



PHMSA Headquarters Inspection Form Anti-Drug & Alcohol Program

Audit Information			
Starting Date	Ending Date	Total Number of Field Days	Inspector Name
Operator Name		Phone	
Address		City	State/Zip
Executive Officer		Title	
Inspection Location		Number of Covered Employees in Random Drug Pool	
Persons Interviewed		Title	
Type of Facility:		<input type="checkbox"/> Gas Transmission Pipeline	<input type="checkbox"/> Gas Distribution
Anti-Drug & Alcohol Misuse Prevention Plan developed by:		<input type="checkbox"/> Operator	<input type="checkbox"/> Contractor
Anti-Drug & Alcohol Testing Program administered by:		<input type="checkbox"/> Operator	<input type="checkbox"/> Consortium
Contractor records maintained by:		<input type="checkbox"/> Contractor	<input type="checkbox"/> Consortium
Specimen Collection Conducted:		<input type="checkbox"/> Operator Personnel On-Site	<input type="checkbox"/> Operator Personnel Off-Site
		<input type="checkbox"/> Contractor Personnel On-Site	<input type="checkbox"/> Contractor Personnel Off-Site

COMPLIANCE	CRITERION	GUIDANCE
§199.3 Definitions		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.3 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.3/§40.3 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.3	1. Does plan contain applicable accident definition as defined in §191.3? 2. Does plan contain complete definition of: Drug and Alcohol: Cancelled Test, Consortium/Third Party Administrator (C/TPA), Designated Employer Representative (DER), Employee, Employer, Error Correction Training, Refresher Training, Service Agent, Stand-Down, Substance Abuse Professional (SAP), Drug: Adulterated specimen, Blind Specimen, Collector, Dilute Specimen, Drugs, Invalid Drug Test, Medical Review Officer (MRO), Split Specimen, Substituted Specimen, Verified Test Alcohol: Air Blank, Alcohol, Alcohol Confirmation Test, Alcohol Screening Test, Breath Alcohol Technician (BAT), Evidential Breath Testing Device (EBT), Screening Test Technician (STT), 3. Does operator plan address testing for only the following drugs? Marijuana <input type="checkbox"/> Opiates <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamines <input type="checkbox"/> Phencyclidine(PCP) <input type="checkbox"/>	
§199.5 DOT Procedures		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.5	Does the plan contain procedures for conducting drug and alcohol tests in accordance with 49 CFR Part 40?	Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.
§199.9 Preemption of State and local laws		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.9	Does the plan address the preemption criteria and exceptions?	Alcohol rule preempts any state or local law, unless compliance with both is not possible.
§40.21 May an employer stand down an employee before the MRO has completed the verification process?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.21	Does the company plan address stand down and prohibit it in all cases?	NOTE: A company can apply for a waiver from PHMSA.
§40.25 May an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety sensitive duties?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.25 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.25 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.25	1. Does the company obtain the previous two years testing information from previous employers for new employees? 2. If the company hires an employee who has not completed a follow-up testing program, does the employer make the employee complete the program? 3. Does the company release the previous two year testing information as a previous employer?	NOTE: They must have written permission from the employee. NOTE: They must have written permission from the employee
§40.27 May an employer require an employee to sign a consent or release in connection with the DOT drug and alcohol testing program?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.27	1. The company may not require the employee to sign a consent, release, waiver of liability, or indemnification agreement with respect to any part of the drug or alcohol testing process?	NOTE: They can require the employee to sign an acknowledgement form stating that they have received a copy of the plan or that they are aware of their rights and responsibilities associated with the drug and alcohol plan.
§40.33 What training requirements must a collector meet?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	To collect urine specimens a collector must meet the following requirements: 1. They must be knowledgeable about the "DOT Urine Specimen Collection Guidelines" and the DOT agency regulations. 2. They must receive qualification training that includes the following:	

<p style="text-align: center;">§40.33</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p style="text-align: center;">§40.33</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p style="text-align: center;">§40.33</p>	<p>a. steps to complete a collection correctly and the proper completion of the CCF form.</p> <p>b. Problem collections (shy bladder, tampering)</p> <p>c. Fatal flaws, correctable flaws, and correction of problems in collection.</p> <p>d. Responsibility for maintaining the integrity of the collection process, ensuring privacy of the employee being tested, security of the specimen, and avoiding conduct or statements that could be view as offensive or inappropriate.</p> <p>3. They must demonstrate their proficiency by completing five consecutive error free mock collections.</p> <p>4. The collector must be subject to refresher training no less than every five years and this training should meet the requirements outlined above in #2 and #3.</p>	<p>NOTE: Five collections to include two uneventful collections, one insufficient quantity of urine, one temperature out of range, and one employee refusal to sign the CCF and initial the bottle seal.</p>
---	--	--

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§199.101/199.201 Anti-drug plan/ Alcohol Misuse Plan		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A 199.101/199.202 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(2) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(3) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(4)/199.211	1. The plan must contain: <ul style="list-style-type: none"> a. Methods and procedures for compliance with all requirements of CFR 49 Part 199, including an employees assistance program: <ul style="list-style-type: none"> (1) Covered positions subject to drug testing; (Operator) (2) Supervisor positions that receive EAP training for drugs and alcohol; (3) Person/position responsible for recordkeeping; (4) Methods for assuring confidentiality of records. b. The name/address of each laboratory that analyzes the specimens collected for drug testing; and c. The name/address of the operator's medical review officer (MRO) & substance abuse professional (SAP). d. Specify procedures for notifying employees of the coverage and provision of the Drug and Alcohol Plan. 	<p>Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.</p> <p>Plan must contain specific details on how this is accomplished and what information is provided to employees.</p>
§199.113/199.241 Employee Assistance Program (EAP)		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113/199.241	1. Does the operator provide an EAP for its employees and supervisory personnel? <ul style="list-style-type: none"> a. Does the EAP include education and training about drug use? 2. Does the operator, as part of the EAP, display and distribute: <ul style="list-style-type: none"> a. Information material? b. Community service hotline telephone number for employee assistance? c. The employer's policy regarding the use of prohibited drugs? 3. Does the operator provide at least a 60-minute period of training for supervisory personnel that teach the specific contemporaneous physical, behavioral, and performance indicators of probable drug and alcohol misuse?	
§199.115/199.245 Contractor employees		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115/199.245(b) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115/199.245(c) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115/199.245(c)	Does the operator provide, by contract, that the drug and alcohol testing, education and training of contractor employees required by 49 CFR Part 199 be carried out by contractor? <ul style="list-style-type: none"> 1. Does the operator remain responsible for ensuring compliance with the requirements of 49 CFR 199, and 2. Does the contractor allow access to property and records by the operator, DOT and any jurisdictional state agency for the purpose of monitoring the operator's compliance with the requirements of 49 CFR 199? 3. Does the plan have detailed specifications for monitoring contractor's compliance with the requirements of 49 CFR Parts 199 and 40? 	The contractor can provide the services through a consortia or third-party provider.

