
5b. Verified Drug Test Results and/or Federal CCFs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
5c. ATFs w/ Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
5d. Documentation of Reason Drug Test Not Completed Within 32 Hours (If Documented)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
5e. Documentation of Reason Alcohol Test Not Completed Within 2 Hours or 8 Hours	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*6. Reasonable Cause & Reasonable Suspicion Testing Records, including:				
6a. Documentation of the Event Leading to Testing	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
6b. Documentation of Performance or Reporting for Duty	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
6c. Supervisory Training Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
6d. Verified Drug Test Results and/or Federal CCFs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			

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6e. ATFs w/ Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*7. Verified Positive Drug Test Records, including:				
7a. Verified Positive Drug Test Results and/or Federal Drug Testing CCFs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
7b. Documentation of Removal from Safety-Sensitive Functions, to include Work Records/Logs/Personnel Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
7c. Notifications to the Federal Air Surgeon (For Part 67 Medical Certificate Holders)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
7d. Documentation that the Substance Abuse Professional (SAP) List Provided for Drug Violations and SAP Qualifications	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*8. Alcohol Misuse Violation Records, including:				
8a. Records of Alcohol Misuse Test Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
8b. Documentation of Removal from Safety-Sensitive Functions, to include Work Records/Logs/Personnel Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
8c. Notifications to the Federal Air Surgeon (For Part 67 Medical Certificate Holders)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
8d. Documentation that the SAP List Provided for Alcohol Violations and SAP Qualifications	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*9. Refusal records (drug and/or alcohol), including:				
9a. Documentation of Refusal to Submit to Testing	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			

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9b. Documentation of Removal from Safety-Sensitive Functions, to include Work Records/ Logs/ Personnel Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
9c. Notifications to the Federal Air Surgeon or FAA (For Parts 61, 63, 65, or 67 Certificate Holders)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
9d. Documentation that SAP List Provided for Refusal Violations and SAP Qualifications	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*10. Return-to-duty and follow-up testing records, including:				
10a. Initial and Follow-up Reports from SAP	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
10b. Follow-up Testing Plan	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
10c. Return-to-duty Federal Drug Testing CCFs and/or ATFs and Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
10d. Documentation of Date the Employee was Returned to Safety-Sensitive Functions	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
10e. Follow-up Federal Drug Testing CCFs and/or ATFs and Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
10f. Documentation that SAP List Provided for Return-to-duty and/or Follow-up Testing Violations and SAP Qualifications	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*11. Documents Pertaining to Drug and/or Alcohol Testing Arbitration or Litigation	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
12. Drug and Alcohol Program Training Records, including:				
12a. Employee Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			

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*12b. Initial and Recurrent Training Records for Individuals Making Reasonable Cause/Suspicion Determinations.	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
13. EAP and Alcohol Misuse Information, including:				
13a. Employer's Policy on Drug and Alcohol Testing	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
13b. Distribution Requirement	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
13c. Display Requirement	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*14. Records to Verify Contractor Compliance (e.g., A449s, Contractor Registrations, and Contractor's Random Pool Lists, if applicable).	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
15. Collection Site Records, including:				
15a. Collector/Breath Alcohol Technician Training Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
15b. Specimen Collection Logs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
15c. Calibration Logs for EBT devices	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
16. MRO Records, including:				
*16a. MRO Qualification and Training Documentation	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
16b. Records of Notification & Determination/ Verification	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
16c. Evidence MRO Personally Reviews at Least 5% of all CCFs Reviewed by MRO Staff Quarterly	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
16d. MRO Process for Non-Negative Test Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			

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*17. Laboratory Records, including:				
17a. Semi-annual Summaries	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
*18. Management Information Systems (MIS) Report Records, including:				
18a. Timely Reporting of MIS Data	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			
18b. Accuracy of Drug and Alcohol Testing Data.	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed			

PART 3: COLLECTION SITE REVIEW GUIDE

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

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

Each inspector must use the following Guide.

Collection Site Facility Name: _____

Interviewee (site manager and/or collector): _____

Inspector: _____ **Date:** _____

Evaluation of Facility:

- ____ Privacy for testing.
- ____ Security of the testing site, results and specimens.
- ____ Toilet area for collection is compliant.
- ____ Evidential Breath Testing Device (EBT) or Alcohol Screening Device (ASD) are on conforming products listing.
- ____ If the dry gas method is used to calibrate the EBT, check the expiration date on the "Scotty Bottle".

Documents/areas that must be reviewed:

- ____ Collector, STT, and BAT qualification and proficiency records and training certificates.
- ____ Quality Assurance Plan for the EBT and ASD.
- ____ Review of Custody and Control Forms (CCFs) and Alcohol Testing Forms (ATFs) used for DOT testing.
- ____ Records of equipment checks and calibrations, including external calibration logs/documentation.
- ____ Facility manuals, to ensure they include the up-to-date regulations.
- ____ Verify the collection site and personnel do not use any DOT or DOT Agency branding.
- ____ Verify the collector/BAT/STT is subscribed to the DOT list-serve.

How does the employer or Consortium/Third Party Administrator (C/TPA) advise you of the following information (required under 49 CFR § 40.14)?

