



**Pipeline and Hazardous Materials Safety Administration  
Office of Pipeline Safety**

**Substance Abuse Program:**

**Comprehensive Audit and Inspection Protocol Form**

**Alcohol Misuse Programs**

**Form No.: 3.1.10**

**January 29, 2010**

## **Operator/Contractor Profile and General Audit Information**

<b>Company Name of Operator or Contractor Interviewed:</b>			
<b>PHMSA/OPS Operator Identification (OpID) No. or Business Tax ID No. (BTIN)</b>			
<b>Other OpID or BTIN Nos. covered by the above operator's or contractor's Substance Abuse Plan:</b>			
<b>Operator's or Contractor's Substance Abuse Program Mgr or DER:</b>			<b>Phone No.:</b>
<b>Any Consortium or Third Party Administrator (C/TPA)</b>		<b>C/TPA Point of Contact</b>	
<b>Co. Name:</b>		<b>Name:</b>	
<b>Ph. No.:</b>		<b>Ph. No.:</b>	
<b>Fax No.:</b>		<b>Fax No.:</b>	
<b>Email</b>		<b>Email</b>	
<b>Address:</b>		<b>Lead Auditor's or Inspector's Name &amp; Agency:</b>	
		<b>Date of Audit or Inspection:</b>	
<b>Total number employees performing covered functions (as defined in 199.3) who are under this Substance Abuse Plan, including those within OpID No's or BTIN No's. listed above. Refer to the operator's most recent Management Information System (MIS) or statistical drug and alcohol testing report, if available. If not available at time of the audit, have the operator provide this information to the inspector or email to: Stanley.Kastanas@DOT.GOV within 30 days of the request.</b>			
<b>Total number of operator's employees (included those within OpID No's. or BTIN No's listed above).</b>			

Key Persons	Name/Title	Phone/Email Address
Primary Operator or Contractor Representative Interviewed or Providing Information		
Others Interviewed, Providing Information or Present at Audit/Inspection:		

### ***Government or Other Official Representatives Participating:***

Name/Title	Office/Organization	Email Address

**Type of Facility:**

(Operators only – Check-off all that apply)

<input type="checkbox"/> Gas Distribution Pipeline	<input type="checkbox"/> Transport Hazardous Liquid Pipeline
<input type="checkbox"/> Gas Transmission Pipeline	<input type="checkbox"/> Transport Carbon Dioxide Pipeline
<input type="checkbox"/> Gas Gathering Pipeline	<input type="checkbox"/> Liquefied Natural Gas Pipeline Facility
<input type="checkbox"/> Other: Transportation identified as: _____	

**Plan and Policy Developed by:**

(Check-off all that apply)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	Operator
<input type="checkbox"/>	<input type="checkbox"/>	Contractor
<input type="checkbox"/>	<input type="checkbox"/>	TPA
<input type="checkbox"/>	<input type="checkbox"/>	Consortium
<input type="checkbox"/>	<input type="checkbox"/>	Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

**Testing Program Administered by:**

(Check-off all that apply)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	Operator
<input type="checkbox"/>	<input type="checkbox"/>	Contractor
<input type="checkbox"/>	<input type="checkbox"/>	TPA
<input type="checkbox"/>	<input type="checkbox"/>	Consortium
<input type="checkbox"/>	<input type="checkbox"/>	Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

**Contractor Records Maintained by:**

(Check-off all that apply)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	Operator
<input type="checkbox"/>	<input type="checkbox"/>	Contractor
<input type="checkbox"/>	<input type="checkbox"/>	TPA
<input type="checkbox"/>	<input type="checkbox"/>	Consortium
<input type="checkbox"/>	<input type="checkbox"/>	Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

**Specimen Collection Conducted by:**

(Check-off all that apply)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	Operator Personnel On-Site
<input type="checkbox"/>	<input type="checkbox"/>	Operator Personnel Off-Site
<input type="checkbox"/>	<input type="checkbox"/>	Contractor Personnel On-Site
<input type="checkbox"/>	<input type="checkbox"/>	Contractor Personnel Off-Site
<input type="checkbox"/>	<input type="checkbox"/>	Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