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§199.109/40 Subpart P Confidentiality and Release of Information		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.327 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.327 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.327 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.321 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §§40.321/40.329 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.331 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.329	<p>1. Does the MRO disclose to the employer, a DOT agency or other Federal safety agency, or a physician responsible for determining the medical qualification of the employee under an applicable DOT agency regulation, any medical information provided by the individual to the MRO as part of the testing verification process only if:</p> <ol style="list-style-type: none"> An applicable DOT regulation permits or requires such disclosure; In the MRO's reasonable medical judgment, the information could result in the employee being determined to be medically unqualified under an applicable DOT agency rule; or In the MRO's reasonable medical judgment, the information indicates that continued performance by the employee of his/her safety-sensitive function could pose a significant safety risk? <p>1. Does the employer contract with the laboratory require that the laboratory maintain employee test records in confidence, as provided in DOT agency regulations?</p> <p>Does the plan specify under what circumstances a covered employee may have access to their records?</p> <p>Does the plan specify procedures which permit access to facilities used for testing by the DOT agency representative?</p> <p>When an employee requests the release of information is it provided under the following guidelines?</p> <ol style="list-style-type: none"> MRO and Service Agent must provide copies within 10 days. (Employee may have to pay for cost of preparation and reproduction.) The lab must provide records related to the results within 10 days. (Employee may have to pay for cost of preparation and reproduction.) The SAP must provide copies of all reports. 	<p>Currently there are no physical qualifications required for pipeline personnel.</p>
§40.347 What functions may C/TPA's perform with respect?		
§40.349 What records may a service agent receive and maintain?		
§40.353 What principles govern the interaction between MRO's and other service agents?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §§40.347/40.349/40.353	<p>For companies using C/TPA's (Consortiums and Third Party Administrators) does the following apply?</p> <ol style="list-style-type: none"> They may receive results (except for alcohol positives) from the MRO and transmit them to the employer. They may run random pools. They may assist with reasonable cause, pre-employment, post accident, and follow-up testing. May provide MRO services, but there must be a physical and operational separation. 	

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§199.105 Drug tests required		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(b)	b. Decision not to test has been based upon the best information available immediately after the accident that the employee's performance could not have contributed to the accident?	Documentation pertaining to decision to test or not to test should be maintained by operator or contractor.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(b)	c. Decision not to test because of the time between the employee's performance and the accident, it is not likely that a drug test would reveal whether the performance was affected by drug use?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)	Random Testing 1. Does the operator's anti-drug plan have specific procedures that provide for:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)	a. Random employee selection process?	Specify type of random selection process.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)	b. Determination of 25% annualized rate?	Calculate 25% random rate for each year. Plan must specify random period (12 times a year, or 4 times a year, etc.) (Semi-annual and annual are unacceptable.)
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)(7)	c. Is plan spread reasonably throughout the year?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)	2. The random selection procedure is based on a random table or on a computer-based number generation system, or another method meeting DOT requirements.	Note: An employee should immediately report to the collection site or within 30 minutes, plus travel time, once notified by a company official.
§199.105 Drug tests required		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(d)	Reasonable Cause 1. Each employee who performs a covered function, and who is reasonably suspected of using prohibited drugs, is tested for the presence of drugs in accordance with the regulations.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(d)	2. At least two supervisors, one of whom is trained in detection of the symptoms of drug use, substantiate and concur in the decision to test an employee who is reasonably suspected of drug use.	In the case of an operator with 50 or fewer covered employees subject to testing, only one supervisor of the employee, trained in detecting possible drug use symptoms shall substantiate the decision to test.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(d)	3. Decisions to test are reasonable and articulable, and based on specific contemporaneous physical, behavioral or performance indicators of probable drug use.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(e)	Return-to-Duty 1. All employees in covered positions who have been hired or have returned to duty after having failed a DOT required drug test or who have refused to submit to a DOT required drug test, must be evaluated face-to-face by a SAP, have properly followed any prescribed assistance, and be subject to a return-to-duty test.	The concurrence between the two supervisors may be by telephone.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(f)	Follow-up 1. Return-to-duty testing is performed on an unannounced basis, at a frequency established by the SAP, for a period of not more than 60 months.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(f)	2. At least six tests must be conducted within the first 12 months following the covered employee's return to duty.	

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§199.107 Drug testing laboratory		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.107(a)	Does the operator use only those drug testing laboratories certified by the Department of Health and Human Services (DHHS) under the DOT Procedures for all drug testing required by 49 CFR 199?	Check labs listed by operator against latest NIDA certified lab list.
§199.109/40 Subpart G/ Review of drug testing results and MRO procedures		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(a)	MRO Qualifications and Responsibilities 1. Does the operator's plan designate a medical review officer?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(b)/40.121	2. Does the operator's plan state that the MRO is a licensed physician with knowledge of the following? a. Experience in controlled substance abuse disorders b. issues relating to adulterated and substituted specimens as well as possible medical causes for invalid results. c. Knowledge about the DOT MRO Guidelines and the PHMSA agency regulations (Part 199).	What documentation is available to determine MRO's knowledge of drug abuse? There must be a clear separation to prevent the appearance of a conflict of interest. What documentation does MRO provide on negative test results?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.121	3. Has the MRO completed qualification training and satisfactorily completed an examination administered by a nationally recognized MRO certification board or a subspecialty board?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.121	4. Has the MRO completed continuing education every three years as required by obtaining at least 12 professional development hours (e.g. CEMU's) relevant to performing MRO functions?	What documentation does the MRO provide on positive test results to company official?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.121	3. Is the operator checking for qualifications/training of the MRO? 4. Is the MRO an employee of the laboratory conducting the drug tests?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.125	5. Does the MRO conduct an administrative review of all negative results prior to transmission of results to employer or administrative officials?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.127	6. Does the operator's anti-drug plan require the MROs to perform the following functions: a. Review confirmed positive results prior to the transmission of results to employer or administrative officials? b. Review and interpret positive test results as follows to determine if there is an alternate medical explanation for an individuals confirmed positive: (1) Conduct a medical interview with individual tested?	NOTE: Staff may under the MRO's direct personal supervision may perform this administrative function, but only the MRO may cancel a laboratory confirmed negative test.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.129	a. Review confirmed positive results prior to the transmission of results to employer or administrative officials? b. Review and interpret positive test results as follows to determine if there is an alternate medical explanation for an individuals confirmed positive: (1) Conduct a medical interview with individual tested?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.129	a. Review confirmed positive results prior to the transmission of results to employer or administrative officials? b. Review and interpret positive test results as follows to determine if there is an alternate medical explanation for an individuals confirmed positive: (1) Conduct a medical interview with individual tested?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.129	a. Review confirmed positive results prior to the transmission of results to employer or administrative officials? b. Review and interpret positive test results as follows to determine if there is an alternate medical explanation for an individuals confirmed positive: (1) Conduct a medical interview with individual tested?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.129	a. Review confirmed positive results prior to the transmission of results to employer or administrative officials? b. Review and interpret positive test results as follows to determine if there is an alternate medical explanation for an individuals confirmed positive: (1) Conduct a medical interview with individual tested?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.131	(2) Review the medical history and any relevant bio-medical factors?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.141	(3) Review all medical records made available by the individual tested to determine if a confirmed positive test resulted from legally prescribed medication?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.141	(4) Verify that the laboratory report and assessment are correct?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.129	7. After appropriate review does the MRO refer the individual tested to a personnel or administrative officer for further proceedings in accordance with the operator's anti-drug plan?	(A staff person under the MRO's supervision may make the initial contact, and a medically licensed or certified staff person may gather information from the employee.)
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.167	Positive Test Result 8. Prior to making a final decision to verify a positive test result for an individual, does the MRO give the individual an opportunity to discuss the test result with him or her?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.131	9. Does the MRO contact the individual directly, on a confidential basis, to determine whether the employee wishes to discuss the test results?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.131		