- (a) Full name of the employee being tested.
- (b) Employee SSN or ID number.
- (c) Laboratory name and address (if not pre-printed on the form).
- (d) Employer name, address, phone number, and/or fax number (if not preprinted on the form).
- (e) Designated Employer Representative's (DER's) name and telephone number (as required

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- by 49 CFR § 40.35).
- (f) Medical Review Officer (MRO) name, address, phone number and fax number (if not preprinted on the form).
 - (g) DOT Agency which regulates the employee's safety-sensitive duties (if not pre-checked on the form).
 - (h) Test reason, as appropriate: Pre-employment, random, reasonable suspicion/reasonable cause, post-accident, return-to-duty, and follow-up.
 - (i) Whether the test is to be observed or not.
 - (j) (Optional) C/TPA's name, address and fax number (if not preprinted on the form). If applicable, when the C/TPA's information is documented in Step 1A of the CCF, the employer's name and contact numbers must be included in Step 1A according to 49 CFR § 40.45(c)(2).

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

Name of Collector: _____
Inspector: _____ **Date:** _____

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

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Further questions you may ask:

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

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

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

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

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

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

Inspector: _____ Date: _____

- ☐ Identify the donor by picture identification.
- ☐ Explain the testing process, including showing the instructions on the back of the ATF.
- ☐ Complete Step 1 of the ATF.
- ☐ Instruct the donor to complete Step 2 of the ATF and sign the certification.
- ☐ Conduct EBT, saliva or breath tube testing:
 - ☐ For EBT testing, open a sealed mouthpiece in view of the donor and attach it to the device, instruct the donor to blow forcefully into the mouthpiece until adequate breath is provided, and show the donor the result displayed on the device.
 - ☐ For saliva testing, open a sealed device in view of the donor, offer the donor the opportunity to use the device or insert the device into the donor's mouth and gather saliva, ensure the device activated, read the displayed results within 15 minutes of the test, and show the donor the result displayed on the device.
 - ☐ For breath tube testing, remove the device from the package, secure an inflation bag onto the appropriate end of the device per the manufacturer's instructions, break the tube's ampoule in view of the donor, offer the donor the opportunity to use the device or the STT/BAT must hold the device, instruct the donor to blow forcefully and steadily into the blowing end of the device until the inflation bag fills with air (approximately 12 seconds), take the device from the donor or remove it from the donor's mouth, remove the inflation bag, prepare the device to be read by the analyzer according to the manufacturer's instructions, read the results from the analyzer no earlier than the required incubation time of the device and no later than

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15 minutes after the test, and show the donor the analyzer result.

- ☐ Record the displayed result, test number, testing device name, the serial number of the device or lot number and expiration date, activation time and/or reading time, and result in Step 3 of the ATF or;
- ☐ Attach the printed result to the ATF in the proper place with tamper-evident tape.
- ☐ Advise the donor that the alcohol testing process is complete and that he/she may leave.
- ☐ Transmit (via fax, mail, etc.) the result to the DER in a confidential manner.

Further questions you may ask:

1. Has the BAT ever had a result that was above 0.02? If so, do they perform the following steps:
 - ☐ Explain the confirmation procedure as follows:
 - ☐ Instruct the donor not to eat, drink or put any object or substance in their mouth, and to the extent possible, not belch during the waiting period before the confirmation test.
 - ☐ Wait 15 to 30 minutes after the completion of the initial test.
 - ☐ At the completion of the waiting period, conduct the confirmation test.
 - ☐ In the presence of the donor, conduct an air blank and show the reading to the donor.
 - ☐ Open a sealed mouthpiece in view of the donor and attach it to the device.
 - ☐ Instruct the donor to blow forcefully into the mouth piece until adequate breath is provided.
 - ☐ Show the donor the result displayed on the EBT.
 - ☐ Record the displayed result, test number, device name, the serial number of the device, time and result in Step 3 of the ATF or; attach the printed result to the ATF in the proper place with tamper-evident tape.
 - ☐ Date and sign the ATF certification in step 3.
 - ☐ Instruct the donor to sign the ATF certification in Step 4.
 - ☐ Immediately transmit (via person, telephone or electronic means) the results using Copy 1 to the DER in a confidential manner, ensuring it was received.
2. At what point does the BAT or STT perform the EBT calibrations? _____

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

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

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PART 4: MEDICAL REVIEW OFFICER (MRO) REVIEW GUIDE

If the employer's MRO has had a comprehensive inspection within the last 2 years, inspectors are only required to verify the MRO works for the employer. If not, each inspector must include the MRO in the inspection, using the following interview and document review guide.

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

MRO's Name: _____
Address: _____
Phone Number: _____
Inspector: _____ Date: _____

Interview Questions:

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

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

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

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

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

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

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

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8. How do you handle the following?

Invalid Results _____

Dilute Positives or Dilute Negatives _____

Shy Bladder Situations _____

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

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

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

Documents/areas that must be reviewed:

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

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Additional Notes:

[illegible]

PART 5: SUBSTANCE ABUSE PROFESSIONAL (SAP) REVIEW GUIDE

When an employer has return-to-duty and follow-up testing records, inspectors must include a review of the SAP involved in each process. Inspectors must use the following guide.

NOTE: This is not an exhaustive listing of questions for the SAP. If you have information regarding a specific evaluation or return-to-duty process, you may require more specific questions.

SAP's Name: _____

Address: _____

Phone Number: _____

Inspector: _____ **Date:** _____

Interview Questions:

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

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

3. Have you received qualification training? _____

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

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

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

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

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8. Where do you keep the SAP reports and for how long? _____

Documents/areas that must be reviewed:

1. Qualification Training and Certification Records.
2. Continuing Education.
3. A check of one or more of the organizations referenced on the ODAPC Web site link for SAPs (<http://www.dot.gov/odapc/sap>).
4. Initial and final return-to-duty evaluations, including follow-up testing recommendations.
5. Verify the SAP does not use any DOT or DOT Agency branding.
6. Verify the SAP is subscribed to the DOT list-serve.

Additional Notes:

[illegible]