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

\*This document is available electronically on the Drug Abatement Division's Web site at <a href="https://www.faa.gov/go/drugabatement">www.faa.gov/go/drugabatement</a>

Team Lead's Name:

**Company's Name:** 

Program Area	Company Name and Points of Contact Name/Title	Address/ Phone/Fax No./E- Mail
Designated Employer Representative/Program Manager (This is your company representative responsible for answering questions relating to the DOT/FAA drug and alcohol testing program.)		
Primary Specimen Collection Site, Primary Alcohol Testing Site		
Medical Review Officer		
Substance Abuse Professional		
Training and Education Records		
(This is your company representative responsible for providing training to new employees and/or supervisors, and the materials provided.)		
Recordkeeping & Reporting		
(This is your company representative responsible for maintaining and securing the testing documentation.)		