COMMENTS

COMPLIANCE			CRITERION	GUIDANCE
§199.109/40 Subpart C/ Review of drug testing results and MRO procedures				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.131	<input type="checkbox"/> N/A	10. Except as listed in #14 below, does the MRO talk directly with the employee before verifying a test as positive?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.131	<input type="checkbox"/> N/A	11. If, after making all reasonable efforts (3 attempts in a 24 hour period) and documenting them, the MRO is unable to reach the individual directly, does the MRO contact a designated management official who shall direct the individual to contact the MRO as soon as possible?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.131	<input type="checkbox"/> N/A	12. If it becomes necessary to reach the individual through the designated management official, does the designated management official employ procedures that ensure, to the maximum extent practicable, the requirement that the employee contact the MRO is held in confidence?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.131	<input type="checkbox"/> N/A	13. If designated management official is unable to contact the employee (3 attempts in a 24 hour period), does employer place the individual on temporary medically unqualified status or medical leave?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.133	<input type="checkbox"/> N/A	14. Does the MRO verify a test as positive without having communicated directly with the employee about the test in these three circumstances:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.133	<input type="checkbox"/> N/A	a. The employee expressly declines the opportunity to discuss the test;	
			b. The designated employer representative has successfully made and documented a contact with the employee and instructed the employee to contact the MRO, and more than 72 hours have passed since the date the employee was successfully contacted by the designated employer representative.	
			c. Neither the MRO nor the designated employer representative, after making all reasonable efforts, has been able to contact the employee within 10 days of the date on which the MRO receives the confirmed positive test result from the lab.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.133	<input type="checkbox"/> N/A	15. If a test is verified positive under the circumstances specified in paragraph 14b and 14c above, can the employee (within 60 days) present to the MRO information documenting that serious illness, injury, or other circumstances unavoidably prevented the employee from timely contacting the MRO?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.133	<input type="checkbox"/> N/A	16. Does the MRO verify an invalid test as cancelled (with immediate instructions to recollect immediately under direct observation) without having communicated directly with the employee about the test in these three circumstances:	
			a. The employee expressly declines the opportunity to discuss the test;	
			b. The designated employer representative has successfully made and documented a contact with the employee and instructed the employee to contact the MRO, and more than 72 hours have passed since the date the employee was successfully contacted by the designated employer representative.	
			c. Neither the MRO nor the designated employer representative, after making all reasonable efforts, has been able to contact the employee within 10 days of the date on which the MRO receives the invalid test result from the lab.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.149	<input type="checkbox"/> N/A	17. Does the MRO reopen the verification allowing the employee to present information concerning a legitimate explanation for the confirmed positive or invalid test result?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	18. If the MRO concludes that there is a legitimate explanation,	

§40.149	does the MRO declare the positive test to be negative or the invalid test to be cancelled with no recollection required?	
<input type="checkbox"/> YES <input type="checkbox"/> NO §40.139 <input type="checkbox"/> N/A	Verification For Opiates; Review For Prescription Medication 1. Before the MRO verifies a confirmed positive result for opiates, does he/she determine that there is clinical evidence-in addition to the urine test-of unauthorized use of any opium, opiate, or opium derivative?	(This requirement does not apply if the employer's GC/MS confirmation testing for opiates confirms the presence of 6-monocetylmorphine.)

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§40.145 On what basis does the MRO verify test results involving adulteration or substitution?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.145	1. Does the plan make the employee provide specific proof for adulterated or substituted specimens? a. For adulterated, they must demonstrate that the adulterant entered through physiological means. For substituted, they must demonstrate that they can produce urine meeting the criteria through physiological means.	The MRO may choose to involve a referral physician for proof of legitimate medical assertion.
§40.149 May the MRO change a verified positive drug test result or refusal to test?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.149 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.149	1. Does the MRO only change a verified positive test result or refusal to test in the following situations: a. When they reopen a verification that was done without an interview with the employee. b. If they receive information not available at the time of the original verification that demonstrates that the laboratory made an error in identifying or testing the primary or split specimen. 2. Is the MRO the only person allowed to change a verified test result?	
§40.151 What are MRO's prohibited from doing as part of the verification process?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.151	1. The MRO should <u>not</u> engage in the following during the verification process: a. Consider urine samples not collected or tested in accordance with Part 40. b. Become part of factual disputes between the employee and the collector concerning matters not reflected on the CCF. c. Become part of disputes regarding whether the testing should have occurred. d. Consider explanations that would not result in a legitimate medical explanation. e. Verify a test negative based on information that a physician recommended use of the controlled substance. f. Accept as a legitimate medical explanations the following: 1. The use of a marijuana related product to explain the presence of marijuana. 2. Consumption of coca teas to explain the presence of cocaine. 3. Any explanation for the presence of PCP or 6-AM. 4. An explanation for soap, bleach, glutaraldehyde in a specimen by physiological means. 5. Accept that a person can produce urine with no detectable creatinine.	
§40.159 What does the MRO do when a drug test is invalid?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.159	1. Does the plan allow the following for invalid test results? a. If the MRO determines by the employee contact that there is a legitimate medical reason, the MRO can cancel the test. No recollection is necessary unless a negative is needed. b. If the MRO determines by the employee contact that there is no legitimate medical reason, the MRO cancels the test and orders immediate direct observation recollection.	
§40.160 What does the MRO do when a valid test result cannot be produced and a negative result is required?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.160	1. If a valid test result cannot be produced and a negative result is required then the employee must have a medical evaluation conducted by the MRO or a licensed physician. Alternative	

	<p>testing such as blood tests may be conducted as part of the evaluation.</p> <p>b. If the MRO determines by the medical evaluation that there is no evidence of drug use, the MRO should report the test as negative.</p> <p>b. If the MRO determines by the medical evaluation that there is clinical evidence of drug use, then the MRO should report the test as cancelled. The employee shall not be allowed to begin or resume performing safety sensitive functions.</p>	
--	--	--

§40.135 Subpart G/ Review of drug testing results and MRO procedures

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.135	<p>Before obtaining medical information from the employee as part of the verification process, does the MRO inform the employee of the required information?</p> <ol style="list-style-type: none"> 1. The laboratory has determined the test result was positive, adulterated, substituted, or invalid; the drugs found in the specimen; and the basis for the findings. 2. Explain the verification process 3. If it is determined that further medical evaluation if needed that the employee must comply with the request 4. Disclosure to third parties of the information provided during the verification process without their consent 5. If the employee is using a legally valid controlled substance that they have 5 days to consult with the prescribing physician to determine if the prescription can be changed so the employee is not medically unqualified. 	
--	--	--