**MIS Reports Submitted to:**

(Check-off all that apply)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	FAA
<input type="checkbox"/>	<input type="checkbox"/>	FMCSA
<input type="checkbox"/>	<input type="checkbox"/>	FTA
<input type="checkbox"/>	<input type="checkbox"/>	FRA
<input type="checkbox"/>	<input type="checkbox"/>	PHMSA
<input type="checkbox"/>	<input type="checkbox"/>	USCG
<input type="checkbox"/>	<input type="checkbox"/>	Other Federal
<input type="checkbox"/>	<input type="checkbox"/>	_____ Agency Name
<input type="checkbox"/>	<input type="checkbox"/>	Other State
<input type="checkbox"/>	<input type="checkbox"/>	_____ Agency Name

**Additional Statistical Testing Reports Submitted to:**

(Check-off all that apply and identify entity by name)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	Operator _____
<input type="checkbox"/>	<input type="checkbox"/>	Contractor _____
<input type="checkbox"/>	<input type="checkbox"/>	TPA _____
<input type="checkbox"/>	<input type="checkbox"/>	Consortium _____
<input type="checkbox"/>	<input type="checkbox"/>	Federal _____
<input type="checkbox"/>	<input type="checkbox"/>	State _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

### Contact Information:

**Any questions or requests for guidance related to this audit protocol document should contact:**

**Stanley T. Kastanas, Director**  
**Office of Substance Abuse Policy, Investigations and Compliance**  
**Pipeline and Hazardous Materials Safety Administration (PHMSA)-Pipeline Safety (OPS)**  
**Washington, DC 20590**  
**Contact Number: 202-550-0629**  
**E-mail Address: Stanley.Kastanas@DOT.GOV**

**Auditor Notes and Additional Information:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

## **Substance Abuse Program Protocols**

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#### **Alcohol Misuse Prevention Program**

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**Protocol Area L. Record** Keeping and Reporting

#### **General**

**Protocol Area M. Reporting of Drug and Alcohol Testing Results**

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## **Alcohol Misuse Prevention Program**

### **Protocol Area H. Alcohol Misuse Prevention Program, Plan and Policies**

- [H.01](#) Alcohol Misuse Prevention Program and Plan Scope
- [H.02](#) Alcohol Misuse Prevention Policies
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#### ***H.01 Alcohol Misuse Prevention Program and Plan Scope***

Verify that the Alcohol Misuse Plan meets the requirements of §199.202.

##### ***H.01.a. Written Alcohol Misuse Plan***

**H.01.a.** Verify that the operator maintains and follows a written Alcohol Misuse Plan that conforms to Part 199 and Part 40 and that the plan contains methods and procedures for compliance with required testing, recordkeeping, reporting, education and training elements [§199.202]:

<b>H.01.a. Inspection Results</b> (type an X in exactly one cell below)	<b>Inspection Notes</b>
<b>No Issue Identified</b>	
<b>Potential Issue Identified (explain)</b>	
<b>N/A (explain)</b>	
<b>Not Inspected</b>	

##### ***H.01.b. Covered Employees***

**H.01.b.** Verify that the Alcohol Misuse Prevention Program identifies the covered employees (as defined in §199.3) that are required to be tested for the presence of alcohol [§199.1].

<b>H.01.b. Inspection Results</b> (type an X in exactly one cell below)	<b>Inspection Notes</b>
<input type="checkbox"/> <b>No Issue Identified</b>	
<input type="checkbox"/> <b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/> <b>N/A (explain)</b>	
<input type="checkbox"/> <b>Not Inspected</b>	

### **H.01.c. Employer Contracted Alcohol Testing**

**H.01.c.** If an employer contracts alcohol testing, education and training as part of the Alcohol Misuse Prevention Program [§199.245], verify that there is a process in place and implemented to ensure compliance with Part 199 and Part 40.

- The contractor must allow access to property and records by the operator, the Administrator, any DOT agency with regulatory authority over the operator or covered employee, and, if the operator is subject to the jurisdiction of a state agency, a representative of the state agency for the purposes of monitoring the operator's compliance with the requirements of Part 199 and Part 40 [§199.245(c)].

<b>H.01.c. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### **H.01.d. DOT vs. Non-DOT Tests**

**H.01.d.** Verify that the Alcohol Misuse Prevention Program ensures that the DOT tests are completely separate from non-DOT tests in all respects [§40.13].