§40 Subpart G & H Retention of sample and retesting

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.153/40.171	<ol style="list-style-type: none"> 1. If the MRO determines there is no legitimate medical reason for a confirmed positive test result, do the procedures permit the employee to submit a written or verbal request for a retest within 72 hours of receipt of the final test results from the MRO? <ol style="list-style-type: none"> a. The operator may require the employee to pay the associated retest prior to the testing. 2. Because it is possible that some analyses may deteriorate during storage, the results of a retest are to be reported as confirmation of the original test results without regards to the cutoff concentrations used in the primary test. 3. If the split specimen testing fails to reconfirm the presence of the drugs reported in the primary specimen, you may send the specimen or an aliquot of it for testing at another HHS-certified laboratory that has the capability to conduct another reconfirmation test. 	<p>There is no split specimen testing for an invalid result.</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.173		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.177		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.177		

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§199.117 Recordkeeping		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.321/40.323/ 40.331	<p>1. Does the anti-drug plan require the operator to keep the following record; and do records verify that the plan is being carried out?</p> <p>a. Records to be kept for 3 years:</p> <p>(1) Records demonstrating that the collection process conforms to 49 CFR Part 40, Subpart E Specimen collection procedures.</p> <p>(2) Records confirming that supervisors and employees have been trained as required by §199.113, Employee Assistance Program.</p> <p>b. Records to be kept for 5 years:</p> <p>(1) A record of the number of employees tested by type of test, (e.g., post-accident).</p> <p>(2) Records that show an employee failed a drug test, the type of test failed, (e.g., post-accident) and records that demonstrate rehabilitation, if any.</p> <p>Records must include the following information:</p> <p>(a) The functions performed by employee who failed a drug test. (Welder, Field Tester, Leak Surveyor, etc.)</p> <p>(b) The prohibited drugs that were used by the employee who failed the drug test.</p> <p>(c) The disposition of each employee who failed the drug test (e.g., termination, rehabilitation, leave without pay, etc.).</p> <p>c. Records to be kept for 1 year: Records showing an employee passed a drug test.</p> <p>2. Does the procedures prohibit the release of an individual's drug test results except as follows:</p> <p>a. Upon written consent of the individual; or</p> <p>b. Upon request by DOT or a state agency;</p> <p>c. To state licensing authorities (when required by state law) all violations of drug and alcohol testing rules (including positives and refusals) when the employee carries a CDL.?</p>	
§40.191 What is a refusal to take a DOT drug test and what are the consequences?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.191	<p>1. Does the employer consider a refusal to submit as the following?</p> <ol style="list-style-type: none"> 1. Failure to appear at the testing site within a reasonable time. 2. Failure to remain at the site until testing is completed. 3. Failure to provide urine specimen when required 4. Failure to permit directly observed or monitored collection 5. Failure to provide sufficient urine with no medical explanation 6. Failure to take a second test as directed 7. Failure to undergo a medical examination or evaluation 8. Failure to cooperate with the testing process. 9. For an observed collection, failure to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process. 10. Possess or wear a prosthetic or other device that could be used to interfere with the collection process. 11. Admit to the collector or MRO that you adulterated or substituted the specimen. 	

§40.197 What happens when an employer receives a report of a dilute specimen?

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.197	For negative dilute specimens, the employer may conduct a second collection?	Second collections are mandatory if directed by the MRO because the creatinine concentration of the specimen was greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.155/ 40.197	If the recollection is directly observed and is still reported as negative dilute then the MRO must report the second test as a negative dilute. If the recollection is not directly observed and is reported as a negative dilute then a second recollection under direct observation is only necessary if directed by the MRO..	

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§40.201 What problems always cause a drug test to be cancelled and may result in a requirement for another collection?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.201	Does the MRO cancel tests when reported by the laboratory as follows? <ol style="list-style-type: none"> 1. An invalid result is reported. (recollection under direct observation may be required) 2. The specimen is “Rejected for Testing” (a recollection may be required based on type of test) 3. The primary is positive and the split “Fails to Reconfirm”. (recollection necessary if determined by the MRO) 4. The split specimen failed to reconfirm the primary specimen and the split is invalid. (recollection under direct observation must take place) 5. The laboratory’s test of the primary is positive, adulterated, or substituted and the split fails to reconfirm, is not available for testing, or a split laboratory is available. (recollection under direct observation must take place) 6. The examining physician has determined that there is a medical explanation for the employee’s failure to provide a sufficient amount of urine. 	
§40.205 How are drug test problems corrected?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.205	When a correctable drug testing flaw is not corrected does the MRO cancel the test?	
§40.207 What is the effect of a cancelled drug test?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.207 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.207	Does the employer not count a cancelled test towards compliance with DOT random testing requirements? For cases of reasonable cause and post accident, return to duty, follow-up, or pre-employment testing which results in a cancelled test does the employer require recollection under direct observation?	
Part 40 Preparation for testing		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40 Subpart H <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.45 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.49/ Appendix A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.49/ Appendix A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.31 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.67/40.69	<ol style="list-style-type: none"> 1. Is the operator only conducting split specimen testing? 2. Is the Federal Drug Testing Custody and Control form being used? 3. Do collection site personnel provide the donor with a clean, single-use specimen bottle that is securely wrapped? 4. Do collection site personnel provide a tamper-proof sealing system designed in a manner to ensure against undetected opening? 5. Is type of training documented and available to indicate if collection personnel have been trained in accordance with the procedures established by the operator/DOT? 6. In a situation where no other qualified collector is available, is a direct supervisor serving as the collection site person? 7. Are same gender collection personnel used if a collection is monitored by non-medical personnel or is directly observed? 	Failure to use the form can result in a cancelled test. It is a “Correctable Flaw”.

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
Part 40 Specimen collection procedures		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.41	Designation of Collection Site 1. Has employer designated a collection site which contains: a. An enclosure within which private urination can occur?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.41	b. A suitable clean surface for writing?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.41	c. A source of water for washing hands?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.43	Security Has the employer provided procedures to ensure the designated collection site is secure? 1. If the facility cannot be dedicated solely to drug testing, is the portion of the facility used for testing secured during drug testing by:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.43	a. Restricting access to collection materials and specimens?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.43	c. Ensuring there is no undetected access to protect the privacy of the individual?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.43	2. If continuous physical security is impractical at the collection site from the time the specimen is presented until the sealed mailer is transferred for shipment, do the following minimum procedures apply?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.43	a. The specimen shall remain under the direct control of a collection site person from delivery to its being sealed in the mailer.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.73	Is the chain-of-custody form properly executed by authorized collection site personnel upon receipt and transfer of specimen?	
	Privacy 1. Are procedures for collecting urine specimens allowing individual privacy (unless there is a reason to believe the individual will alter or substitute the specimen or a direct observation collection is required as listed below)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.67	a. The collector was directed by the designated employer representative to do so	
	b. The employee's conduct or materials brought to the testing site clearly indicate an attempt to tamper.	
	c. The employee has presented a urine specimen that falls outside the normal temperature range	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.67	2. Do procedures state that when a direct observation takes place the observer must do the following:	
	a. Watch the employee urinate into the collection container.	
	b. Request the employee raise their shirt above the waist and lower clothing and underpants to show you, by turning around, that they do not have a prosthetic device.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.63	3. Does the collector notify the designated employer representative and the collection site supervisor that a direct collection took place?	

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
Part 40 Specimen collection procedures		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.43 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.61 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.43 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.193 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.65 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.65 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.65 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.71/40.73 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.71/40.73 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.71 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.71/40.73 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.71/40.73 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.71/40.73	Integrity and Identity of Specimen 1. Are precautions taken, as listed, to ensure that unadulterated specimens are obtained and correctly identified? a. Bluing agents in toilet tank and all water sources secure; b. Individual positively identified (photo ID, etc.); c. Proper authority contacted if individual fails to arrive at the assigned time; d. The donor shall remove any unnecessary outer garments. Purses or briefcases shall remain with outer garments; employees shall empty their pockets. e. Donor shall wash and dry his/her hands; f. Any unusual behavior noted on the custody and control form; 2. Have provisions been made if the donor is unable to provide at least 45 milliliters of urine? a. Drink up to 40 ounces of fluid distributed reasonably through a period up to three hours, or until the individual has provided a new urine specimen, whichever comes first. 3. Are correct procedures being followed at the collection site after specimen has been provided? a. Within 4 minutes of specimen collection temperature should be measured. b. Inspect specimen for any contaminants and note findings on custody and control form. c. Suspected adulterated specimens should be forwarded to the lab for testing. d. If there is a reason to believe specimen is altered or substituted the donor should provide a second specimen under direct observation of same gender collection person as soon as possible. e. Identification label should be placed on specimen. f. Donor shall initial the identification label on the specimen bottle. g. Any left over urine must be discarded after the specimen bottles have been filled and sealed. The employee does not have a right to this excess urine. h. The collection site person shall enter the identifying information of the specimen on the custody and control form and shall sign the form for certification that Federal requirements have been met. i. The donor signs the custody and control form to verify the specimen identified is in fact the specimen he/she provided. j. Custody and control form is completed after receipt of the specimen from the donor. k. Specimen and custody and control form are prepared for shipment or are secured in temporary storage.	<p>Note: The employee may decline to drink additional fluids, but must provide a sufficient urine specimen within 3 hours.</p>

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§40.83 How do laboratories process incoming specimens?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.83	1. Does the laboratory inspect for fatal flaws in the following cases? Specimen & bottle ID's do not match Bottle seal is broken or tampered with Collectors name and signature is omitted Insufficient urine	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.83	2. Does the laboratory inspect for correctable flaws in the following cases? Specimen temperature not checked and no remarks Collectors signature omitted Chain of custody not completed properly	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.83	3. Is the laboratory taking steps deal with correctable flaws?	
§40.89/40.91 What is validity testing and are laboratories required to conduct it?/ What validity tests must laboratories conduct on primary specimens?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.89	1. Does the laboratory conduct validity testing?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.91	2. Does the laboratory conduct the following validity tests: Creatinine concentration pH of each primary specimen validity tests for oxidizing adulterants on each primary specimen. Additional test when the following are observed: a. Abnormal physical characteristics b. Reaction or response characteristic of an adulterant during initial or confirmation tests. c. Possible unidentified interfering substance or adulterant.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.91/ 40.96	3. If a specimen is invalid, does the laboratory contact the MRO and decide if testing by another certified laboratory would be useful in being able to report a positive or adulterated test result?	
§40.93 What criteria do laboratories use to establish that a specimen is dilute or substituted?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.93	Does the plan establish guidelines that laboratories use for reporting whether a specimen is dilute or substituted.	Note: A dilute specimen is considered when the creatinine concentrations is greater than or equal to 2mg/dL but less than 20 mg/dL and the specific gravity is greater than 1.0010 but less than 1.0030 A substituted specimen is when the creatinine concentration is less than 2mg/dL and the specific gravity is less than or equal to 1.0010 or greater than or equal to 1.0200 on both the initial and confirmatory tests.
§40.99 How long does the laboratory retain specimens after testing?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.99	1. Is the laboratory storing all positive, adulterated, substituted, invalid, and split specimens for one year?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.99	2. Does the laboratory allow the MRO, employee, employer, or DOT agency to extend the retention time for specimens and records with written requests	
§40.103 What are the requirements for submitting blind specimens to a laboratory?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.103	1. For employers or consortiums with 2,000 or more covered employees: a. One percent of the specimens up to a maximum of 50 per quarter should be sent to all labs that received more than 100 specimens per year.	

<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.103	<input type="checkbox"/> N/A	b. Are approximately 75% of the blind performance test samples blank?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.103	<input type="checkbox"/> N/A	c. Are 15% of the samples positive for one or more drugs involved in DOT tests	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.103	<input type="checkbox"/> N/A	d. Are 10% adulterated or substituted?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.105	<input type="checkbox"/> N/A	2. If a false positive, adulterated, or substituted error occurs on a blind performance test specimen and the error is determined to be an administrative error, does the employer promptly notify the ODAPC?	
§40.109 What documentation must the laboratory keep and for how long?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.109	<input type="checkbox"/> N/A	Is the laboratory maintaining all records for each specimen and employee specific records for two years?	
§40.111 When and how must a laboratory disclose statistical summaries and other information it maintains?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.111	<input type="checkbox"/> N/A	Is the laboratory providing employer specific semi-annual statistical reports?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.111	<input type="checkbox"/> N/A	Is the laboratory providing DOT an aggregate statistical summary of the data listed in Appendix C of this part on a semi-annual basis?	

COMMENTS

PHMSA Collection Site Procedures Inspection Form

COMPLIANCE	CRITERION	GUIDANCE
§199.215 Alcohol concentration		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.215	Does the plan specify that no employee may report for duty or remain on duty with an alcohol concentration of 0.04 or greater?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.215	Does the plan specify what actions will occur should the operator have actual knowledge that an employee has an alcohol concentration of 0.04 or greater?	
§199.217 On-duty use		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.217	Does the plan specify that on-duty use of alcohol is prohibited?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.217	Does the plan specify that no employee may be allowed to perform or continue to perform a covered function, if an employee has used alcohol while on-duty?	
§199.219 Pre-duty use		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.219	Does the plan contain provisions that prohibit the use of an employee who has used alcohol within 4 hours of reporting for duty?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.219	Does the plan address that an employee who has been notified to respond to an emergency must not use alcohol once notified to report?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.219	Does the plan address that an operator who has actual knowledge that an employee has used alcohol, once being notified to respond to an emergency shall not allow the employee to perform covered functions?	
§199.223 Refusal to submit to a required alcohol test		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan prohibit an employee's refusal to submit to a post-accident test, a reasonable suspicion test, or a follow-up test?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan address that an employee's refusal to submit to a test shall result in that employee not being permitted to perform or continue to perform covered functions?	