<b>H.01.d. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### **H.02 Alcohol Misuse Prevention Policies**

Verify that alcohol misuse prevention policies are established that meet the requirements of Part 40 and Part 199.

#### **H.02.a. Alcohol-Related Prohibited Conduct**

Verify that the Alcohol Misuse Plan ensures that a covered employee is not permitted to perform covered functions if the employee has engaged in conduct prohibited by §§199.215 through 199.223 (as outlined below) or an alcohol misuse rule of another DOT agency [§199.233].

1. Having an alcohol concentration of 0.04 or greater [§40.23(c), §40.285 and §199.215].
2. Using alcohol while performing covered functions [§199.217, On-duty use].
3. Using alcohol within 4 hours prior to performing covered functions, or, if an employee is called to duty to respond to an emergency, within the time period after the employee has been notified to report for duty [§199.219, Pre-duty use].

4. A covered employee, who has actual knowledge of an accident in which his or her performance of covered functions has not been discounted by the operator as a contributing factor to the accident, is prohibited from using alcohol for 8 hours following the accident, unless he or she has been given a post-accident test under §199.225(a), or the operator has determined that the employee's performance could not have contributed to the accident [§199.221, Use following an accident].
5. Upon refusal of a covered employee to submit to a post-accident alcohol test required under §199.225(a), a reasonable suspicion alcohol test required under §199.225(b), or a follow-up alcohol test required under §199.225(d) [§40.285 and §199.223, Refusal to submit to a required alcohol test].

<b>H.02.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

***H.02.b. Available Resources for Employees***

**H.02.b.** Verify that the Alcohol Misuse Prevention Program assures that each covered employee who has engaged in conduct prohibited by §§199.215 through 199.223 shall be advised of the resources available to the covered employee in evaluating and resolving problems associated with the misuse of alcohol. This includes the names, addresses, and telephone numbers of substance abuse professionals and counseling and treatment programs [§40.285(b) and §199.243(a)].

<b>H.02.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	



### ***H.02.c. Alcohol Concentration of 0.02 or Greater***

**H.02.c.** Verify that the Alcohol Misuse Prevention Program assures that a covered employee is prohibited from performing or continuing to perform covered functions when found to have an alcohol concentration of 0.02 or greater but less than 0.04, until:

1. The employee's alcohol concentration measures less than 0.02 in accordance with a test administered under §199.225(e); or
2. The start of the employee's next regularly scheduled duty period, but not less than 8 hours following administration of the test [§40.23(c) and §199.237(a)]

<b>H.02.c. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### ***H.02.d. Alcohol Misuse Program Educational Materials***

**H.02.d.** Verify that the Alcohol Misuse Prevention Program assures for providing educational materials that explain alcohol misuse requirements and the operator's policies and procedures with respect to meeting those requirements [§199.239(a)].

- The operator shall ensure that a copy of these materials is distributed to each covered employee prior to start of alcohol testing under this subpart, and to each person subsequently hired for or transferred to a covered position [§199.239(a)(1)].
- Each operator shall provide written notice to representatives of employee organizations of the availability of this information [§199.239(a)(2)].

<b>H.02.d. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### ***H.02.e. Educational Materials Content***

**H.02.e.** Verify that the educational materials made available to covered employees includes detailed discussion of at least the following [§199.239(b)]:

1. The identity of the person designated by the operator to answer covered employee questions about the materials.
2. The categories of employees who are subject to the provisions of this subpart.
3. Sufficient information about the covered functions performed by those employees to make clear what period of the work day the covered employee is required to be in compliance with this subpart.

4. Specific information concerning covered employee conduct that is prohibited by this subpart.
5. The circumstances under which a covered employee will be tested for alcohol under this subpart.
6. The procedures that will be used to test for the presence of alcohol, protect the covered employee and the integrity of the breath testing process, safeguard the validity of the test results, and ensure that those results are attributed to the correct employee.
7. The requirement that a covered employee submit to alcohol tests administered in accordance with this subpart.
8. An explanation of what constitutes a refusal to submit to an alcohol test and the attendant consequences.
9. The consequences for covered employees found to have violated the prohibitions under this subpart, including the requirement that the employee be removed immediately from covered functions, and the procedures under §199.243.
10. The consequences for covered employees found to have an alcohol concentration of 0.02 or greater but less than 0.04.
11. Information concerning the effects of alcohol misuse on an individual's health, work, and personal life; signs and symptoms of an alcohol problem (the employee's or a coworker's); and including intervening evaluating and resolving problems associated with the misuse of alcohol including intervening when an alcohol problem is suspected, confrontation, referral to any available EAP, and/or referral to management.

<b>H.02.e. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

Protocol Area H - Documents Reviewed			
Document Number	Rev	Date	Document Title

## Protocol Area I. Officials, Representatives and Agents

- [I.01](#) Employer Responsibilities for Officials, Representatives, and Agents
- [Table of Contents](#)

### ***I.01 Employer Responsibilities for Officials, Representatives, and Agents***

Verify that the Alcohol Misuse Prevention Program ensures that the employer remains responsible for all actions of their Officials, Representatives, and Agents (including service agents) as required by §40.11 and §199.245.

#### ***I.01.a. Qualification Requirements***

**I.01.a.** Verify that Alcohol Misuse Prevention Program positions meet the applicable qualification requirements of Part 40 and Part 199 as follows:

1. Screening Test Technician - §40.213
2. Breath Alcohol Technician - §40.213
3. Substance Abuse Professional (SAP) - §40.281

<b>I.01.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

#### ***I.01.b. Supervisor Training***

**I.01.b.** Verify that supervisors designated to determine whether reasonable suspicion exists to require a covered employee to undergo alcohol testing under §199.225(b) receive at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. [§199.241].

<b>I.01.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

Protocol Area I - Documents Reviewed			
Document Number	Rev	Date	Document Title

## Protocol Area J. Required Alcohol Tests

- [J.01](#) Pre-employment Investigation and Alcohol Testing
- [J.02](#) Post-Accident Alcohol Testing
- [J.03](#) Reasonable Suspicion Alcohol Testing
- [J.04](#) Return to Duty Alcohol Testing
- [J.05](#) Follow-up Alcohol Testing
- [Table of Contents](#)

### *J.01 Pre-employment Investigation and Alcohol Testing*

Verify that the Alcohol Misuse Prevention Program ensures that pre-employment investigations for alcohol use are performed as required by §40.25 and that pre-employment alcohol tests are in compliance with §199.209(b).

**J.01.a.** Verify that alcohol testing information [§40.25(b)] is requested from previous DOT-regulated employers for any employee seeking to begin covered functions for the first time (i.e., a new hire or an employee transfer) [§40.25(a)].

- In addition, verify that a covered employee must not perform their functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain alcohol testing information from previous DOT-regulated employers.

<b>J.01.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**J.01.b.** If the operator chooses to conduct pre-employment alcohol testing, verify that the operator:

1. Conducts a pre-employment alcohol test before the first performance of covered functions by every covered employee (whether a new employee or someone who has transferred to a position involving the performance of covered functions) [§199.209(b)(1)].
2. Treats all covered employees the same for the purpose of pre-employment alcohol testing (i.e., you must not test some covered employees and not others) [§199.209(b)(2)].
3. Conducts the pre-employment tests after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test [§199.209(b)(3)].

<b>J.01.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### ***J.02 Post-Accident Alcohol Testing***

Verify that the Alcohol Misuse Prevention Program ensures that post-accident tests for the presence of alcohol are completed as required by §199.225(a).

**J.02.a.** Verify that post-accident alcohol testing is performed:

1. As soon as practicable following an accident (§ 195.50) or incident (§ 191.3) for each surviving covered employee if that employee's performance of a covered function either contributed to the accident or cannot be completely discounted as a contributing factor to the accident [§199.225(a)(1)].
2. Within two hours following the accident (§ 195.50) or incident (§ 191.3), otherwise, the operator shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a post-accident test is not administered within eight hours following the accident, the operator shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test [§199.225(a)(2)].

<b>J.02.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### ***J.03 Reasonable Suspicion Alcohol Testing***

Verify that the Alcohol Prevention Program ensures that required actions are taken when there is reasonable suspicion to believe the employee is misusing alcohol [§199.225(b)].