COMMENTS

Collection Site Procedures Inspection Form

COMPLIANCE	CRITERION	GUIDANCE
§199.225 Alcohol tests required		
<p>Does the operator's plan provide for the following:</p> <p>Post-Accident Does the plan specify alcohol testing for post-accident and address the following:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(1)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(1)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(1)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(2)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(2)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(2)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)</p> <p>Reasonable Suspicion Does the plan specify reasonable suspicion alcohol testing and address the following elements:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(2)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(2)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(3)</p>	<p>1. The operator shall conduct the testing as soon as practicable.</p> <p>2. Each surviving covered employee shall be tested if an employee's performance either contributed or cannot be completely discounted.</p> <p>3. The decision not to administer a test must be based on the operator's determination that the covered employee's performance could not have contributed to the accident.</p> <p>4. Is the test conducted within 2 hours?</p> <p>5. If test was not conducted within 2 hours, does the operator prepare and maintain a record stating why the test was not administered.</p> <p>6. Does the operator attempt testing up to 8 hours following an accident?</p> <p>7. Is a record prepared and maintained as to why a test was not administered within 8 hours?</p> <p>8. The plan must state the employee shall remain readily available until a post-accident test is conducted.</p> <p>Does the plan specify that failure to remain readily available will be deemed as a refusal to test?</p> <p>Does the plan address provisions regarding the need for medical attention?</p> <p>Does the plan provide provisions regarding the need to leave an accident scene to obtain assistance in responding to the accident?</p> <p>Reasonable Suspicion Does the plan specify reasonable suspicion alcohol testing and address the following elements:</p> <p>1. Decisions to test shall be based on specific contemporaneous, articulable observations concerning the appearance, behavior, speech or body odor of the employee.</p> <p>2. The observations shall be made by one supervisor trained in detecting symptoms of alcohol misuse and must be documented.</p> <p>3. Does the plan authorize testing only when observations are made during, just before or just after performing covered functions?</p>	<p>This determination should be based on the best available information at the time of the accident.</p> <p>The operator may attempt to test up to 8 hours after which time all attempts must cease.</p> <p>Note: No operator shall delay medical treatment or delay emergency response pending an alcohol test.</p> <p>Note: The supervisor who makes the determination of reasonable suspicion shall not conduct the breath alcohol test on that employee.</p>

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§199.225 Alcohol tests required		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	4. Is the test conducted within 2 hours?	Note: If test is not conducted within 2 hours, operator must document reason.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i)	5. If test was not conducted within 2 hours, does operator prepare and maintain a record stating why the test was not administered?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i)	6. Does the operator attempt testing up to 8 hours?	The operator may attempt to test up to 8 hours after which time all attempts must cease.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i)	7. Is a record prepared and maintained as to why a test was not administered?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)	Does the plan specify that an employee may not perform or continue to perform under the influence or be impaired by alcohol until:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)	1. An alcohol test is administered with alcohol concentration of less than 0.02.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)	2. The start of employee's next regular shift, but not less than 8 hours following determination to test.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iv)	Does the plan stipulate that no action be taken by the operator against an employee based solely on employee's behavior and appearance in absence of a DOT alcohol test?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Return-to-Duty Does the plan specify the employee be administered a return-to-duty alcohol test?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan indicate that an employee must have a return-to-duty test with an alcohol concentration below 0.02?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)(1)	Follow-Up Tests Does the plan specify follow-up testing provisions to include:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)(1)	1. Employees requiring assistance shall be subject to follow-up testing.	Assistance includes resolving problems associated with alcohol misuse.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)(2)	2. Employees shall be subject to testing in accordance with SAP determination.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	3. Testing shall be conducted just before the employee is to perform; while an employee is performing; or just after the employee has ceased performing a covered function.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	4. Does the plan stipulate that a minimum of six tests be conducted within the first 12 months following an employee's return-to-duty test?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	5. Does the plan specify that the SAP may terminate follow-up testing after completion of the first six tests?	Drug testing must be determined by the SAP.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	6. Does the plan specify that follow-up testing may include testing for drugs?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	7. Does the plan specify that follow-up testing cannot exceed a 60 month period?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	Retesting Does the operator's plan specify retesting when:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	1. An employee's alcohol concentration is 0.02 or greater but less than 0.04.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	2. An employee is to return-to-duty within 8 hours following administration of an alcohol test with an alcohol concentration of 0.02 or greater but less than 0.04.	

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§199.227 Retention of records		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(a)	Does the operator maintain the alcohol records in a secure location with controlled access? Does the plan require the operator to keep the following records:	Do a review of records to verify that the plan is being carried out. Each employer or its agent shall maintain these records.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)/§40.333	Records to be kept for 5 years	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)/§40.333	<ol style="list-style-type: none"> 1. Employee alcohol tests results with alcohol concentration of 0.02 or greater. 2. Records of verified positive drug test results 3. Documentation of employee refusals to submit to required alcohol tests. 4. SAP Reports. 5. Follow-up test results and schedules. 	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.333	Records to be kept for 3 years	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(2)	<ol style="list-style-type: none"> 1. Record obtained from previous employers. 	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(2)	Records to be kept for 2 years	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.333	<ol style="list-style-type: none"> 1. Collection process records and training documentation. 2. Records of inspections, calibrations, and maintenance of EBT's. 	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.333	Records to be kept for 1 year	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(3)/40.333	<ol style="list-style-type: none"> 1. Records of all test results below 0.02 level. Does the plan specify that the operator shall maintain the following types of records:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(3)/40.333	Records related to collection process	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)	<ol style="list-style-type: none"> 1. Calibration documentation for EBT devices. 2. Documents on BAT Training. 	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)	<ol style="list-style-type: none"> 3. Documents supporting decisions to administer reasonable suspicion tests. 4. Documents supporting decision to administer post-accident tests. 	Each employer or its agent shall maintain these records
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)	<ol style="list-style-type: none"> 5. Documents supporting medical explanation of inability to provide a breath for testing. 	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)	Records related to results	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)	<ol style="list-style-type: none"> 1. Operator's copy of test form. 2. Documents of refusal to submit to alcohol tests. 	Must include results of test.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(2)	<ol style="list-style-type: none"> 3. Documents supporting employee's dispute to result of alcohol test. 	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(2)	Records related to other violations of Part 199.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(3)	Records related to evaluations	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(3)	<ol style="list-style-type: none"> 1. Records of determination by SAP concerning covered employee's need for assistance. 2. Records demonstrating employee's compliance with SAP recommendations. 	Note: Prohibited conduct under pre-duty or on-duty use.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(4)		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(4)		

COMMENTS

COMPLIANCE			CRITERION	GUIDANCE
§199.237 Other alcohol-related conduct				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.237	<input type="checkbox"/> N/A	Does the plan specify provisions where an employee has an alcohol concentration of 0.02 or greater but less than 0.04 to perform covered functions until:	Note: A covered employee may not perform or continue to perform covered functions if they have an alcohol concentration of 0.02 or greater.
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.237(a)(1)	<input type="checkbox"/> N/A	1. Employee's alcohol concentration is below 0.02, or	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.237(a)(2)	<input type="checkbox"/> N/A	2. The employee's next scheduled tour of duty, or at least 8 hours have elapsed?	
§199.239 Operator obligation to promulgate a policy on the misuse of alcohol				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(a)	<input type="checkbox"/> N/A	Does the plan address educational materials that explain the alcohol requirements?	Note: Just before, during and just after ceasing to perform covered functions. Operator's policy related to alcohol possessions, and levels invoked by an operator's independent authority.
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(a)(1)	<input type="checkbox"/> N/A	Does the plan stipulate that a copy of the material is provided to employees prior to the commencement of testing?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(a)(2)	<input type="checkbox"/> N/A	Does the operator maintain written documentation to verify notice? Does the plan specify that materials provided to employees address the following:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(b)(1)	<input type="checkbox"/> N/A	1. Identify of persons to provide answers about operator's materials.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(b)(2)	<input type="checkbox"/> N/A	2. A list of covered employee categories.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(b)(3)	<input type="checkbox"/> N/A	3. Guidance on period of coverage during work day that an employee is subject to testing provisions.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(b)(6)	<input type="checkbox"/> N/A	4. Procedures to be utilized to test for presence of alcohol.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(b)(8)	<input type="checkbox"/> N/A	5. Explanation of refusals and consequences.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(b)(9)	<input type="checkbox"/> N/A	6. Consequences of employee violation of the prohibitions of the plan and removal from performing covered functions.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(b)(10)	<input type="checkbox"/> N/A	7. Consequences of testing at 0.02 or greater but less than 0.04.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(b)(11)	<input type="checkbox"/> N/A	8. Information on alcohol effects on individual's health, work, and personal life, signs and symptoms of alcohol problems, evaluating and resolving problems, referral to an EAP or management.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §199.239(c)	<input type="checkbox"/> N/A	Does the plan discuss optional materials and authority for issuance of such materials?	