**J.03.a.** Verify that decisions to test are based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. The required observations shall be made by a supervisor who is trained in detecting the symptoms of alcohol misuse [§199.225(b)(2)].

<b>J.03.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**J.03.b.** Verify that a covered employee is directed by the operator to undergo reasonable suspicion testing for alcohol only while the employee is performing covered functions; just before the employee is to perform covered functions; or just after the employee has ceased performing covered functions. [§199.225(b)(3)].

<b>J.03.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**J.03.c.** Verify that if a reasonable suspicion test is required and is not administered within 2 hours following the determination under §199.225(b)(2), the operator shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a test is not administered within 8 hours, the operator shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test [§199.225(b)(4)(i)].

<b>J.03.c. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

#### ***J.04 Return-to-duty Alcohol Testing***

Verify that the Alcohol Misuse Prevention Program ensures that a covered employee that engages in conduct prohibited by §§199.215 through 199.223 may not return to duty for a covered function until the employee has complied with the requirements for SAPs and return-to-duty testing [§199.225(c) and §199.243].

**J.04.a.** Verify that a covered employee that engages in conduct prohibited by §§199.215 through 199.223 does not return to duty for a covered function until the employee:

1. Completes a SAP evaluation, referral, and education/treatment process [§40.285(a), §40.289(b), §199.235, and §199.243(b)], and
2. After completion of the SAP process above, undergoes a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 [§40.305(a), §199.225(c), and §199.243(c)].

<b>J.04.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### ***J.05 Follow-up Alcohol Testing***

Verify that the Alcohol Misuse Prevention Program ensures that a follow-up testing plan is established and implemented for a covered employee that misuses alcohol and successfully completes the actions to return to duty for a covered function [§40.307, §40.309, and §199.243].

**J.05.a.** Verify that the SAP establishes a written follow-up testing plan for a covered employee that engages in conduct prohibited by §§199.215 through 199.223 and seeks to return to the performance of a covered function [§40.307(a)].

<b>J.05.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**J.05.b.** Verify that follow-up testing is performed on an unannounced basis, at a frequency established by the SAP, for a period of not more than 60 months. At least six tests must be conducted within the first 12 months following the covered employee's return to duty [§40.307, §40.309, §199.225(d) and §199.243(c)(2)(ii)].

<b>J.05.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

Protocol Area J - Documents Reviewed			
Document Number	Rev	Date	Document Title

## ***Protocol Area K. Alcohol Testing Devices***

- [K.01](#) Approved Alcohol Testing Devices
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### ***K.01 Approved Alcohol Testing Devices***

Verify that approved testing devices are used to perform alcohol screening and confirmation tests [§40.229 and §40.231].

**K.01.a.** Verify that any Evidential Breath Testing Device (EBT) or Alcohol Screening Device (ASD) used for DOT required alcohol testing is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a Conforming Products List (CPL) [§40.229 and §40.231].

<b>K.01.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**K.01.b.** Verify that external calibration checks are performed at the intervals specified in the manufacturer's instructions for any EBT used for DOT required alcohol confirmation testing [§40.231 and §40.233].

<b>K.01.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

Protocol Area K - Documents Reviewed			
Document Number	Rev	Date	Document Title



## ***Protocol Area L. Record Keeping and Reporting***

- [L.01](#) Record Keeping
- [L.02](#) Reporting of Alcohol Testing Results to PHMSA
- [Table of Contents](#)

### ***L.01 Record Keeping***

Verify that alcohol testing records are retained in accordance with the applicable requirements of Part 40 and Part 199.

**L.01.a.** Verify that the following records are retained as required by Part 40 and Part 199 and that the records are maintained in a secure location with controlled access [§40.333(c) and §199.227(a)]:

<b>Record Type</b>	<b>Retention Period (in years)</b>
Records of alcohol test results indicating an alcohol concentration of 0.02 or greater [§40.333(a)(1) and §199.227(b)(1)]	5
Documentation of refusals to take required alcohol tests [§40.333(a)(1) and §199.227(b)(1)]	5
SAP reports [§40.333(a)(1) and §199.227(b)(1)]	5
All follow-up tests and schedules for follow-up tests [§40.333(a)(1)]	5
MIS annual report data [§199.227(b)(1)]	5
Calibration Documentation [§199.227(b)(1)]	5
Information obtained from previous employers under §40.25 concerning alcohol test results of employees [§40.333(a)(2)]	3
Records of the inspection, maintenance, and calibration of EBTs [§40.333(a)(3)]	2

<b>L.01.a. Inspection Results</b> (type an X in exactly one cell below)	<b>Inspection Notes</b>
<b>No Issue Identified</b>	
<b>Potential Issue Identified (explain)</b>	
<b>N/A (explain)</b>	
<b>Not Inspected</b>	

### ***L.02 Reporting of Alcohol Testing Results to PHMSA***

See Protocol M.

Protocol Area L - Documents Reviewed			
Document Number	Rev	Date	Document Title

## Protocol Area M. Reporting of Drug and Alcohol Testing Results

- [M.01](#) Reporting of Drug and Alcohol Testing Results to PHMSA
- [M.02](#) Employee Request for Records
- [Table of Contents](#)

### *M.01 Reporting of Drug and Alcohol Testing Results to PHMSA*

Verify that drug and alcohol testing results are compiled and submitted to PHMSA in accordance with the applicable requirements of Part 40 and Part 199.

**M.01.a.** Verify if this operator has more than 50 covered employees and submits an annual MIS report in accordance with the form and instruction requirements of §40.26 and Appendix H to Part 40, not later than March 15 of each year for the prior calendar year (January 1 through December 31) [§40.26, §199.119(a) and §199.229(a)].

- Beginning with the March 15, 2010 MIS submission date, also verify if this operator identifies all contractors who performed covered functions, as defined under § 199.3, for this operator in a given calendar year; and, if required by either mandated annual or PHMSA written request, is or has submitted an MIS report for each of these contractors?

<b>M.01.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**M.01.b.** Verify if this operator has 50 or less covered employees and has either a compilation of data or statistical information regarding drug and alcohol testing which, upon written request, could have been used to submit a MIS report in accordance with the form and instruction requirements of §40.26 and Appendix H to Part 40, not later than March 15 of each year for the prior calendar year (January 1 through December 31) [§40.26, §199.119(a) and §199.229(a)].

- Beginning with the March 15, 2010 MIS submission date, verify that this operator identifies all contractors who performed covered functions, as defined under § 199.3, for this operator and received a compilation of data or statistical information from these contractors which, upon written request, could be used for submitting an MIS report for each of these contractors.

<b>M.01.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**M.01.c.** If a service agent (e.g., Consortium/Third Party Administrator) prepares the MIS report on behalf of an operator, verify that each report is certified by the operator's anti-drug manager/alcohol misuse prevention manager or designated representative for accuracy and completeness [§199.119(f) and §199.229(d)].

<b>M.01.c. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

***M.02 Employee Request for Records***

Verify that drug and alcohol records are provided to employees in accordance with Part 199 requirements.

**M.02.a.** Verify that upon written request from an employee, records of drug and alcohol use, testing results, and rehabilitation are provided to the employee [§199.117(b) and §199.231(b)].

<b>M.02.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

Protocol Area M - Documents Reviewed			
Document Number	Rev	Date	Document Title

## Protocol Area N. Public Interest Exclusions

- [N.01](#) Public Interest Exclusions
- [Table of Contents](#)

### *N.01 Public Interest Exclusions*

Verify that the Drug and Alcohol Programs address Public Interest Exclusions (PIEs) in accordance with the applicable requirements of Part 40.

**N.01.a.** Verify that an employer who is using a service agent concerning whom a PIE is issued stops using the services of the service agent no later than 90 days after the Department has published the decision in the Federal Register or posted it on its web site. The employer may apply to the ODAPC Director for an extension of 30 days if it is demonstrated that a substitute service agent cannot be found within 90 days [§40.409(b)].

<b>N.01.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
	<b>No Issue Identified</b>	
	<b>Potential Issue Identified (explain)</b>	
	<b>N/A (explain)</b>	
	<b>Not Inspected</b>	

<b>Protocol Area N - Documents Reviewed</b>			
<b>Document Number</b>	<b>Rev</b>	<b>Date</b>	<b>Document Title</b>