COMMENTS

COMPLIANCE			CRITERION	GUIDANCE
§199.243 Referral, evaluation, and treatment				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan provide that employees who engage in prohibited conduct shall be advised of available resources to evaluate and resolve problems associated with alcohol misuse?	<p>It is acceptable if the plan provides that the Third Party provider network gives the name and phone number directly to the employee.</p> <p>An employee must have a test result of less than 0.02 before returning to perform covered functions.</p> <p>SAP can't refer an employee to the SAP's private practice, to a person or organization from which the SAP receives remuneration or in which the SAP has financial interests.</p>
	§199.243(a)			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan contain names, addresses, and phone numbers of SAPs, counselors, treatment programs, and third party provider networks?	
	§199.243(a)			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan address that employees who engage in prohibited conduct shall be referred to a SAP for evaluation?	
	§199.243(b)			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan specify a return-to-duty test is required when an employee engages in prohibited conduct described in §§199.215 through 199.223.	
	§199.243(c)(1)			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan specify evaluation by SAP to determine that the employee has properly followed any prescribed program?	
	§199.243(c)(2)(i)			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan specify that an employee shall be subject to unannounced follow-up testing?	
	§199.243(c)(2)(ii)			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan specify evaluation and rehabilitation maybe provided by the operator, SAP under contract, or SAP not affiliated with the operator?	
	§199.243(d)			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan specify provisions regarding referral to SAPs and restrictions that may apply?	
	§199.243(e)			
§40 Who conducts alcohol testing?/What training requirements must STT's and BAT's meet?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	The BAT/STT must meet the following requirements:	Look at training certification documentation.
	§40.211/40.213		<ol style="list-style-type: none"> 1. They must be knowledgeable about the alcohol testing procedures and the current DOT guidance. 2. They must receive qualification training that includes the following: <ol style="list-style-type: none"> a. is a DOT Model Course for BAT or STT . b. training must include training for proficiency in alcohol testing procedures and in the operation of the particular alcohol testing device that will be used. c. Responsibility for maintaining the integrity of the testing process, ensuring the privacy of employee being tested and avoiding conduct or statements that could be view as offensive or inappropriate.. 3. They must demonstrate their proficiency by completing seven consecutive error free mock tests(BAT's) or five consecutive error free mock tests (STT's). 4. The BAT/STT must be subject to refresher training no less than every five years and this training should meet the requirements outlined above in #2 and #3. 	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan specify that a supervisor shall not serve as the BAT, if that supervisor makes the reasonable cause determination?	
	§40.211			
§40 Subpart J Alcohol Testing Personnel				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the operator's plan specify what training the STT has received?	
	§§40.211/213		Does the training course meet the minimum requirements of a DOT model course?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the documentation indicate that the STT is proficient in using the non-evidential screening device?	
	§40.213			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan specify that the supervisor shall not serve as the STT, if that supervisor makes the reasonable cause determination?	
	§40.211			
§40.229 What devices are used to conduct alcohol screening tests?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan specify that only EBTs listed on the CPL will be used?	
	§40.229			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the plan specify that an EBT must be used for conducting the confirmation test?	
	§40.229			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Does the operator's plan specify the only non-evidential screening devices that are listed in the CPL with instructions for use in Part 40	
	§40.229			

	be used?	
--	----------	--

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§40.233 What are the requirements for proper use and care of EBT's?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.233	Does the operator follow the Quality Assurance Plan (QAP) for the EBT used?	The operator should have a contractual agreement/letter with the agent providing this service. The operator should periodically monitor this process.
§40.235 What are the requirements for proper use and care of ASD's?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.235	Does the operator follow the QAP for the non-evidential screening device that is used?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.235	Does the plan specify that the operator or its agents shall comply with the QAP and manufacturer's instructions?	
§40.221 Where does an alcohol test take place?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.221	Does the testing site afford visual and aural privacy to the individual being tested?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.221	Does the testing site have all the necessary equipment and materials to conduct the tests?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.221	Does the operator use a fixed site and/or a mobile collection facility?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.221	Does the plan specify that unauthorized personnel are not allowed in an area where there is visual or aural access to the test results?	
§40.223 What steps must be taken to protect the security of alcohol test sites?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.223	Does the plan specify that the BAT/STT shall supervise only one employee's use of the EBT at a time?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.223	Does the plan specify that the BAT/STT shall not leave the alcohol testing location while the testing process is in progress?	
§40.225 What form is used for an alcohol test?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.225	Does the plan prescribe that only the DOT-approved breath alcohol testing form shall be utilized?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.225	Does the plan specify the following distribution of the form: Copy (1) <i>White</i> - maintained by employer Copy (2) <i>Green</i> - maintained by employee Copy (3) <i>Blue</i> - maintained by BAT	
§40.241 What are the first steps in any alcohol screening test?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.241	Does the plan specify that the employee shall provide a positive identification through use of photo ID or by employer representative?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.241	Does the plan specify that the employee may request the BAT to provide positive identification?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.241	Does the plan indicate that the BAT shall explain the testing process to the employee?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.241	Is the collection site conducting alcohol tests first when a drug and alcohol test are required at the same time?	

COMMENTS

COMPLIANCE	CRITERION	GUIDANCE
§40.243 What is the procedure for an alcohol screening test using an EBT or non-evidential breath ASD?		
§40.247 What procedures does the BAT or STT follow after a screening test result?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §§40.243/40.247 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §§40.243/40.247 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.247 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.247	<p>Does the plan contain specific instructions for conducting the screening test that include:</p> <ul style="list-style-type: none"> • BAT shall complete step 1. • Employee shall complete step 2 and sign. • Refusal to sign shall equal refusal to test. • Individual mouthpiece shall be opened. • BAT shall attach mouthpiece to EBT. • Employee shall blow forcefully in EBT. • EBT shall indicate result. • BAT shall show employee results. • BAT completes step 3. • BAT affixes test result to breath alcohol form. • Results of less than 0.02 BAT signs in step 3. • Refusal to sign form is not a refusal. <p>Does the plan specify that test results of less than 0.02 shall be transmitted to operator in a confidential manner?</p> <p>Does the plan specify if test result is 0.02 or greater that a confirmation test shall be conducted?</p> <p>Does the plan specify procedures if a different BAT will conduct the confirmation test?</p>	<p>Note: Non-evidential device, saliva device, or evidential breath testing device instructions.</p>
§40.251 What are the first steps in an alcohol confirmation test?		
§40.253 What are the procedures for conducting an alcohol confirmation test?		
§40.255 What happens next after the alcohol confirmation test result?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §§40.251/40.253 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.255	<p>Does the plan provide guidance for new BAT to conduct confirmation test?</p> <p>Does the plan specify procedures to be followed in conducting a confirmation test?</p> <p>Does the plan specify that a new breath alcohol testing form shall be used?</p> <p>Does the plan specify that an air blank shall be conducted prior to confirmation test?</p> <p>Does the plan specify procedures for EBTs that are taken out of service?</p> <p>Does the plan specify procedures following completion of the confirmation test?</p> <p>Does the plan address the requirements to transmit the results to the operator in a confidential manner?</p> <p>Does the plan specify procedures to be used in the transmission of the test results?</p>	
§40.261 What is a refusal to take an alcohol test, and what are the consequences?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.261	<p>Does the plan specify that a refusal to test is considered by any of the following?</p> <ol style="list-style-type: none"> 1. Fail to appear for any test within a reasonable time. 2. Fail to remain at the testing site until testing is complete. 3. Failure to provide saliva or breath sample 4. Failure to provide sufficient breath specimen 5. Failure to undergo a medical examination or evaluation as part of the insufficient breath procedures 6. Failure to sign in Step 2 of form; or, 7. Failure to cooperate with any part of the testing process. 	

COMMENTS

COMPLIANCE			CRITERION	GUIDANCE
§40.265 What happens when an employee is unable to provide a sufficient amount of breath for an alcohol test?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.265	<input type="checkbox"/> N/A	Does the plan specify procedures concerning an employee's inability to provide an adequate amount of breath for testing?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.265	<input type="checkbox"/> N/A	Does the plan provide instructions for requiring the employee to attempt again to provide adequate amount of breath for testing?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.265	<input type="checkbox"/> N/A	Does the plan specify what comments shall be noted on the test form should the employee fail to provide an adequate amount of breath for testing?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.265	<input type="checkbox"/> N/A	Does the plan specify what procedures shall be followed if an employee is unable to provide an adequate amount of breath for testing?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.265	<input type="checkbox"/> N/A	Does the plan specify procedures regarding the referral of the employee to a physician for a medical evaluation regarding the inability to provide an adequate amount of breath for testing?	
§40.267 What problems always cause an alcohol test to be cancelled?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.267	<input type="checkbox"/> N/A	Does the plan specify under what conditions that a breath alcohol test shall be considered as cancelled? 1. For saliva screening tests: <ul style="list-style-type: none"> The STT reads the result sooner or later than allotted by the manufacturer. The device does not activate. The device is used after the expiration date on the package. 2. For EBT screening tests: <ul style="list-style-type: none"> The test number and result displayed on the EBT do not match the printed result. 3. For confirmation tests: <ul style="list-style-type: none"> The BAT conducts the test before the 15 minute waiting period. The BAT does not conduct the air blank prior to the confirmation test. The air blank result is not 0.00 before the confirmation test is conducted. The EBT does not print the result. The EBT external calibration check produces a result out of tolerance as outlined in the QAP. 	
§40.269 What problems cause an alcohol test to be cancelled unless they are corrected?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.269	<input type="checkbox"/> N/A	Does the plan define alcohol testing correctable flaws as follows? 1. The BAT or STT does not sign the alcohol testing form. 2. The BAT or STT fails to note the Remarks line of the form that the employee did not sign after a result of .02 or higher 3. The BAT or STT uses a non- DOT testing form.	
§40.271 How are alcohol testing problems corrected?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.271	<input type="checkbox"/> N/A	When a correctable alcohol testing flaw is not corrected is the test cancelled?	
§40.281 Who is qualified to act as a SAP?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.281	<input type="checkbox"/> N/A	Is the operator checking for qualifications/training of the SAP? Credentials to become a SAP for the drug and alcohol testing program are as follows: <ol style="list-style-type: none"> A licensed physician. A licensed or certified social worker. A licensed or certified psychologist. A licensed or certified employee assistance professional. A state licensed or certified marriage and family therapist. A drug and alcohol counselor certified by NAADAC, ICRC, or NBBC. 	

COMMENTS

COMPLIANCE			CRITERION	GUIDANCE
§40.241 What are the first steps in any alcohol screening test?				
§40.245 What is the procedure for an alcohol screening test using a saliva ASD or a breath tube ASD?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.241	<input type="checkbox"/> N/A	Does the plan specify that the employee shall provide a positive identification through use of photo ID or by employer representative?	Results of less than 0.02, STT signs and dates Step 3.
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.241	<input type="checkbox"/> N/A	Does the plan specify that the employee may request the STT provide positive identification to the employee?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.241	<input type="checkbox"/> N/A	Does the plan indicate that the STT shall explain the testing process to the employee?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.241	<input type="checkbox"/> N/A	Does the plan specify that the STT complete Step 1 and the employee complete Step 2 and sign?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.241	<input type="checkbox"/> N/A	Does the plan specify that refusal to sign shall equal refusal to test?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.245	<input type="checkbox"/> N/A	Does the plan specify the following steps when utilizing a saliva ASD device: STT checks expiration date on device and verifies date with employee STT opens the sealed device in presence of employee Offer the employee the opportunity to use the device and instruct them on how to use it STT or employee will insert the swab into the employees mouth and gather saliva in the appropriate manner STT will ensure the device is activated once removed from the employees mouth STT read the results and show the results to the employee STT complete Step 3 of the form to indicate a saliva device was utilized	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.245	<input type="checkbox"/> N/A	Does the plan specify the following steps when utilizing a breath tube ASD device: STT checks expiration date on device and verifies date with employee STT opens the sealed device and breaks the tube ampule in presence of employee Secure an inflation bag onto the device Offer the employee the opportunity to use the device and instruct them on how to use it STT or employee holds the device while the employee blows forcefully and steadily into the blowing end of the device until the inflation bag fills with air STT will remove the inflation bag and wait for the reading to appear on the device STT will compare the color change to the control tube and record the result on the ATF form STT complete Step 3 of the form to indicate a breath tube ASD device was utilized	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.255	<input type="checkbox"/> N/A	Does the plan specify that an employee's refusal to sign Step 4 of the form is not a refusal?	
§40.263 What happens when an employee is unable to provide an adequate amount of saliva for an alcohol screening test?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.263	<input type="checkbox"/> N/A	Does the plan specify procedures concerning an employee's inability to provide an adequate amount of saliva for testing?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.263	<input type="checkbox"/> N/A	Does the plan provide instructions for requiring the employee to attempt again to provide an adequate amount of saliva for testing?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.263	<input type="checkbox"/> N/A	Does the plan specify what procedures shall be followed if an employee is unable to provide an adequate amount of saliva for testing?	
§40.267 What problems always cause an alcohol test to be cancelled?				

<input type="checkbox"/> YES	<input type="checkbox"/> NO §40.267	<input type="checkbox"/> N/A	<p>Does the plan specify what would constitute a cancelled test for non-evidential alcohol testing? (For saliva ASD and breath tube ASD.)</p> <ol style="list-style-type: none"> 1. Use of an ASD device after it has expired 2. The saliva ASD device does not activate 3. ASD device was used for a test after the expiration date printed on the device or on its package.
------------------------------	--	------------------------------	--

COMMENTS